

# Oaths and Pledges in Medical Professional Culture – Does Analysing and Reflecting on the Words Matter?

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## Introduction

On Saturday 28 February this year, I had the privilege of taking the Singapore Medical Council (SMC) Physician's Pledge for the first time, with over 300 other physicians, in the presence of medical dignitaries like the Minister of State for Health, and both the President and Registrar of SMC.

This pledge has its origin in the Declaration of Geneva<sup>1</sup> adopted by the World Medical Association (WMA)<sup>2</sup> in 1948. After undergoing several modifications over the years, the declaration is now accepted as an oath to be taken at the time of admittance as a member of the medical profession. It is also considered a public professing by the profession of the values that it stands for.

In Singapore, doctors are required to take the SMC Physician's Pledge to qualify for full registration in the SMC Register of Medical Practitioners.

For many taking the pledge that day, it was not their initial entrance to the profession, as they were senior doctors and consultants who had been foreign-trained. The ceremony was sombre, while the people in the hall were cosmopolitan and international, representing a diversity of cultures.

Some may call it a purely symbolic or allegorical ceremony. Whatever the significance attached to such ceremonies, it is worth reflecting on the words of the pledge and examining its relevance to today's medical practice.

## The SMC Physician's Pledge

*"I solemnly pledge to:*

*dedicate my life to the service of humanity;  
give due respect and gratitude to my teachers;  
practise my profession with conscience and dignity;  
make the health of my patient my first consideration;  
respect the secrets which are confided in me;  
uphold the honour and noble traditions  
of the medical profession;  
respect my colleagues as my professional  
brothers and sisters;  
not allow the considerations of race, religion,  
nationality or social standing to intervene  
between my duty and my patient;  
maintain due respect for human life;  
use my medical knowledge in accordance  
with the laws of humanity;  
comply with the provisions of the Ethical Code; and  
constantly strive to add to my knowledge and skill.  
I make these promises solemnly, freely  
and upon my honour."*

## Concepts easy to recognise and apply

Several lines in the pledge are easy to recognise as part of contemporary professional and clinical ethics. "Make the health of my patient my first consideration" fits in well with the principle of primacy of patient welfare and the importance of managing conflicts of interest (especially financial conflicts). The principle demands accepting that the interest of the patient be held above that of the clinician and other third parties, and is an essential component of building trust in the doctor-patient relationship.

"Respecting the secrets which are confided in me" lends easily to the principle of upholding medical confidentiality. This was easier to uphold when a single family physician was responsible for the majority of a patient's medical care. In present day medicine, when the average elderly patient may have more than three medical co-morbidities managed by multiple teams and both healthcare professionals and patients zipping in and out of hospitals, it is a challenging task to maintain medical confidentiality and privacy. With electronic medical records that are accessible to many, and the rise of public interest and interest of medical payers (managed care and medical insurance) in the happenings in doctor-patient relationship, this principle has been diluted with many ethical and legal exceptions.

*“Not allow the considerations of race, religion, nationality or social standing to intervene between my duty and my patient”* is encompassed by the principle of justice with regard to eliminating discrimination and ensuring fair access to the benefits of medical care. The Declaration of Geneva includes explicit and extended considerations: *“I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient”*.

This segment of the principle of justice now also calls for physicians to be “culturally competent” in today’s medical practice, so they can be aware of and sensitive to every individual patient’s needs.

*“Constantly strive to add to my knowledge and skill”* is a professional commitment to competence, and to advancement of medical knowledge by promoting scientific research and standards. This is also the ethical basis for promoting evidence-based medicine and practice. Scientific evidence gives credibility to current medical practice, although much of medical practice lacks good evidence. Commitment to scientific principles also aims to remove arbitrariness, which was the legacy of medical charlatans of the past.

*“Respect my colleagues as my professional brothers and sisters and give due respect and gratitude to my teachers”* is a remnant of the Hippocratic Oath, and the concept of medicine as a brotherhood/sisterhood has received much criticism as being exclusive, elitist, monopolistic and even self-serving. However, the current professionally accepted concept of collegiality is of utmost importance, considering that multiple teams of specialists are providing care to today’s patients who have multiple morbidities. Collegiality encompasses the principles of collaboration and cooperation in the common purpose of serving patients’ welfare.

*“Comply with the provisions of the Ethical Code”* reaffirms our commitment to ethics and virtues as one of the three important pillars of medical professionalism, together with clinical competence and altruism.

### **General aspirations and concepts easy to recognise**

*“Practise my profession with conscience and dignity; uphold the honour and noble traditions of the medical profession”* describes the essence of attributes expected of a medical practitioner in carrying out his work and in carrying himself in society. It describes the virtues and character of honour, integrity, selflessness and nobility. Upholding the noble traditions of the profession requires the doctor to rise above the temptations of materialism and not use his professional status in merely seeking status, position, rank and power. The doctor should earn a respected position in society by clinical and ethical competence, conscientiousness, humility and selfless dedication to the service of humanity.

### **Aspirations and concepts difficult to appreciate and apply**

*“Dedicate my life to the service of humanity; maintain due respect for human life; use my medical knowledge in accordance with the laws of humanity”* – there is no doubt that the practice of medicine in essence is an ethical and social humanitarian enterprise. Medicine aims to relieve human suffering caused by illness and injury.

It is difficult to conceive of the practicalities of maintaining due respect for human life, and much easier to uphold the principle of respect for persons. Respect for persons is defined as respect for their welfare and their wishes. Part of the difficulty stems from the controversy on determining the definition of life. When does it start and when does it end? Or it never ends but just changes its form? Looking for the “laws of humanity” is even more difficult. However, as one peruses the history of the Declaration of Geneva, this refers to avoiding the application of medical knowledge and skills in human torture, capital punishment, cruel or inhumane treatment (eg, genital mutilation). Doctors are expected to advocate for the right to health of children and women and other rights that preserve the dignity of humans. Illness robs humans of their autonomy and dignity, and medical practice aims to restore these to them by relieving the illness.

### **Conclusion**

Taking medical oaths and pledges are long-standing rituals in the medical tradition and culture. Questions have been raised as to whether the concepts in traditional medical oaths are relevant for the current doctor-patient relationship and medical practice.<sup>3</sup> Revisiting these oaths from time to time to reflect on their words and concepts helps keep them relevant and alive. ■

### **References**

1. World Medical Association (WMA). WMA Declaration of Geneva. Available at: <http://www.wma.net/en/30publications/10policies/g1/>. Accessed 11 March 2015.
2. WMA. Medical Ethics Manual. Available at: <http://www.wma.net/en/30publications/30ethicsmanual/index.html>. Accessed 11 March 2015.
3. Dickstein E, Erlen J, Erlen JA. Ethical principles contained in currently professed medical oaths. *Acad Med* 1991; 66(10):622-4.



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