

The uses of medical oaths in the twenty-first century

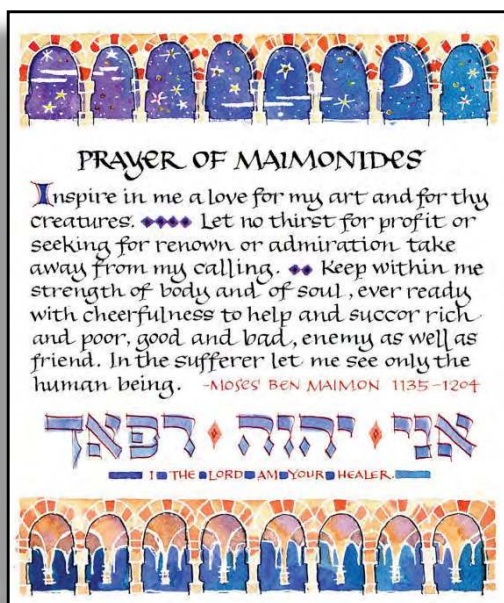


Illustration by Risa Aqua.

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Following up on a 1959 survey by Donald Irish and Daniel McMurry,¹ in 1969, Dr. Ralph Crawshaw began to survey medical school deans on their use of oaths among medical students in the United States and

Canada. He conducted his survey every decade. His last published report was based on survey data collected in 1999, and was published in *The Pharos* in 2003.²

Crawshaw's surveys served three primary purposes:

1. To document the use of oaths and their administration in undergraduate medical education.
2. To evaluate how nascent medical practitioners were being introduced to the ethics of the medical culture.
3. To use the practice of oath-taking as a platform for engaging in conversation about what the barometer is, and should be, for ethical discussion in medicine.

There has been much academic debate and critique on the structure and function of oaths and oath-taking in the current cultural and ethical milieu of twenty-first century medicine.³ The discussion has centered on the extent to which traditional medical oaths adequately address:

- The diverse ethical challenges that modern physicians face.
- The inherent competing interests that physicians may perceive, deriving from their own religious beliefs and the ethical codes of various professional associations.
- The evolving nature of the patient-physician relationship.
- The tension between the public health principles of equity and justice (common good), and the focus of traditional medical oaths on an allegiance to the good of the individual patient.

One of the goals of the current study was to elucidate what leaders in medical education are thinking in continuing to administer medical oaths in the twenty-first century. Another goal was to continue the dialogue on the roles of medical oaths, how they influence both individual and collective commitments to core ethical principles, and how



Illustration by Erica Aitken.

that influences professional development and behavior.

A newer trend, statements of principles, may be emerging as a replacement ethical code in medical schools where students find the traditional oaths insufficient to inform their own practice or frame discussion on the ethics of medicine with the public or their colleagues. The 2009 Crawshaw survey therefore was modified from prior versions to include a question on the use of statements of principles.

Methods

The 2009 survey was based on prior surveys conducted by Dr. Crawshaw over the past fifty years.² Original questions included in the 2009 survey were: whether the

medical school administers an oath; what form of oath is used; when is the oath administered; recent changes to the oath's form or use; and an open-ended question on the rationale for use or non-use of an oath.

Two additional questions were added to the 2009 survey on the use of statements of principles: whether the school is using a statement of principles; and who took the lead in developing the statement.

The survey was sent by mail in January/February 2009 to the deans of 147 medical schools in the United States and Canada. A letter outlining the history of the project and a copy of the results from the 1999 survey were included as background. Non-respondents were sent one follow-up reminder and survey packet. The survey was

considered closed in August 2009, and all responses tabulated at that time. Descriptive statistics were completed on the resulting data in R (a statistical computing software program) and Microsoft Excel.

Results

Of the 147 surveys sent out, 135 (92%) schools returned complete surveys. Although this is a very good response rate, the response proportions have gradually decreased over the past fifty years (Table 1).

All of the 135 responding schools reported using an oath in 2009.

The practice of oath-taking has steadily increased over the past fifty years, from 72% in 1969, to 100% in both 1999 and 2009 (Table 1).

	1959	1969	1979	1989	1994	1999	2009
Responding U.S. and Canadian schools	97	98	130	142	141	140	147
No response % (n)	1% (1)	2% (2)	3% (4)	4% (6)	7% (10)	5% (7)	8% (12)
Responding schools that use an oath % (n)	72% (69)	88% (84)	93% (117)	96% (130)	95% (125)	100% (133)	100% (135)

The occasion on which an oath is administered was reported in 129 of the 135 responses, and varied widely. Forty-eight (37%) of schools reported administering an oath only at graduation. The most common occasion other than graduation was during a white coat ceremony.

The form of the oaths used was reported by 98 schools. The modified version of the Hippocratic Oath continues to be the most used at 33.3%; 15.6% use the Oath of Geneva; and 11.1% use an unmodified translation of the traditional Hippocratic Oath (Table 2).

	1959	1969	1979	1989	1994	1999	2009
Hippocratic	11.6	30.9	68.4	3.1	4.8	11.3	11.1
Modified	21.7	32.1	38.5	52.3	55.2	36.1	33.3
Geneva	18.8	26.2	32.5	29.2	24.0	33.8	15.6
Covenant	–	0	0	0.8	0	2.2	0
Maimonides	–	0	5.1	3.1	3.2	3.0	1.5
Other	46.4	9.5	8.5	13.1	12.8	11.3	11.1
Unknown	1.4	1.2	2.6	0	0	3.0	27.4

Note: The denominator for the proportions tabulated in the 2009 column is the total of the 135 responses (including the 27% non-responses on type of oath (classified as “unknown”). It is unclear how “unknown” was decided in prior surveys. The traditional Hippocratic Oath in its unmodified version is labeled “Hippocratic;” the modernized version of the Hippocratic Oath as written by Louis Lasagna is labeled “Modified;” the Declaration of Geneva is labeled “Geneva;” a covenant of any form is labeled “Covenant;” and the Prayer of Maimonides is labeled “Maimonides.”
The 1994 data was not the focus of a stand-alone article, but was collected by Dr. Crawshaw and cited in a 1996 article.⁴

Uses of Statement of Purpose	Yes				No	No Response
	%n	86% (116)				13% (17)
Authors of Statement of Purpose	Students	Faculty	Other*	No Response		
% of “yes” (n)	23% (27)	24% (28)	41% (47)	12% (14)		

* Responses included combinations of student and faculty, administrators, administrators and students, and administrators and faculty

Of the 135 responding surveys, 15.6% (21) reported that they had considered changing the form of oath used. Changes considered focused on the wording of the oath to remove references to a deity, modernizing the oath, and including more student involvement in the type of oath to be used.

Most schools—87.2%—reported having some version of a statement of principles in place. The statement of principles was codeveloped by students and faculty in 46.1% of responding schools, by students alone in 26.5%, and faculty alone in 27.5% (Table 3).

Twenty-seven percent of schools responded to the question asking for an explanation of the reasoning behind their school's use of a medical oath. These responses revealed several common themes: tradition; professionalism; and commitment or re-commitment to patients (Table 4).

Table 4: Illustrative Quotes from Qualitative Analysis		
Tradition	Professionalism	Commitment
It is a tradition here that the student graduating class can write the oath each year.	Reinforcements of the tenets of professionalism and humanism.	Commitment to common principles and values is essential.
The oath is an important part of our ongoing tradition.	It contains a reminder that medicine is a profession dedicated to the well-being of people.	It reminds us why we do the things we do, and it is a reaffirmation of the 'rules' we live by.
Tradition. Impact of public declaration of principles.	Professionalism in medical ethics.	Symbolic of commitment to profession and patients.
To follow tradition.	We use an oath as an important symbol of professional attributes and to remind students of the profession and society's expectations of physicians.	Oath ceremony is a time of celebration as well as commitment.

Discussion

This survey provides the opportunity to observe the patterns of current and past oath-taking behaviors, and

to use the results as a stimulus for future discussion on the role oath-taking and related behaviors have in medical education and practice.

The near-universal practice of oath-taking has been maintained over the forty years leading up to, and including, the 2009 survey. That fact, and the consistent administration of oaths in transition ceremonies at the start of medical school and at graduation, suggests the importance of oath-taking as a ritual of initiation into the medical profession. This is reinforced by the qualitative reports from medical school deans that tradition, professionalism, commitment to principles, and patient care are major motivational considerations for including oaths in medical school ceremonies.

In addition to serving as a mechanism for induction into a professional community and a mark of membership, additional plausible functions of oath-taking in medical education include:

- A symbol and public declaration of a social contract between the profession and its individual members, and society as a whole.
- Cultural markers delineating the boundaries between medicine and its collegial trades and professions.
- A symbol of the profession's struggle to maintain its autonomy.
- A way to highlight the profession's values.
- A means to increase collective and individual accountability.
- A foundation for ethical practice within the profession.

Oaths and the practices through which they are produced, debated, and performed are important cultural artifacts that evolve in response to changes within medicine's deeper systems of meaning and practice.

The observation that the modified Hippocratic Oath (33.3%), and the unmodified Hippocratic Oath (11.1%) continue to be used in a large proportion of schools further supports the function of oath-taking as an expression of tradition. This is particularly interesting given that the Hippocratic Oath contains language with which modern medical students may feel uncomfortable.

The free-text comments expressing the schools' reasons for administering an oath did not include specific discussions of ethical principles or the role of a physician in society. This is consistent with a 2009 survey of U.S. physicians that found that while 97% of respondents had taken an oath during medical school, only 26% indicated that the oath influenced their practice "a lot;" and another 37% responded "somewhat."⁴ These findings suggest that



Ralph Crawshaw at a Lifeworks Northwest event in 2010.
Courtesy of Lifeworks Northwest.

oaths and oath-taking are less important than might be assumed.

However, of the 11.1% of schools reporting that they used a non-traditional oath (reported as “Other”), almost half used an oath developed either by the institution or by students. The majority of schools with a Statement of Principles in place reported that these statements were developed by students and/or faculty, indicating a high level of engagement by these new professionals in articulating the ethical ideals and standards to which they should be held.

It is important to consider the patterns of oath-taking over the past five decades and what they indicate about the evolving concerns of contemporary physicians in training, as well as their teachers. The free text comments collected in the survey suggest that students place considerable importance on professional ethics. However, the comments also suggest a growing sense that traditional medical oaths and associated oath-taking rituals are insufficient guideposts to navigate the complexities of medical education and practice.

Robert Veatch has argued that the plurality of oaths, inter-oath incongruities, and lack of epistemological primacy undermine the status of any oath as a code of ethics.³ To this we would add that poor coherence as ethical frameworks—both across oaths and between oaths and a variety of professional ethical codes—plays an important role in undermining the authority of oaths and oath-taking

for a new generation of medical practitioners who are described as “conventional,” “rule-conscious,” exhibiting greater “openness to change,” and having a tendency to resist appeals to tradition when this comes into conflict with their other values.⁵⁻⁷

This desire for coherence, comprehensiveness, and universality highlights an interesting paradox. The limited scope and lack of overarching philosophical coherence of traditional oaths may grant an ability to reach across different historical moments and ideologies, while at the same time, this conservative minimalism is also the source of an inability to speak in as meaningful a way to many students’ and physicians’ most central concerns and passions.

Students have also criticized traditional oaths and oath taking for their insufficiency in substantively promoting the formation and consolidation of a coherent professional identity, both on collective and individual levels. Introductions to the history and content of oaths in the medical humanities curriculum often emphasize oaths’ antiquity and specificity, and can exacerbate students’ lack of emotional connection to them, further highlighting, rather than addressing, their concerns about content and contemporary relevance. For students, processes of collective, team-based exploration, engagement, and individualized expression are valued and ingrained in practice.^{6,8} This is supported by the fact that students had a role in developing nearly three-quarters of the statements of principles, as reported in the survey.

A careful consideration of oaths and statements of principles prompts reflection on a possible gap between the codifications of professional ideals and the rituals assigned to them, and their application in practice. This gap is potentially dangerous—both for students and the profession—because it risks leaving us rudderless in our attempts to think through and address medicine’s larger ethical problems. This, in turn, leaves the more conscientious among us to seek out and develop primary identification with ethical, moral, and social traditions and frameworks external to medicine. While this result is not in itself problematic, it risks a gradual loss of identification with the profession of medicine, as well as a potential abdication of our collective responsibility to address many

of the most pressing ethical challenges of our time.

The fundamental problem is not that medicine lacks a singular, explicit, coherent moral philosophy. Rather, it is the perception that as a profession we have failed to create, and diligently maintain, a culture that allows for, and encourages, the critical thinking, debate, and continuous sharing of ideas for engagement that result in an ethical practice—a genuine sense of participation in a moral community, and individual fulfillment.

A structured space in which wide-ranging and sustained discussion can take place is needed. We must develop and ensure a place in which students, faculty, and established practitioners can explore and adapt the conceptual frameworks and ethical perspectives that will enable the effective assessment and engagement in the practice of medicine.

Conclusion

So what role might oaths have in addressing this need? As suggested above, attempting to comprehensively broaden the scope of medical oaths, or to transform them into more systematic ethical frameworks would render them more contentious, limit their universality, and make them unwieldy as a public document and ritual object.

A more practical and useful objective would be to look for ways to leverage the cultural significance of oath-taking as the first step toward establishing forms of practice and cultural dispositions that promote curiosity about, and continued collective engagement with, what it means to be a physician. Linking the oath and its content to the continued development of the student-driven statements of principles may be a starting point. Across the medical experience, this kind of linkage could serve as a way for students, individually and collectively, to revisit the oath, and its substantive application to their evolving professional identification.

Dr. Ralph Crawshaw's interest in oaths over the past fifty years came from a deep desire to understand the role of medical training in creating a culture in medicine of the highest ethical standards while also maintaining a critical eye on how those ethics—and the oaths that embodied them—inform practice. He thought of his once-per-decade survey of medical oath-taking behaviors akin to tracking one of medicine's "cultural vital signs."

The modification of the current survey to include statements of principles reflects his continued curiosity and drive to find new ways of checking the ethical pulse of the medical community.

In memoriam, we close this paper with some of his

contributions to earlier versions of this manuscript:

A metaphor for oaths: a compass to sail by which has lost its magnetism.

The professed high moral position of the medical oath in ongoing medical practice fails to address the physician's need to engage with enduring cultural, economic and moral issues present in every clinical practice of medicine.

Succinctly, to live the full life granted to a physician, each graduate should construct her/his own oath as a supplement to the Hippocratic Oath. Thus, each graduate shall have her/his proper guide to a fulsome life of service and honor.

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