

Medical Oath: The Educational Impact

Leila Afshar
 MD, PhD of Medical Ethics
 Assistant Professor, Medical Ethics Department,
 Shahid Beheshti University of Medical Sciences, Tehran, Iran
 leilaafshar@sbmu.ac.ir

Current health system put different tasks on physicians. Alongside with this change, medical education also becomes more sophisticated and the humanistic features of medicine undermined. However, it should be pointed out that the professional commitment of a physician and his/her primary duty is caring for the patients. Although changes in the health care system have affected the physician's roles, this primal commitment mentioned as the primary task of the medicine as a profession. Besides, nowadays, physicians, patients, and members of the society have come to believe that medicine and especially its physician-patient relationship component is under threat, and virtually all have concluded that any action to address the issue must include a major educational initiative. (R L. Cruess, S R. Cruess & Yvonne Steinert eds. *Teaching Medical Professionalism*. 2009, Cambridge University Press)

On the other hand, usually duties and responsibilities show themselves in the form of national and international codes and statements. Therefore a professional code could be seen as a set of ethical rules, values and standards that specify the jurisdiction and responsibilities of the members of that profession. That is why the professional code is also called rules governing the professional responsibilities.

In the medical history since about four centuries BC, emphasis on the obligations of a physician and his essential competencies was important and has been discussed in philosophical and medical literature. For example, taking an oath based on the text of the Hippocratic Oath or the like, with its stresses on professional commitment and ethical responsibilities is still accepted as a part of the medical

education or graduation process all over the world. Over the years, these ethical codes have been reviewed and revised and in each period have specified standards of the medical profession.

But there is a question about the educational impact of these oaths and codes and their relation to the concept of profession. I believe that the medical oaths have the potential to be used as an educational tool to reinforce the moral aspects of medicine.

Many commentators suggest that the modern concept of profession-as self-regulating occupations of educated members who are committed to ethical standards and dedicate themselves to serving the interest of others is a universally accepted idea and so self-evidently conclude that the term profession had no moment of invention. In addition, they propose that the concept of the medicine as a profession originated from the ancient oaths such as the Hippocrat's which addresses all features of medical profession. They argue that the word *proferi* in Latin is for "oath", therefore our modern concept of profession originated from an oath taken by ancient Greek physicians. (Pellegrino, Edmund. 1979. *Humanism and the physician*. Knoxville TN: University of Tennessee Press)

Since then, formal code for ethics of the practice of medicine remains for hundreds of years till now. The first official code for physicians is *Formula Comitis Archiatrorum* which was written in the fifth century AD and can be seen in the Cassiodorus documentation. (O'Donnell JJ. Cassiodorus. Berkeley: University of California Press; 1969.) In this text, the emphasis is on the need to acquire knowledge and consultation with colleagues, the principles that today are accepted as part of the professional conduct of a physician. Later, Thomas

Percival defined the ethical standards of the medical profession, standards that are still considered as the infrastructure for the responsibilities of the medical profession. Percival opinions deeply affected the way of developing professional requirements and responsibilities of physicians in the field of public health and access to health services that are the most recent aspects of medicine.

In contemporary era, American Medical Association (AMA) was formulated the first codes of ethical conduct for physicians in 1847. These codes were formulated in order to determine the behavior of clinicians and its four revisions shows the gradual changes of clinical medicine over the time. (American Medical Association. Principles of medical ethics. 2001. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>) Gradually, all medical association, and health related professions started to develop and codify the ethical behavior of their members in all countries in spite of their religious, cultural, and social differences.

In addition to these official codes, some religious and philosophical literature involved in the development of the standards of medical profession that among them writings and ideas of Maimonides, Immanuel Kant and Thomas Aquinas from the ancients, plus Pellegrino, McCullough, Engelhardt and many others of moderns can be noted.

While the religious, cultural and social differences exists in societies where these texts were formulated, there are shared moral values which seem to be universal. It may be suggested that, this “universality” is based on the physician-patient relationship, which is one of the most intimate interpersonal encounters that can eliminate the particular diversities.

The history of medicine not only throw light on changing patterns of medical practice and professionalization, but also have something to tell us about the education. The processes that led to the establishment of medicine as a profession based upon a formal education, standardized curriculum, licensing, and regulation.

During the ancient period, there were few legal or social obstacles to the practice of medicine. Individuals with or without special education or training could present themselves as healers. The only

thing that regulated the healing function was the oaths. But later in pursuit of professional recognition, practitioners attempted to set training programs. The placing of forms of oaths at the very beginning of some early medical manuscript, for example the bulk of the Hippocratic Corpus, suggests that it is the first thing to be studied (H von Staden, *The Cambridge World History of Medical Ethics*, ed; R B Baker & L B Mc Culloughhis, 2009 Cambridge University Press). Furthermore the oaths were well known in the Muslim worlds both with medical and ethical writers such as al-Ruhawi and also in the Hebrew oath ascribed to Asaph (al-Ruhawi, Ishaq ibn Ali. [1347]1985. *Adab at-tabib*, facsimile edition) that could show its universal acceptability and educational aims.

Changes in the medical education from an apprenticeship model to a scientific discipline which needs formal teaching and training have nothing to do on its moral aspects. Although many new issues emerged from the advances in technology such as the end of life decisions but the major component of physician patient relationship such as commitment, fidelity and confidentiality still are at stake. Therefore the healing function of medicine and its core values are yet the same as what mentioned in the oaths.

It shows that these core values are important and should be address in medical education. The difference should be in our teaching strategies. For centuries, the component of medical oaths as the profession’s commitment and an educational subject was not addressed directly. It was assumed that the values and beliefs which govern the medical profession and are the foundation of the medicine would be acquired during the process of education and this was heavily based upon role modeling. In this socialization process medical students patterned their behavior as professionals. While this method remains essential and powerful, it is no longer felt to be adequate by itself. There appears to be general agreement among educators that professional values must be taught and evaluated as a specific topic. (R L. Cruess, S R. Cruess & Yvonne Steinert eds. *Teaching Medical Professionalism*. 2009, Cambridge University Press) Educators should clarify the expectations, set the educational goals based on the different level of learner, assessing the professional

behaviors and have planned remediation programs to reinforce the issue. What in the past was largely implicit in medical education must now be made

explicit. But this does not necessarily mean that the educational content of the oaths are useless.