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ing your turn in line, and not just pushing others in front of you out of the way because you feel your individual rights and desires trump others. In yesteryear, we called this part of one's "civic duty."

As physicians and officers in the US Army, all three of us believe strongly in service for others' benefit many times over duties to the self. At times, and commonly seen during military service, when one signs up to put on the uniform, one's conduct and expectations may differ from those who do not elect to wear the uniform. We must consider the interests of others more so when we agree to wear the uniform, even if it may conflict with our own personally held views. This is our social responsibility.

Drs. Urdaneta and Giwa have written on this topic, and in fact crafted the American Academy of Emergency Medicine's Principles of Ethics based around certain professional responsibilities when physicians put on their "uniforms." Social responsibility calls for holding the interests of those around you, and especially the patients you serve, in higher regard than your own. Interestingly, many leadership scholars are utilizing this philosophy and calling it "Servant Leadership," and have found great success in leading multicultural and multigenerational workforces (7).

How do we resolve the seeming conflict between individual rights and social responsibility? A better question to pose may be, do you as an individual believe in a need for social responsibility? If so, then the discussion can be channeled to, what degree are you willing to sacrifice your individual rights vs. your obligations to being socially responsible? If you do not believe in social responsibility, despite living in a world built around the premise that harmony among individuals can be achieved only if there is order, rules, and a respect for the rights of others, then you will live a life in constant conflict with other members of society, and further discussion is a moot point. As Drs. Urdaneta and Giwa wrote, our oaths as physicians compel us to uphold fiduciary duties as enshrined in our roles as physicians. This duty comes even in the face of potential harm to our individual rights.

This normative ethic may seem more of a cry from the days of the "Great War" and a society all united in response to an external threat. However, in several polls on society's expectations of physicians, even when faced with potential danger to the physician, the respondents overwhelmingly believed physicians should put their lives on the line to save a patient's life (8). So although we may be immersed in a social media world claiming "it's all about me," society still maintains old-world views on its expectations of physicians. Notwithstanding, most medical schools still require all entrants or graduates to recite an oath, which, generally speaking, vows to uphold a patient's interests over their own (9). So if society expects it, and our own training ensures we swear an oath to uphold

it, how can a physician argue against social responsibility to their own patients?

So we conclude and restate our acknowledgment of individual rights, but stress that, as physicians, we must maintain the interests of society above our own and uphold social responsibility when there are clear-cut cases of a need to protect the public health over individual objections not based on clear-cut science. Again, we limited our arguments to only physicians because they are explicitly held to oaths and societal obligations to protect society and put their personal beliefs aside for the sake of patients.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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<https://doi.org/10.1016/j.jemermed.2023.03.066>

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