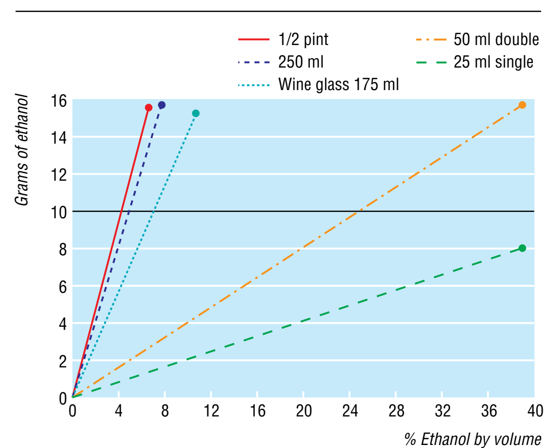

The dose of ethanol (g) versus ethanol concentration (% by volume) for different volumes of drink

tion, seen increasingly as concentrations exceed about 35 mg/100 ml, are important. Admiral Jellicoe noted that "by careful and prolonged tests, the shooting efficiency of the men was proved to be 30% worse after the rum ration than before"[3] (the rum ration was 1/8th pint—about 70 ml). The apparent effects of a given blood ethanol concentration, however, vary greatly among individuals. In some cases 500 mg/100 ml can be lethal, while in others much higher concentrations may cause few signs: a woman with a serum ethanol concentration of 1510 mg/100 ml (20 times the UK legal limit) was alert and responsive to questions.[4]

Advice to limit ethanol consumption to a specified number of units per week implies a threshold dose below which ethanol is harmless. Indeed, "the strong negative association between ischaemic heart disease deaths and … wine consumption" in developed countries encouraged the hope that moderate drinking might be beneficial.[5] Several prospective studies, including one of British doctors,[6] show a J or U shaped relation between coronary heart disease mortality and ethanol intake.[7] Total mortality, though, increases remorselessly with intake above 12-16 g ethanol per day.[6 8] Since the protective effect relates to ischaemic heart disease, those at low risk of this, including premenopausal women, may not benefit even at these levels.

So what should we do? Well, those who will be driving home, operating machinery, or operating on patients should know what they are drinking (see figure): even 10 g of ethanol will be enough to exceed statutory levels in some jurisdictions and could impair performance. One more sobering thought for Christmas: binge drinking can cause arryhthmia and sudden death[9]—or, as recently pointed out by England's chief medical officer,[10] lead ultimately to cirrhosis of the liver.

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Medical oaths and declarations

A declaration marks an explicit commitment to ethical behaviour

The newly qualified doctors of Imperial College School of Medicine recently adopted a ceremony in which they declare their commitment to assume the responsibilities and obligations of the medical profession. The decision to create a declaration ceremony was widely supported by the final year students and it reflects a recent resurgence in interest in medical oaths in the United Kingdom.[1 2]

Some 98% of American[1 3] and nearly 50% of British medical students[1 4] swear some kind of oath, either on entry to medical school[5] or at graduation.[4] One reason why oaths are more common in America may be that American children are brought up to swear their allegiance to the flag, so the concept of affirming their beliefs is less alien than to British students.

Oaths are neither a universal endeavour[3 4] nor a legal obligation, and they cannot guarantee morality. So why should doctors take an oath at all? In 1992 a BMA working party found that affirmation may strengthen a doctor's resolve to behave with integrity in extreme circumstances. This group recommended that "medical schools incorporate medical ethics into the core curriculum, and that all medical graduates make a commitment, by means of affirmation, to observe an ethical code."[6] The increasing complexity of healthcare arrangements and interagency collaboration, and the need to look at rationing resources, has forced the medical profession to re-examine its core values. In view of this, and with public confidence in doctors diminishing and morale at an all time low, it is perhaps unsurprising that the concept of an entire year of newly qualified doctors freely declaring their intentions to act ethically and professionally proved popular with both staff and students at Imperial College.

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Declaration of a new doctor

Now, as a new doctor, I solemnly promise that I will to the best of my ability serve humanity—caring for the sick, promoting good health, and alleviating pain and suffering.

I recognise that the practice of medicine is a privilege with which comes considerable responsibility and I will not abuse my position.

I will practise medicine with integrity, humility, honesty, and compassion—working with my fellow doctors and other colleagues to meet the needs of my patients.

I shall never intentionally do or administer anything to the overall harm of my patients.

I will not permit considerations of gender, race, religion, political affiliation, sexual orientation, nationality, or social standing to influence my duty of care.

I will oppose policies in breach of human rights and will not participate in them. I will strive to change laws that are contrary to my profession's ethics and will work towards a fairer distribution of health resources.

I will assist my patients to make informed decisions that coincide with their own values and beliefs and will uphold patient confidentiality.

I will recognise the limits of my knowledge and seek to maintain and increase my understanding and skills throughout my professional life. I will acknowledge and try to remedy my own mistakes and honestly assess and respond to those of others.

I will seek to promote the advancement of medical knowledge through teaching and research.

I make this declaration solemnly, freely, and upon my honour.

Oath taking does, however, have its critics. Some think it only encourages self importance and fuels paternalism. Others see it as a bid for respectability—the church, the bar, and the armed forces all swear oaths.

We devised the declaration with support and guidance from Raanon Gillon, emeritus professor of medical ethics. The final version (box) was approved by the whole year group. We decided early on that oaths were anachronistic and settled on creating a declaration instead. Of all the institutes that swear oaths, only three use the classic Hippocratic oath.[3] The remainder use modified alternatives, covenants, and prayers.[1 3 4] Making a declaration, rather than swearing an oath, is important. We are not swearing allegiance to an introverted, self serving club but declaring our intentions to help those who place themselves in our care and the community at large.

The task of composing the declaration was long and more difficult than we expected. We started by consulting existing oaths including the original Hippocratic oath, the World Health Organization revised Hippocratic oath, the prayer of Maimonides, the Geneva declaration, the University of Naples declaration, and the General Medical Council's *Duties of a Doctor*. Although all contained many relevant principles, we wanted to compose a succinct declaration that the year group would feel at ease with.

The declaration encompasses the principles of respect for patient autonomy, non-maleficence, beneficence, and justice. We also included some of the virtues (humility, honesty, compassion) and core working values and principles (confidentiality, informed consent, non-prejudice) that guide modern medical practice. The declaration highlights the importance of continued medical education and professional development and encourages openness and accountability in dealing with adverse clinical events. The place of research and public health in medicine is also recognised.

The "affirmation of a new doctor" ceremony took place on 27 July 2001. With friends and family looking on, all the newly qualified doctors stood to confirm their commitment. The ceremony was designed to be unifying and celebratory as well as offering an ethical framework to guide new doctors as they embark on their medical careers. It was timed to immediately precede the start of our house jobs. We hope that the proximity between accepting responsibility for patient safety and promising to act professionally will etch the association indelibly into our minds.

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Death in Hollywood

Any relation between self worth and mortality is uncertain

Appearances are deceptive p 1491

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Death in Hollywood—the subject of a paper in this issue (p 1491)[1]—brings to mind the page turning pleasures of Kenneth Anger's classic tales of a contemporary Babylon.[2 3] The mixture of drugs, drink, sex, violence, monstrous egos, gangsterism, speed, and madness is often most starkly revealed in the premature deaths of (sometimes has-been) stars. The suicides can be particularly indicative of the roller coaster nature of fame: Albert Dekker wrote sections of the poor reviews from his last film in crimson lipstick on his body before hanging himself; Lou Tellegen stabbed himself with gold scissors engraved with his name, surrounded by film posters, photographs, and newspaper cuttings from his days of triumph; and Peg Enwistle jumped to her death from one of the giant letters of the Hollywood sign (setting off a spate of copycat leaps into oblivion). Among the better known suicides are (probably) Marilyn Monroe and her Oscar-winning co-star in *All About Eve*, George Sanders, whose note read "Dear World: I am leaving you because I am bored. I am leaving you with your worries in this sweet cesspool."

To these suicides can be added the long list of those for whom the road to excess led to premature demise. Among the stars of the silent screen were Wally Reid (morphine), John Gilbert (drink), Alma Rubens