

Commentary

Evolution of Form and Circumstance in Medical Oaths

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Few deny the importance of medical oaths. They are used in a solemn ceremony where, before peers and public, the medical graduate voluntarily witnesses to service to others by lifelong, self-imposed moral principles. By examining the use and form of medical oaths sworn in North American medical schools, patterns emerge that indicate evolving moral aspirations of the medical profession. In this article we address the content and circumstances of medical oaths in 1969, 1979, 1989, and 1994 and compare them with the earliest survey of 1959. We also look at changes by faculty in 1969, 1979, and 1989.

Method

The pioneering study of the use of medical oaths was conducted 35 years ago by sociologists Irish and McMurry.¹ They focused on possible geographic implications in oath taking in North America, treating United States and Canadian medical schools as separate cohorts. As will be seen, differences between the two regions have persisted over time.

In this survey, which follows Irish and McMurry's method, medical school deans listed in the medical education edition of the *Journal of the American Medical Association* (1988; 260:1131-1135) and the *Canadian Medical Directory*² were contacted by mail. The survey included a letter to each dean explaining the data sought through explicit questions as well as examples of the modernized form of the Hippocratic Oath as used by the Ohio State University School of Medicine (Columbus) and the Oath of Geneva. Requests for responses in 1969 were repeated until close to a 100% US response was obtained. In 1979, 1989, and 1994, no more than two requests for responses were made. As Table 1 shows, response rates for 1979, 1989, and 1994 were above 90%, which compares well with a rate of 99% in 1959 and a 100% US response in 1969.³ As a further indication of interest, many deans requested a report of the final findings.

Many variations in the medical oaths are reported. Working from respondents' descriptions, frequently accompanied by a copy of the actual oath used at the

medical school, medical oaths were classified into categories by the following rationale: If sworn by Apollo and the ancient gods, it was "Hippocratic" (Figure 1). If it was similar in nature to the modified Hippocratic Oath as used by Ohio State University School of Medicine in 1957 (Figure 2), it was classified as "modified." If it was in the form of the Oath of Geneva, secular promises made freely and upon one's honor, it was classified as the "Geneva Oath" (Figure 3). The oaths classified as "prayer of Maimonides" included those named as such and others that contained a reference to the "father of mercy." The oath was classified as "covenant" if it involved an active dialogue with the audience for agreement to be kept by both the oath taker and oath giver. If the oath did not fall into any of these categories, it was classified as "other." When a medical school reported administering a medical oath but did not specify either its form or content, the oath was classified as "unknown."

Results

Table 2 reveals a 25-year use of medical oaths by more than 90% of US reporting medical schools, whereas in 1959 a little less than 73% of reporting schools used medical oaths. Consequently, a substantial majority of US medical graduates currently practicing in the United States at some time in their careers have sworn a medical oath. This level of use is not true for Canadian medical schools, where the percentage reporting medical oath use has never exceeded 75% and has been as low as 50%.

Form of Oath Used

Table 3 reflects differing definitions of categories of medical oaths over time. The category of "other" reported in the 1959 study delineates Hippocratic oaths or the Ohio State versions with slight changes in wording. As minor editorial changes are no longer considered important, all slightly changed Hippocratic oaths are now included under the category "modified." Canadian schools never reported using the classical Hippocratic Oath. If a school used more than one oath, only one has

(Crawshaw R, Link C: Evolution of form and circumstance in medical oaths. *West J Med* 1996; 164:452-456)

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Hippocratic Oath

I will look upon him who shall have taught me this Art even as one of my parents. I will share my substance with him, and I will supply his necessities, if he be in need. I will regard his offspring even as my own brethren, and I will teach them this Art, if they would learn it, without fee or covenant. I will impart this Art by precept, by lecture, and by every mode of teaching, not only to my own sons but the sons of him who has taught me, and to disciples bound by covenant and oath, according to the Law of Medicine.

The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or for any wrong. I will give no deadly drug to any, though it be asked of me, nor will I counsel such, and especially I will not aid a woman to procure abortion. Whatsoever house I enter, there will I go for the benefit of the sick, refraining from all wrongdoing or corruption, and especially from any act of seduction, of male or female, of bond or free. Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be sacred secrets.

Figure 1.—This Hippocratic Oath is taken from the "Hippocratic Collection" (from the *Encyclopaedia Britannica*, Vol 15, Chicago, Illinois, 1947, p 198).

been included in Table 3, with preference in tabulating given to the oath in most general use, Hippocratic, modified, or Geneva.

The versions of oaths used in the United States show a decrease in the classical Hippocratic Oath from a high of 30.8% in 1969 to 27.4% in 1989, followed by a slight increase in 1994 to 36%. Swearing by the classical Hippocratic Oath's pagan god Apollo or referring to "the cutting for stones" has become uncommon over the past 35 years, whereas the use of a modified Hippocratic Oath has increased from 33.3% to 59.9%. Some form of the Hippocratic Oath is the most common oath in use.

The Geneva Oath remains unaltered except for relatively minor editorial changes, such as adding "sisters" to "brothers." Its use varied from 17.7% in 1959 to 34.3% in 1979, falling off to 30.0% in 1989 and 24.1% in 1994.

The use of alternative medical oaths (designated as "other") follows an erratic trend. Though neither an oath nor a bequest of antiquity, the Prayer of Maimonides, written about 1886, is sometimes used in conjunction with medical oaths. The LaSagna Oath, or Covenant, and the Clouser Covenant appear in the surveys after 1979. In 1994 three French Canadian medical schools reported using a professional oath of unknown derivation required and administered by the president of the provincial professional corporation, the equivalent of a

US state board of medical licensure. As some US schools encourage students to choose the oath they wish to swear, idiosyncratic oaths written by faculty members or students appear sparingly but increasingly throughout the surveys. The literature cites a few instances of medical oaths offered by active practitioners for use without public witnessing.⁴

Content

Over the 35-year span of the surveys, reported medical oaths uniformly dealt with personal commitment, the primary concern for patients' well-being, the need for confidentiality, and abstention from wrongdoing. The ancient expression for academic responsibility to teachers appears less and less. By 1979 a number of particular concerns appear, including statements concerning gender, the environment, atomic warfare, and the sanctity of life.

An interesting development in content surfaces in 1989 with the use of a covenant, rather than a personal oath. The covenant represents an ancient Muslim medical tradition that was not incorporated into medical practice during the Middle Ages when European universities regained contact with the Hippocratic corpus preserved by Islam.⁵ Today the covenant appears in graduation ceremonies as a solemn dialogue between the graduates and the audience present. Contemporary principles of professional responsibility are addressed in the covenant through a series of declarations by the graduates, followed by responses from the faculty and the audience. The covenant concludes with a mutual witnessing to shared dedication.

Oath of Hippocrates

I do solemnly swear, by whatever I hold most sacred, that I will be loyal to the profession of medicine and just and generous to its members.

That I will lead my life and practice my Art in uprightness and honor.

That into whatsoever home I shall enter, it shall be for the good of the sick and the well to the utmost of my power and that I will hold myself aloof from wrong and from corruption and from the tempting of others to vice.

That I will exercise my Art solely for the cure of my patients and the prevention of disease and will give no drugs and perform no operation for a criminal purpose and far less suggest such a thing.

That whatsoever I shall see or hear of the lives of men which is not fitting to be spoken, I will keep inviolably secret. . . .

These things I do promise, and in proportion as I am faithful to this oath, my happiness and good repute be ever mine, the opposite if I shall be forsworn.

Figure 2.—This oath, sworn by what is held most sacred and not by pagan gods, was used by the Ohio State University School of Medicine, Columbus, in 1957.

Declaration of Geneva

A pledge suggested as a dedication of the physician to his profession of service

At the time of being admitted as a Member of the Medical Profession:
 I solemnly pledge myself to consecrate my life to the service of humanity.
 I will give to my teachers the respect and gratitude which is their due;
 I will practice my profession with conscience and dignity;
 The health of my patient will be my first consideration;
 I will respect the secrets which are confided in me;
 I will maintain by all the means in my power, the honor and the noble traditions of the medical profession;
 My colleagues will be my brothers and sisters;
 I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient;
 I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.
 I make these promises solemnly, freely, and upon my honor.

Figure 3.—The Declaration of Geneva was adopted by the General Assembly of the World Medical Association in Geneva, Switzerland, in 1948 and was suggested as a replacement for the traditional Hippocratic Oath. It is used by the medical fraternity Alpha Omega Alpha at inauguration ceremonies.

Consideration of Change by Faculty

Over the years respondents have volunteered that although the faculty had not initiated changes, students had. Information volunteered along with the 1994 survey reveals that the graduating classes in at least 18 medical schools determined for themselves the form and place for their oath swearing.

Circumstance of Swearing of an Oath

Commencement is reported as the most common time and place for oath taking. By 1994, however, increasing originality and flexibility appeared in both the timing and sites of oath taking. Although the precise details were not provided, it can be reported that a few

schools administer a medical oath to their freshman class, and some await completion of postgraduate training. Most reserved a discrete time before their university's convocation for the swearing of an oath together with a hooding or honors ceremony. One medical school invites alumni present to join in reaffirming their medical oath. In another, the ceremony is designated "shingles night" when, following oath taking, each graduate is presented with a shingle bearing the student's name and intended to adorn his or her new office.

Discussion

The sustained use of medical oaths by US medical schools appears to be more than the inertia of social custom, as it is accompanied by a focused evaluation of their contents. Although the prime goal in oath taking remains witnessing to personal moral commitment in caring for patients, increased consideration of religious and governmental issues that impinge on professional behavior reflects the concern of students and faculty in meeting new challenges to the moral nature of medical education and the consequent practice of medicine.

Medical oaths have had to achieve an elemental balance with secular and religious powers. Although Apollo has receded as the authority for medical oaths, religious prayers are currently said during oath-taking ceremonies in 11 US and Canadian medical schools. In seven schools, graduates swear no oath but repeat Maimonides' prayer. One medical school uses an original Christian medical oath.

The Quebec Professional Corporation, which corresponds to a state board of medical license in the United States, reports a new dimension between medical oath swearing and government in operation since 1979 (oral communication, December 1994). The corporation requires MD graduates to complete an additional two years of postgraduate training in family practice before swearing the corporation's medical oath, following which a license is granted to practice medicine. Five medical schools report that the sponsoring authority for swearing shifted from academic faculties to the provincial government. The Quebec Oath, of unknown derivation, is administered by the corporation's president before a table on which sit a Catholic bible, a Protestant bible, a Jewish torah, and the Koran.

For those seeking a license to practice in Quebec, the government's required oath blurs the boundary between

TABLE 1.—Response Rate for Surveys*

Country	1959	1969	1979	1989	1994
USA					
Schools, No.....	85	86	114	126	125
Response, %.....	98.8	98.8	97.4	95.2	92.8
Canada					
Schools, No.....	12	12	16	16	16
Response, %.....	100.0	91.7	93.8	100.0	93.8

*From the 1959 data from Irish and McMurry¹ and 1969-1994 data from surveys administered by Ralph Crawshaw.

TABLE 2.—Use of Medical Oath, %*

Country	1959	1969	1979	1989	1994
USA					
Yes.....	72.9	90.7	92.1	93.7	92.8
No.....	25.9	8.1	5.3	1.6	0.0
No response.....	1.2	1.2	2.6	4.8	7.2
Canada					
Yes.....	58.3	50.0	75.0	75.0	56.2
No.....	41.7	41.7	18.8	25.0	37.5
No response.....	0.0	8.3	6.2	0.0	6.2

*From the 1959 data from Irish and McMurry¹ and 1969-1994 data from surveys administered by Ralph Crawshaw.

a medical oath and a loyalty oath. Quebec applicants are afforded no personal choice in witnessing. Although this obligatory oath verges on coerced civic witnessing, to date no Quebec physician is reported to have protested; rather, Quebec authorities anticipate a similar requirement to spread to the other Canadian provinces.

The abrupt increase in the use of the Geneva Oath in 1979, followed by a later decline, may represent its use as an alternative to the classical Hippocratic Oath that in the 1960s was considered anachronistic. Revisions in the Hippocratic Oath after 1979 rendered it more acceptable to schools that had switched to the Geneva Oath.

In place of a medical oath, the Covenant, with its original content and unique delivery, offers a structured dialogue among the graduates, the faculty, and the assembled public.⁶ The individual declaration of the graduate with its implied one-to-one relationship with the patient has been amplified into a communitarian bond. Participants forthrightly acknowledge a mutual relationship through shared responsibilities expressing an enhanced sense of community. This evolution of oath taking indicates a growing recognition of social interdependence among physician, patient, and community, including an appreciation of population-based medicine.

Roger Bulger, MD, President of the Association of Academic Health Centers, reports that his organization circulated a “health professional covenant” for nursing, social work, and psychology graduates as well as medical graduates (oral communication, February 1995). In 1995 the “patient-physician covenant” appeared as a response to excessive commercialization of medical practice. It is now under consideration by medical faculties and many medical associations in the United States for endorsement and public witnessing.⁷

Although not directly related to taking a medical oath, another sacred ceremony, a unique ritual for delineating physicians’ respectful dedication, was met with in the course of the study. The ceremony is conducted at the graveside of cadavers used in the study of anatomy. Medical students, faculty, and family members of the dead are welcome to participate, and it is not unusual for 100 family members to attend the graveside ceremony. Approximately half of the ashes of each body are returned to the family. The remaining ashes are contained in a biodegradable carton inscribed with the name of the donor and placed in a common grave, along with a single carnation. A simple, nondenominational religious service is conducted, earth strewn over the

TABLE 3.—Form of Oath Used, %*†

Country	1959	1969	1979	1989	1994
USA					
Hippocratic.....	11.3	30.8	7.6	3.4	5.2
Modified.....	22.6	33.3	40.0	55.9	56.9
Geneva.....	17.7	26.9	34.3	30.0	24.1
Covenant.....	--	0.0	0.0	0.8	0.0
Prayer of Maimonides.....	--	0.0	5.7	3.4	3.4
Other.....	46.8	7.7	9.5	7.6	10.3
Unknown.....	1.6	1.3	2.9	0.0	0.0
Canada					
Hippocratic.....	0.0	0.0	0.0	0.0	0.0
Modified.....	0.0	16.7	25.0	16.7	33.4
Geneva.....	14.3	16.7	16.7	16.7	22.2
Covenant.....	--	0.0	0.0	0.0	0.0
Prayer of Maimonides.....	--	0.0	0.0	0.0	0.0
Other.....	85.7	66.7	58.3	66.7	44.4
Unknown.....	0.0	0.0	0.0	0.0	0.0

*From the 1959 data from Irish and McMurry¹ and 1969-1994 data from surveys administered by Ralph Crawshaw.
†See text for description of classification of oaths.

remains, and the grave closed. The ceremony is completed with a grave marker without names but with the simple inscription, "The Ultimate Gift" (Jack Davies, MD, Professor Emeritus of Anatomy, Vanderbilt University School of Medicine, Nashville, Tennessee, oral communication, April 1988).

Future surveys should determine who, if anyone, among faculty, students, and the public are actively considering changes. This should assist in identifying those seeking change as well as possible motives.

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