

THE HIPPOCRATIC OATH

I SWEAR by Apollo the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will heed this oath and this stipulation to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none other. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practise my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot.

In 1948 in Geneva the World Medical Association drew up a modern version of the oath.

At the time of being admitted a member of the medical profession:

I solemnly pledge myself to consecrate my life to the service of humanity;

I will give my teachers the respect and gratitude which is their due;

I will practise 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, even after the patient has died;

I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;

My colleagues will be my brothers;

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.

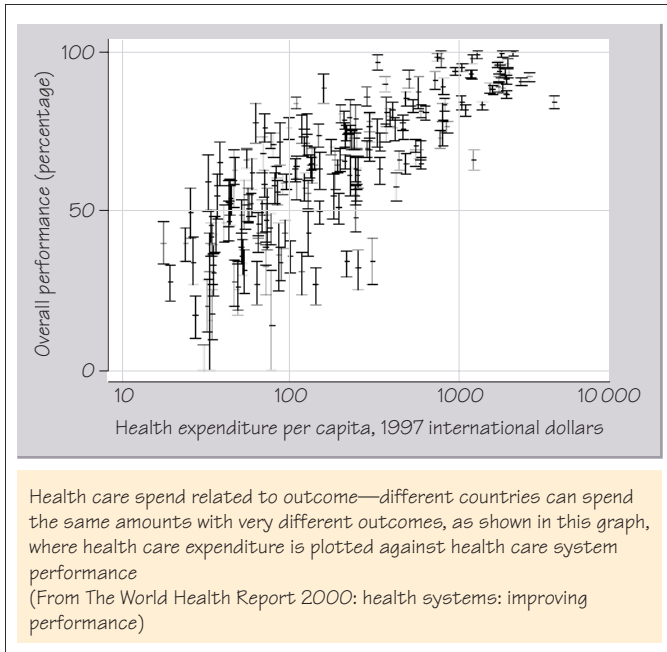
I make these promises solemnly, freely and upon my honour.

Good doctors

Medicine can seem a large and daunting subject, not only for reasons of intellectual rigour, but also because so many facts need to be learnt. In learning (and practising) medicine, it is vital to realize that facts alone are not enough! Good physicians have the following characteristics:

- A strong humanity, i.e. an interest in human beings.
- An interest in disease, its causation and treatment.
- An ability to communicate with patients, to obtain a correct and full understanding of their problems and, at the same time, to give accurate information sympathetically about the diagnosis, treatment and prognosis. Good physicians are non-judgemental, empathetic listeners.
- An ability to examine patients and elicit abnormal physical signs.
- An ability to marshal the facts into a coherent story and present them clearly to relevant parties, i.e. 'case' presentation of the history, examination and structured summary, a probable and differential diagnosis, with plans for further investigations, and treatment.

- An up-to-date knowledge base so that appropriate management (diagnosis + treatment) plans can be made.
- An ability to realize when knowledge/skills are deficient and an ability to learn in response to new knowledge, ideas, etc., from the best source available.
- An ability to acknowledge errors and learn from them. It is important to be open with patients and colleagues as soon as errors/misjudgements are recognized.
- Appropriate technical skills in diagnostic and therapeutic procedures.
- An understanding of economic, social and cultural, political and health-care systems so that the best possible help can be delivered to patients in the most timely fashion. If a deficiency in one or other of these systems damages patients, physicians should seek improvements.
- Excellent managerial and interpersonal skills, with personal, financial and intellectual probity.



Hippocratic oath and the modern perspective

High ethical and moral standards are an imperative for good practice – the Hippocratic oath and its modern successors aim to codify behaviour. They are guidelines to best behaviour, although medicine is more complex than implied by such phrases. However, regardless of phrasing, the implication that physicians should have the highest ethical, moral and technical standards stands. Society respects physicians, and consequently physicians face social as well as other penalties if performance is poor.

Health-care systems

Health-care systems are imperfect compromises among society's aspirations, wealth, humanity and individual needs (see figure above and Table 1.1). It is vital to understand how any system works, so that it can be used in a patient's best interests. If individual or organizational failure occurs, this should be highlighted to the appropriate responsible individuals, agencies or, rarely, the media.

How to learn

Becoming a doctor means acquiring a set of skills, knowledge and values. How this is best done depends on the individual and the medical school. However, concentrating on one area/skill to the exclusion of others is counterproductive. Facts alone do not make a physician, and nor do learning or technical skills alone. It is the right combination of the above list that 'maketh the physician'. Students need to determine the right balance for themselves, bearing in mind their individual aptitudes, and their medical school's doctrine. A reasonable approach is the 'patient-centred' one, approached in a 'problem-based' fashion,

Table 1.1 The three fundamental objectives of health systems.

- Improving the health of the population they serve
- Responding to people's expectations (including personal respect from the system to the patient)
- Providing financial protection against the costs of ill health

supplemented by dedicated learning sessions (e.g. seminars, lectures, etc.); students should:

- See patients, so learning communication skills.
- Ascertain symptoms and signs, so learning clerking and examination skills.
- Formulate a diagnosis or differential diagnosis, so learning diagnostic skills. The first part of this book aims to aid in diagnosis, i.e. the turning of symptoms and signs into diseases with names.
- Present findings to attending physicians, so learning presentation skills.
- Formulate investigation and treatment plans, so refining diagnostic and therapeutic skills. The second part of this book aims to help here.
- Observe patients' progress, so determining whether the original diagnosis and therapy were correct. This feedback is an essential component in improving diagnostic and therapeutic skills.

Deficiencies in knowledge and technique are identified at each stage and corrected using information/skills training obtained from books and libraries, electronic resources, physicians, other health-care professionals, patient groups, skills workshops, learning sessions, etc.

Some medical schools have a structured approach to this process, with substantial guidance at each stage; others are less formalized – which appeals more depends largely on you. Which is better is unclear.

How to behave on the wards

It is particularly important when performing ward work to:

- Introduce yourself to the ward staff as well as the patient, so that they know who you are and why you are there.
- Respect patients' privacy, and their right to refuse to see you.
- Ask for consent before seeing a patient.
- If you undress a patient to examine him or her, help him or her to dress again once you have finished.
- Be courteous to nurses and other members of staff (e.g. physiotherapists, ward cleaners, cooks, etc.) at all times.
- Be punctual in attending teaching sessions – you will find that your teachers, who are often busy clinicians, are often late; this is not deliberately done to infuriate you, rather it reflects how hectic their lives are. It is reasonable to wait *c.* 10 min, before 'bleeping' to remind them of the session.
- Write in the notes: different medical schools have different policies on this. Often, however, senior medical students are expected to write in the notes. This is a legal document, so write legibly, never use pejorative phraseology, and sign your name, along with your status as student, legibly at the end. *Never* amend the record at a later time, unless you clearly identify who you are and when the alterations occurred.
- Enjoy yourself!