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## **On Being the Hippocratic Doctor: Views of House officers in a Nigerian Teaching Hospital**

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### **Abstract**

Medical students in many countries take a medical oath on graduation from medical school. Given that there is little or no formal medical ethics education in many Nigerian medical schools, the current relevance of swearing to these medical oaths is being questioned. This study determined mainly the views of pre-registration house officers (PRHOs) on the relevance of the Hippocratic-based medical oaths and some selected issues related to the ideals espoused therein. Using self-administered questionnaires, a cross-sectional survey of PRHOs was conducted in 2013 as a pre-orientation workshop activity in Nigeria. Respondents were simply required to indicate if they agreed/disagreed with 29 perception statements related to the medical oaths and their ideals. Simple descriptive analysis was done using the Statistical Package for Social Sciences version 19. The sample included 63 males and 41 females, who had all sworn to the Physician's Oath at their 9 respective medical schools. Though only two respondents (1.9%) were confident about reciting the Physician's oath/any medical oath from memory or recalling all the specific details contained in it, the majority of them agreed with all the traditional ideals espoused in the Hippocratic-based oaths, including the prohibitions on abortion, euthanasia/physician-assisted suicide and sexual misconduct. Contemporary issues like doctors' strike actions, job security/self-preservation issues and demand for payment of hospital fees before service were shown to be contentious issues for which there was no explicit guidance from the medical oaths. For these oaths to gain greater relevance and priority among these doctors, they should be recited within the context of a reformed

undergraduate medical educational system with an integrated medical ethics curriculum and a functional health care system that is responsive and sensitive to societal needs and changes.

## 1. Introduction

Although oath taking is common in many societies, its importance and impact varies among the major professions, with the taking of the Hippocratic oath being widely invoked in the popular medical culture as being contributory to conveying a direction to medical practice and the medical profession [1]. Most medical graduates will take a medical oath to inspire them to take their proper place in the comradeship of physicians and remind them of their obligations to their patients, society and their profession [2]. The recitation of such an oath is a laudable tradition that provides a link to the history of medicine, affirms the solemnity of a medical career, and acknowledges the public's trust in doctors[3].

Included in the classical Hippocratic Oath are content domains espousing loyalty to colleagues, profession and teachers, protecting patient confidentiality, avoiding sexual misconduct, non-exploitation of patients, prohibition of abortion, prohibition of physician assisted suicide or euthanasia, putting the patient's welfare first, acting with beneficence or non-maleficence, professional integrity, acknowledgement of limits of competence and willingness to refer to specialized colleagues, furthering a just society, respecting the law and/or laws of humanity, avoiding bias or prejudice, and commitment to peace[4]. With growing attention and interest in medical oaths, the medical profession has witnessed the creation and use of both Hippocratic and non-Hippocratic based oaths, with some of the latter often times being authored by medical students and/or clinical faculty and projecting some of the ideals in the original Hippocratic oath [4]. One such variant, generally considered as the modern version of the Hippocratic oath and widely used, is the World Medical Association (WMA) Declaration of Geneva's Physicians Oath [5]. Embodied in this declaration are the guidelines for behavioral interaction between practitioners and their patients, practitioners and their teachers, practitioners and their colleagues, as well as practitioners and humanity/society as represented by law and the government.

In Nigeria, all fresh medical graduates on formal induction into the medical profession are required to publicly declare their readiness to obey the professional rules and regulations (Code of Medical Ethics in Nigeria) of the Medical and Dental

Council Of Nigeria (MDCN-the regulatory body for medical and dental practice) and all other laws for the control of the medical profession, as well as subscribe to the Physicians' Oath [6], these being the core of medical ethics and professionalism in the country. All the newly inducted doctors are consequently given personal copies of the Code of Medical Ethics booklet together with their professional temporary registration licenses but it is doubtful if this actually generates a commensurate level of interest in medical ethics.

Incidentally, there is no documented formal undergraduate medical ethics and professionalism education program that is actively being implemented in most Nigerian medical schools. Undergraduate medical education remains largely focused on traditional clinical and basic medical science components, leaving students to develop moral attitudes passively through observation and intuition [7], a situation worthy of note given that paternalism is still very much alive and well in many of the routine doctor-patient interactions in the Nigerian society. Even when ethics instructions had been given, anecdotal evidence points to these being very inconsistent and the specific teaching on these medical oaths being highly variable.

Against this backdrop, the current relevance of swearing to these medical oaths is being questioned, particularly when these young doctors are compelled into participating in these oath taking ceremonies. There is paucity of evidence in our settings on how much of these declarations are retained, recalled and applied by these young doctors in the course of their duties. As a preliminary step to developing a curriculum for undergraduate medical ethics in Nigeria, our study determined the views of pre-registration house officers (PRHOs) on the relevance of the medical oaths and some selected issues explicitly or implicitly related to the ideals espoused in these Hippocratic-based medical oaths.

## 2. Methods

A descriptive cross-sectional survey of pre-registration house officers (PRHOs) was conducted in 2013 as a pre-workshop activity for the orientation workshop on the "Doctor-Patient Relationship" organized for the fresh intake of PRHOs for a teaching hospital in Nigeria. Self-administered 37-item anonymous questionnaires were distributed among all the eligible and willing workshop participants and, the completed ones were consequently retrieved on-the-spot by the research assistants after 30 minutes.

**Table 1:** The views of 104 PRHOs on statements regarding medical oaths

Perception statement	Agree (%)	Disagree (%)	Not sure (%)
Hippocratic oath or the physician's oath are still relevant to modern medicine	75 (72.1)	14 (13.5)	15 (14.4)
The current medical oaths should be revised in the face of emerging & evolving trends in medicine & society	68 (65.4)	21 (20.2)	15 (14.4)
Medical schools should abrogate the medical oaths	17 (16.4)	64 (61.5)	23 (22.1)
Graduating doctors should write their personal oaths	14 (13.5)	79 (75.9)	11 (10.6)
Oath taking ceremonies automatically commit doctors to ethical conduct & practice	52 (50)	41 (39.4)	11 (10.6)
A pan-professional oath for all health workers is desirable, since modern health care is multidisciplinary	68 (65.4)	22 (21.1)	14 (13.5)

Respondents were simply required to indicate if they agreed/disagreed with 29 perception statements related to the relevance of the medical oaths and the ideals espoused in these Hippocratic-based medical oaths (specifically the Physician's declaration and the Hippocratic Oath). The responses to these statements were initially based on a 5 point Likert scale: 1=strongly disagree, 2=disagree, 3=not sure, 4=agree and 5=strongly agree, and subsequently grouped into 3 categories: 1 and 2=disagree, 3=not sure, and 4 & 5=agree. Frequencies, proportions and percentages were generated on these responses, using the Statistical Package for Social Sciences SPSS Version 19. Questionnaires with incomplete entries were excluded from analysis. Approval for the study was obtained from the Health Research Ethics Committee of a university Teaching Hospital in Nigeria.

**Table 2:** The views of 104 Pre-registration house-officers on statements on certain ideals guiding professional practice

Perception statement	Agree (%)	Disagree (%)	Not sure (%)
A doctor's life should be entirely consecrated to the service of humanity devoid of any other considerations	80 (76.9)	11 (10.6)	13 (12.5)
Medicine must be practiced always with respect, conscience, dignity, integrity & honour	102 (98.1)	Nil	2 (1.9)
Doctors should only undertake interventions within their professional competence	96 (92.3)	6 (5.8)	2 (1.9)
Job security and self-preservation should be of secondary concern to doctors	39 (37.5)	37 (35.6)	28 (26.9)
Doctors should never embark on industrial strike actions	37 (35.6)	31 (29.8)	36 (34.6)
Doctors should always abstain from any mischief or corruption	103 (99)	Nil	1 (1)

### 3. Results

The sample included 63 males and 41 females, with a response rate of 94.6% (104/110). All the respondents had trained in 9 different medical schools within Nigeria. The mean (SD) age was 26.2 (2.7) years. All the respondents identified Christianity as their religion. All had participated in a mandatory medical oath-taking ceremony, on graduation from their respective medical schools. Though all stated that they were aware of the original Hippocratic Oath and/or the Physician's Oath, only two respondents (1.9%) were confident about reciting the Physician's Oath/any medical oath from memory or recalling all the specific details contained in it. Tables 1 to 4 show the views of the 104 respondents on the 29 perception statements presented in the questionnaire.

**Table 3:** The views of 104 pre-registration house-officers on statements on ideals related to the doctor-patient relationship

Perception statement	Agree (%)	Disagree (%)	Not sure (%)
A doctor must act in the best interests of the patient always	95 (91.3)	4 (3.9)	5 (4.8)
A doctor must act to avoid causing any form of harm to the patient always	93 (89.4)	4 (3.9)	7 (6.7)
A doctor should not use his medical knowledge to assist in the termination of a patient's life(Euthanasia etc)	87 (83.6)	4 (3.9)	13 (12.5)
A doctor should not act to terminate a viable pregnancy	78 (75)	8 (7.7)	18 (17.3)
A doctor must hold all information about his patients in confidentiality always, even after death	87 (83.6)	6 (5.8)	11 (10.6)
A doctor should not insist on payment before attending to any patient	38 (36.5)	30 (29)	36 (34.6)
A doctor should not issue a certificate of medical fitness without conducting the necessary examinations	91 (87)	8 (7.7)	5 (4.8)
A doctor should not issue a sick leave certificate to any undeserving patient, irrespective of the situation	89 (86)	6 (5.8)	9(8.6)
A doctor should not prescribe treatment over the telephone or email without first seeing and examining the patient	77 (74)	17 (16)	10 (9.6)
A doctor should avoid all intimate relationships with one's patients	98 (94)	2 (1.9)	4 (3.9)

#### 4. Discussion

With significant shifts in the traditional moral grounds of the society against the background of scientific/technological advances, the medical profession is increasingly being required to face hard choices in patient care and to re-examine its own role in health care and the nature of its values [8]. The medical oaths, be it the modernized Hippocratic oath, Declaration of Geneva, Prayer of

Maimonides, oath of Louis Lasagna or other variants [9], are thus being re-appraised afresh for both moral and professional guidance. The main intention of a medical oath seems to be to declare the core values of the medical profession and to strengthen the necessary resolve in doctors to exemplify professional integrity [8]. However, with increasing consideration of religious and governmental issues which impinge on professional behavior, concerns over the moral nature of medical education and practice are being brought to prominence by students, practitioners, and faculty. Oaths are deontological in that they bind the oath-taker to certain kinds of duties and obligations, and partaking in such is regarded as a symbolic, integral and shared aspect of professionalization [4]. By providing the oath-taking young doctor with a set of general ethical precepts and prohibitions, he is then expected to apply such to situations arising in daily medical practice and interactions.

**Table 4:** The views of the 104 PRHOs on perception statements regarding relationship with teachers, colleagues & students/trainees.

Perception statement	Agree (%)	Disagree (%)	Not sure (%)
A doctor should show all his teachers unconditional respect & gratitude, which is their due	91 (88)	6 (5.8)	7 (6.7)
A doctor should help all his teachers in professional matters, if & when required	89 (85)	4 (3.8)	11 (10.6)
A doctor should help all his teachers in other matters, if & when required.	72 (69)	15 (14)	17 (16)
A doctor should relate with all other doctors as family, & not merely as colleagues	77 (74)	9 (8.7)	18 (17)
A doctor should impart medical knowledge only to those students, trainees & colleagues he considers responsible and serious	19 (18)	65 (63)	20 (19)
A doctor should impart medical knowledge to any student, trainee or colleague wishing to learn	97 (93)	3 (2.9)	4 (3.8)
A doctor should avoid intimate relationships with one's students or trainees.	91 (88)	4 (3.8)	9 (8.7)

Oath-taking among professionals is a ubiquitous practice and even among Africans, the concept is enshrined in the idea that it is usually a ceremony of great solemnity and a public attestation of the veracity and sincerity of the swearer's words and actions. Yet, as the use of the modern medical oaths has burgeoned, their contents have veered away in so many ways from the original oath's basic tenets. Many contemporary oaths seem diluted and the lack of enforceable sanctions for defaulters seemingly render them toothless in their impact. A growing number of practitioners had come to feel that the Hippocratic Oath is inadequate to address the realities of a medical world that has witnessed huge scientific, economic, political and social changes; and that the principles enshrined in the oath do not constitute a shared core of moral values for adherents of other religions, considering its pagan origins. With all these in mind, some doctors see oath-taking as little more than a pro-forma nostalgic ritual with little value beyond that of upholding tradition, being a near-meaningless formality devoid of any influence on how medicine is truly practiced in the real world [10].

Our study demonstrated that all the medical schools attended by the respondents administered the Physician's Oath to their graduates, in line with the requirements of the Medical and Dental Council of Nigeria (MDCN). Though the Physician's Oath is a modernized form of the classical Hippocratic Oath, it differs mainly from the original version in not making reference to God or any deity, sexual misconduct, abortion, euthanasia/physician-assisted suicide and possibility of consequences for failure to live up to the stated ideals. This use of only the Physician's Oath in these oath-taking ceremonies is very much unlike the situation in some other parts of the world, where various forms of oaths were used, with some versions being authored by the students and some schools even offering their students a menu of oaths to pick from for use in graduation ceremonies and other relevant events [4].

Studies have shown that over the last couple of decades the prevalence of oath taking in U.S medical schools had grown remarkably from only 28% in 1928 to involve all allopathic schools and osteopathic schools by 1993 [11], with only 1.6% of 100 allopathic schools using the Declaration of Geneva and 21.3% using a modified Declaration of Geneva in 1993 [4]. On another note, a contemporary medical ritual called the white coat ceremony is now being practiced at more than 100 American medical schools, in which first year medical students publicly vow to abide by the

medical oaths occasionally authored by the students and/or faculty [12].

The degree of importance which these graduating students attach to these medical oaths had also been called to question at various times. In our study, virtually none of the PRHOs was confident about reciting the contents of any medical oath by memory or recalling all the specific details, a situation corroborated in other studies where it was stated that the contents of the medical oath sworn to were often soon forgotten [13,14]. On the contrary, those students who had formally studied the medical oath were shown to have a better recall of its principles [14]. In line with that finding, it was suggested that, at a minimum, the last hours of medical school education be devoted to a formal study of the Hippocratic Oath [14]. Thus, the role of medical oaths in the ethical education of undergraduate medical students will need to be re-assessed in our medical schools, if these young doctors are to stop regarding these oath-taking exercises as mere ritualistic recitations. The need for formal instructions is buttressed further by the assertions of majority of our respondents that the medical oaths are still relevant to modern medicine and as such, should not be abrogated.

Further analysis of their views on the medical oaths (Table I) shows a preference for a revision of the medical oath to align with evolving trends in medicine and society, without necessarily expecting graduating doctors to write their personal or preferred oaths. The use of non-standard oaths may make oaths and oath taking more relevant and useful as means of promoting professionalism but it may also lead to fragmentation and confusion about the ethical values of the medical profession, thereby diluting the value of a professionally binding oath.

At our level of National development, offering students a menu of oaths to select from as practiced in the western world may further worsen the situation as mixed messages will be sent out to these students from time to time, erroneously conveying the impression that medical oaths are flexible documents which can be framed in any form to suit the oath-taker [4]. Such a situation may not augur well for the ethical and professional development of these young doctors, given that they had little or no formal medical ethics teaching as undergraduates. With respect to possible revisions required on the currently used Physician's oath and the oath-taking ceremony, further qualitative studies are imperative, involving the MDCN, medical educators, policy makers, administrators, medical practitioners, patients as well as the students. The development and use of a more socio-culturally sensitive and relevant oath

may also enhance the importance and relevance of these medical oaths to these graduating doctors.

Also, worthy of note is the view held by the majority of respondents about the desirability of a pan-professional code. If such were to be promoted, it could engender a positive degree of moral cohesion between all caring professions, across institutional boundaries, influencing perhaps even the organization of health care [8]. The hope is that a single oath for all health care professions could heal split loyalties and ameliorate existing moral tensions in health care [8]. However, this may only be worthy consideration with the active cooperation of all the other stakeholders in the health care sector, and may not be currently feasible in Nigeria considering the prevailing level of inter-professional disharmony in the health sector.

The Hippocratic Oath's timelessness as a touchstone of medical care rests in an emphasis on the values of an "ideal physician" [15], even though one may not know to what extent these values are actually taught in the medical schools. There is no reference in it or other variants to the facts and skills that a doctor must know, only to the behaviors expected in the practice of medicine [15]. Although there is paucity of data on the impact of medical oaths upon oath-takers' behaviors, a study in Israel showed that the medical students doubted the oath's influence [16]. Analysis of the views of the PRHOs on the perception statements (Tables 2 to 4) in our study indicate a reasonable level of agreeability with the ideals espoused in the medical oaths. Though oaths may not compel behavior, they may serve to sensitize the oath-taker to the ethically or professionally appropriate choices inherent in any interaction. There may be a discrepancy between the respondents' standpoints on the perception statements and their actual behavior in their everyday practice. Though the questionnaires were self-administered and anonymous, it is still possible that the frequency of agreement with those statements in support of the ideals espoused in these oaths might be over-estimated due to social desirability effect.

Given that the Physician's Oath does not make any explicit references to sexual misconduct, abortion and euthanasia unlike the classical Hippocratic Oath, their responses on the related perception statements are apparently indicative of these doctors' belief that their first responsibility is to care for their patients, acting as a fiduciary for the patient and keeping with the traditional Hippocratic moral obligation of providing net medical benefit to the patient without causing harm in any form. In addition, the underlying influences of their Christian and socio-cultural beliefs

regarding the sanctity of life and the fact that abortion and euthanasia are illegal in Nigeria are obviously contributory to the views expressed. Regarding sexual relationships between doctors and patients or between doctors and their students, these issues are still subjects of ethical and legal analysis in many places and their inclusion in the modern medical oaths is still being debated globally [17].

One criticism some people have against many of the medical oaths is their perceived failure to keep up with contemporary issues in society and the medical profession. Legally, however, medical doctors in Nigeria are not held strictly accountable as fiduciaries as they may also have obligations and allegiance to other parties such as the Nigerian Medical Association and the National Association of Resident Doctors. In a society grappling with changes characterized by unionization of the medical profession, institutionalization and depersonalization of health care, incessant industrial strike actions and competition within the health sector, advertising/commercialization of practice, and specialization in medicine, it is becoming more imperative that graduating doctors be provided with the requisite knowledge and skills for navigating through this emerging and evolving landscape of ethical and professional challenges.

The pattern of responses (evenly distributed across the three categories of responses) observed in relation to 3 perception statements on doctors' involvement in strike actions, job security/self-preservation issues (Table 2) and demand for payment of hospital fees before service (Table 3) shows a gap in knowledge and some level of conflict among the significant proportions of the study sample with respect to identifying the expected behavior in those circumstances as prescribed by the tenets of the medical oaths or the code of medical ethics, given that these oaths do not also make any explicit reference to these three issues.

In Nigeria, as in so many other developing countries, strike actions had been carried out in protest over a wide array of reasons including poor remuneration, staff welfare/job security issues, health infrastructural deficiencies, and poor quality of health services. There is still no single best answer against or in favour of doctors' strike actions [18]. Utilitarians may justify such actions on the basis of potential long-term benefits to the doctor, patient and the health care delivery systems. Others would, nevertheless, argue that under the Hippocratic-based oaths, care of the patient is mainly a social contractual obligation for the doctors and should have primacy over other considerations [18].

Regarding payment for services, some may argue that the historical rule is that a doctor is not bound to accept a patient regardless of the severity of the condition, but that it becomes ethically indefensible to do such once the contractual doctor-patient relationship is established. The demand for cash deposits in Nigerian hospitals before a patient is treated has become a dangerous trend in the health care sector [19]. The propriety or otherwise of this practice is still debatable as there is no clear legal reference point in Nigeria to compel a medical practitioner to treat a patient who is unable to pay, unlike in some jurisdictions like America which require a practitioner to accept an indigent patient for treatment, this being predicated on the principle of preserving life at whatever costs [19]. On a related note, medical students in Nigeria were shown in another study to have identified issues related to payment of medical bills as among the leading ethical challenges confronting medical doctors in Nigeria [7]. There is no doubt that this issue along with other debatable issues are changing the entire construction of medical practice and education in the country.

As a curricular event required for the professional development of these fresh medical graduates, the tradition of taking of medical oaths at formal ceremonies should be sustained by medical schools. Although all the traditional tenets and ideals espoused in these oaths continue to resonate with these junior doctors, there is a need to review the contents with a view of addressing the emerging and evolving realities of the medical environment in Nigeria, an environment that has witnessed significant social, economic, cultural and political changes. For these oaths to gain greater relevance and priority among these doctors, they should be recited within the context of a reformed, robust undergraduate medical educational system with an integrated medical ethics curriculum and a functional health care system that is responsive and sensitive to societal needs and changes.

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