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SPECIAL REPORT

Dutch medical oath

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ABSTRACT

In the first part of this article, the booklet *Dutch Medical Oath* is reviewed.
The content of the new oath is discussed as are the reasons for revision of the previous version of the oath. This is followed by a short history of the oath.
In the second part of the article the oath is compared with the seven competencies of a medical specialist. The new oath contains elements of six of these seven competencies. This demonstrates that the oath is in keeping with the new medical educational demands.

KEYWORDS

Competencies, Dutch medical oath, Hippocrates

DUTCH MEDICAL OATH 2003

I swear/promise to practise the art of medicine as well as I can for the benefit of my fellow man. I will take care of the ill, promote health and relieve suffering. I put the interest of the patient first and respect his convictions. I will not harm the patient. I will listen and will inform him well. I will keep secret what has been entrusted to me. I will further the medical knowledge of myself and others. I acknowledge the boundaries of my possibilities. I will adopt an open and testable attitude and I know my responsibilities towards society. I will further the availability and accessibility of health care. I will not misuse my medical knowledge, not even under pressure. This is how I will honour the profession of medical doctor.

I promise
Or
So help me God[*]
[*]The choice was made to use the general term 'God', so students may, depending on their religion, have the name of their own God in mind.

INTRODUCTION

In the Netherlands, as in many other countries, taking a vow is the usual way to declare dedication to the values of the medical profession.[1,2] The medical oath does not have any legal value. Whether or not one can practise medicine depends on registration with the BIG act, the Individual Healthcare Professions Act. Besides BIG, the rights and obligations of a medical doctor have been laid down in several laws.
However, the medical oath is still important. It marks the moment of joining the group of medical professionals and it is a moment of reflection on the values of the medical profession. The oath used until September 2003 was based on the law of practising the art of medicine from 1865, which is no longer in force, and the Hippocratic oath from 400 years BC. The position of doctors within society changed so much in the second half of the last century that it was time for a new version of the oath.[3] The oath has been modernised by a committee made up of doctors, a medical student, a lawyer, a historian and an ethicist. Since September 2003 all medical faculties in the Netherlands have been using the new medical oath.[4] In the next paragraphs the history of the oath and the development of the new oath will be briefly discussed. Furthermore the new oath will be compared with the latest requirements for medical specialisms.

THE HISTORY OF THE OATH

The classic oath of Hippocrates dates back to approximately 400 BC. This original oath, which is assumed not to have been written by Hippocrates himself, was not meant as a religious or ethical manifest. It served as a description of the practices of a group of doctors who wanted to distinguish themselves from quacks, which means it was a certifying code rather than an ethical code. Abortion, for example, was something only quacks did and it often went wrong so it had no place within the code. This had nothing to do with ethical views on abortion, which was common practice. In ancient times, the oath was not an authorative document; there were several other medical writings in circulation. The Hippocratic oath did not become important until the Renaissance. The dismissal of abortion and euthanasia was then embraced as an ethical position that was well in keeping with the Christian faith of that period. After 1500, swearing the oath was established at universities in Europe and later also in North America.
The function of the oath changed again after 1800 when it became a document that described the relationship between doctor and patient and the relation between doctor and society. In 1865 the oath was incorporated into the law of practising the art of medicine. That version of the oath focused on the obligation of secrecy and the obligations of the doctor towards society. That same version of the oath was also the base for the oath that was used by medical faculties in the Netherlands until 2003.

NEW TIMES, NEW OATH

The misuse of medical knowledge during World War II made it clear that besides Hippocratic ethics, there was a need for codes of conduct that would place the work of the doctor within the broader context of human rights, the interest of patients and informed consent. Examples of this are the declaration of Geneva (1948) and the declaration of Helsinki (1964), both from the World Medical Association (www.wma.net).[4] There was another development too. Over the course of the last decennia the relationship between doctor and society had slowly but surely shifted.[5] The old contract between doctor and society was implicit and based on a strong autonomy of the professional group. The professional group set its own standards, doctors did the best they could and knew what was right for a patient. The patient was expected to have blind faith in the doctor, after all, he did the best he could. The quality of the doctor was never doubted and did not have to be established, it was a given.
This blind faith in doctors disappeared with the rise of well-informed, emancipated patients united in patient organisations, and because medical mistakes became public. At the same time the government started to interfere more with healthcare on a financial level, an organisational level and where content was concerned. These developments caused the old implicit contract, with autonomy of the professional group, to make way for a new situation where patients, government and doctors work together on professional standards and quality controls. Within these standards and controls as much as possible will be made explicit and will be established in standards.

The medical professional group had a need for reorientation within these developments. While looking for a new professional identity and ideology, many new rules of conduct and professional codes were formulated, nationally as well as internationally. Those rules and codes existed alongside the legislation and describe the contract between doctor and society. Examples of this in the Netherlands are the rules of conduct, drawn up by the Royal Dutch Medical Association (Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst; KNMG; www.knmg.nl). The Duties of a doctor,[4] drawn up by the British Medical Association (BMA), are a short and good example of this in the UK. 'The charter on professionalism',[6] an international example, is also worth mentioning. This joint European-American project describes three fundamental principles and ten core responsibilities of a doctor. Simultaneous publication in the Lancet and the Annals of Internal Medicine underscores the importance of this kind of project to describe medicine's contract with society.
The changing position of doctors in society, combined with the new legislation, were reasons to revise the text of the medical oath.

DUTCH MEDICAL OATH

When the new oath was formulated, the classic Hippocratic oath, the declaration of Geneva, the rules of conduct of the KNMG, the charter of professionalism and the 'Duties of a doctor' of the BMA were used.
An important new aspect of this oath is that it does not focus solely on the professional group it is written for, but also on society. A future doctor promises to keep an open mind towards possible criticism and to watch over the accessibility of healthcare. He acknowledges the boundaries of his possibilities. What is also new is that the future doctor promises not to misuse his medical knowledge, *not even under pressure*. This is based on the 'Declaration of Geneva', drawn up in 1948 to avoid misuse of medical knowledge as happened during World War II. But it also refers to more subtle pressure, such as potential temptations for doctors from pharmaceutical industries and

Table 1 *Competences contained in new and old oath*

General competences of a medical specialist	Dutch medical oath 2003	In 1878 oath
Medical performance		
Adequate knowledge and skills according to the profession's current standards		
Adequately applying the diagnostic, therapeutic and preventive possibilities of the discipline in an evidence-based way wherever possible		
Delivering effective and ethical patient care	Taking care of the ill Relieving suffering Pledging secrecy Not doing harm Honouring the views of patients	Pledging secrecy
Finding necessary information and applying it adequately		
Communication		
Establishing adequate therapeutic relationships with patients	Putting the interests of the patient first	
Listening carefully and obtaining relevant patient information effectively	Listening	
Adequately discussing medical information with patients and their families	Informing well	
Adequately reporting on patient cases orally and in writing		
Collaboration		
Effectively consulting with other physicians and healthcare providers		
Adequately referring to other healthcare professionals		
Adequately delivering collegial advice		
Supporting effective interdisciplinary collaboration and chain care		
Knowledge and science		
Receiving medical information critically		
Contributing to the development of professional, scientific knowledge		
Developing and maintaining a personal continuous educational plan	Furthering one's medical knowledge	
Contributing to the education of students, residents, colleagues, patients and others involved in healthcare	Furthering the medical knowledge of others	
Community performance		
Knowing and identifying the determinants of illnesses		
Contributing to the health of patients and the community	Knowing one's responsibility towards society	
Acting according to relevant legislation	Adopting an open and testable attitude	Following legal regulations
Acting adequately in case of incidents in healthcare		
Management		
Finding an adequate balance between professional patient care and personal development		
Working effectively and efficiently in a healthcare organisation		
Allocating available healthcare resources wisely	Furthering the availability and accessibility of healthcare	
Using information technology to optimise patient care and life-long learning		
Professionalism		
Delivering high-quality patient care with integrity, honesty and compassion	Practising the art of medicine as well as possible (in honour of one's fellow man)	Performing the art of medicine, surgery and obstetrics as well as possible
Exhibiting appropriate personal and interpersonal professional behaviour		

Table 1 *Continued*

General competences of a medical specialist	Dutch medical oath 2003	In 1878 oath
Professionalism		
Being conscious of one's personal limits and acting within them	Knowing the boundaries of one's own possibilities	
Practising medicine consistent with the ethical standards of the profession	Not misusing one's medical knowledge, not even under pressure	

commercial organisations. Elements from the classic Hippocratic oath that are still relevant have been maintained such as 'I will not harm the patient' (nil nocere) and the pledge of secrecy.

The oath was formulated as simply, timelessly and concisely as possible. The oath comes equipped with a short explanatory brochure (which can be downloaded from www.vsnu.nl), which is handed out to every student taking the oath. In the brochure an overview is given of the meaning of the oath throughout the ages. The legal and ethical frames doctors have to work within are also generally outlined.

THE OATH IN RELATION TO EDUCATION

The redefining of the role and position of doctors is also reflected in the new educational requirements of medical specialisms, which have been discussed in a previous issue of this journal.[7] The new medical trainee specialist is aware of the fact that more is expected of him than just competence in medical performing. Adequate medical performance is only one of seven competencies the Central College of Medical Specialisms formulated for the new training of medical specialists. These competences will be the guide for specialist educations in the Netherlands from 2006 and will, within the concept of a medical educational continuum, influence the medical curricula.

Analyses of the new medical oath in light of these seven general competences of a medical specialist shows that aspects of six competences – medical performance, communication, knowledge and science, social performance, organisation and professionalism – can be found back in the oath (*table 1*). It is only the competence 'collaboration' that does not appear in the oath. It has been suggested that this competence is entered into the next version of the oath.
In comparison: in the old Dutch medical oath only two of the seven competences could be found (*table 1*).
The fact that six out of seven competences appear in the new oath demonstrates that the oath is in keeping with the new medical educational demands.

Taking the oath could take place at the end of the education but also at an earlier stage, for example when starting the internships, before students first start working with patients. This is the standard procedure in the US, called the 'white coat ceremony'.[2] The oath can also be used during the medical education in classes on medical ethics.

CONCLUSION

The new Dutch medical oath is based on the new position of doctors in society and is in keeping with the new educational demands for medical specialisms.

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NOTE

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REFERENCES

1. Markel H. 'I swear by Apollo' - On taking the Hippocratic oath. N Eng J Med 2004;350:20.
2. Orr RD, Pang N, Pellegrino ED, Siegler M. Use of the Hippocratic oath: a review of twentieth century practice and a content analysis of oaths administered in medical schools in the US and Canada in 1993. J Clin Ethics 1997;8:377-88.
3. Erkelens DW. Artseneed aan herziening toe. Medisch Contact 2001;56:1461-3.
4. Nederlandse artseneed. Utrecht: VSNU; 2003.
5. Ham C, Alberti KGMN. The medical profession, the public, and the government. BMJ 2002;324:838-42.
6. Medical Professionalism Project. Medical professionalism in the new millenium: a physicians charter. Lancet 2002;359:520-22.
7. Borleffs JCC, ten Cate ThJ. Competency-based training for International Medicine. Neth J Med 2004;62:344-46.