

COMMENTS

The New Glasgow Medical and Dental Graduation Declaration

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Summary

The medical and dental graduation ceremony at the University of Glasgow in July 2003 marked not only the 300th anniversary of the first Glasgow medical graduation, but also the first major revision of the graduation oath. This paper records the process, and explains the reasons, behind the revision of the oath and the introduction of a new graduation declaration. The new declaration provides continuity with the past, while addressing current and future challenges for professionalism in medicine

Key words : graduation oaths and declarations, professionalism, values, medical education

Introduction

The first medical graduation at the University of Glasgow took place on 5th October 1703 (1). Three hundred years later, by the end of 2002, a total of 33,310 doctors had graduated in medicine at the University.

The first record of a graduation oath is in the Faculty Minutes of 8th December 1732. It is believed that the wording of this oath changed little during the subsequent three centuries. A final sentence "if I keep this oath completely, let me happily enjoy both my life and my art, but if I knowingly transgress, let all opposite things happen" was removed in the late 18th century. The oath remained otherwise unaltered until the substitution of an English version to comply with the Promissory Oaths Act of 1868. The University Calendar of 1871-72 is the first to mention this Act. The English oath is very similar to the previous Latin version in terms of a mid-19th century translation, with minor additions and alterations. The version in use in 2002 had been unaltered since 1871 (Box 1).

About 50% of UK medical schools have a graduation oath or declaration (2). Such declarations have no legal status, but may be considered as a combined and public commitment by the Faculty of Medicine and its most recent graduates to professional values and to high standards of professional behaviour.

Recent changes in undergraduate medical education

In 1996, the University of Glasgow introduced a new undergraduate medical curriculum, in response to the recommendations of the General Medical Council on undergraduate medical education in its report *Tomorrow's Doctors* (3). The most distinctive feature of the new course, as embodied by the architecture of the new medical school building, is the commitment to problem-based learning in groups as the principal method of acquiring new information. The report also stipulated, however, that "medical students should acquire and

demonstrate attitudes necessary for the achievement of high standards of medical practice, both in relation to the provision of care of individuals and populations and to his or her own personal development."

To this end, at the outset of the new curriculum in 1996, the Faculty of Medicine approved a statement of core values (Box 2). No attempt is made to teach core values in the curriculum, but opportunities are taken throughout the course to cause students and tutors to reflect on their personal values, and those of colleagues and patients, in particular situations.

The first intake of students to the new course were addressed by the then President of the General Medical Council, Sir Donald Irvine, who told them, "The everyday behaviour of clinical teachers is the living demonstration of their values and standards - their professionalism. What they do matters as much as what they say. They influence everyone - for good or ill - by their own approach to practice, individually and collectively, in their clinical teams and teaching institutions."

The process begins at the beginning of the curriculum. Topics concerned with professional values and behaviour are introduced during years 1 and 2 as part of the Vocational Studies course, which runs in parallel with problem-based learning. Every week, groups of eight students meet with the same clinical tutor, who is usually a general practitioner, to cover a range of topics and activities such as communication skills, the right thing to do (ethics and law in medicine), working with others, understanding patients, people and communities, evidence-based medicine and professional values and behaviour. Experienced clinicians are adept at covering this diverse list of topics and drawing from their everyday experience to raise issues and illustrate points. The continuity of contact between tutors and groups provides an opportunity for issues to be re-visited, and for the group to become confident and experienced in discussing their personal views and values.

While problem-based learning is a novel feature of undergraduate medical education in Glasgow, the template for this approach had been laid down in several other medical schools, including McMaster in Ontario, Newcastle in New South Wales and Maastricht in the Netherlands. The Vocational Studies course, however, is a Glasgow innovation. It is particularly pleasing that the same general approach has been incorporated into the new, revised curriculum at McMaster University, the transfer having been facilitated by Lisa Schwartz, formerly Senior Lecturer in Medical Philosophy at the University of Glasgow, and now Arnold Johnson Professor of Health Care Ethics at McMaster.

Professional conduct

Professor Brian Whiting, former Dean of Medicine at Glasgow, who led the changes leading to the new undergraduate medical curriculum in 1996, not only supported the development of the Statement of Core Values, but was also responsible for instigating the Student Code of Professional Conduct. This code was modelled on the GMC's "Duties of a Doctor", but tailored to the activities and responsibilities of medical students (Box 3).

Review of the oath

In 2002, it was considered timely to review the purpose and content of the Glasgow graduation oath. Although many medical schools no longer have a graduation oath or declaration, the general view was that the Glasgow declaration is an attractive and important part of the graduation ceremony.

It was felt, however, that the oath had become outdated, indeed obscure, given its reference to an unfamiliar piece of 19th century legislation - the Promissory Oaths Act, whose original purpose related to officials of the British Empire swearing allegiance to Queen Victoria. The oath was also out of step with several aspects of the Faculty Statement of Core Values and Student Code of Professional Conduct. At the instigation of the then Executive Dean, Professor Michael Farthing, a new version was produced after five rounds of iteration, variously involving senior academic staff, medical students, Professor Robin Downie from the Department of Moral Philosophy, Dr Benny Sweeney, former Chair of the RCGP Ethics Committee, Dr Bill Mathewson of the Medical and Dental Defence Union of Scotland, and Dr John Gibson and colleagues at the Dental School. The penultimate version was circulated for comment throughout the Faculty of Medicine, before final approval by the University Senate on 30th January 2003.

At an early stage, we looked at original and modern versions of the Hippocratic Oath, the Declaration of Geneva and a modern language declaration, prepared and used by medical students at Imperial College, London (4,5). We also reviewed correspondence in the *British Medical Journal* and *The Lancet*, concerning the nature and content of graduation oaths, not all of which was complimentary.

An early consensus was achieved that, given its historical nature, we should retain a significant proportion of the traditional Glasgow Oath which, without being specific, was felt to cover concisely most of the issues included in longer oaths and declarations. The oath focuses on professional values and behaviour within clinical consultations, rather than some of the wider aspects of clinical practice included in the Faculty of Medicine statement of core values.

The style and wording of the original oath determined the appropriateness of additional wording. The length of the possible changes and additions was also influenced by the practical implications of several hundred graduates repeating the text out loud at the end of the graduation ceremony. Technically, the new form of words comprises a declaration, rather than an oath, and the text is no longer "sworn."

The revised form of words continues the tradition and form of the Glasgow graduation oath while bringing its content up to date in important respects (Box 4). With the omission of the previous reference to the Promissory Oaths Act of 1868 and two new sentences, the revised text is about one sentence longer than the text of the current oath, while the word count has increased from 127 to 151.

The changes

The new graduation declaration is consistent with the Faculty of Medicine's statement of core values (Box 5).

The first sentence has two changes. First, "and direction" has been deleted, since this implies a rather one way doctor-patient relationship. At the end of the first sentence, "regardless of their individual status or standing" is new.

The new text keeps the second and third sentences virtually unchanged - so that with respect to the principles of *Primum Nocere* and *Patient Confidentiality*, it can be said that all Glasgow medical graduates have taken the same oath/declaration at their graduation ceremony.

The fourth and fifth sentences introduce several modern considerations, including patient autonomy, the basis of trust and the need for continued professional development and teaching.

Some colleagues felt that the graduation declaration should make a specific reference to human rights, in view of the abuse of human rights in many countries in which medical graduates may choose to practice. Review of the United Nations Declaration of Human Rights, however, showed that only one of the 30 Articles is concerned with health, while most are concerned with legal rights and rights of citizenship.

Others were uncomfortable about a possible interpretation of "keep silence", which might be thought to condone keeping silent in relation to the witnessing of unprofessional behaviour by colleagues, but the general view was that it is not possible for a declaration to cover all possible meanings and situations without becoming impossibly long and unwieldy.

From the consultation process, a consensus emerged that the graduation declaration should not be considered in isolation but rather, as the end of a process lasting throughout the undergraduate curriculum, in which professional values are continually the subject of reflection, discussion and debate. The graduation ceremony also marks the start of a professional career in which all parts of the declaration will continue to be important and relevant.

For this reason, the text of the graduation declaration is also now introduced to students at the beginning of their course, as a talisman for their future studies and professional development. The declaration was first used at the medical graduation on 11th July 2003, and has been used at all subsequent medical graduations.

Box 1: PREVIOUS GRADUATION OATH

I do solemnly and sincerely declare that as Graduate of the Faculty of Medicine in the University of Glasgow, I will exercise the several parts of my profession to the best of my knowledge and ability for the good, safety and welfare of all persons committing themselves to my care and direction; and that I will not knowingly or intentionally do anything or administer anything to them to their hurt or prejudice for any consideration or from any motive whatever. And I further declare that I will keep silence as to anything I have seen or heard in the practice of my profession, which it would be improper to divulge. And I make this solemn declaration in virtue of the Provisions of the Promissory Oaths Act 1868.

Box 2: University of Glasgow Medical School - STATEMENT OF CORE VALUES

The medical school aspires to excellence

- in EDUCATION by realising individual human potential
- in RESEARCH by applying scientific method and
- in SERVICE by addressing the health problems of the community

These activities are guided by a set of core values.

· THE HABIT OF TRUTH

implies honesty and truthfulness in self-criticism, in dealings with others, and in the conduct of scientific enquiry;

· RESPECT FOR OTHERS

involves understanding, tolerance and responsiveness to the values, beliefs, concerns and circumstances of others;

· CARING

involves imagining oneself in another's place, striving to see the best possible outcome and doing no harm;

· PARTNERSHIP

implies productive relationships with patients, relatives, members of the public, students, university staff and professional colleagues, with rights and responsibilities on both sides;

· CREATIVITY

implies the drive for better ways of doing things, the generation of ideas, and imaginative use of the scientific approach;

· SOCIAL JUSTICE

implies fair dealing in education, in professional conduct, in the delivery of health care and in society at large, with equitable distribution of opportunities and avoidance of unfair discrimination by age, gender, sexual orientation, ethnicity, religion, disability or social position.

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Box 3: STUDENT CODE OF PROFESSIONAL CONDUCT

Having read and understood the following Code of Practice and as a Medical Student of the University of Glasgow, I shall :-

- Always make it clear to patients that I am a student and not a qualified doctor
- Treat every patient politely and with consideration
- Give clear, appropriate explanations to patients
- Avoid recommending treatment or action by patients that might be interpreted as medical advice
- Respect and protect confidential information
- Respect each patient's right to privacy and dignity
- Listen to patients and respect their views
- Recognise and act within the limits of my competence
- Treat my professional colleagues with courtesy and respect
- Develop and practise the use of my skills and knowledge to the best of my ability
- Ensure that my personal beliefs do not prejudice my dealings with patients

Box 4: NEW GRADUATION DECLARATION

I do solemnly and sincerely declare that as a graduate of the Faculty of Medicine in the University of Glasgow I will exercise my professional knowledge and skills to the best of my ability, for the good, safety, and welfare of all persons committing themselves or committed to my care, regardless of their individual status or standing. I will not knowingly or intentionally do anything or administer anything to their hurt or prejudice for any consideration, or from any motive whatever. I will keep silence as to anything I have seen or heard in the practice of my profession, which it would be improper to divulge. I will assist patients to make informed decisions and I will respect these decisions. I will endeavour to earn and keep the trust of my patients and colleagues, by acting honestly and fairly, and by continued effort to improve and share my knowledge and skills.

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