



“You took an Oath!”: Engaging Medical Students About the Importance of Oaths and Codes Through Film and Television

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Abstract

In this paper, we will consider the role of oaths and codes of ethics in undergraduate medical education. Studies of ethics syllabi suggest that ethics educators typically use well-known bioethics texts such as Beauchamp and Childress (Principles of biomedical ethics, 8th ed. Oxford University Press, Oxford, 2019). Yet, many issues that medical students will face (as students and as physicians) are addressed by codes of ethics and oaths. We will first provide a historical survey of oaths and codes and then address how these sources of ethical guidance can be effectively used in ethics education of medical students. Oaths and codes can be engagingly taught using a range of techniques including visual narrative. Excerpts from television and film can be used to highlight challenging ethical dilemmas in a variety of settings, taking the learning from the theoretical to the more applied while offering context.

Keywords Ethics education · Medical school · Oaths · Codes · Mixed media · Television · Movies · Film

Introduction

As any viewer of a medical drama can attest, a physician character will inevitably proclaim “but I swore to an oath!” Rarely does a physician character say, “but my profession has a code of ethics!” Yet, both oaths and codes can and should play a significant role in shaping physician behavior and actions. The reality is that ethics educators have had a historic resistance to using professional codes in their teaching of ethics, preferring other sources such as Beauchamp and Childress’s four principles approach (Dubois and Burkemper 2002). This is curious, considering that the American Medical Association (AMA), American Dental Association (ADA),

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American Nurses Association (ANA), along with many other specialty medical organizations (American Academy of Pediatrics, American College of Surgeons, American College of Physicians, etc.) have extensive codes of ethics.

In this paper, we will consider the role of oaths and codes of ethics in undergraduate medical education. Studies of ethics syllabi suggest that ethics educators typically use well-known bioethics texts, such as Beauchamp and Childress (Dubois and Burkemper 2002). Yet, many issues that medical students will face (as students and as physicians) are addressed by codes of ethics and oaths. Oaths and codes can be engagingly taught using a range of techniques including visual narrative. Excerpts from television and film can be used to highlight challenging ethical dilemmas in a variety of settings, taking the learning from the theoretical to the more applied while offering context.

We will briefly discuss the history of oaths and codes and how they are currently integrated into the ethics curriculum in medical school. We will share a few examples of how oaths and codes are featured in various television programs and movies. We will discuss how ethics educators can more creatively integrate such ethical guidelines in the education of medical students. Although the perception is that oaths and codes may be dry teaching tools, through the creative use of visual narrative, ethics educators can bring to life many relevant and even interesting ethical issues that many oaths and codes address. These include issues related to end of life care, organ transplantation, research ethics, treatment of family members, etc. We will conclude with some curricular suggestions on how to integrate these tools in ethics teaching in medical school.

Background

History of Oaths

Oath taking has a long history in medicine. The most famous oath is the Hippocratic Oath. Edelstein claimed the oath was created by a Pythagorean sect of healers who committed themselves to certain ethical precepts (Kao and Parsi 2004), although Steve Miles claims this view has been largely rejected (Miles 2005). Although Miles views the original oath as a “literary gem” (Miles 2005), the original oath seems antiquated and anachronistic to the modern ear. For instance, a 2015 survey of UCLA medical students revealed that a majority of respondents believed the original oath should not be used (referring to it as “archaic”, “inapplicable” and being sexist), preferring instead an adapted version (Baumgartner and Flores 2018). The student comments in this UCLA study revealed that although students appreciated the historical value of the oath, many students found the values expressed in the original oath to be irrelevant for contemporary medical practice. Certainly, the oath has evolved as it has undergone various modifications over the centuries and has waxed and waned in its use. However, “[t]he Hippocratic Oath has endured not because of its specific guidelines and proscriptions but because it represents one’s commitment to the Hippocratic tradition—a tradition based upon sound scientific investigation

combined with patient-oriented care” (Hulkower 2016, p. 43). This suggests that although the specific ethical precepts may have changed over the millennia, the basic commitment to science-based practice and patient care remains to this day.

The oath was “Christianized” to reflect prevailing moral norms but then came under disfavor during the Renaissance (Kao and Parsi 2004). Dormant for some time, it was resurrected in the nineteenth century and became a common feature in medical school commencement exercises by the twentieth century (Gamble et al. 2019). Despite its near ubiquitous use, no monolithic oath is in use today. Over the last half century, other oaths have come into use, such as the Declaration of Geneva, the Oath of Maimonides, and the Oath of Louis Lasagna (Dossabhoy et al. 2018). Many schools use a modified Hippocratic Oath. None use the traditional oath with its invocation of ancient Greek gods. In fact, similar to the UCLA students surveyed in the recent study, contemporary commentators have criticized the traditional oath for its outdated ethical precepts and lack of focus on patient autonomy (Hulkower 2010). The latest empirical studies indicate that many medical schools allow a more pluralistic approach to oaths, even allowing students to craft their own oaths (Dossabhoy et al. 2018).

A recent study examined a number of empirical studies of oaths in medical school. The study authors identified six studies over the last century that have examined oaths and their contents (Gamble et al. 2019). The first study published by Carey in 1928 found that a small minority (only 19%) of schools administered an oath. This number was a nadir for oath-taking, as this practice gained momentum over the next several decades. Later studies indicated greater usage of oaths. By the 1960s, the majority of responding schools (74%) indicated using an oath. According to the study by Kao and Parsi (2004), all allopathic and osteopathic schools administered some kind of oath by the year 2000. The latest study by Dossabhoy et al. (2018), confirms that a plurality of oaths is being used (modified Hippocratic Oath, Declaration of Geneva, Oath of Maimonides, or the Oath of Louis Lasagna). These authors discovered that many schools were using student-authored or “boutique” oaths in their commencement or white coat ceremonies (Gamble et al. 2019). This recent finding reinforces the earlier study by Kao and Parsi (2004). Interestingly, recent surveys indicate that a majority of physicians cite their own sense of right and wrong as determinative in shaping their professional practice; only a minority of physicians cite either the oath or the code of ethics as having a strong influence over their practice (Antiel et al. 2011).

Over the last hundred years, the ritual of oath-taking has become ubiquitous in medical schools. More recently, white coat ceremonies are commonly held in medical schools, dental schools, nursing schools, and other health professional schools. These white coat ceremonies were launched with the support of the Gold Foundation in the 1990s and have been seen as a way for new entrants into various health care professions to publicly commit themselves to the ideals of their chosen professions. Oaths are often administered at these ceremonies, in addition to commencement ceremonies.

Symbolism of the White Coat Ceremony

In the early 1990s, the Gold Foundation helped start what became a movement by the end of the century—the white coat ceremony. The symbolism of the white coat ceremony has been described in this way:

A White Coat Ceremony takes place in which students don the healer's habit, in the presence of their friends and family. This occurs at the end of the second year when students become fully engaged on the wards. This, along with the recitation of the Hippocratic Oath at the end of medical school, represent important symbolic events that have been shown to contribute significantly to the development of professional identity. (Cruess and Cruess 2017, p. 26)

Although Cruess and Cruess state that the white coat ceremony is at the end of the second year, in reality, many schools now hold their white coat ceremony shortly after students begin medical school. The White Coat Ceremony movement has spread into a variety of health care professional settings. A recent study of oath taking revealed that a significant number of medical schools (61) utilize an oath during the white coat ceremony (Dossabhoy et al. 2018). Dossabhoy et al., concluded that oath taking is “a vital part of the medical school curriculum” (143). Yet, the authors also concede they did not study student attitudes about the relevance of oath taking. For this ritual to have meaning, a more purposeful articulation about the importance of the oath and what it means historically is imperative.

Despite the prevalence of oath-taking among medical students, medical schools provide students little education in the history of the oath or even the content of contemporary oaths. This may be a missed opportunity for ethics educators in medical schools. The Liaison Committee on Medical Education (LCME 2016) accreditation standards require that all medical school curricula include instruction in medical ethics. According to the 2002 study by Dubois et al., medical school ethics syllabi favor the four-principle approach of Beauchamp and Childress (2019) over other ethics authorities, such as oaths and codes, (albeit many codes may share principles espoused by Beauchamp and Childress). Few empirical studies have examined ethics content in US undergraduate medical education, however. Although few, if any, medical schools offer curricula based on the Hippocratic Oath, physician-ethicist Steve Miles (2002) has argued for the use of the oath in medical school curricula. In the appendix of his book *The Hippocratic Oath and the Ethics of Medicine*, Miles outlines various parts of the Oath that pertain to a variety of topics including but not limited to public health, end of life care, reproductive health, medical error, consent, truth-telling, exploitation, discretion, and trust. Whether any medical school has used the oath in this kind of formal way is unclear. At the very least, a mandatory session for all students about the origins of the Oath, its initial purpose and what the Oath means would be of benefit to students. The Oath is an important aspect of understanding the history of medicine as a profession. Current practice indicates that students are often seeing the Oath or some variation of it for the first time when they

are swearing to it at commencement or a white coat ceremony without sufficient context to fully appreciate the gravity of its content and its significance to their becoming part of the profession. This makes little sense if the Oath is to have more than symbolic value, (especially in light of the Antiel et. al. (2011) study mentioned earlier).

Development of Codes

As oaths are related to the social contract of a profession, having a code of ethics is the *sine qua non* of being a profession. The first major professional code in health care was the AMA's Code of Medical Ethics that was created in 1847. Dubbed revolutionary by medical ethics historian Robert Baker (Baker et al. 1999), the AMA Code re-defined what it meant to be a good physician. Traditionally, the character of a physician is what counted most. In the early nineteenth century, medicine in America was a laissez-faire free for all. Regular practitioners practiced along with a variety of "irregulars" (hydropaths, herbalists, Thomsonians, etc.). The AMA Code ushered in a new era of professionalism among physicians. It outlined not only the duty of physicians toward their patients but also the duty of physicians toward society (as well as the duty patients had toward their physicians). The Code emerged in an era where physicians were almost all white, Christian, and male. Interestingly, one of the authors of the original code was Isaac Hays, a self-effacing Sephardic Jew who Baker (Baker et al. 1999) credits as being the principal author of the original code (along with Philadelphian John Bell).

The latter half of the nineteenth century and then the twentieth century saw a proliferation of codes of ethics. The American Dental Association created its own code in 1866. The American Nurses Association created its own code in 1950. The American Psychological Association created its own code in 1953. And the American Society for Bioethics and Humanities created a code of ethics for clinical ethics consultants in 2011. Codes memorialize what professionals can expect from one another and what society can expect from professionals. Codes of ethics publicly proclaim a profession's commitment to a variety of ethical precepts. Professions themselves create and develop their codes of ethics, reflecting the importance of self-regulation. Patients, clients, and the state can refer to a code of ethics in order to hold members of a profession accountable. For instance, state medical boards often will refer to the AMA Code of Medical Ethics when a licensed physician is facing potential discipline. Despite the fact that AMA membership is relatively low, the AMA's House of Delegates has members that represent all state societies and specialty societies. Thus, the AMA can claim representation of most physicians. In a sense, then, codes are the memorialization of the social contract.

Use of Oaths and Codes in the Medical School Curriculum

Oaths and codes are important to contextualize in the educational setting. Role modeling, mentorship and reflection are often used in current teaching, but are less meaningful without a frame of reference. Teaching professionalism and teaching

ethics require an integration of thinking, watching, and doing. Simulation, case studies, and reflections are the application of the theories embedded in codes and oaths. Although oath taking is common in medical school, the use of codes in medical ethics education is less well developed. Ethics educators in medical schools have historically been resistant to using the code in their teaching efforts (Egan et al. 2004). Contrast this with professional responsibility courses in law school, which are required and typically teach the Model Rules of Professional Responsibility to law students (Egan et al. 2004). In fact, in order to be licensed to practice law, one must pass the Multi-State Professional Responsibility Exam that tests one's knowledge of the Model Rules. Ethics education in medical school has remained much less uniform, nor is physician licensure dependent upon passing a standardized exam reflecting an understanding of the AMA Code of Ethics. On the one hand, this has provided ethics educators a great deal of freedom and flexibility to pursue a variety of ways and utilize a range of sources to teach ethics. On the other hand, ethics educators ignore the role of oaths and codes to the detriment of their students' ethics education which may send a message that such documents are perfunctory. Given that a code often memorializes the social contract of the profession with those whom they interact and treat, a basic understanding of existing codes is necessary if they are to be operational rather than symbolic. Codes show the public the profession's commitment to a certain set of ethical norms.

Much of the current literature on ethics education in medicine focuses very little on theoretical aspects but rather more on application and engagement. A multi-tiered approach to teaching ethics combines both of these elements recognizing that one is not necessarily more important than the other and that both are needed to promote professional identity formation and develop lifelong learning. Use of literature as a tool in teaching ethics and professionalism has a longer history than that of film and television and, in combination with visual media, didactic education and role modeling, it, too can contribute to professional identity formation. A 2015 article by Shapiro et al., discusses the significance of close reading in teaching professionalism. They explain that "close reading leads to a different and more critical way of understanding medical professionalism that is grounded in the specifics of each clinical encounter as well as the contextual specifics of race, gender, culture, and history. It is a method that questions conventional thinking about professionalism, complicates accepted virtues, and emphasizes individual variation" (Shapiro et al. 2015, p. 3). Other commentators such as John Stys have argued for the use of a documentary bioethics to better engage with students (Stys 2006).

Using Film and Television

Film

Because film is accessible and evocative it can be a useful tool in teaching students not only about ethics in general, but oaths and codes specifically. Use of film in teaching has come to be known as *Cinemeducation*, best popularized by Blasco et al. (2015):

The ultimate goal of cinemeducation is to facilitate students' ability to make links between movies they see and how they might feel and behave in actual clinical situations. Consequently, education using film must not stop with the evocation of learners' emotion—whether awareness of one's own emotions or empathy for the emotions of the suffering other—but further guide learners through discussions with peers and role models (Shapiro 2011, p. 24).

For this reason, using film (and television) as a way to contextualize the oath can be very helpful. Physician Peter Dans has written extensively about utilizing film in teaching ethics. In the *Picture of Health: Medical Ethics and the Movies*, Dans makes the following claim:

If one asks physicians and even patients what comes to mind when they hear the term medical ethics, most would respond the Hippocratic Oath (although many might not be able to say what's in it, and its wording often differs from version to version). Other codes, like that of Maimonides and later of Percival, augmented rather than superseded the Oath. Scenes that feature the Hippocratic Oath are useful in discussing how it came to represent medicine and then how it was modified, beginning with the elimination of the proscription of both abortion and the administration of a deadly draught to the dying, into the many different versions in use today (Dans 2011, p. 16).

As Dans claims, scenes that feature the oath are helpful in discussing a variety of ethical issues in medicine. Take, for example, the film *John Q*. This 2002 drama starred Denzel Washington as a beleaguered father of a young son who needs a heart transplant. Informed that his health insurance will not cover his son's transplant, John Q takes several people hostage in a fictional Chicago hospital. During one scene in the film, one of the young nurses Steve Maguire (played by Kevin Connolly) explains to John Q that physicians in an HMO plan are incentivized not to treat and are, in fact, given bonuses if they withhold care.

Steve Maguire: Well, there's your answer. I mean, HMO's pay their doctors not to test. It's their way of keeping costs down. Now, let's say Michael did need additional testing and insurance says they won't cover them. The doctor keeps his mouth shut, and come Christmas, [*points to Dr. Turner*] The HMO sends the doctor a fat-ass bonus cheque.

John Q. Archibald: [*to Dr. Turner*] Is that true?

Dr. Turner: Possible. Not likely, but possible.

John Q. Archibald: You telling me that these doctors may have known what was wrong with my son and they could have treated him all along?

Dr. Turner: Who knows? I don't know.

Lester Matthews: Don't take this personal, Doc. But, y'all bunch a god-damn crooks.

Dr. Turner: You don't know what you're talking about.

Julie Byrd: What about that thing that you guys take?

Dr. Turner: ‘The thing?’

Julie Byrd: Yeah, that promise. What do they call it?

Steve Smith: It’s called the Hippocratic Oath.

Lester Matthews: More like the ‘hypocritical oath’. How’s it go, Doc? “I solemnly swear to take care of the sick and damn-near-dying, unless they ain’t got major medical.” Something like that?

Dr. Turner: You’ve got it perfectly, that’s it.

Steve Maguire: It’s funny, but it’s not that far from the truth, okay?! This shit happens all the time! Paramedics bring in some accident victim and when the big boys in accounting find out they can’t pay, they send them packing.

Julie Byrd: Hospitals can’t turn people away!

Steve Smith: Isn’t there laws against that?

Steve Maguire: Yeah, there’s laws! But there’s also ways around those laws. The only thing we have to do is stabilize them. *[to Dr. Turner]* And after that, we’re off the hook and you know it.

Dr. Turner: That’s not how it works.

Steve Maguire: That’s *exactly* how it works! Maybe, not up there on the fifth floor. But in *here*, if you don’t have any money, you get a Band-Aid, a foot in the ass and you’re out the door! (*John Q 2002*)

The oath is used in this scene to reflect the conscience of the medical profession. This scene also illustrates how oaths impact the public’s perception and sets the public’s expectation of the profession. Interestingly, the oath is not invoked by a physician but by one of the patients in the ED, who calls it “the thing.” And another lay person (Steve Smith) corrects her and informs her what she’s referring to (the Hippocratic Oath). The fact that lay people are invoking the oath and not the physicians themselves is quite telling and can offer students an opportunity to reflect on the value of the oath to laypersons and how this is the embodiment of the social contract.

An even darker invocation of the oath occurs in the film *Extreme Measures*. In this 1996 drama, Dr. Lawrence Myrick (Gene Hackman) is accused by a younger physician colleague Dr. Guy Luthan (Hugh Grant) of sacrificing patients in order to find a cure for paralysis. In this exchange, Dr. Luthan confronts Dr. Myrick on his unethical practices:

Dr. Guy Luthan: You’re killing people.

Dr. Lawrence Myrick: [Shrugs] People die every day. For what? For nothing. Plane crash, train wreck? Bosnia - pick your tragedy. Sniper in a restaurant, fifteen dead, story at eleven. What do we do? What do you do? You change the channel, you move on to the next patient. You take care of the ones you think you can save. Good doctors do the correct thing - GREAT doctors have the guts to do the right thing. Your father had those guts. So do you. Two patients on either side of the room - one a gold-plated cop, the other a maniac that pulled a gun on a city bus. Who do you work on first? You knew, Guy. You knew. If you could cure cancer by killing one person, wouldn’t you have to do that? Wouldn’t that be the brave thing to do? One person and cancer’s gone tomorrow. You thought you were paralyzed. What would you have done to be

able to walk again? Anything. You said it yourself. Anything. You were like that for... twenty four hours.

[Puts his hands on Helen's shoulders]

Dr. Lawrence Myrick: Helen hasn't walked for twelve years. I can cure her... and everyone like her. The door's open. You can go out there and... put a stop to everything and it'll all be over. Or we can go upstairs and change medicine forever. It's your call, Guy.

Helen: [after a nervous pause] ... Guy?

Dr. Guy Luthan: ...maybe you're right. Those men upstairs, maybe... there isn't much point to their lives. Maybe they are doing a great thing for the world. Maybe they are heroes.

[Helen and Dr. Myrick look relieved]

Dr. Guy Luthan: But they didn't choose to be. You chose for them. You didn't choose your wife... or your granddaughter... you didn't ask for volunteers. You chose for them, and you can't do that. Because you're a doctor. Because you took an oath. And you're not God. So I don't care, I don't care if you can do what you say you can. I don't care if you can find a cure for every disease on this planet! You tortured and murdered those men upstairs. And that makes you a disgrace to your profession. And I hope you go to jail for the rest of your life. (*Extreme Measures* 1996)

In this scene, Dr. Luthan invokes the oath to remind Dr. Myrick of the social contract of medicine—that physicians swear to uphold certain ethical precepts. The oath is a symbol of the physician's identity as a healer and professional. As Jason Eberl has noted, the two physicians represent two competing ethical obligations—Luthan exemplifies a Kantian respect for persons whereas Myrick represents an extreme utilitarianism, “motivated solely by his concept of what is his duty as a medical researcher and not for any profit, recognition, or self-interest” (Eberl 2009, p. 305). Here, one physician is invoking the oath to remind his colleague of what he has done and how he has betrayed the oath as well as his profession.

Television

Television has an irresistible attraction to medical dramas. The television medical drama dates back to the 1950's. Some of the most recognizable US medical dramas include *Dr. Kildare* and *Marcus Welby, M.D.* in the 1960s, *M*A*S*H* and *Medical Center* in the 1970s, *St. Elsewhere* in the 1980s, and *ER* in the 1990s and 2000s. Early on, organized medicine took a direct and active interest in the depiction of the medical profession: “The influence of medical TV series has been recognized since the very beginning, and in 1955 the American Medical Association (AMA) created a committee, the *Physicians' Advisory Committee for Radio, Television and Motion Pictures*, with the aim of imposing control on the medical issues tackled by series” (Rocchi 2019, p. 71). Currently, the longest running medical drama is *Grey's Anatomy*, recently renewed for a 17th season. This medical drama follows the careers of several physicians at the fictional Grey-Sloan Memorial Hospital in Seattle. The

protagonist in this show is Dr. Meredith Grey (Ellen Pompeo). In one 2010 episode (“The Time Warp”), the then-chair of surgery Dr. Richard Webber (James Pickens, Jr.) recites what is referred to as the Physician’s Oath in front of an auditorium of students, residents and physicians. He recites this oath from memory after recounting an experience with a patient who died and exhorts his colleagues to remember the oath they took, “because it is too easy to lose your way” (Grey’s Anatomy 2010). This scene reinforces the power of the oath for Dr. Webber, who is a flawed but conscientious physician. The fact that he recites it from memory illustrates to his students and peers the importance of his commitment to the ethical ideals of medicine.¹

More recently, a couple of network dramas have integrated many ethical themes into their episodes. The Dick Wolf program *Chicago Med* first aired in 2015. In the very first season, one of the characters Dr. Daniel Charles (Oliver Platt) invokes the Hippocratic Oath: *Intervention* [1.11]

Dr. Choi: I got a patient who wants his LVAD removed. He got what he wanted. (*deep breath*) Now he’s dead.

Dr. Charles: I guess I took out a LVAD myself today.

Dr. Choi: How do we ever know what we’re doing is right.

Dr. Charles: It’s tricky. The first part of Hippocratic Oath is clear, right? “Do no harm.” Then it goes on to say, “I will remember that there is art to medicine as well as science.” So it’s tricky.

Dr. Choi: Does it ever get any easier?

Dr. Charles: Hope so.

(*Chicago Med* 2015)

Dr. Charles is the well-respected elder statesman on this show. A psychiatrist by training, he spends much of his time performing psychiatry consults in the Emergency Department of the fictional Gaffney Medical Center in Chicago. In this exchange with the more junior Dr. Choi, Dr. Charles invokes the Hippocratic Oath’s injunction to do no harm (which, in fact, does not appear in the Hippocratic Oath itself). This exchange can be helpful in educating medical students about end of life care and patient autonomy. In this scene, the patient requested having his LVAD removed. Dr. Choi was obviously troubled by this decision. Dr. Charles invokes the oath as an admonition to avoid harm. Yet, for Choi, removing the LVAD seems to be causing harm. Yet, this is what the patient wanted. How to reconcile two competing principles at play—autonomy and non-maleficence?

Compared to the oath, the code is much less represented in television shows. One notable example is the popular drama the *West Wing* (interestingly, not a medical drama). In this popular political drama, President Bartlet (Martin Sheen) has Multiple Sclerosis. His physician wife Dr. Abby Bartlet (Stockard Channing) has been prescribing him medication but not documenting his treatment. One of the White House lawyers (coincidentally played by Oliver Platt) admonishes the First Lady for her treatment of the President. He actually invokes the AMA Code of Medical Ethics (which he is holding in his hands). He refers to two opinions—one addressing

¹ <https://www.youtube.com/watch?v=KBDFGSZX8ck>.

self-treatment and treatment of family members and the other on retention of medical records. This is an example where the creators of a television drama get the details right. It also opens up opportunities to engage medical students about the relevance of the code and how it addresses many real and practical professional ethics issues (Parsi and Taub 2001).

Curricular Suggestions

What follows are some suggestions and available resources for creating an engaging and informative 4-week elective course for undergraduate medical education that teaches participants about codes and oaths and how they are applicable to the profession of medicine.

Suggested Title: Medical Oaths & Codes of Professional Conduct as Reflected in Film & Television.

Course Description: This course will review and critically examine traditional and modern oaths and the professional code of ethics for medicine through the lens of popular films and television shows. Each class will include a brief lecture, viewing of film and television clips and a robust facilitated discussion.

Learning Objectives

1. Understand the history of oaths and codes
2. Recognize the significance of oaths and codes as a memorialization of the social contract of the profession
3. Apply the concepts reflected in oaths and codes to scenarios that may arise in the profession

Assignment Suggestions

Reflection: Students will be asked to write a reflection paper during the course on any television show or film that is viewed in class. The reflection should discuss how accurately or inaccurately the student found the portrayal of the profession and identify what particular aspects of professionalism and/or ethics were illustrated. This is intended to demonstrate personal views on a topic, thoughts about the class discussion, how one's views on the topic may or may not have changed based on the readings and/or discussion, and how or if the materials or discussion may influence the student in the future.

Film or Television Show Analysis: Students will be provided with a list of films and television episodes and asked to select one. Each will reflect an application or invocation of an oath and/or code of ethics. Students will then be asked to write an essay discussing:

1. The accuracy of the portrayal of the oath or code (referencing the actual oath or code section)
2. How the portrayal reflects on the professionalism of the clinician
3. The message that it communicates to the audience

Film or Television Show Analysis: Students will be provided with a list of films and television episodes and asked to select one. Each will reflect an application or invocation of an oath and/or code of ethics. Students will then be asked to write an essay discussing:

1. The accuracy of the portrayal of the oath or code (referencing the actual oath or code section)
2. How the portrayal reflects on the professionalism of the clinician
3. The message that it communicates to the audience

Course Overview

Week 1—The history of oaths and codes.

Readings: Miles, S. *The Hippocratic Oath and the Ethics of Medicine*.

Viewing: *Men in White* (MGM, 1934).

Week 2—Review and discussion of historic oaths, modern oaths and student oaths and the AMA Code.

Readings: Gamble, N, Holler, B., Thompson, S., Murata, S., Stahnisch, F.W., & Russell, G. (2019). Is the writing on the wall for current medical oaths? A brief historical review of oath taking at medical schools. *Medical Science Educator* 29:603–607.

Viewing: *Grey's Anatomy* (“Time Warp”) <https://www.youtube.com/watch?v=KBDFGSZX8ck>

Week 3— Application to Modern Practice (Film)

Viewing: John Q <https://www.youtube.com/watch?v=V0JDfancaYg>

Week 4—Application to Modern Practice (Television)

Viewing: *Chicago Med* <https://www.imdb.com/title/tt5446338/>

Suggested Resources

Current Television Shows:

Chicago Med

Grey's Anatomy

New Amsterdam

The Good Doctor

The Resident

Older Television Shows:

ER

*M*A*S*H*

Marcus Welby, MD

Private Practice
Scrubs
St. Elsewhere

Films (some reference the oath specifically; others illustrate important sections of the code without specific mention)

And the Band Played On
Extreme Measures
John Q
Miss Evers Boys
The Diving Bell & the Butterfly
Twilight of the Gods

Other Helpful Resources:

Bioethics and the Movies (Sandra Shapshay, editor)
Bioethics Film Collection (bioethics.georgetown.edu/library-materials/special-collections/film-collection/)
Cultural Sutures: Medicine and the Media (Lester Friedman, editor)
Teaching Medicine & Medical Ethics Using Popular Culture (Kendal & Diug, editors)
The Picture of Health: Medical Ethics & the Movies (Colt, Quadrelli, Friedman, editors)

Conclusion

In this essay, we briefly traced the history of oaths and codes and discussed how such ethics documents are integrated into undergraduate medical education. Every medical student swears to some kind of oath, either during a white coat ceremony or during commencement. Considering how common this practice is, we argue that students should be better educated about the history of oaths. While reading written narratives and observing mentors are important, discussing relevant film and television clips with learners can achieve the following: encourage students to initiate more independent learning, stimulate application of principles in day-to-day interactions, integrate the theoretical with the practical, and allow for emotive discussions by providing an objective vehicle. Film and television can be used to educate students about the application of codes and oaths. Although codes of ethics are not as frequently used in medical education, they also have an important role to play in ethics education. Both oaths and codes can be creatively integrated and taught to medical students through the use of various film and television scenes. Such scenes can be used as an opportunity for ethics educators to engage students about the importance of oaths and codes, allowing them to reflect on how the public perceives their

ethical obligations. Such depictions in popular media can be effectively used during pre-clinical or clinical training. We have provided a set of curricular suggestions on how to integrate film and television depictions of oaths and codes of ethics in a medical school elective course. Our hope is that students will see these oaths and codes as important and public reflections of their duties to their patients, their colleagues, and to society.

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