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A New Physician Oath for Addressing Systemic Problems in Medicine

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How can we, as clinicians, humanize our field and provide better care for our patients?



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COMMENTARY

It is no secret that the field of medicine has not always acted in the best interest of patients, and that there have been instances of unethical, racist, and oppressive violations of human rights and basic dignity, especially toward women, children, elders, people of color, disabled individuals, and other marginalized groups. What is the role of physicians in destigmatizing, decolonizing, deinstitutionalizing, and humanizing medicine?

Medicine is indeed the most beautiful field of caregiving if we treat our patients as humans—not as numbers or checklists. There needs to be an honest desire and genuine intent to work on justice and reconciliation with all those victimized by the field: patients and their loved ones, families, communities, and even health care frontline staff.

Systems that continue inappropriately using polypharmacy, over-diagnosing, labeling, pathologizing, medicating normal human reactions and emotions, using restrictive measures, and engaging in similar shady practices are systems that need to be brought into account and either rehabilitated or dismantled.

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Here are few of the principles that I commit to live by in order to try to change the current dysfunctional status quo. I would like to propose these as part of a new physician oath:

- 1. Maybe I cannot undo all the past damage that was done by the field, but I will do my best to prevent or at least reduce further harm.
- 2. Everyone, regardless of background, is someone’s loved one. People deserve the utmost respect and tender care.





3. I hesitate to make a quick “diagnosis” or to dictate an immediate intervention unless it is an emergency—and in the case of an emergency, I will do my best to include the patient as an active part of their care plan.
4. I am 1 member of the treatment team, and the care we should strive to provide is comprehensive, holistic, humane, and healing-centered, and it takes the body, mind, heart, and soul into consideration.
5. I will try to be sensitive to trauma stories and to each patient’s unique context. There is no 1 size that fits all. A bio-psycho-socio-spiritual approach is individualistic and flexible. Patients should be empowered to voice their opinion and narrate their story.
6. I will thoroughly look for the root causes of patients’ thoughts, feelings, and behaviors before I respond with advice, and I will try to equip them with the necessary tools and skills to help them cope with distress and difficult emotions and situations.
7. I will only diagnose an “illness” or prescribe a medication when it is the right thing to do, exercising my best clinical judgment and having the person’s best interest in mind. I will refuse to accept as a fact the many diagnoses and the polypharmacy that infest our field.
8. I will not accept a heavy workload or a schedule that risks the safety and wellbeing of my patients, my coworkers, my family, or myself.
9. I will work with—not for—insurance and drug companies in order to educate them and to try to make change. I will speak up and try to be part of breaking the cycle.
10. I will continue to engage in practicing medicine with justice, healing, and beauty in mind, and I will encourage all my colleagues, especially the younger generations of health care professionals, to refuse the current state of affairs in the field of medicine.

It takes a village. We can do it together. We can be the change that we want to see.

Dr Reda is a psychiatrist in Colorado. He is the author of [The Wounded Healer: The Pain and Joy of Caregiving](#).

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