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The Oath Still Matters

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> "I swear by Apollo the physician, by Asclepius, Hygieia, Panacea, and all the gods and goddesses, as my witnesses, that according to my ability and judgment, I will keep this Oath."
> — *Oath of Hippocrates*, 3rd–5th century B.C.

> "I swear to fulfill, to the best of my ability and judgment, this covenant."
> — *Revised Hippocratic Oath*, 1964 - modern day

A Lesson in the ICU

I took that more modern oath in 1997. One month later, during an ICU rotation at Hennepin County Medical Center, I met a patient who would teach me what it truly meant to uphold it.

I was young, inexperienced, and still learning how to translate textbook knowledge into compassionate care.

My patient—whom I'll call Kevin—was a single man in midlife. He presented with several weeks of fatigue, fever, chest tightness, and shortness of breath. He came in alone, with only a brother and sister-in-law listed as next of kin. He appeared visibly distressed; his oxygen saturation hovered around 88%. He was pleasant, grateful, and mild-tempered. I placed a face mask of oxygen around his mouth and nose, noted improvement, and rushed to admit another ER patient.

A code blue was called. Kevin's room.

Sprinting, I arrived to find him lying supine, receiving CPR. An anesthesia team prepared to intubate. He had become hypoxic, bradycardic, and lost consciousness.

Rechecking his chest X-ray, I noticed subtle interstitial infiltrates—a very mild pneumonia. On a hunch, I checked him for HIV and pneumocystis. Both tests came back positive.

Krisa Keute, MD

The Power of Example

> "I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow."
> — *Revised Hippocratic Oath*

Earlier that same year, I had admitted a patient who had been in the news for committing a horrific crime. I admit, I initially looked upon her with disdain and wished I didn't have to care for her. However, my attending physician showed his usual authentic human empathy for her.

Without hesitation or visible bias, he treated her with the same sincere compassion he showed all his patients. It shook something loose in me. I had taken the Oath, but he was *living* it.

That physician was also there when I cared for Kevin. He modeled how to treat people. His unbiased compassion for all patients, regardless of their background, exemplified the principles of our oath.

Watching him taught me that the oath isn't something you just recite—it's something you carry into every room, with every patient.

Living the Oath

I am a far-from-perfect work in progress with this. But every day I try. Over the years, I've learned to recognize and confront my own biases, to slow down and listen more deeply, and to show up for patients in the quiet, ordinary ways that matter most. These lessons didn't come quickly or easily. They came from moments like Kevin's, when the stakes were high and the path uncertain, and from mentors like my attending, whose example I still carry with me.

I certainly do recall him. And I still try to live by what I learned then.

> "I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
> I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
> I will not be ashamed to say 'I know not,' nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery."
> — *Revised Hippocratic Oath*

Encountering Prejudice in the Clinic

Kevin spent weeks in the ICU, fighting for his life while ventilated. It became clear that saving him was a marathon, not a sprint. Eventually, he needed a tracheostomy and percutaneous endoscopic gastrostomy (PEG) tube to secure his airway, feed him, and begin the long process of weaning off the ventilator.

The ENT fellow was efficient at placing the trach, but the GI fellow caused problems. He refused to place Kevin's PEG tube, saying Kevin's condition was "self-inflicted" and he would "die anyway." I could feel the disdain in his words, and I wondered whether his judgment of Kevin's sexual orientation or HIV status was clouding his professional duty.

I found myself asking: wasn't our job to care for everyone—regardless of why they were sick or who they were?

I called a senior fellow for help and, leaving out the details of the interaction with the GI fellow, asked for assistance in placing Kevin's tube.

Ethical Clarity

> "I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. I will prevent disease whenever I can, for prevention is preferable to cure. I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm."
> — *Revised Hippocratic Oath*

I remember attending a lecture by Dr. Paul Farmer during medical school on *Infections and Inequalities*. He posed a powerful ethical question: "If someone showed up at your door with pneumonia and you had the antibiotic to treat them, but they couldn't pay, would it be ethical to withhold treatment?"

His answer was clear: withholding treatment would violate the oath we took as physicians. Dr. Farmer emphasized that healthcare is a right, not a privilege, and our duty as physicians is to treat all patients—regardless of their socioeconomic status, background, country of origin, or how they became ill.

Our Sacred Duty

The Hippocratic Oath, or something akin to it, demands that we treat all who present to our care, for prevention, for sickness—and not just those we deem deserving. Our role as physicians is to heal, not to assign blame or judge. As Dr. Farmer wisely taught, our moral compass should guide us to act with compassion and humility.

Hospitals like Hennepin County Medical Center are places where medical students and residents learn to care for underserved populations. Many are immigrants. Echoing Dr. Farmer's philosophy, care is provided to all, with the resources available, regardless of who "they" are.

When physicians question whether a patient's life matters, they lose sight of their duty: to cure illness and/or alleviate suffering.

Reflecting on these experiences, I remember that these patients allowed me to learn the art of medicine. Poor or rich, immigrant or citizen, documented or not, my job was not to judge them but to help them. Our medical oath was written to emphasize patient care, confidentiality, non-malfeasance, and honor to our profession. It did not—and does not—contain exceptions.

Never Playing at God

> "Above all, I must not play at God.
> If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter.
> May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help."
> — *Revised Hippocratic Oath*

During World War II, some doctors lost sight of their oath. Our profession regrouped and developed the Declaration of Geneva in response to the atrocities committed by physicians during Nazi Germany. This declaration, adopted by the World Medical Association in 1948, reaffirmed our commitment to the humanitarian goals of medicine, in addition to those of Hippocrates.

In 1986, the American government aligned itself with these values when the 99th Congress passed the Emergency Medical Treatment and Active Labor Act (EMTALA), ensuring everyone in America who presents to an emergency department—regardless of citizenship—has access to emergency medical care. President Ronald Reagan signed that act into law. While EMTALA itself remains a federal law, portions of it have been rescinded by state level authority which allow restricting access to emergency abortion access, even when the life of the mother is in peril.

The Oath in Today's World

Presently, the practice of medicine and the role of physicians face mounting challenges—including the industrialization of care, increasing political polarization, career dissatisfaction and burnout, and the spread of misinformation that undermines scientific and clinical integrity.

Even within our own ranks, a physician serving in Congress recently voted to confirm Robert F. Kennedy Jr.—an outspoken purveyor of medical falsehoods—as Secretary of Health and Human Services, in direct contradiction to the oath we take.

We must ask ourselves: will we remain true to our professional values of non-malfeasance, human healing, and dedication to our craft? Or will we abandon our ethics for political gain or fear of retribution?

In a world increasingly divided into "us" versus "them," physicians have a unique role. For us, there is only "we"—a team of doctors and patients united in the shared goal of alleviating suffering through evidence-based medicine, compassion, and the pursuit of health.

A Return and a Reminder

The current administration, marked by divisive rhetoric and policies, fosters an environment where judgment and exclusion are normalized. Physicians, however, must remain steadfast. We are not instruments of ideology. We are healers. We are guardians of a sacred trust that transcends politics, class, race, and creed.

As for Kevin—one year after I had first met him, he walked into the HCMC ICU, carrying small pink roses for all the nurses, doctors, and staff who had worked tirelessly to keep him alive. He wept, grateful for having returned to his work, life, and family.

In that moment, we—the oath takers—wept too.

Not just for Kevin's recovery, but for what it meant:
That the oath still matters.
That compassion is never wasted.
That in honoring our duty to care for all who suffer, we reaffirm not only our purpose, but our shared humanity.

Appendix: Revised Hippocratic Oath (1964, by Dr. Louis Lasagna)

"I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know.

Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty.

Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter.

May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help."