

AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

Oath to Self-Care and Well-Being



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The recent Charter on Physician Well-being calls for a partnership and commitment among medical professionals and healthcare organizations to address the epidemic of physician burnout and to promote a culture of well-being.¹ Physicians who are well are better able to serve their patients, students, colleagues, profession, and society.¹

Pledging a professional oath in medicine, such as the Hippocratic Oath or the Declaration of Geneva, is a ritual practiced globally by physicians. Central to the pledge of the oath is to care for patients with the utmost sincerity, empathy, and kindness and to uphold the highest ethical standards of patient care for physicians today. Much has changed in the science of medicine, but at its core, the art of medicine remains unchanged. The tenets of the Hippocratic Oath have stood steadfast for millennia even though the current ethical map and scope of the medical profession are vastly different. Historically, physicians have ignored the need to care for themselves and report a sense of conscience toward patients, colleagues, and their clinical practice as a

reason for working through illness and expecting colleagues to do likewise.² This unconditional allegiance to the profession can be a dangerous contributing factor to physicians' lack of attention to their own well-being. While the Hippocratic Oath traditionally referred to the care for patients, this same language should extend to physician self-care as well. In response, the World Medical Association amended the Declaration of Geneva in October 2017 to include a single statement on the need for physicians to take care of their own health with the same intentionality and devotion that they apply to their patients.³

The current complexity of medicine warrants a distinct oath that embodies a reciprocal interaction to benefit the servant and the served. On behalf of the Collaborative for Healing and Renewal in Medicine (CHARM), we introduce the Oath to Self-care and Well-being for all physicians and healthcare providers (Box). Akin to the Hippocratic Oath, this Oath to Self-care and Well-being serves as a professional pledge to be applied in its current version or as a platform modifiable by physicians and learners in the creation of their own oath and promise to self-care and professional health. This oath was conceptualized and developed by the Faculty Development subgroup of CHARM upon extensive literature review on physician well-being interventions and relevancy of oaths to healthcare. The Collaborative for Healing and Renewal in Medicine is a national group of medical educators, academic leaders, and experts in burnout research and well-being interventions from both surgical and nonsurgical specialties at over 72 institutions. Our mission is to

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promote investigation of the impact of burnout, develop tools for resiliency, gather best practices, and advocate for the recognition and inclusion of well-being initiatives among learners and physicians.

The Oath to Self-care and Well-being adds to a long tradition employed by medical schools during formal gatherings, such as white coat ceremonies and graduations. Incorporating medical oaths into formal ceremonies has steadily gained acceptance over the years. In 1928, only 28% of medical schools administered an oath.⁴ By 1969, this percentage had grown to 72%, and for the past 20 years, 100% of medical schools have been administering oaths in formal ceremonies.⁵ One study found that nearly all US medical schools administer some version of the Hippocratic Oath to their graduates.⁶ Another review of oaths revealed that 44% of schools pledge the Hippocratic Oath or a modified version, but only 16% pledge the Declaration of Geneva oath.⁵ By 2015, over one-half of medical schools had developed their own individualized oath based on faculty-student input.⁶ Schools who administer the same oath each year or at both matriculation and commencement were more likely to incorporate the oath's content into their curriculum.⁶

Experts suggest that such wide variation in oath content causes confusion with regard to ethical values and dilutes the value of a professionally binding oath.^{4,7} Key to these oaths are the principles of tradition, professionalism, and commitment to the patient.^{4,6,7} Only a few oaths address the values of teaching, advocacy, and advancement of knowledge or systems of care, quality, and safety.⁷ Only the Declaration of Geneva includes a single line acknowledging the physician's own health, well-being, and ability to provide care of the highest standard.³ More concrete goals and values on physician well-being must be included in professional oaths to mitigate the challenges facing today's learners, physicians, and healthcare environment. The Oath to Self-care and Well-being establishes concrete tenets on physician well-being, serves to unify all the ethical values within our profession, and provides consistency in terms of the content of the various existing oaths.

The Oath to Self-care and Well-being focuses on the self-care of its swearer and emphasizes the shared duty of well-being between physicians and the system, with the major responsibility lying with the system itself. This oath aims to serve as a supplement to both the Hippocratic Oath and the Declaration of Geneva and to

support the principles espoused in the Charter on Physician Well-being.¹ We propose that this oath be delivered at various platforms—not just at medical school matriculation but also as a continual commitment revisited at commencement, fellowship induction, or other venues throughout our professional journey.

In 2007, the Institute for Healthcare Improvement introduced the Triple Aim to improve outcomes in patient care, improve population health, and reduce healthcare costs.⁸ In 2016, in response to the rising rates of physician burnout, the Triple Aim was escalated to the Quadruple Aim with the specific goal of bringing joy back to medicine.⁹ That joy is found in rich, rewarding relationships with our patients, colleagues, and other members of the healthcare team.¹⁰ The reciprocal interplay of practice efficiency, a culture of wellness,

and personal resilience influences the achievement of the Quadruple Aim.¹¹ Acknowledging the need for a culture of wellness, the Joint Commission has issued regulatory guidelines since 2001 for healthcare organizations to implement processes to identify and manage physician-related health issues. Similarly, both the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education have issued accreditation standards to implement programs on well-being promotion, fatigue management, and burnout prevention for physicians-in-training. The Oath to Self-Care and Well-Being affirms these standards to preserve physician wellness and applauds individuals taking this oath for championing the same efforts in their own workplace.

On the organizational level, the Oath to Self-care and Well-being advocates for the partnership of individual physicians and hospital leadership to implement policies and cultivate a culture of well-being based on wellness quality metrics, professional wellness development, and physician self-care resources and flexible scheduling, as proposed in Shanafelt's 9 institutional strategies¹² and Linzer's 10 system-level recommendations.¹³ A recent meta-analysis¹⁴ suggests organizational measures are more beneficial than physician-directed measures and significantly boost the salutary effects realized with individual well-being activities. Promoting work flexibility and work-life integration are key to improving physician well-being, engagement, and productivity. Protecting physician autonomy in decisions, supporting flexibility in scheduling, and eliminating compensation practices that de-incentivize the use of vacations are organizational approaches that are in line with the philosophy of flexibility and work-

PERSPECTIVE VIEWPOINTS

- The Oath to Self-care and Well-being capitalizes on the guiding principles of the Charter on Physician Well-being, of wellness as a shared responsibility between the individual provider and the system, with the major responsibility lying with the system itself.
- Akin to the Hippocratic Oath, this oath serves as a professional pledge applicable in its current version or as a platform modifiable by physicians in their quest for self-care and professional health.

OATH TO SELF-CARE AND WELL-BEING

1. We SOLEMNLY PLEDGE to embrace and promote the well-being of our self, our colleagues, and the medical community as part of our responsibility to the effective care of our patients, ourselves, and in partnership with our healthcare organization.
2. We WILL SEEK TO DEVELOP and ADHERE to habits that promote and maintain humility, meaning, and wholeness of self in our work and interactions.
3. We WILL BE ATTUNED to the physical, emotional, mental, and spiritual needs of our self and others and share our practices of well-being for the benefits of our patients, our colleagues, and the advancement of healthcare.
4. We WILL COMMIT to integration and balance in our professional and personal life and seek help when we feel we ourselves or our peers are overburdened, fatigued, or less compassionate.
5. We WILL CHAMPION for a healthcare system that values the well-being of its personnel, uses best evidence for an institutional culture of wellness, and recognizes that in so promoting the patients we care for are ultimately best served.
6. We WILL FIND the courage to be vulnerable and confront professional wrongdoings to the best of our ability while at the same time showing compassion and respect for all members of the healthcare team.
7. I MAKE these promises of well-being to myself and to the vocation of medicine with my highest commitment.

life integration.^{9,10} The literature reveals that physicians employed under organizational leaders with servant leadership qualities have lower burnout risk and improved job engagement, productivity, and satisfaction.¹⁵ However, culture change does not come without shared will. This oath supports the bottom-up approach well cited in the literature on organizational well-being programs, in which programmatic development and

implementation actively involve and engage physician participants as key stakeholders.¹⁶ Early adopters must receive full “buy-in” from organizational leadership to avoid the risk of failure. As noted in a leadership article in the *Harvard Business Review*,¹⁷ “culture change can’t be achieved through a top-down mandate.” However, it can be achieved through “the collective hearts and habits of people and their shared perception of how things are done around here.”

On the individual level, the Oath to Self-care and Well-being invites each physician to seek wellness interventions and training in adaptive coping skills, mindfulness, self-awareness, boundary setting, conflict management, and open communication with patients and colleagues. Such interventions improve mood, empathy, emotional stability, and decrease burnout.^{18,19} This oath is the catalyst toward intentional self-awareness and pursuit of necessary self-care resources, for not only ourselves but also our learners and our colleagues who may be struggling. The oath further urges individuals to seek out, provide, and practice the proper strategies for the integration of mind, body, and soul. In doing so, they may squelch overachieving tendencies and the demand for superhuman hours that plague our profession and produce a workaholic mentality.

The Oath to Self-care and Well-being reinforces the importance of fostering emotional intelligence (EI) and building wellness communities among physicians. In an article in the *Harvard Business Review*, the immediate past US Surgeon General raised awareness of the growing health and social epidemic of loneliness and the decline of social connection in our current world. He describes how during his many years of caring for patients, the most common pathology he saw was not heart disease or diabetes, but loneliness.²⁰ As human beings, we cannot help but be attuned to the needs of others. As physicians, we strive to model healthy behaviors and to develop healthy mindsets for our patients. As we ask patients to contribute to their own health and well-being, we should do the same for ourselves and our learners. We must cultivate our own emotional intelligence, which is our ability to understand, process, and manage our own emotions in a positive manner to reduce stress, defuse conflict, communicate effectively, work in teams, and empathize with others. The literature indicates that a healthy EI is a protective factor in physical and mental wellness.^{21,22} Multiple studies further demonstrate the potential of EI training curricula to significantly increase and sustain EI among physicians across all stages of training.²³ Every physician needs a sacred space where he or she senses a belonging to a community, has the courage to show vulnerability, and can be present authentically and wholly. This need for social connectedness enhances the value of relationships and communities to ensure respect, humility, and freedom from shame. Research on social

networks demonstrates evidence of emotional contagion and suggests that an individual's positive experiences can lead to positive experiences for those who were present.²⁴ The Oath to Self-care and Well-being encourages physicians as educators and leaders to create brave, safe spaces, provide support to those impacted by life's stressors, promote social connectedness as the foundation of supportive communities, and teach the hidden curriculum of emotional intelligence to learners and colleagues. By doing so, individuals taking this oath can build a community of physicians with the power to ensure greater health and well-being for our learners, our patients, ourselves, and our organizations.

As the science and practice of medicine continue to evolve rapidly, we in the medical community are in need of an oath that will keep us grounded to practice the noble principles so vital to our profession and embodied by our mentors. The Collaborative for Healing and Renewal in Medicine offers the Oath to Self-care and Well-being to all physicians and healthcare providers in their quest for wellness. This oath capitalizes on the guiding principles of the Charter on Physician Well-being that wellness is a shared responsibility between the individual provider and the system. In tune with the Hippocratic Oath, we invite all medical schools, residency programs, hospital organizations, and professional societies to adopt the Oath to Self-care and Well-being in order to transform healthcare to feature wellness and resiliency for ourselves, our colleagues, our learners, and our patients.

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SUPPLEMENTARY DATA

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APPENDIX

Foundation and Rationale for the Tenets of the Oath to Self-Care and Well-Being

Though medicine is rapidly changing, the principles that underpin effective patient care remain the same. The principles of humility, integrity, and temperance will help physicians to navigate through the changing healthcare landscape while maintaining their core values. Humility is essential; it is important that we realize that none of us are perfect. We cannot do everything or be everything. We all make mistakes. Asking for help is not a sign of weakness. Asking for forgiveness and forgiving oneself is acceptable. Having integrity allows us to remain true to ourselves and to remember our altruistic reasons for choosing medicine as a profession. Furthermore, we must not overcommit and make promises that we cannot keep, and we should refrain from speaking poorly of others when they are not present. In fact, we must defend the absent. Temperance must be viewed in two ways—balance of emotions and, more importantly, balance of one's personal and professional lives. Physicians must realize that they need to care for themselves first in order to provide the best possible care to their patients. Similarly, these self-renewal strategies must be balanced to realize their full benefit. There is true synergism when renewal strategies include a balance of physical, spiritual, mental, and social and emotional activities. Likewise, physicians need to be attuned to the well-being of their colleagues and other members of the healthcare team as this can ultimately affect patient care.

Tenets 1-4 were based on the above-described background principles.

Because the physicians we all aspire to be are true servant leaders, we felt that the oath should embody the principles that lead to success in the interdependent reality in which we all currently practice. All medical students and residents have achieved some degree of personal success by sheer acceptance into medical school and a residency program. Despite this achievement, the servant leader principles of self-reflection, open-mindedness, humility, and self-efficacy are unlikely to have been instilled into physicians-in-training prior to matriculation.

Servant leaders must be principle-based, character-driven, and goal-oriented individuals who exhibit a relaxed confidence and clear understanding of their own abilities. They must develop strategies to improve self-efficacy and efficiency. By being proactive, they know how to prioritize competing tasks and meet deadlines, while staying focused on long-term goals. Being a medical professional requires physicians-in-training to not only be proactive in their personal lives but also to develop healthy strategies for their practice of medicine. This will allow them to be effective and interdependent leaders who are accountable to their individual patients and medical teams and who practice interdisciplinary collaboration to ensure the best possible patient outcomes. With these background principles in mind, we developed the servant leader principles described in tenets 5 and 6 of the oath.

With tenet 7, providers are promising to fulfill and honor the commitments described in the oath.