

Swiss Oath

An ethical measure to prevent medicine developing to a pure business

Prof. Bernhard Egger, MD
Full Professor of Surgery at the University of Fribourg
Head of the Department of Surgery HFR
Vice-President FMCH
Member of the Oath-group, Swiss Institute Dialog Ethik

Fact: Increasing health cost

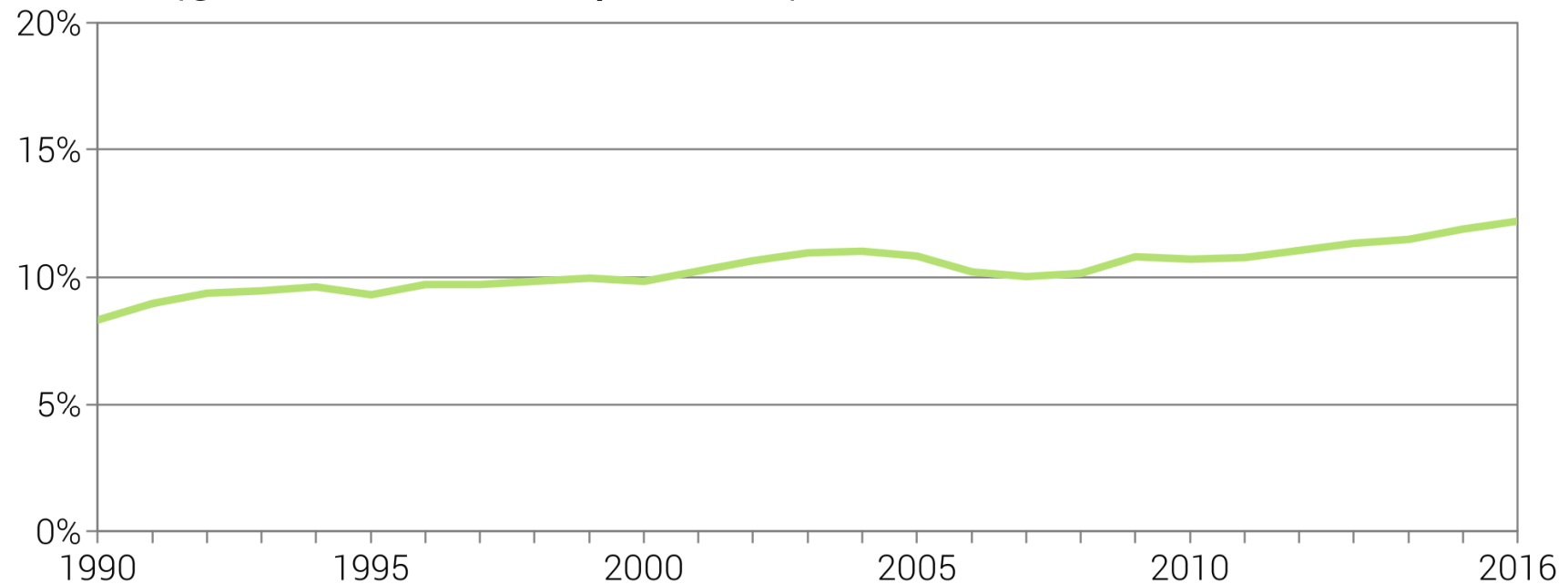
- Health Cost are increasing every year together with the primes for health care insurances
- Peoples are not happy
- Interesting topic for politicians
- Important topics for the press

Fact: Increasing health cost

Kosten des Gesundheitswesens

Im Verhältnis zum Bruttoinlandprodukt, zu laufenden Preisen

GDP (gross domestic product)



Quellen: BFS – COU, VGR; SECO

© BFS 2018

Fact: Increasing primes (CH)



Who is responsible?



How doctors rip off patients and insurances! "Blick, 24.06.19"

Who is responsible?

Reputation of doctors is suffering:

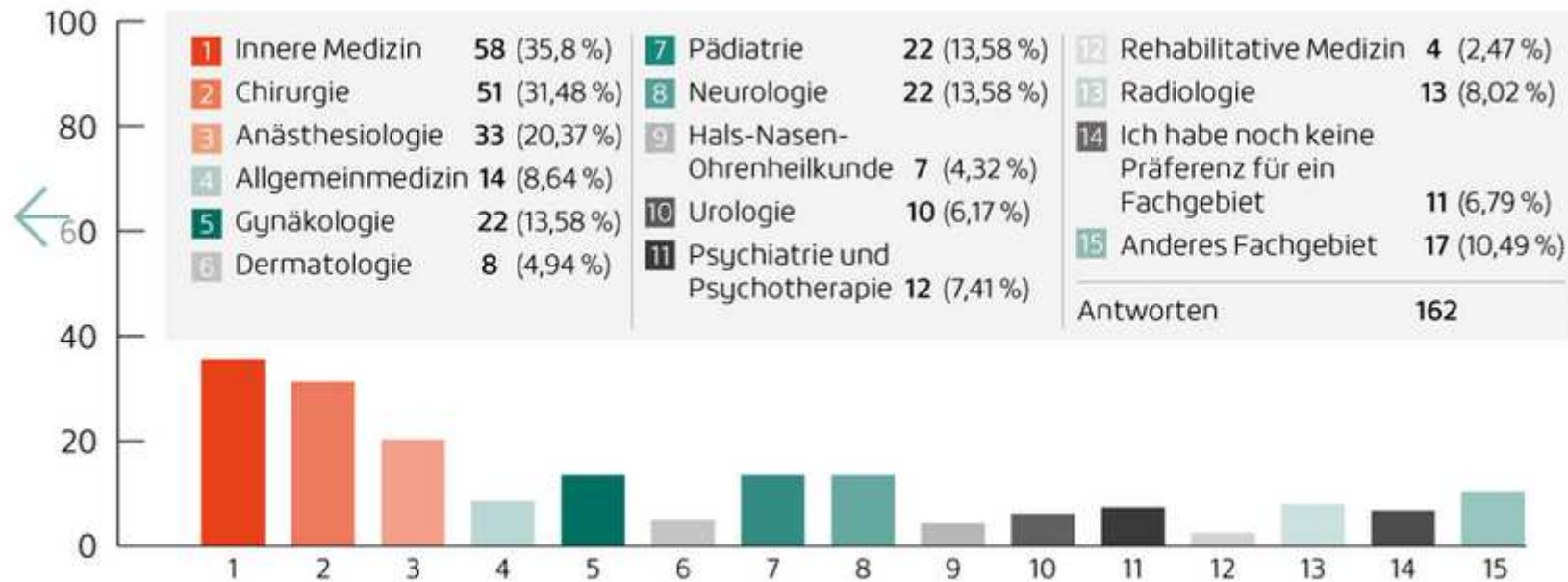
- „Doctor’s-Bashing” in the press
- No more “Gods in white”
- „Con artists“
- “Profit first”
- „Billion salaries“
- Surgeons: “profit orientated uncaring technocrats”

Recent inquiry: medical students

1. **Very important:** Intrinsic factors as interests, capability and pleasure to help (others)!
2. **Not very important :** Extrinsic factors as job safety, status and salary

Inuagural - Dissertation von Annika Gold 2008

Inquiry: medical students



<https://www.operation-karriere.de/karriereweg/bewerbung-berufstart/ergebnis-unserer-umfrage-zu-medizinstudium-und-arztberuf.html>

Cost drivers => economic pressure

Shortage of financial resources is basically based on:

- demographic development
- progress in medicine
- defensive medicine
- employment legislation for doctors
- quality control measures

Examples of important cost drivers

- Pay scales as DRG, Tarmed, Bonus-systems => **false economic incentives**
- Survival fight between medical institutions; especially also between public and private institutions => **enlargement of indications, contracts with benefits based on performance, kickbacks**
- Politics: minimal number of cases => **enlargement of indications, unneeded and costly measures in order to enhance medical quality => increase in cost without quality effect**
- Employment legislation with working hours limitation => **need of more of costly doctors**
- Super-Specialists => **more doctors**
- Expensive new **technologies** (e.g. robotics) as PR-measures, which do **not** really bring any **advantages** in comparison with older technologies

Economy dictates medicine

- Medicine is more and more developing based on rules of the free-market economy
- Real conflict between profit orientation and the professional ethos
- Money dictates: development towards an antisocial two-tier-medical system is visible
- Medical and ethical issue are in the background
- Professional identity and ethos of doctors are weakened

Medicine => Business

- **Economy** is not any more just a helping tool for medicine but much more it's **primary control organ**
- **Health** is becoming a pure market object which is **sold** and **bought**
- **Doctors** are more and more becoming **slaves of this health business** (direct and indirect)

Medicine => Business (side-effects)

- The precious relationship between patient and doctor is heavily suffering
- Medical decisions (indications ...) are not anymore only based on evidence-based and ethical issues but much more on economic factors (external influences)!

**=> OVER- but also UNDER-supply
of patient's care**

Medicine => Business

=> Something has to be done!

4 principles of medical ethics

- **Beneficence:** Requires that the procedure be provided with the intent of doing good for the patient involved. Demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit.
- **Non-maleficence:** Requires that a procedure does not harm the patient involved or others in society
- **Justice:** The idea that the burdens and benefits of (also new or experimental) treatments must be distributed equally among all groups in society.
- **Autonomy:** Requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures (fully informed consent).

Georgetown-Mantra: Beauchamp, T. L. & Childress, J. F.: Principles of Biomedical Ethics. 6th Edition. Oxford University Press 2008

Counteractive measures

- **Choosing wisely campagne (1):** „the courage something **not** (anymore) to do“
- **German Clinic Codex (2):** „medicine before economy“
- **Swiss Oath (3):** „protection of the precious patient-doctor relationship“

1) <https://www.samw.ch/de/Projekte/Nachhaltiges.../Choosing-wisely.html>

2) <https://www.aerzteblatt.de/archiv/194456/Klinik-Codex-Medizin-vor-Oekonomie>

3) <http://www.dialog-ethik.ch/der-eid/>

Ideas behind the Swiss Oath¹ Pledge for medical doctors

- **Up-to-dated Hippocrates Oath**
- **To protect the patient-doctor relationship**
- **To re-enforce the professional ethos and the professional identity of doctors**
- **To fight against the ongoing economization of medicine**
- **To fight against the economic enslavement of doctors**

<http://www.dialog-ethik.ch/der-eid/>

Swiss Oath Pledge for medical doctors

In practicing the medical profession I commit to act as follows:

- I practice my profession to the best of my knowledge and conscience and assume responsibility for my acting.
- I regard the wellbeing of the patients as a priority and avert any avoidable damage to them.
- I respect the rights of the patients, adhere primarily to their will, and respect their needs as well as their interests.
- I treat the patients without any discrimination¹ and adhere to the physician-patient confidentiality.
- I meet the patients with goodwill and take the time necessary attending to their concerns (and the concerns of their relatives).
- I talk to the patients honestly and comprehensively and support them making their own decisions.
- I treat the patients according the art of medical practice, the actual standards, and within the limits of my abilities;
I do not exploit them for career reasons or other purposes, and do not impose any treatment on them that would not be acceptable for me or the people closest to me.
- I practice medicine appropriately and within the scope of my own possibilities, and I only recommend or take measures that make sense.
- I preserve my integrity and **do not accept any kind of payment or other benefits, particularly with regards to referrals of patients; I do not enter into any contract that oblige me to provide certain quantities of services or to neglect such ones.**
- I behave correctly and truthfully towards my professional colleagues, share with them my knowledge and experience, and respect their decisions and actions as far as they are consistent with the ethical and scientific standards of our profession.

[1] «Without discrimination» means: without discrimination based on gender, disability, religion, sexual orientation, political affiliation, ethnic origin, social or insurance status and nationality.

<http://www.dialog-ethik.ch/der-eid/>

What happened up to now?

- 2013: Idea by the Swiss Institute Dialogue Ethic
- June 2014: Building the Oath-group (Representants of: medicine, philosophy, theology, economy)
- 2014/15: Creation of the text of the new oath
- June 2015: Publication of the first version („Thema im Fokus“)
- June 2015: Publication of the first version in Bulletin of Swiss Medical Doctors
- August 2015: Declared support of the Oath by the committee of the FMCH
- November 2015: Publication of the oath in the journal „DIE ZEIT“
- December 2015: Declared support of the Oath by the plenary assembly of the FMCH
- December 2015: Publication of the Oath in the journal “Deutsche Hebammenzeitschrift”
- April 2016: Declared support of the Oath by the committee of the Swiss Surgeons
- November 2016: Declared support of the Oath by the committee of the Cardiac Surgeons
- Spring 2017: Declared support of the Oath by the FMH (delegates assembly)
- June 2018: The entire Department of Surgery HFR promised in ceremony the Oath (SRF, RTS ¹⁾)
- November 2018: The entire committee of the FMCH promised in ceremony the Oath (SRF, RTS ²⁾)
- November 2018: Declared support of the Oath by the Swiss Medical Student’s Association (SWIMSA)

1) <https://www.srf.ch/news/schweiz/keine-unnoetigen-operationen-aerzte-legen-eid-aufs-sparen-ab>

2) <https://www.srf.ch/play/tv/tagesschau/video/medizin-mit-augenmass?id=43ae58e8-5f8e-4901-b9fa-7efddc84eca4&startTime=140.5152222222223&station=69e8ac16-4327-4af4-b873-fd5cd6e895a7>

Expectations: Swiss Oath?

The **Swiss Oath** has to serve as a **constitution** for medical doctors

⇒ The Swiss Oath ought

- to reinforce the professional ethos and the professional identity
- to protect the patient-doctor relationship from external influences
- to maintain a patient-orientated and individual medicine
- to prevent a two-tier-medical system
- to enhance comprehension that quality of life is often more important than healing
- to minimize **over-** and undersupply of health care (=> **may have a substantial economizing effect!**)
- to understand medicine as art of healing and not as a business
- to prevent the economic enslavement of doctors

Near future

Maxim: With every doctor who promised the oath the chance is raising to prevent the enslavement of us doctors by the economy

- The oath is now met under the patronage of the **FMCH (association of more than 9000 interventional doctors (surgeons, orthopedics ...))**. Everyone who promised the Swiss Oath will receive a diploma
- More departments, clinics and even entire hospitals are planning to promise together the Swiss Oath; Individuals may promise/swear the Oath at the general office of the FMCH in Berne.
- Together with the authors of the Clinic Codex an international symposium to the topic is in preparation for 2020
- As a newly elected Full Professor of Surgery at the University of Fribourg I will make sure that students finishing medical school at this University will have the opportunity to promise the Swiss Oath.

Conclusions

⇒ Yes, financial resources are becoming scarce and there must happen something. However, something

- that originates from the professional community, driven by us doctors and other health professionals...
- ... and for sure not driven by political authorities with counterproductive orders and laws (e.g. reduction of consultation times to 20 minutes every 3 months!)

= > The Swiss Oath is, together with other ethical movements (Choosing Wisley, Clinic Codex ...), a very adequate measure to help achieving the mentioned goals