

The Hippocratic Oath Does Not Cover Racism: How Do We React When Ethical and Moral Issues Arise with Our Physician Colleagues?

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“Primum non nocere” – Hippocrates

First do no harm. Do we think this applies only to physical harm, or should this be inclusive of the emotional and mental anguish caused by our words and actions?

As part of the hospital credentialing process, we look at individuals' training, past work history, and whether they have had any lawsuits and what the outcomes were. We call references and interview the physician applying for privileges. We ask about emergency room coverage and specific interests in patient care. We do not check social media posts, although outside of medicine 70% of employers do so when screening a candidate, and 57% state they have eliminated individuals as a result of past posts.¹ We also do not ask their views on diversity or inquire about their willingness to treat minorities. In fact, we would probably feel uncomfortable doing either of these things as a credentialing committee member. So, what do we do if there are concerns about a candidate that are brought to our attention? Obviously, if this is about patient care, then we are very interested and need to look into it straight away, but should we not be equally as concerned if these are social issues? What if these concerns involve hatred and racism? They may have your attention, but what actions would you take?

Recently, as part of the credentialing process at our institution, this exact scenario presented itself. A concerned medical staff member brought to the committee's attention social media posts that raised significant concern, and I will also admit, some nausea on my behalf. These posts exhibited views of racism and hatred. They were inflammatory with regard to the LGBTQ community, and they referenced “Black privilege” as well as the Ku Klux Klan. During the interview process, when asked specifically about these posts, the physician stated that they were purely political in

nature. They did not feel that these posts exhibited hatred or racism and did not understand why they were of interest to a hospital credentialing committee. If you look at the credentialing process as a screening tool, with which the committee determines whether they would want an individual to join the hospital's physician and healthcare team, should this not be taken into consideration?

Currently, most state licensing boards require that physicians take a certain number of continuing medical education hours on opioid abuse.² Most states also require additional education on child abuse and mandatory reporting for doctors to receive or renew their licenses.³ Should we, as a medical community, be including mandatory diversity training? The American Bar Association has a law practice division that provides its members with diversity educational resources, as well as having established diversity clerkships and a diversity fellowship.⁴ Are we not doing enough as physician leaders to promote diversity and inclusion? And when we encounter blatant social issues, why are we not addressing them? The National Practitioner Data Bank (NPDB) collects data on physician malpractice claims, clinical privilege restrictions, actions against a physician's license, and healthcare-related adverse events. The NPDB reports are “records of actions taken by authorized organizations, regarding healthcare practitioners, and suppliers who do not meet professional standards.”⁵ Would you not think that posting hateful and hurtful social commentary should fall under professional standards for a physician? It currently does not. These are not reportable acts, but I would contend that they can be as harmful and unprofessional as making a mistake during a surgical procedure or prescribing the wrong medication. These inappropriate posts create barriers and mistrust among the healthcare team at a time when our combined efforts should be focused on the care of patients.

The American Medical Association (AMA) is the largest association and lobby group of physicians and medical students in the US. The AMA's stated mission is to “promote the art and science of medicine and the betterment of public health.” The AMA has a Code of Ethics and Principles by which it feels that all physicians should practice. When addressing Physicians with Disruptive

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Behavior (9.4.4) it states: “The importance of respect among all health professionals as a means of ensuring good patient care is foundational to ethics. Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways that may negatively affect patient care, including conduct that interferes with the individual’s ability to work with other members of the healthcare team, or for others to work with the physician.”⁶ If the diversity of the hospital workforce is representative of the patients for which they care, then certainly posting racist and hateful social commentary would affect a physician’s ability to work with the healthcare team, as well as the patients they are serving.

Perhaps surgeons, as this applicant was, have a different set of standards. Maybe because they are dealing with life-and-death situations, they are not being asked to be as socially introspective as the rest of the medical community. But, not according to the American College of Surgeons. Their Code of Professional Conduct states that, with the trust that patients are placing in them, they accept the responsibilities to: “Acknowledge patients’ psychological, social, cultural, and spiritual needs; Respect the knowledge, dignity, and perspective of other healthcare professionals; Provide necessary surgical care without regard to gender, race, disability, religion, social status, or ability to pay.” Then, under the College’s “competencies” section, it goes on to say, “Professionalism manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.”⁷ It seems clear that the American College of Surgeons feels that physicians who are practicing surgery should be held accountable for any actions or behavior that interfere with the care of surgical patients or ostracize members of the medical team, yet there seem to be no corresponding penalties for physicians who do not exhibit these principles and ethics. Why is medical leadership setting down rules and expectations if they are not monitoring them or taking subsequent action?

Do nonmedical industries do a better job of addressing these issues? Starbucks closed 8,000 stores to conduct diversity training. The Forbes Coaches Council published a piece in 2018 that discussed Starbucks’ actions and what companies should be doing to address racism and discrimination in the workplace. Nicole Webb (NK Webb Group, LLC) commented on the Starbucks actions and employee education by saying “This training should be completed by employees every 2 years.” Frances McIntosh (Intentional Coaching, LLC) commented on the evaluation of employment candidates by saying “Evaluating racial bias or discriminatory behaviors during the employment interview

process should limit potential issues. Be very clear on zero tolerance of racial, gender, and sexual orientation bias.”⁸ It would seem that nonmedical professionals not only have zero tolerance for this sort of behavior, but that they are being proactive by using resources to educate their employees about diversity and social inclusion.

I believe that it is time for medical leadership to start holding its members to the standards that it has already set forth. We should not only ask these difficult questions, but we should monitor our members and put protocols in place that will deal with disruptive and inappropriate behaviors when they arise. We need to initiate diversity training as a requirement in medical school as well as for licensure and ongoing continuing medical education. We need to stop looking at the medical industry as different or separate from any other industry and start taking their lead on proactive education.

The *Harvard Business Review* published an article in 2020 that called for all US businesses to take meaningful action against the racism that we see in our business culture.⁹ Among some great insights on the issues at hand and possible ways to address these, there were 2 quotes that I believe ring true for the way that our medical community has been addressing these social issues and what this lack of action means for all of us.

“If you are neutral in the situations of injustice, you have chosen the side of the oppressor.” – Desmond Tutu⁹

“In the end, we remember not the words of our enemies, but the silence of our friends.” – Martin Luther King, Jr.¹⁰

By failing to address our medical professionals’ abhorrent behavior, we are making a very clear statement to our community: We are saying that this is not important to us and that we will tolerate these inappropriate and hurtful actions. It is time for medical leadership to step up and make it clear to everyone that this is not the truth. We have a moral and ethical obligation to make these statements clear to all those with whom we work and to those whom we provide care. What we, as a medical community, desire more than anything else is to treat the patients who seek our help to the best of our ability and with the compassion and empathy that they all deserve, regardless of race, gender, ethnicity, or sexual orientation.

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Invited Commentary

The Hippocratic Oath: As Relevant and Applicable Today as When It Was Originally Written

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The Hippocratic Oath has been a sacred pledge taken by every physician. It does indeed cover racism. Ensuring

good patient care has no boundaries based on race, ethnicity, gender pronouns, political persuasion, etc. In fact, optimal patient care should be administered to all who need it, with no selection bias. This emphasis is clearly on the premise and theme of the Hippocratic Oath. This question is asked by the author: “Are we not doing enough as physician leaders to promote directly and in decision?”¹ Yes, there are already a plethora of initiatives to promote (and advocate for) diversity, equity, and inclusion. As leaders, there should not be a concerted effort to revise the Hippocratic Oath. Like the US Constitution, the Hippocratic Oath highlights and underscores the importance of practicing medicine without any unwelcome bias. The mantra should always be to embrace all who need healthcare and timely intervention. As a medical professional, there should not be a need for an addendum to the Hippocratic Oath. It does indeed cover racism. Such a theme is implied throughout the Oath. Perhaps, focus should be placed on advocating for an annual review of the Oath by all physicians.

REFERENCE

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