

Viewpoint

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The Revised Declaration of Geneva A Modern-Day Physician's Pledge

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A newly revised version of the Declaration of Geneva was adopted by the World Medical Association (WMA) General Assembly on October 14, 2017, in Chicago.

As the contemporary successor to the 2500-year-old Hippocratic Oath, the Declaration of Geneva, which was adopted by the World Medical Association (WMA) at its second General Assembly in 1948,¹ outlines in concise terms the professional duties of physicians and affirms the ethical principles of the global medical profession. The current version of the Declaration, which had to this point been amended only minimally in the nearly 70 years since its adoption, addresses a number of key ethical parameters relating to the patient-physician relationship, medical confidentiality, respect for teachers and colleagues, and other issues. A newly revised version adopted by the WMA General Assembly on October 14, 2017, includes several important changes and additions.

World Medical Association Declaration of Geneva

The Physician's Pledge

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948

and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968

and the 35th World Medical Assembly, Venice, Italy, October 1983

and the 46th WMA General Assembly, Stockholm, Sweden, September 1994

and editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005

and the 173rd WMA Council Session, Divonne-les-Bains, France, May 2006

and the WMA General Assembly, Chicago, United States, October 2017

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;
I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
I WILL FOSTER the honour and noble traditions of the medical profession;
I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
I MAKE THESE PROMISES solemnly, freely, and upon my honour.
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It is standard practice for the WMA to circulate its policy papers for review every 10 years to reevaluate the accuracy, essentiality, and relevance of the documents. The Declaration of Geneva is no exception. In 2016 (10 years following the most recent editorial revision of the Declaration), the WMA established an international workgroup to assess the Declaration of Geneva's content, structure, audience, and implementation and to determine whether any amendments were necessary. Given the crucial nature of this document, the assigned workgroup charted a generous timeline of nearly 2 years to allow ample opportunity to gather feedback and suggestions not only from member national medical associations, but also from external experts. The goal in doing so was to ensure that the revision was as transparent and collaborative an effort as possible.

Chaired by the German Medical Association and composed of workgroup members of different cultural, religious, and racial backgrounds, the workgroup tasked with determining the need for a revision carefully considered the Declaration in light of modern developments in medicine and medical ethics, as well as in the context of other important WMA policies and respected international literature. The workgroup also based its recommendations on comments solicited from WMA members on several occasions (most recently in July and August 2017), as well as a 3-week public consultation carried out in May and June 2017, during which the draft version of the revised Declaration was published on the WMA website and distributed to an international network of experts and stakeholders for comment. Each comment received over the course of the revision process was carefully reviewed by workgroup members and considered for inclusion in the revised draft.

The most notable difference between the Declaration of Geneva and other key ethical documents, such as the WMA's Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects² and the Declaration of Taipei on Ethical Considerations Regarding Health Databases and Biobanks,³ was determined to be the lack of overt recognition of patient autonomy, despite references to the physician's obligation to exercise respect, beneficence, and medical confidentiality toward his or her patient(s). To address this difference, the workgroup,

informed by other WMA members, ethical advisors, and other experts, recommended adding the following clause: “I WILL RESPECT the autonomy and dignity of my patient.” In addition, to highlight the importance of patient self-determination as one of the key cornerstones of medical ethics, the workgroup also recommended shifting all new and existing paragraphs focused on patients’ rights to the beginning of the document, followed by clauses relating to other professional obligations.

To more explicitly invoke the standards of ethical and professional conduct expected of physicians by their patients and peers, the clause “I WILL PRACTISE my profession with conscience and dignity” was augmented to include the wording “and in accordance with good medical practice.”

A reevaluation of how the professional obligations of physicians are represented in the Declaration of Geneva would not be complete without considering increasing workload, occupational stress, and the potential adverse effects these factors can have on physicians, their health, and their ability to provide care of the highest standard. In light of feedback received in the survey of WMA members, along with the recommendations outlined in the recently adopted WMA Statement on Physician Well-Being,⁴ workgroup members incorporated the concept of physician well-being into the revised Declaration as follows: “I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard.” This clause reflects not only the humanity of physicians, but also the role physician self-care can play in improving patient care.

With regard to professional relationships, previous versions of the Declaration called for students to respect their teachers, but deviated from the Hippocratic Oath, which calls for mutual respect between teachers and students. The workgroup agreed to integrate this idea of reciprocity of respect and to add a reference to respect for colleagues—“I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due”—to replace the line “MY COLLEAGUES will be my sisters and brothers,” which has been removed in the current draft because the tone was considered outdated. To complement this principle, the workgroup also added a clause referring more explicitly to the obligation to teach and forward knowledge to the next generation of physicians.

These and other editorial amendments, including the addition of a subtitle identifying the Declaration as a “Physician’s Pledge,” have enabled this pivotal document to more accurately reflect the challenges and needs of the modern medical profession. It is the hope of the World Medical Association that this thorough revision process and follow-up advocacy efforts will lead to more widespread adoption of the Declaration of Geneva on a global scale.

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