**PHYSICIAN’S PLEDGE OF SERVICE**

WITH THE UTMOST RESPECT AND GRATEFULNESS

I DO ACCEPT THIS TITLE OF MEDICAL DOCTOR,

AND FULLY AWARE OF ALL RESPONSIBILITIES OF THE TITLE,

I STATE UNDER OATH AND SOLEMNLY DECLARE

THAT IN MY LIFETIME I WILL

- PERFORM ALL MY DUTIES AS REQUIRED BY LAW

- PROTECT THE DIGNITY OF THE MEDICAL PROFESSION

AND NEVER JEOPARDIZE DOCTOR’S REPUTATION

- PRACTICE MY PROFESSION TO THE BEST OF MY KNOWLEDGE

AND FOR THE SAKE OF THOSE IN NEED OF MY SERVICE;

NEVER ABUSE THEIR TRUST

AND ALWAYS OBSERVE THE MEDICAL SECRECY

- TREAT MY FELLOW DOCTORS WITH DUE KINDNESS AND IMPARTIALITY

AND BEAR IN MIND THE WELFARE OF MY PATIENTS AS NUMBER-ONE PRIORITY

- STRIVE IN PURSUIT OF MEDICAL KNOWLEDGE

AND CONTRIBUTE TO ITS DEVELOPMENT;

IMMEDIATELY INFORM THE MEDICAL COMMUNITY

OF ANY OF MY DISCOVERIES OR IMPROVEMENTS.

ALL THIS I SOLEMNLY SWEAR!