

### **The Hippocratic Oath Adapted by Modern Technology and Society**

As a responsible medical professional, I swear by my faith and on my honor that...

- I will always hold the health and well-being of my patient as my primary consideration.
- I will treat my patient to the best of my abilities and call for assistance from my colleagues in the medical community when I am unable to provide sufficient care for my patient. Likewise, I will help any colleague in need of my abilities.
- I will guide my patient and his family in making well-informed decisions, which I will respect and follow.
- I will respect my patient and not divulge confidential information told to me, unless otherwise dictated by law.
- I will not refuse service to or provide a lower quality of healthcare to any patient on the basis of age, sex, religion, or creed.
- I will never compromise my patient's health for my own personal gain, financially or otherwise
- I will honor the scientific and humanistic aspects of the medical tradition.
- I understand that this oath was based on modern practices in medicine and may require amendment, which I promise to seek approval for when I see a need arise.
- Should I breach this current oath, I may be subject to have my privilege to practice medicine revoked and receive due punishment as determined in the court of law.

The Hippocratic Oath represented the high ideals of the Hippocratic tradition of medicine, which is perhaps the most influential source of ancient medicine on modern Western medicine. Although medical students in Scotland continued to swear by the Hippocratic Oath as recent as thirty years ago (Chadwick 9), much of the original oath is cryptic and obsolete when taken in a modern context. That is not to say that the need for a medical oath is now obsolete. In fact, the establishment of standard ethics and practices in medicine is perhaps more important in the modern era, with the advent of very powerful, and thus potentially dangerous, technologies. As a result, a wide variety of modern oaths such as the 1948 Declaration of Geneva have developed from the Hippocratic Oath and have been incorporated into medical education worldwide. The oath presented above represents a modern version which reflects the influence of scientific advancement and social progress on the practice of medicine. However, like the original Hippocratic oath, the modern oath still clarifies who the doctor is, establishes a code of conduct for the doctor, and defines the patient-doctor relationship.

The qualifications for being a doctor are simply the characteristics of intellect, morale, and compassion. Although Hippocrates and his followers struggled to assert the scientific basis (*tekne*) of medicine, there is no doubt now that medicine is a science which requires a certain level of intellect to be learned. In the past and the present, medicine continues to be a *pharmakon*, which gives doctors the ability to greatly influence the life or death of the sick. Thus, doctors must possess integrity of character and moral upstanding. Finally, compassion is required of doctors to be able to comfort and care for the sick. These qualifications for a doctor are shared in the values of both the Hippocratic Oath and the modernized oath.

Other characteristics, such as religion and personal lifestyle, should not be factors in determining the competency of a doctor. The Hippocratic Oath states that the doctor must swear

to be “chaste and religious in [his] life and in [his] practice” (Chadwick 67). Furthermore, the oath-taker swears by ancient gods, goddesses, and deities such as Apollo, Aesculapius, and Health, among others (Chadwick 67). In the context of ancient Greek society, the incorporation of religion into the practice of medicine was logical, since all the recognized citizens of the homogenous society were assumed to be religious and of the same religion. Today, however, such a reference to specific gods, goddesses, and deities, would exclude every one of all other faiths, in addition to atheists. The role of religion in the lives of physicians, and of anyone else, is to establish a code of moral conduct. The teachings of Jesus Christ, Buddha, Abraham, and Muhammad (among other religious figures) all guide believers to live the way of their God, or Gods. The fundamental value of life, which is a principle that guides most medical decisions, is shared among all faiths and by the atheist and agnostic as well. A Muslim doctor would give the same insulin shot to a patient in diabetic shock that a Christian, Jewish, Buddhist, or atheist doctor would. Based on the evolution of religion, the modern oath omits the reference to gods but instead refers to a faith, which can be interpreted to mean either a religion or a set of personal beliefs.

Personal lifestyle of doctors does not reflect the ability to practice medicine, as long as it does not permeate into the professional life. The modern oath is in accord with the Hippocratic Oath about chastity in the doctor’s “practice,” meaning his professional life, but disagrees about its necessity in his “life,” meaning his private life. Although doctors must possess a high standard of character, they are human and have personal lives. Like any other patient, the doctor himself has a right to make certain autonomous decisions for himself. Thus, a doctor who smokes is not a hypocrite. He is fully aware of the consequences of his actions, probably more so than the average person. His personal decision to smoke does not influence his profession as a

doctor, as long as his smoking habits are kept private. Since the medical profession is much more established today, separation between professional and personal lives is more easily accomplished by doctors today than it was by doctors of ancient Greece. For instance, hospitals, instead of personal homes, serve as an institution where doctors and patients interact. Therefore, the requirement of a doctor's "chastity" in his personal life is irrelevant and does not appear in the modern oath.

Besides characterizing the doctor as an individual, both the past and present medical oaths also define the medical community, in terms of its role in medical education and in relating doctors to each other. Today, practical experience is as fundamental to medical education as it was in Hippocrates' time, but the development of sophisticated public healthcare and medical education systems has redefined the relationships among doctors and their relationships to doctors-in-training. In "Tradition in Medicine" of the *Hippocratic Writings*, it is asserted that medicine is a practical science, or *tekne*, in which "the facts are unknown to none and with which all are acquainted by necessity and experience" (Chadwick 72). As such, the Hippocratic Oath requires doctors to swear to undertake apprentices "without fee or contract" and defines the medical community as a brotherhood in which the Science (of medicine) is the master, all doctors are brothers, and pupils are sons (Chadwick 67). This belief in the importance of practice in learning medicine is reflected in the current medical education program, perhaps the most rigorous of any profession. After four years of medical school, there is an average of three years of residency to be completed, plus a fellowship for sub-specialists. During residency and even clinical rotations in medical school, the student works closely with practicing physicians to gain practical knowledge in the profession. Only after such training and board certification can one practice medicine. The establishment of medical schools and hospitals since Hippocrates' time

has shifted the responsibility of providing such education to entire institutions from individual doctors. Although many do choose to practice in a teaching hospital, other physicians practice in private clinics or other hospitals. As a result, a personal oath that all individual doctors must undertake should not address medical education, which should instead be addressed by specifically the faculty and staff of medical schools.

Similarly, the development of hospitals and the specialization of the medical field have changed the relationships between doctors. Patients today seldom see only one doctor, but rather a team of healthcare professionals. Every doctor specializes in one of numerous specialties, from radiology to neurology to pathology. Although each doctor may be knowledgeable about his particular specialty, his knowledge outside of that specialty may be limited. Even within his own specialty, he may not be aware of certain new procedures developed by technological advances. Thus, doctors should realize the importance of the medical community as a resource for fostering collaboration and education beyond formal training. Included in the modern medical oath should be a promise to rely on the community when needed and to help colleagues in need.

As a team of intelligent, moral, and compassionate individuals, doctors serve the public by using science to treat illness and by caring for the sick. Medical science builds on previous knowledge (Chadwick 71), so that modern practices in medicine always develop from traditional practices. For doctors, this means what has been discovered and practiced in the past should be respected. Even though Hippocratic doctors lived nearly 2500 years ago, their traditions have significantly influenced doctors today. For instance, it was they who discovered the cognitive function of the brain (Chadwick 248). Thus, the importance of observing scientific traditions when treating disease is included in the modern oath for physicians.

Despite tradition, scientific advancement continually raises questions on ethics of new methods or procedures, such as stem cell research, cloning, in vitro fertilization, or gene therapy. This ethical controversy prevents such methods from being addressed in an all-encompassing modern medical oath. One of the most striking aspects of the Hippocratic Oath is its explicit position on specific medical procedures, which are controversial even today. The oath prohibits the administration of a “fatal draught to anyone if I am asked” and giving the “means to procure an abortion” (Chadwick 67). This ancient oath already addresses the complex issues of euthanasia and abortion. Even the use of surgery is prohibited by the Hippocratic Oath. Today, surgery is an integral part of the study of medicine and has been established as a traditional way to treat many conditions, such as heart attacks. Although there are laws restricting or allowing controversial procedures, every doctor has a unique stance on each issue based on his individual set of ethics. Even if the doctor has an extreme position on euthanasia or abortion, decisions are usually made on a case-by-case basis. Thus, the appearance of such explicit positions on controversial procedures is largely opinion and should not appear in an oath to be taken by physicians of varying moral standards.

In addition to treating disease, doctors are responsible for patient care, which was emphasized in Hippocratic medicine but even more so in modern medicine. The growing focus on patient care today stems not only from a humanistic tradition but also from changing times. Although the Hippocratic tradition was well-known for its focus on treating patients, the *Hippocratic Corpus* does refer to when a patient should be refused treatment. According to the *Science of Medicine* treatise, one should “refuse to undertake to cure cases in which disease has won mastery, knowing everything is not possible to medicine” (Chadwick 140). It continues to be true that medicine is a complicated and inexact science. In modern medical practice, palliative

care has emerged as a means of treating the terminally ill, instead of simple refusal of treatment. Science and technology have improved the quality of life such that people live longer and die slower. Slower deaths resulting from diseases like “emphysema, diabetes, cardiomyopathy, cancer, and coronary artery disease” is now much more common than the “sudden-onset” diseases like pneumonia and cholera that afflicted the pre-World War II era (Pence 64). As a result, over 80% of Americans die in hospitals (Pence 64). As compassionate individuals, doctors should comfort these patients in their last moments of life. Thus, the modernized medical oath reflects this ideal by stating that the health and the general well-being of a patient should be the doctor’s primary consideration.

Patient care benefits from interpersonal communication between doctors and patients in order to establish a solid relationship founded on trust. The Hippocratic Oath set practices like patient confidentiality to develop patient-doctor relationships, but the modern oath extends these practices to include medical decisions. A growing emphasis on good relationships between doctors and patients is evidenced by the recent trend of incorporating tests of bedside manner into medical education (Mckenzie). Bedside manner in itself is not enough to gain the trust of patients. The doctor needs to guarantee confidentiality of certain information that the patient may be hesitant to divulge but which may be critical to their treatment. As mentioned in the Hippocratic oath, “Whatever I see or hear...which ought not be divulged, I will keep secret and tell no one” (Chadwick 67). Today, the basic concept of patient confidentiality, or medical privilege, holds true, but can be overridden by the law. Healthcare is no longer strictly a private practice but is much more public and should be regulated by the government. For instance, doctors in the emergency room may treat patients who were injured by criminal acts and may be withholding information pertinent to the criminal investigation. A trusting relationship also plays

a role in the medical decisions concerning what kind of treatment a patient should undergo. Such decisions can be complicated because of the issue of who has authority over the decision: the doctor, the patient, or the patient's family. The doctor may know the best methods by which to combat the disease, but the patient may know what best suits his personal needs. However, the patient's judgment may be compromised when in a state of sickness and/or pain (Chadwick 142). Thus, the family may be able to determine what is best. The Hippocratic Oath does not explicitly address this issue, but it implies that the patient or patient's family (whoever is in charge of the household) makes the final decision because of the house-call system. The modern oath agrees with a certain level of autonomy on the patient's behalf but, unlike the Hippocratic Oath, explicitly states this belief, since medical practice occurs in hospitals and clinics nowadays. Where the trusting relationship is crucial is in a) ensuring that the patient trusts the doctor's objective judgment of how best to treat the disease and b) ensuring that the doctor trusts the patient (and the family) in knowing what is best for them.

The medical oath serves as an authority on key aspects of medical practice relating to the identity of doctors, their role in treating illness, and their connection with patients, so any infringement of the oath ought to be addressed in the court of law. Public healthcare, as a societal issue, is closely related to public policy. The government, at the various jurisdiction levels, has the authority on the welfare of its constituents, in terms of their health and otherwise. Thus, a code of conduct as defined by a universal medical oath for doctors should be supported by enforced laws. Likewise, deviations from the all-encompassing oath should be treated as infringements of law. In ancient Greek society, "ill-repute [was] the only punishment and this [did] little harm to the quacks who [were] compounded of nothing else" (Chadwick 68). However, today the infrastructure of the healthcare system is immensely complex. No longer are

doctors just individual healers making house calls, but rather, they are part of a community of healthcare professionals dedicated to (and responsible for) the treatment and care of the public. Malpractice cases should be tried in the court of law and punishment should be determined by law. The modern oath suggests the intervention of law in malpractice cases, instead of mere loss of repute.

Yet, society and technology are continually evolving (as it has during the 2300 years from ancient Greece to modern America), so a medical oath must have the foresight and flexibility to allow for amendments to the oath in order to be well-enforced. Because of the dependence of the medical community on such an oath, any amendments deemed necessary must be clearly justified and widely agreed upon. Adapting the Hippocratic Oath from its ancient Greek context to a modern context involves consideration of how technological and social progress has impacted medicine in terms of the identity of doctors, their role, and their relationship with patients. No matter what the future of medicine brings, scientifically or humanistically, we the public can be assured that a medical oath will set universal standards for the provision of healthcare.

**References:**

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