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21W.746: Humanistic Perspectives on Medicine

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March 2, 2004

Essay 1

“De-Greeking the Oath of Hippocrates”

I swear by my many disparate forefathers in the art and science of medicine, by Health and all the powers of healing, and call all to witness that I may keep this oath to the best of my ability and judgment.

I will pay the same respect to my mentors and teachers in the Art and Science as to my parents and fulfill my obligations to them. As I walk in the steps of those who came before me, I will recognize the advances they made, *and gladly share my knowledge with those who are to follow.*

I will prevent disease and suffering whenever I can, for prevention is preferable to cure. I will use my skills to help the sick to the best of my ability and judgment; I will refrain from causing emotional, physical or psychological harm whenever and wherever possible. However, I will not deny a fatal draught to anyone if I am asked and with others have reflected and considered it the only way by which to alleviate suffering, but I will not suggest any such thing. Neither will I deny assistance to a woman, who upon due consideration, desires an abortion. If ever these actions are forbidden by the society's laws, I will abide by the regulations set down, but work to change them.

I will not be ashamed to admit ignorance; I will not overstep the bounds of my education and experience, and will instead defer to the expert practitioners of those crafts.

I will develop my relationship with my patients so that when I do have to refer them to specialists, they will know that I remain a source of support to them, both professionally and emotionally. I will respect the privacy of my patients, and keep their confidences unless I have their permission, or the problem evolves beyond my capabilities, at which point, I will consult an expert.

I will remember that there is an art to medicine as well as science. Genuine caring, humility, compassion, and understanding may outweigh the surgeon's knife or the chemist's drug.

If, therefore, I observe this oath and do not violate it, may I prosper both in life and in my profession, respected and thought of with affection. May I always act in the finest traditions and practices of my calling and *may I long experience the joy of healing those who seek my help.*

Italicized text drawn from Louis Lasagna's Hippocratic Oath

(http://www.pbs.org/wgbh/nova/doctors/oath_modern.html)

Underlined text drawn from the "Oath of Hippocrates" from G.E.R. Lloyd, ed., Hippocratic Writings

Over two millennia ago, Hippocrates, an ancient Greek physician, wrote his Oath, a vow to preserve life at the risk of divine punishment. In the intervening years, however, huge leaps in the science and shifting attitudes on quality of life versus the length of life, has made the original document one that I cannot swear to. Others have revised the Oath through the years to suit the current attitudes, and in 1964, Louis Lasagna wrote one of the most used versions of the modern Hippocratic Oath. However, Lasagna's revised Oath feels so vague as to be powerless in guiding a doctor's actions. In creating my own version, drawing together elements of both the ancient and modern Hippocratic Oaths, I replaced the calls upon deities to guide and punish those who would forswear the Oath, as well as the vow not to aid in abortion and euthanasia, and revised the guidelines on the relations between a physician and a patient to better fit my personal beliefs and the actuality of medicine today. Good physicians value above all compassion, ethics, and morals. Whenever these values conflict with society's laws, physicians should work to change these laws, in order to continue providing the best care possible.

Religion permeated ancient Greek society and the Hippocratic Oath reflects that social value. "The "Canon"" implies that physicians are "holy men," and medical knowledge is holy (Lloyd, 68). In recent years, especially in the Western Hemisphere, the role of religion in everyday life has decreased, and many are uncomfortable with references to god and religion in formal situations. Religious values and punishments should not be the sole guidance of one's behaviors and beliefs, especially since they differ depending on the religion. Correspondingly, my oath does not beseech "Apollo the Healer" nor Aesculapius, both gods in the Greek pantheon, for guidance and aid, nor seek punishment from them for trespasses upon the oath (Lloyd, 67). I pay tribute to the physicians from different cultures who came before, acknowledging medicine as an ancient and noble tradition in the same spirit that the call upon

Aesculapius did. In eliminating the references to deities, I also removed the fear of godly punishment; fear is a terrible and inconsistent guide of moral and ethical actions. I believe that the Oath is only a voluntary expression of one's commitment to the ideals expressed within. Punishment should not have to involve someone else – Apollo or Aesculapius, in the original Oath. A physician should have the moral and ethical code to punish themselves accordingly for any wrongs; religion should not have to play a role.

However, while the role of religion should be minimized, medicine does engage us on levels beyond the rational and intellectual. Throughout the Hippocratic Writings, there is a constant reminder that there is an “art to healing” as well as a science. Every action and recommendation a physician makes has the power to hurt and to heal, and one must be cognizant of the impact of that spiritually and emotionally. Medicine involves more than the tangible, rational knowledge taught in a textbook. Furthermore, many people have spiritual beliefs that help guide their personal code of ethics. To acknowledge this, my version of the oath begins with the original's tribute to Health and the powers of healing, which are universal and non-denominationally spiritual.

The first and last lines of the Oath also should be retained for the lyrical beauty of the words. The revised "if ... I observe this oath ... may I prosper both in life and in my profession, respected and thought of with affection" is a formal acceptance of the responsibilities of being a physician while being eloquent and beautiful. If it was phrased differently or eliminated, the Oath would feel more like a list of rules, which it is not. Specific legal issues are much better addressed by each culture's reams of legal and professional regulations. The Oath should also not be a religious covenant. It is a statement of the ideals and acknowledgment of the obligations and

responsibilities that will guide a physician, within the bounds of legal regulations. It is primarily for the practitioner but also for everyone, from patients to fellow physicians, as well.

The demands upon a physician's moral and ethical judgment have grown over the years, as have the laws that restrict medical actions. In the Hippocratic school of thought, medicine is defined as "the complete removal of the distress of the sick [and] the alleviation of the more violent diseases," but treats "distress" as purely a physical entity, though a patient's anguish can be mental and emotional as well (Lloyd, 140). The modern oath concedes that "warmth, sympathy, and understanding may outweigh" any scientifically-proven treatment (Lasagna, ¶4).

Neither oath adequately addresses the quality-of-life issues and problems that have arisen with the increased longevity of humans. There are many illnesses which will not immediately kill a patient, but will eventually, such as AIDS and certain types of cancer. In the meantime, patients suffer mental, emotional and physical pain. The patient no longer wants to live but legally, a physician can only prescribe more pain medication and offer the tenuous hope of a new experimental treatment or better palliative care. In recent years, the issue of physician-assisted euthanasia has become prominent: Should a physician be allowed to help a patient suffering like this die? To allow physician-assisted euthanasia at the behest of the patient is actually more responsible than the Hippocratic school of thought's recommendation of denying care to the terminally ill. "The "Science of Medicine"" includes "the refusal to undertake to cure cases in which the disease has already won the mastery, knowing that everything is not possible in medicine" as part of its definition of medicine" (Lloyd, 140). Hippocratic scholars recommended abandoning patients in their time of greatest need, rather than undertaking the responsibility to treat them as well as possible, even if it means possibly allowing them to end their own lives.

My Hippocratic Oath expressly forbids euthanasia as part of the denial of care: “I will not give a fatal draught to anyone if I am asked,”” while the modern one sidesteps the issue (Lloyd, 67). Part of the reason for the absolute ban in ancient Greek times may be because of the veil of secrecy around a doctor's actions; an unscrupulous doctor could cause the death of an enemy without anyone questioning his actions nor the resulting death, because medicine was so mysterious. With the substantially greater transparency of modern-day medicine, and with required counseling of the patient by independent psychologists, this corruption is less of a concern. My oath requires that a physician not initiate such a course of action, as that would be a corruption since a patient in severe pain is in a vulnerable state of mind and the advice of an authority figure would weigh heavily.

The Oath bans one other medical procedure explicitly: abortion. In the past several decades, abortion has become an accepted part of society, though it is again being challenged legally. It is because of the legal uncertainty that abortion is now in that I feel the need to include an explicit vow to help a woman secure one if she has truly thought it through and been counseled by an expert in the field.

The legality of abortion and euthanasia changes, depending on the country and the current political attitudes. Euthanasia is currently illegal in the U.S., and the legal status of abortion is being contested. I would not want any physician to act illegally in providing medical services. Trespassing against laws will only erode the trust that patients have in the medical community. However, I do believe that physicians should become stronger voices in the debate and work more aggressively to legalize euthanasia and maintain the legality of abortion, as doctors are the experts in medicine, not politicians. Even more specifically, general practitioners, gerontologists, and obstetrician/gynecologists should be the ones consulted on these issues.

The Oath of Hippocrates freely admits that certain aspects of medicine should be left to specialists, vowing not to “not cut, even for the stone, but ... will leave such procedures to the practitioners of that craft” (Lloyd, 67). In its phrasing, the promise seems to be demeaning to surgeons, by calling surgery, “that” craft (Lloyd, 67). In past, those who performed surgeries were often untrained, and could be barbers and butchers in their everyday life. Because historically, there was no certification to ensure that everyone who claimed to be a doctor actually possessed the requisite knowledge, “The Canon” despairs of the ignobility of the art of healing due to “the ignorance both of its professors and of their rash critics” (Lloyd, 68). Some physicians, both educated and quacks, refused to admit their ignorance and in doing so, perpetuated malpractice. Critics would then accuse all practitioners of malpractice, helping to create an aura of medical mistrust. Respecting the tremendous expertise of today's surgeons, I reworded the Oath similarly to Lasagna, vowing to admit ignorance where necessary and defer to experts. Even though today's physicians are more uniformly trained and in general have a greater knowledge base, they must be willing to concede their lack of knowledge in fields other than their own specialty, and even within their own arena. Admitting ignorance requires more courage and responsibility than attempting to cure illnesses for which one is not fully prepared, and should also build confidence in the patients that they are receiving the best care.

The relationship between a physician and his patient is unlike any other. A doctor is at once an advisor, a distant family member, an advocate, and a friend. The Oath declares that anything that occurs between a patient and a physician “ought not to be divulged... [and should be] kept secret,” placing the physician in a confidante role (Lloyd, 67). However, there are no other guidelines for the relationship between a patient and a physician, other than to not “abuse [one's] position “to indulge in sexual contacts with the bodies of women or of men, whether they

be freeman or slaves”” (Lloyd, 67). This gives an overly practical and negative tone to the Oath. Physician should have the moral code in themselves not to abuse the trust of a patient and would not require a spoken pledge. If they did not, the legal restrictions on their behavior will serve to punish them.

The original Oath describes the moral and ethical obligations of a physician but the intellectual role is better described in other Hippocratic Writings. “”The Canon”” refers to non-physicians as “”the profane”” and places a doctor above the general populace as an almost religious and spiritual leader (Lloyd, 69). “The Science of Medicine” considers the sick to have a “”weakness of character”” and the physician to be an oft-abused advisor who is often ignored while the patient is distraught (Lloyd, 142). The relationship is more personal and should have more depth. There should not be the huge separation implied by the analogy of a religious leader and a supplicant, or by a counselor and an intellectually-impaired advisee. Respect for a patient, as well as from, increases the patient's belief that the best care is being given. Though the original Oath specifically sets aside surgery as separate from general medicine, the obligation to offer the best treatment possible, even if it is not from me, is all the more important now, with many physicians specializing and becoming experts in a specific part of medicine. It is critical, though, that no matter who the patient sees after me, I remain a source of support for them. It is also not feasible to keep every confidence; sometimes, intervention is required, especially with psychological issues that I may not be equipped to deal with.

The Hippocratic Oath should be an universal guide of the intellectual, emotional, ethical, and moral obligations of a physician. It should not be complete and list every single obligation, such as not sexually abusing a patient. It should not be overly practical, though the issues of euthanasia and abortion are in sufficient contention that I feel that they must be explicitly

mentioned; especially in the case of abortion, a currently legal and medically-accepted option for women, the refusal of a physician to help a woman desiring one is medically irresponsible. The Oath should be able to be taken universally by doctors of all religious backgrounds and so it should not invoke a specific religion. The Oath is more of a declaration of beliefs by a physician, a tribute to predecessors in medicine, and a means of organizing and defining one's own beliefs, than a regulatory guideline, complete with set punishments that the original Hippocratic Oath was. The sentiments of this Oath should not have to change in the future, though the more specific elements of it, such as views on abortion and euthanasia, may, the same way that many of the ideals of the original Oath were preserved.

Works Cited

Lloyd, G.E.R., ed. Hippocratic Writings. New York: Viking Press: 1984.

Lasagna, Louis. "Hippocratic Oath-- Modern Version." NOVA Online: Survivor M.D.

<http://www.pbs.org/wgbh/nova/doctors/oath_modern.html>. Accessed 5 February,

2004.