

BOOK REVIEW

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A Review of *Legacies in Ethics and Medicine*

REFERENCE: Chester R. Burns, Ed., *Legacies in Ethics and Medicine*, Science History Publications, New York, 1977, 326 pages, no price listed.

This scholarly publication traces the eternal challenge of ethics to the practice of medicine from its roots in antiquity (sixth century B.C. to second century A.D.), its nurture through the medieval era (ninth century A.D. to fourteenth century A.D.), and its blossoming in the modern period (sixteenth century A.D. to twentieth century A.D.). The editor, in addition to his chapters on "Thomas Percival: Medical Ethics or Medical Jurisprudence?" and "Reciprocity in the Development of Anglo-American Medical Ethics, 1765-1865," has assembled writings from a distinguished group of historians and ethicists. These writings provide great depth in the practical understanding of the ethical issues in the medical practice. The most significant message from the book as a whole is the idea that the same ethical problems persist from generation to generation of practitioners and from century to century in a wide variety of human societies and civilizations.

The utilization of original documents in Greek, Latin, Arabic, and English as source materials lends authenticity to this volume. Footnotes galore permit the more serious scholars to pursue the author's ideas and to test the writer's interpretations. To one like this reviewer, not so motivated, the materials presented in the body of the text leave much to digest intellectually and morally. A series of quotations with personal impact will serve to demonstrate graphically new concepts of old ethics that this reviewer found to be interesting and challenging.

1. The oath of Hippocrates emerged not from a widespread influence of Greek philosophers in general but rather from a small, isolated group—the Pythagoreans. From page 49:

To sum up the results of the analysis of the ethical code: the provisions concerning the application of poison and of abortive remedies, in their inflexibility, intimated that the second part of the Oath is influenced by Pythagorean ideas. The interpretation of the other medical and ethical stipulations showed that they, too, are tinged by Pythagorean theories. All statements can be understood only, or at any rate they can be understood best, as adaptations of Pythagorean teaching to the specific task of the physician. Even from a formal point of view, these rules are reminiscent of Pythagoreanism: just as in the Oath the doctor is told what to do and what not to do, so the Pythagorean oral instruction indicated what to do and what not to do. Far from being the expression of the common Greek attitude towards medicine or of the natural duties of the physician, the ethical code rather reflects opinions which were peculiarly those of a small and isolated group.

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From page 59:

To sum up: not only the main feature of the covenant, the father-son relationship between teacher and pupil, but also all the detailed stipulations concerning the duties of the pupil can be paralleled by doctrines peculiar to the followers of Pythagoras. If related to Pythagoreanism, the specific formulas used in the covenant acquire meaning and definiteness. What otherwise appears exaggerated, or strange, or even fictitious, thus becomes the adequate expression of a real situation. Since the rules proposed show no affinity with any other Greek educational theory or practice, it seems permissible to claim that the Hippocratic covenant is inspired by Pythagorean doctrine.

From page 65:

At this point, I think, I can say without hesitation that the so-called Oath of Hippocrates is a document, uniformly conceived and thoroughly saturated with Pythagorean philosophy. In spirit and in letter, in form and content, it is a Pythagorean manifesto. The main features of the Oath are understandable only in connection with Pythagoreanism; all its details are in complete agreement with this system of thought. If only one or another characteristic had been uncovered, one might consider the coincidence fortuitous. Since the concord is complete, and since there is no counterinstance of any other influence, all indications point to the conclusion that the Oath is a Pythagorean document.

2. The oath of Hippocrates provided an important bridge from an old "heathendom" to a new monotheism in human society. From pages 74 and 75:

A new religion arose that changed the very foundations of ancient civilization. Yet, Pythagoreanism seemed to bridge the gulf between heathendom and the new belief. Christianity found concepts of holiness and purity, justice and forbearance. The Pythagorean god who forbade suicide to men, his creatures, was also the God of the Jews and the Christians. As early as in the "Teaching of the Twelve Apostles" the command was given: "Thou shalt not use philtres; thou shalt not procure abortion; nor commit infanticide." Even the Church Fathers abounded in praise of the high-mindedness of Hippocrates and his regulations for the practice of medicine.

As time went on, the Hippocratic Oath became the nucleus of all medical ethics. In all countries, all epochs in which monotheism, in its purely religious or in its more secularized form, was the accepted creed, the Hippocratic Oath was applauded as the embodiment of truth. Not only Jews and Christians, but the Arabs, the mediaeval doctors, men of the Renaissance, scientists of the Enlightenment, and scholars of the 19th century embraced the ideals of the Oath. I am not qualified to outline the successive stages of this historical process. But I venture to suggest that he who undertakes to study this development will find it better understandable if he realizes that the Hippocratic Oath is a Pythagorean manifesto and not the expression of an absolute standard of medical conduct.

3. The Oath of Hippocrates from the Pythagorean school of philosophy over the years became blended with other Greek philosophers—the Aristotelian and Stoic schools. From page 86:

Such confidence, according to the book *On the Physician*, can be aroused only if the physician asks himself what he should be like "in regard to his soul." Consequently the author of this treatise—perhaps the oldest known "introduction to medicine" which is posterior to the Oath by approximately two or three generations—prescribes for "the soul" of the physician self-control, regularity of habits, justness and fairness, a proper and good behavior, in short, all the virtues of the "gentleman." It is the doctrine of the Aristotelian school, I think, which is here adapted to medicine.

Again, in the *Precepts* and in the book *On Decorum* it is the Stoic outlook which predominates. In the former treatise, gentleness and kindness are commended. The physician ought to be charitable, especially toward him who is a stranger and in financial straits.

In keeping with such a kindly and tolerant attitude the good physician—the "fellow workman," as he is called—must also be ready at all times to call in another physician as a consultant, and he must not quarrel with his conferees either.

4. Arabic ethical thought made a major contribution to medical ethics in opening the medieval era during the ninth century. From page 129:

This discussion is concerned primarily with the work of Ishaq ibn 'Ali al-Ruhawi and his deontological treatise, *Adab al-tabib*, "Practical Ethics of the Physician." This work is unusual

in that it is the only one known to have considered the aspects of ethics on a broad scale in Arabic medicine. Further, it is of value since it was written in the ninth century, a period of spreading ferment in a renaissance which included the acquisition of older knowledge from widely scattered sources and also rapid strides in translation of scientific and philosophical material into Arabic. In addition, the content is of great interest in its delineation of the manner in which Muslim (and to some extent, Christian) religious ideas were made to harmonize with the older science and in particular with the ethics of the Greeks.

During the ninth century, the flood of translations of the great Greek, and to a lesser extent Indian, mathematicians, physicians, astronomers, geographers, and philosophers reached an unparalleled height. These works, due mainly to Syriac-speaking Christians, were of excellent calibre for the most part. They acted as catalyst for the unprecedented acceleration in the development of Arabic science in the ninth to eleventh centuries in the Near East, the Maghrib, and in Spain.

It was also in this same ninth century, as a result of these translations, that the Muslims were brought face to face with new and sophisticated ideas of ethics and morality. While the introduction of new concepts was proceeding, the Muslims tried to bring about some kind of understanding of the traditions of the differing elements of Islamic thought.

5. Physicians in the Middle Ages elevated ethics to the highest level in medical practice. From pages 204 and 205:

The medieval physician, although he lacked skill and knowledge in the art and practice of medicine, in his humanity toward his patients and his desire to do the utmost to help them, was equal to the best of our medical men today. These high ideals were held not by a few of these early doctors only but were the code of the profession. Now laws are made, usually at the instigation of the physicians themselves, and are enforced by the courts to curb as far as possible unethical practices, although many vitally important problems are still left to the judgment of the individual physician. But in the Middle Ages there were merely rules and regulations made either by physicians who passed them on to their university and private students, or by groups of doctors in universities or guilds, sometimes with and sometimes without the sanction of the city or state governments.

6. Physicians in the Middle Ages began to include within medical ethics the practical amenities of health care, as indicated by the following representative examples. From page 211:

Of equal importance with medical care in effecting cures was the state of mind of the patient. Each writer has his own ideas on the methods to be employed to bring about the correct mental condition, but all agree that few diseases can be overcome if the patient is in the wrong frame of mind.

From page 212:

Always warn the patient that the cure will take a long time, in fact make it twice as long as you really think it will be.

From page 213:

There will be no cure if the surgeon does not believe "that the patient has confidence in him and will obey him, otherwise the surgeon cannot visit him with the proper solicitude." . . . The patient must be warned against consulting more than one doctor at a time because, if he calls in a crowd of them, there will be endless disagreements and different suggestions, and in the meantime the patient will suffer from lack of care. However, the doctor or the patient may call in two or three for a consultation, but it is better if one doctor who seems to know the most about the case should continue the treatment alone.

From page 214:

Another obligation put upon the attending doctor is to see that his patient has proper and careful nursing.

From page 215:

But taking care of the sick was not the only duty of a true physician for he must also advise his people how to prevent ill health.

7. Physicians in the opening years of the Modern Period began to comprehend the comparisons between themselves and the two other ancient professionals—lawyers and clergy. From page 252:

There is no profession which asks more of a man than medicine. Neither the lawyer nor the clergyman has to win the good graces of those who consult them. The first has only to speak eloquently for his client; the other has only to utter some fine speeches to those he instructs, and, changing his tone when it seems desirable, permits himself to speak in a domineering way to the conscience of his auditor. One has the law on his side, the other has the Holy Scriptures and the Decrees of the Holy Councils. One is the interpreter of his Prince, the other of the Envoy of God; they both speak with authority in imposing places and in ceremonial dress, whereas the physician presents himself in a chamber, dressed like any other man, among women and the unlearned, with whom he is little revered. He has for guarantors only Galen and Hippocrates, and he speaks only about uncertain things, with which everyone thinks it is his right to be concerned, because each pretends to some power of reasoning and to some experience; which are the two wings of medicine, wings which lift it, or carry it far. Therefore the physician has more need to be clever than the others.

8. No contemporary physician has better expressed what medical practice is all about, including the ethics thereof, than Francis W. Peabody, M.D., Boston physician and teacher. From page 326:

It was in November, 1926, after he knew his diagnosis (inoperable cancer) that Dr. Peabody gave his simple and beautiful lecture on "The Care of the Patient." This little essay abounds in wisdom, taken from his own experience, particularly about practicing medicine within a hospital. His concluding lines, familiar to most of us, give us perhaps the best picture of the quality of his own spirit:

"The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy, and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."

I hope that with these excerpts the extended span of time and the depth of intellectual thought surrounding medical ethics has been demonstrated. It yet remains for each reader to gain from his or her personal study of this book fresh insights on the impact of traditional ethics upon the modern practices of scientific medicine.