ETHICAL ASPECTS OF THE HIPPOCRATIC OATH AND ITS REL-
EVANCE TO CONTEMPORARY MEDICINE
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ABSTRACT

For centuries the Hippocratic Oath was the example of medical etiquette and, as such, determined the professional attitude of physicians in modern medicine. This essay includes a short biographical account of Hippocrates, throws some light on the origin of the oath, cites the text of the oath (in English) and gives an ethical interpretation of the oath. Analysis of the past very often offers creative guidance to the present and also to the future, and the Hippocratic oath is no exception.

Introduction

The Hippocratic Oath (600 B.C. - 100 A.D.) happened to be the examplar of medical etiquette and as such determined the professional attitude of generations of physicians in modern medicine for the last 2500 years. This epic Oath was probably administered in the family guilds of physicians; it might have formed the statutes of societies of artisans which perhaps were organized in secret. However, for reasons unknown, the Oath is always related to the name of Hippocrates (460 - 356 B.C.), "the Father of Modern Medicine", though it seems to be more Pythagorean in its moral and ethical flavour. It might have been enriched by other authors in antiquity.

In this century, the moral rules of the Hippocratic Oath have undergone considerable development and modification, and much of modern medical practice is at least officially ethically inspired by its modern successors, the World Medical Association's (WMA) declarations of Geneva (1948, revised 1968 and 1983), London (1949: the International Code of Medical Ethics), Helsinki (1964, revised 1975 and 1983), Lisbon (1971), Sydney (1968, revised 1983), Oslo (1970, revised 1983), Tokyo (1975, revised 1983), Hawaii (1977, revised 1983) and Venice (1983). All these modifications and de-

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Developments confirm that medical ethics are relative and not absolute (Black, 1984).

Recently, it is suggested that the "four principles plus scope" approach consisting of "respect for autonomy, beneficence, non-maleficence and justice" postulated by Beauchamp and Childress (1989) plus, concern for their scope of application in the real world, provides a simple, accessible, culturally neutral approach, a basic analytical framework and a common basic language to thinking about ethical issues in health care (Gillon, 1994).

In view of the above observations, this essay will make an attempt to explore the evolutionary and traditional link, if any, between the elements of the Hippocratic Oath and the Four Principles of modern medical ethics - autonomy, beneficence, non-maleficence and justice.

HIPPOCRATES - FATHER OF MODERN MEDICINE

Biography:

Born: 460 B.C. (1st year, 80th Olympiad) Died: 356 B.C. (Age - 104 years)

Place of Birth: Island of Kos - 12 miles off Turkish coast.

His Pupils: Two sons and his son-in-law.

Place of Death: Larissa, Thessaly.

Father: Heraclides - an Asklepiad

Mother: Phaenarete - Descendant of Hercules

Education/Profession:

* At home, by his Father

* At Samos (Birth place of Mathematician Pythagoras 530 B.C.)

* At Ionia - Ephesus, Miletus

* Egypt - Memphis

* Delos - During Peloponnesian War

* Athens: Temple of Apollo: "Citizen of Athens" - Capital of Greece

* Professional Teacher taking fees from Students
Great Contemporaries:

* Plato (460 - 370 B.C.)

* Aristotle (384 - 322 B.C.)

* Mentioned by Homer in "The Iliad"

Corpus Hippocraticum:

(The Hippocratic Collection: 70 books)

Most Famous: 1. "Of the Epidemics"

2. "The Book of Prognostics"

3. "On the Sacred Disease (Epilepsy)"

4. "On airs, waters and places"

5. "The Aphorism" - Collection of Brief Generalizations

summarizing Hippocrates' Teaching - "Vita Breva"

(Ars Ucro Longa" (Life is short, and the art long - First Aphorism)

* His Biography first written by Soranus of Ephesus (130 A.D.) in the Second Century, A.D.

The Hippocratic Oath

"I swear by Apollo the physician, by Aesculapius, by Hygieia, by Panacea, and by all the Gods and Goddesses, making them my witnesses, that I will carry out according to my ability and judgment, this oath and this indenture. To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to pupils who have taken the physicians' Oath, but to nobody else. I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrongdoing and harm, especially from abusing the bodies of man or woman, bond or free.
And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets. Now if I carry out this oath, and break it not, may I gain forever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me."

Universalizability Of The Oath

Immanuel Kant (1724 - 1804), the German philosopher, thought that, for an action to be moral, the underlying maxim had to be a universalizable one. It had to be a maxim which would hold for anyone else in similar circumstances in all places and at all times. The Hippocratic Oath is in total agreement with Kant's maxim. The Hippocratic Oath and the World Medical Association's International Code of Medical Ethics (Appendix I) are probably the most widely known statements of medical commitment to the service of humanity. The Oath is also in tune with the ethics of other ancient systems of medicine. The Charaka Samhita, the Indian Ayurvedic Medicine's code dating from about the first century A.D.instructs doctors to "endeavour for the relief of patients with all thy heart and soul; thou shalt not desert or injure thy patient for the sake of thy life or living" (SriKant - Murthy, 1973). Early Islamic physicians and the modern declaration, Declaration of Kuwait, instructs doctors to focus on the needy, be they near or far, virtuous or sinner, friend or enemy" (Kuwait, 1981).

As stipulated in the Oath, compassion is a long accepted facet of medical practice in all systems of medicine in all countries - modern and ancient. In 1792 Thomas Percival (1740 - 1804), a physician to the Manchester Infirmary, drew up a comprehensive scheme of medical conduct, part of which was designed especially for the medical staff of the Infirmary (Singer and Underwood, 1962). It was distributed to his medical colleagues and discussed for ten years. In 1803 the revised work was published with the title - "Medical Ethics", and later there were two further editions. It remains a standard work on the subject. Percival advised doctors "to unite tenderness with steadiness, and condescension with authority", as to inspire the minds of their patients with gratitude, respect and confidence (Leake, 1927). Maximally, effective health care depends partly on health professionals taking a human approach which actively involves patients, rather than making them recipients of what may be seen as a preoccupation with impersonal, high-tech procedures. But the human approach to treatment is the central message of the Oath. It is still desirable, as dictated in the Oath, in spite of high-tech advancement in modern medicine. It is man that counts, and not the machine or the method.

Interpretation Of The Oath

There are two distinct parts of the Oath which seem to be only superficially connected or at least determined by different moral standards. The first part
specifies the duties of the pupil towards his teacher and his teacher's family and the pupil's obligations in transmitting medical knowledge. The second part gives a number of rules to be observed in the treatment of diseases, which could rather be called a short summary of medical ethics, as it were, at the time.

The Oath may be said to represent only the ancient ideal of the physician. But, in contrast, charity motivated the Christian doctors of the Dark Ages (400-1100 A.D.) and the Middle Ages (1100-1500 A.D) and duty to the community determines the working ethics of the doctor of today.

Most of the statements contained in the document are worded in rather general terms. They are vague in their commending of justice, of purity and holiness, concepts which do not imply any distinct meaning but may be understood in various ways.

However, there are two stipulations that have a more definite character and seem to point the at basic beliefs underlying the whole ethical programme: the rules concerning application of poison or abortive remedies. Their interpretation should therefore provide a clue for an ethical identification of the views embodied in the Oath of Hippocrates.

The Ethical Code
Rules on Poison and Abortion

"I will neither give a deadly drug to anybody if asked for it. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art" - such is the vow made in the Oath.

Poison is also a drug. All drugs have got both beneficial effects (of course, with some tolerable and acceptable side-effects) when used rationally and also fatal or mortal effects when used in excess and irrationally. The Oath forbids the physician to assist his patient in a suicide which he might contemplate. Mortal accidents or suicides with overdose (drugs) are common in contemporary medical practice, but doctors do not have any role in those misadventures. Doctors always refrain from any criminal attempt on the patient's life.

In over-dose cases, a drug may be considered as "Poison" in conformity with the concept in antiquity.

In contemporary medicine, Euthanasia has some fundamental relevance to the administration of "poisons" to patients by physicians. Euthanasia refers to a medical act that deliberately shortens the life of a terminally and seriously ill patient at his or her request with the therapeutic help of a suitable drug; it is an act the primary intention of which is to cause death. According to the Oath, it could be considered to be assisting in suicide or even a criminal act on the part of the physician on the patient's life. But there is another side of the story. The basic question is whether we accept their right (autonomy in
modern vocabulary) to decide for themselves (the terminally and incurably ill patients) how their lives will end, and thereby ending the very painful agony which cannot be alleviated by any medical means available today. The backbone of modern medical ethics is respect for human life, and many doctors have interpreted this as being the need to keep a patient alive at all costs and for as long as possible, even against the will of the patient concerned. Patients are sometimes treated, even when the chances of success are very, very slight. This approach might be an act of non-maleficence in tune with the clause of the Oath. But it does not agree with two other cardinal principles of "the Georgetown Mantra" - the autonomy of the patient and beneficence (Beauchamp and Childress, 1989). Autonomy is best known in the history of medical ethics as the second form of Kant's "Categorical Imperative": the moral obligation to treat every person as an end and never merely as a means. In a current form it is the requirement to respect the decisions of rational agents and thereby provides a rationale for informed consent, truth-telling and promise keeping. Beneficence is the obligation to provide benefits and to balance benefits against risks, incurable physical and psychic pain in a terminally ill patient. Of course, in the backdrop of the Oath, the doctor is in a real dilemma. What is the way out? Relevant amendment of the Oath to satisfy the demand of the day! In the debate over euthanasia, this particular clause of the Oath seems to be obsolete. Recently, the Dutch Supreme Court gave the verdict that doctors can assist suicides of depressed but otherwise physically healthy patients (Time, 1994; BMJ, 1994). In accordance with this historic Dutch Verdict, doctors in the Netherlands may agree to requests for euthanasia from patients who are neither terminally ill nor suffering physically. In this particular case, incurable psychic pain was given due consideration. The time has come to give this care of an extraordinary nature - euthanasia - a solid legal and ethical basis, for the benefit of both patients and doctors alike; regulations are also required to safeguard against its abuse or misuse (Heintz, 1994). Euthanasia can be part of good terminal care. The Oath, in order to be relevant today, must also march with the dynamic need of the changing medical world.

The Oath forbids the physician to give "pessary" to a woman, which was an abortive remedy in antiquity. Most of the Greek philosophers commended abortion. For Plato (427 - 347 B.C.) foeticide is one of regular institution of the ideal state; whenever the parents are beyond that age which they think best for the begetting of children, the embryo should be destroyed (Republic, V, 461c; Laws, V, 740d).

Aristotle (384 - 322 B.C.), a pupil of Plato at the Academy in Athens, reckoned abortion the best procedure to keep the population within the limits which he considered essential for a well-ordered community (Politics, VII, 1335 b 20 ff).
This prescription for population control or family planning is not acceptable in a modern civilized society. It was different with the followers of Pythagoras (530 - 498 B.C.). Pythagoreans (followers of Pythagoras) held that the embryo was an animate being from the moment of conception and hence abortion, whenever practiced during pregnancy, meant destruction of a living being. Pythagoreans thus rejected abortion unconditionally. The Hippocratic Oath, in its abortion clause echoes Pythagorean doctrines. It is fair to say that by dedication to the Hippocratic Oath, particularly to the clause on abortion and poison, physicians of antiquity (or of today) guarded "the purity and holiness of the Pythagorean way of life" (Plato, Republic, X, 600b).

We have come a long way during the last 2,500 years. Society today is much more complex than it was in antiquity. The need and ideas on abortion also changed to take meaningful notice of those ever-increasing complexities in contemporary society. The institution of abortion law, along with its periodic amendments, changed abortion from being a crime to being something entirely legal, under appropriate safeguards. It is a positive departure from the abortion clause in the Oath. Medical, social, psychological and psychiatric reasons demand that departure. It is moral. It is ethical. It is in tune with the times in which we live.

The clause on doctor-patient relationship expects the doctor "to remain free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves".

For the physicians, justice is the obligation to be fair. The allocation of scarce medical resources is an area where this principle takes force. In the current economic climate in health care the physician is not always able to do what the Oath tells him to do. Here, the scope of the Oath seems to be limited. Sexual relationship with patients sometimes causes concern. There are cases of clear violation of this clause from time to time. But the General Medical Council, the statutory body regulating the conduct of doctors in the U.K., acts as the watchdog in this matter and takes disciplinary action against doctors who are legally found guilty of inappropriate relationships with their patients.

Medical confidentiality is the respecting of patients' secrets by the treating doctor regarding medical treatment and over-all management (including physical, social, psychological and occupational origin of the disease). The principle of medical confidentiality is one of the most venerable medico-moral obligations of medical ethics. The Hippocratic Oath enjoins: "What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad. I will keep to myself holding such things shameful to be spoken about". Even today, according to the
World Medical Association's International Code of Medical Ethics, it is an absolute requirement, even after the patient's death (BMA, 1984).

In France, the obligation of medical confidentiality is stricter and is enshrined in law as an absolute medical privilege which no one, including the patient, is allowed to override, even when to do so would be in the patient's interest (Havard, 1985). In the real world of medical practice, doctors do face occasions where confidentiality needs to be broken for very valid reasons. Accordingly, the BMA Handbook of Medical Ethics lists five types of exceptions to the need to maintain medical confidentiality (BMA, 1984) and the General Medical Council (GMC) lists eight (GMC, 1985).

Medical confidentiality is an important medico-moral principle. It respects patients' autonomy and privacy. There are occasions when for the greater interest of the patient, confidentiality may need to be broken. It should not be made an absolute obligation. Exceptions based on the principles of non-maleficence and justice may well be justified in relevant and suitable cases. Exceptions should also be considered in cases of benefits of medical research for the greater interest of society; of course with the prior consent of the patient, otherwise it will violate the patient's autonomy.

In the complex society of today, the obligation of confidentiality enjoined in the Oath has also been questioned by non medical experts. Only the doctor is called upon to keep secret what he/she learns about the lives of patients. This obligation is specific to medicine; it does not apply to the policemen, the journalist, the biographer, or not with the same weight (Passmore, 1984). It might imply that a doctor's position in society is unique in relation to health and disease.

General Rules Of The Ethical Code

The clause on treatment of diseases mentions dietetics first, drugs (pharmacology) next and cutting (surgery) last. The Oath enjoins: “I will apply dietetic measures for the benefit of the sick according to my ability and judgement; I will keep them from harm and injustice. ............ I will not use the knife, not even on sufferers from stone.....”

Diet is still an important part of any medical management; there were hardly any drugs available for specific or rational therapy in those days. Comparatively, today's therapeutic armamentarium is rich. The clause on “cutting” (surgery) needs to be analysed from the socio-historical context of the time in question. From the Renaissance (1500 - 1700 A.D.) down to the nineteenth century, it was thought that the clause on “cutting” intends to draw a line between the practice of internal medicine and that of surgery. In those days surgery was held to be beneath the dignity of the physician (Th. Zwinger -
Hippocratis Opera, 1579, p. 59). However, this clause is obsolete today and hence not included in the International Code of Ethics. Even in the Middle Ages (1100-1500 A.D.) “Surgeons” tended to do the job part-time and treated only minor wounds. Their main job would have been as a barber or a butcher, and the most popular cure was blood-letting. Frequent wars during the Middle Ages meant that some surgeons were able to practise. Surgery was not taught in most medical schools of the day. Salerno’s (near Naples in Italy) medical school was the only place in the Dark Ages (400-1100 A.D.) where anatomy and surgery were taught was an integral part of the curriculum. Salerno was the first place to use the term “Doctor of Medicine”. In those days, associations (company) of barber-surgeons were also formed in London (14th century) and in Edinburgh (1505). The tradition of barber-surgeons is now an interesting piece of relic in the evolution of modern medicine.

In ancient Greece, medicine like all other arts and crafts was passed on from father to son in closed family guilds. The Oath enjoins: “...... to give share of precepts and oral instruction and all the other learning to my sons and to the sons of him ......”. This amounts to perpetuation of a dynastic trend, which is no longer acceptable in a modern civilized society. Accordingly, this clause was rightly excluded from the International Code of Ethics. The dedication of the Oath has also been amended. The Hippocratic Oath is dedicated to Apollo, the Greek God of diseases, poetic and musical inspirations, Asclepius, the god of healing, the son of Apollo and also the God of “Temple Medicine, and Hygeia, Goddess of health, Panaceia, Goddess of nourishment - both daughters of Asclepius. This dynastic ritual is out-of-date and not acceptable today. Greek mythology has no role to play in modern life.

The International Code is secular and universal in character and excluded all religious references. The Code enjoins: “I solemnly pledge myself to consecrate my life to the service of humanity.” The Code stipulates the duties of physicians in general, their duties to the sick and also to each other.

Additions And Modifications Over The Years

The Hippocratic Oath is the basic foundation. Over the years various declarations of the World Medical Association (WMA) made necessary and relevant additions to the Hippocratic Oath in order to make it useful to the practising modern physician. The main features of the additions are summarized below (Gillon, 1992).

The Declaration of Geneva (1048, revised 1968 and 1983) is a sort of updated version of the Hippocratic Oath. It requires the doctor to consecrate his life to the service of humanity; to make “the health of my patient” his first consideration; to respect his patient’s se-
crets (even after the patient's death); to prevent "considerations of religion, nationality, race, party politics, or social standing (intervening) between my duty and my patient"; to "maintain utmost respect for human life from its beginning" (until 1983 the wording of this clause required "utmost respect for human life from the time of conception") and not to use his medical knowledge "contrary to the laws of humanity".

The world Medical Association's international code of medical ethics, adopted in London in 1949 and revised in 1968 and 1983, requires, among other things, adherence to the Declaration of Geneva, the highest professional standards, clinical decision uninfluenced by the profit motive, honesty with patients and colleagues and exposure of incompetent and immoral colleagues. It states that "a physician shall owe his patients complete loyalty and all the resources of his science"; and it says that "a physician shall preserve absolute confidentiality on all he knows about his patient even after the patient has died.

The Declaration of Lisbon (1981) concerns the rights of the patient. These are declared to include the rights to choose his or her physician freely; to be cared for by a doctor whose clinical and ethical judgements are free from outside interference; to accept or refuse treatment after receiving adequate information; to have his or her confidences respected; to die in dignity; and to receive or decline spiritual and moral comfort including the help of a minister of an appropriate religion.

The Declaration of Sydney (1968, revised 1983), on death, states among other things that "clinical interest lies not in the state of preservation of isolated cells but in the fate of a person" and it stipulates the much more specific rule that when transplantation of a dead person's organs is envisaged determination of death should be by two doctors unconnected with the transplantation.

The Declaration of Oslo (1970, revised 1983), on abortion, remains, even after its recent revision, which changed "human life from conception" to "human life from its beginning", the most equivocal of all these declarations for it requires doctors both to maintain the utmost respect for human life from its beginning and to accept that attitudes towards the life of the unborn child are diverse and "a matter of individual conviction and conscience which must be respected". Subject to a host of qualifications the declaration has always sanctioned therapeutic abortion.
The Declaration of Tokyo (1975, revised 1983), on torture, is unequivocal in forbidding doctors to “countenance, condone, or participate in the practice of torture or other forms of cruel, inhuman, or degrading procedures”. It also forbids force feeding of mentally competent hunger strikers.

The Declaration of Hawaii (1977, revised 1983), on psychiatric ethics, requires inter alia: that patients be offered the best treatment available and be given a choice when there is more than one appropriate treatment; that compulsory treatment be given only if the patient lacks the capacity to express his wishes, or, owing to psychiatric illness, cannot see what is in his best interests or is a severe threat to others; that there must be an independent and neutral appeal body for those treated compulsorily; that “the psychiatric must not participate in compulsory psychiatrist treatment in the absence of psychiatric illness”; that information about patients must be confidential unless the patient consents to its release” or else vital common values or the patient’s best interest make disclosure imperative”; that informed consent for the patient’s participation in teaching must be obtained; and that “in clinical research as in therapy every subject must be offered the best available treatment... be subject to informed consent, “and have the right to withdraw at any time.

The Declaration of Venice (1983), the most recent declaration of the World Medical Association, reiterates the duty of the doctor to heal and, when possible, relieve suffering and sanctions the withholding of treatment in terminal illness with the consent of the patient or, if the patient is unable to express his will, that of the patient’s immediate family. It allows the doctor to “refrain from employing any extraordinary means which would prove of no benefit for the patient” and permits the maintenance of organs for transplantation after death has been certified, given certain conditions.

In addition to these declarations, the World Medical Association has issued other statements about medical ethics: on discrimination in medicine, reiterating its abhorrence of such discrimination on the basis of religion, nationality, race, colour, politics, or social standing; on medical secrecy, affirming the individual’s fundamental right to privacy; and on the use of computers in medicine, again affirming the patient’s right to privacy but stating that the transfer of information rendered anonymous for the purpose of research is not a breach of confidentiality. Other statements concern medical regulations in time of armed conflict, family planning,12 principles of provision of health care, pollution, the principles of health care for sports medicine, recommendations concerning boxing, physician participation in capital punishment, medical manpower and medical care in rural areas.

The Suggested Update
The Hippocratic Oath enunciated about 2500 years ago was almost certainly a temple Oath written by various Asclepi-
ads (medical/temple priests) rather than Hippocrates himself. Despite vast changes in medical and social structure during the past 25 centuries, the original has been passed unmodified to a great extent from generation to generation of doctors. For debate and discussion, the following updated version of the Oath has recently been suggested (Robin, 1994):

"In the name of suffering humanity, with humility, compassion and dedication to the welfare of the sick according to the best of my ability and judgment, I will keep this oath and stipulations. I will be honest with my patients in all medical matters. When this honesty reveals bad news I will deliver it with understanding and sympathy and tact.

I will provide my patients with acceptable alternatives for various forms of diagnosis, and medical and surgical treatment, explaining the risks and benefits of each alternative as best I know it. I will allow my patients to make the ultimate decision about their own care. In circumstances where my patients are incapable of making decisions I will accept the decision of family members or loved ones, encouraging these surrogates to decide as they believe the patient would have decided.

I will not sit in moral judgment on any patient, but will treat their illness to the best of my ability regardless of the circumstances.

I will be empathetic to patients suffering from illnesses caused by substances such as alcohol or drugs, or other forms of self abuse usually believed to be under the voluntary control of humans.

Knowing my own inadequacies and those of medicine generally, I will strive to cure when possible but to comfort always.

I shall perform medical tests only if I believe there is a reasonable chance that the results will help produce an improved outcome for my patients.

I will not perform any tests or procedures or surgery solely to make money. I will freely refer my patient to other physicians if I am convinced that they are better able than I to treat a given patient problem.

I will freely furnish copies of medical records to patients or their families upon request.

I will do unto patients and their families only what I would want done unto me or my family. I will not experiment on patients unless the patients give truly informed consent. I will strive to instruct patients fully so their truly informed consent is possible.

I will remain a student all my professional life, attempting to learn not only from formal medical sources but from my patients as well. I will attempt to function as a teacher for my patients so that I can care for them..."
more effectively and can apply the lessons they provide to the care of other patients.

I will provide care to all patients seeking it, regardless of sex, race, colour, creed, sexual preference, lifestyle, or economic status. In particular, I will volunteer some of my time to providing free care to the poor, the homeless, the disadvantaged, the dispossessed and the helpless.

I will turn away no patient, even those with dreaded contagious diseases like AIDS.

I will encourage my patients to seek medical opinions other than my own before agreeing to accept my opinion.

I will treat my professional colleagues with respect and honour; but I will not hesitate to testify openly about physicians and medical institutions that are guilty of malpractice, malfeasance, cupidity or fraud.

I will defend with equal fervour colleagues who are unjustly accused of malpractice, malfeasance, cupidity or fraud.

Conclusion

The Hippocratic Oath offers only a traditional framework. It needed to be amended according to the demands of the day from time to time.

The Hippocratic physicians ("iatroi") were in fact Asclepiads followers of Temple Medicine - rather itinerant craftsmen who carried their skill from place to place, establishing in each a surgery. People in general did not have any choice and had to accept whatever was available in the form of medical advice or treatment. The question of personal choice or autonomy of patients did not arise. Autonomy is best known in the history of ethics as the second form of Kant's Categorical Imperative: the moral obligation to treat every person as an end and never merely as a means. In a current form it is the requirement to respect the decisions of rational agents and thereby provides a rationale for informed consent, truth telling and promise keeping. There was no scope for the concept of autonomy in the Oath. It is entirely a modern concept for a modern sophisticated society.

Beneficence is the obligation to provide benefits and to balance benefits against risk. It echoes the philosophy of the Oath - "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course". Thus, non-maleficence in this way captures the intuitions behind the Hippocratic maxim to do no harm to patients.

The last principle - justice - is the obligation to be fair. This is an Aristotelian concept and not a Hippocratic one. The principle of justice or equality attributed to Aristotle is that equals should...
be treated equally and unequals unequally in proportion to the relevant inequalities. In the contemporary medical market, a fair distribution of benefits may seem to be duty more on managers and policy makers, than on individual doctors or nurses. This is a new situation not envisaged in antiquity and hence is not even mentioned in the Oath.

In antiquity, the Oath was administered secretly to members of the Guild ("Koinon" - Greek), who were selected by descent from doctorfather to son, or by marriage (son-in-law) or by socially approved adoption. Hippocrates’s grandfather and father were Guild members before him, as were his two sons and his son-in-law after him. This hereditary and secretive practice is totally obsolete today and unacceptable. Today, the Oath is administered publicly to new medical graduates all over the world. Thus, the medical world of today has moved far away from that secretive Hippocratic tradition. It is a sign of enrichment, advancement and magnanimity of the epic Oath. The modernised version of the Hippocratic Oath - the International Code of Ethics, seems to be a compatible combination of the Hippocratic concept of “do good - no harm” to patients (beneficence and nonmaleficence), Kantian concept of autonomy and the Aristotelian concept of justice.

The progress of biomedical sciences and medical technology and their application of medical practice has brought new ethical dilemmas. Abortion, euthanasia, embryo research for various purposes, genetical engineering are some of the pertinent question in modern medical practice today. Discussions of “medical ethics”, “bioethics” and “health policy ethics” have proliferated, not only among those directly involved in scientific research or the provisions of health care but also in university departments of philosophy, theology, law, economics and sociology. Experts in these fields have contributed greatly to the debate and dispelled the impression that medical ethics is something which only interests those working directly to provide health care. Many issues will not be solved by doctors alone. That is why the British Medical Association welcomes wider informed public discussion of medical ethical problems as the most helpful way forward. This is a new situation. It demands a different approach.

Summary

The Greek physician of antiquity - Hippocrates (460 - 357 B.C) is considered to be the “Father of Modern Medicine”. For centuries the Hippocratic Oath was the example of medical etiquette and, as such, determined the professional attitude of physicians. The Hippocratic Oath clearly falls into two parts. The first part specifies the duties of the pupil towards his teacher and his teacher’s family and the pupil’s obligations in transmitting medical
The second part gives a set of rules to be observed in the treatment of diseases - rather a short summary of medical ethics. This essay includes a short biographical account of Hippocrates, throws some light on the origin of the Oath, cites the text of the Oath (in English) and gives an ethical interpretation of the Oath. Over the past 2500 years the world of science, philosophy and medicine has undergone radical transformations. Old impressions about human health and disease silently slipped into oblivion and new realities have appeared on the horizon of medical science. In view of these transformations, this essay makes an attempt to assess the relevance of the ethics of the Hippocratic Oath to the ethical problems modern physicians are facing today. Analysis of the past very often offers creative guidance to the present and also to the future, and the Hippocratic Oath is no exception.

The World Medical Association (WMA), formed in 1947, produced a modern re-statement of the Hippocratic Oath, which is now known as the International Code of Medical Ethics. Subsequently, the WMA has published a wealth of material on a number of important ethical matters modern medicine is facing today.

The central strand in health care ethics today is what is known as “the Georgetown Mantra” containing the four principles - autonomy, beneficence, non-maleficence and justice. Of the four principles, beneficence and non-maleficence echo the philosophy of the Hippocratic Oath, but autonomy and justice are totally non-Hippocratic concepts in medical ethics. Autonomy has emanated from Kant’s Categorical Imperative and justice is purely an Aristotelian concept. The society is dynamic and not stagnant; bio-medical profiterns are proliferating; periodic relevant amendments of the Oath and of its successor - the International Code of Ethics - have been made from time to time. This need for amendments will remain an on-going process.
International Code Of Medical Ethics

One of the first acts of the World Medical Association, when formed in 1947, was to produce a modern restatement of the Hippocratic Oath, known as the Declaration of Geneva, and to base upon it an International Code of Medical Ethics which applies in time of both peace and war. The Declaration of Geneva, as amended by the 22nd World Medical Assembly, Sydney, Australia, in August 1968 and the 35th World Medical Assembly, Venice, Italy, in October 1983, reads:

At the time of being admitted as a member of the Medical Profession:
I solemnly pledge myself to consecrate my life to the service of humanity;
I will give to my teachers the respect and gratitude which is their due;

I will practise my profession with conscience and dignity;
The health of my patient will be my first consideration;
I will respect the secrets which are confided in me, even after the patient has died;
I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
My colleagues will be my brothers;
I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patients;

I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity;
I make these promises solemnly, freely and upon my honour.  
The English text of the International Code of Medical Ethics is as follows:

Duties of physicians in general
A PHYSICIAN SHALL always maintain the highest standards of professional conduct.
A PHYSICIAN SHALL not permit motives of profit to influence the free and independent exercise of professional judgement on behalf of patients.
A PHYSICIAN SHALL, in all types of medical practice, be dedicated to providing competent medical service in full technical and moral independence, with compassion and respect for human dignity.

A PHYSICIAN SHALL deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
The following practices are deemed to be unethical conduct:
a) Self advertising by physicians, unless permitted by the laws of the country and the Code of Ethics of the national medical association.
b) Paying or receiving any fee or any other consideration solely to procure the referral of a patient or for prescribing or
referring a patient to any source. A PHYSICIAN SHALL respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences. A PHYSICIAN SHALL act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient. A PHYSICIAN SHALL use great caution in divulging discoveries or new techniques or treatment through non-professional channels. A PHYSICIAN SHALL certify only that which he has personally verified.

Duties of physicians to the sick

A PHYSICIAN SHALL always bear in mind the obligation of preserving human life. A PHYSICIAN SHALL owe his patients complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond the physician's capacity he should summon another physician who has the necessary ability. A PHYSICIAN SHALL preserve absolute confidentiality on all he knows about his patient even after the patient has died. A PHYSICIAN SHALL give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

Duties of physicians to each other

A PHYSICIAN SHALL behave towards his colleagues as he would have them behave towards him.

A PHYSICIAN SHALL NOT entice patients from his colleagues.

A PHYSICIAN SHALL observe the principles of "The Declaration of Geneva" approved by the World Medical Association.
REFERENCES


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हिप्पोक्रेटिक शापथ के नैतिक पक्ष एवं समकालीन आयुर्विज्ञान से उसकी प्रासंगिकता

- एस. के. मजुम्दार

हिप्पोक्रेटिक शापथ शताब्दियों से आयुर्विज्ञानीय शिक्षार्थ को उदाहरण रही अतएव आधुनिक चिकित्सा विज्ञान के चिकित्सकों को व्यवसायिक अभिवृत्ति का मार्ग - निर्धारण किया। इस लेख में हिप्पोक्रेट को जोवनी के संबंध में संक्षिप्त वृत्तांत, शापथ के प्रारंभण पर कूच प्रकाश डालना, मूल शापथ को अंग्रेजी भाषा में उद्धरण तथा शापथ को नैतिक व्यावस्था समाविष्ट है। अतीत का विश्लेषण प्रायः वर्तमान एवं भविष्य को भी रचनात्मक नेतृत्व, प्रदान करता है तथा इस दिशा में हिप्पोक्रेटिक शापथ अपवाद नहीं है।