

EDITORIAL

Modern Medical Ethics and the Legacy of Hippocrates*

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KEY WORDS: *abortion; medical ethics;
Hippocratic oath; patient informed
consent; participatory medicine;
beneficence; non-maleficence;
euthanasia; human rights*

ABSTRACT

The most enduring guideline for medical ethics in the history of medicine is the Hippocratic Oath. Four of the six core values currently recognized in medical ethics (beneficence, non-maleficence, justice, and confidentiality), are in accordance with ideas codified in the Hippocratic Oath or in the work of Hippocrates, in general. With the passing of the years, however, new ethics created by the society added new values, such as autonomy and respect, to values proposed by Hippocrates. On the other hand, certain social ethics, predominating in various countries, are in marked contrast to Hippocratic principles. The most significant of them are the issues of aid in suicide and of abortion. Regardless of the rules of conduct prevailing in a given society, the primary task of a physician is to provide competent medical care, with compassion and respect for human dignity and rights, a principle in accordance with the Hippocratic motto “ἐπ’ ὠφελείῃ καμνόντων” (“for the benefit of patients”).

“Medical ethics” is a term coined by the 18th-century English physician Thomas Percival for the rules of conduct with respect to the practice of medicine. The first code of medical ethics was published in the 5th century, in the Ostrogothic kingdom of Italy. It required that physicians broaden and deepen their knowledge and originated the current concept of physician-to-physician engagement and consultation. In the medieval period, the Arab physician Ishaq ibn Ali al-Ruhawi wrote the “Conduct of a Physician” (*Adab al-Tabib*), the first book dedicated to medical ethics. Moses Maimonides, a Spanish, Sephardic Jewish philosopher, astronomer and physician, and Thomas Aquinas, an Italian Dominican friar and priest, are two other medieval authors of deontological treatises. The most enduring, however, guideline for the ethics of doctors in the history of medicine is the Hippocratic Oath. The Oath has influenced greatly Greek ethical thinking not only during antiquity, but also during early Christian times and Byzantine era, and it still stands as an ideal gold ethics standard.^{1,2}

Six core values are currently recognized in medical ethics:^{3,4} beneficence (the need to act in the best interest of the patient), non-maleficence (*primum non nocere*), justice (distributing benefits, risks, and costs fairly), confidentiality (commonly applied to conversations between doctors and patients), autonomy (the right of the patient to refuse or choose treatment), and respect for persons (the right of the patient to be treated with

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Manuscript received July 24, 2014;
revised manuscript received and
accepted August 15, 2014

Conflict of Interest: none declared

*Editorials published in the Journal of Hospital Chronicles (HC) project the opinion of the author(s) and do not necessarily represent the views of HC or the Scientific Society of Evagelismos Hospital

dignity). The first four of them are in accordance with ideas codified in the Hippocratic Oath or in the Hippocrates' works, in general. Beneficence is the moral principle included in the Hippocratic Oath under the phrase: "I will prescribe regimens for the benefit of my patients..." (*διαιτήμασί τε χρήσομαι ἐπ' ὠφελείῃ καμνόντων...*). The closest approximation of non-maleficence in the Hippocratic Corpus is in *Epidemics*: "The physician must...have two special objects in view with regard to disease, namely, to do good or to do no harm" (*ἀσκέειν, περὶ τὰ νοσήματα, δύο, ὠφελείην ἢ μὴ βλάπτειν*). Another maxim mentioned in the Hippocratic Oath refers to justice: "I will keep them from harm and injustice" (*ἐπὶ δηλήσει δὲ καὶ ἀδικίῃ ἤρξομαι*). Finally, the most clearly defined ethical value in the Hippocratic Oath is the principle of confidentiality: "Whatever, in connection with my professional service, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret" (*Ἄδ' ἂν ἐν θεραπείῃ ἢ ἴδω ἢ ἀκούσω, ἢ καὶ ἄνευ θεραπείης κατὰ βίον ἀνθρώπων, ἀμὴ χρῆ ποτε ἐκλαλέεσθαι ἔξω, σιγήσομαι, ἄρρητα ἠγεύμενος εἶναι τὰ τοιαῦτα*).

There are considerable differences among ethics prevailing in different societies and cultures (social ethics) and hence what may be considered right and good for one, may be perceived differently by another. With the passing of the years, social ethics have inevitably influenced medical ethics. In the Hippocratic Oath, for example, practitioners of medicine swear to prescribe regimens for the good of the patients "according to their ability and judgment" (*κατὰ δύναμιν καὶ κρίσιν ἐμήν*). This phrasing refers to what is known as "medical paternalism". In 1936, the Greek writer and physician Pavlos Nirvanas, in his regular column in the daily newspaper "Estia", gave a clear description for the paternalistic doctor. The physician, he stated, genuinely wants the best for the patient, but believes that patients should not be involved in the decision making process as they do not know what is best for them.

The paternalistic medical model prevailed uninterrupted for centuries. In recent years, however, things have changed radically. On 10 December 1948, the United Nations General Assembly adopted the Universal Declaration of Human Rights. The Declaration recognizes "the inherent dignity" and the "equal and unalienable rights of all members of the human family". And it is on the basis of this concept of the person, and the fundamental dignity and equality of all human beings, that the notion of patient rights was developed. The basic principles concerning patient rights are: the right to medical care of good quality, the right to information concerning own health, the right to freedom of choice, the right of self-determination, the right to confidentiality, the right to information, the right to health education, and the right to dignity. Under the influence of this new idea, the paternalistic view has gradually been substituted by one promoting patient autonomy, whereby patients

and doctors share the decision-making responsibility. In the shared decision making (or partnership) model, patients are encouraged to consider available management options and the likely benefits and harms of each, to communicate their preferences, and help select the course of action that best fits these.^{5,6} The new Greek Code of Medical Ethics (Law No. 3418/2005 on Medical Deontology) specifies that "a physician shall inform, fully and comprehensibly, his patient on the true status of his health, the content and results of the medical act proposed, the consequences and the possible risks from its performance, the side-effects, the alternatives and the possible time of cure, so that the patient may shape a complete picture of the medical, social, economic factors and consequences of his condition and proceed with his decision".⁷

While new ethics created by the society added new values, such as autonomy and respect, to values codified in the Hippocratic Oath, certain social ethics, predominating in various countries, are in marked contrast to Hippocratic principles. The most significant of them are the issues of aid in suicide and of abortion. In the Hippocratic Oath, physicians swear that they will not give any deadly medicine, even if asked, nor advice to this end and also that they will not give a woman a pessary to cause an abortion (*οὐ δώσω δὲ οὐδὲ φάρμακον οὐδενὶ αὐθηθέντα θανάσιμον, οὐδὲ υφηγήσομαι συμβουλίην τοιγόνδε· ὁμοίως δὲ οὐδὲ γυναικὶ πεσσόν φθόριον δώσω...*). Francis Bacon was the first to challenge the fundamental Hippocratic view about the prohibition of any help in suicide, asserting that it is the physician's responsibility to alleviate the physical sufferings of the body aiming to an easy, painless, and happy death. The issue has been at the center of very heated debates for many years and is surrounded by religious, ethical and practical considerations. Very often, "euthanasia" (a Greek word meaning good death) is used as a synonym of "mercy killing", invoking that someone is terminally ill and suffering prolonged, unbearable pain. "Physician-assisted suicide" is another term used interchangeably with euthanasia. Physician-assisted suicide involves a doctor "knowingly and intentionally providing a person with the knowledge or means or both required to commit suicide", an act strictly prohibited by Hippocrates. Recently, the American Public Health Association recommended the usage of the term "aid in dying" instead of "assisted suicide". This new term reflects a social consensus in the United States that people should be able to decline treatment when they are suffering greatly from irreversible and severe illness.⁸ As of 2014, assisted suicide is legal in five states of America and also in Switzerland, Germany, Colombia and Japan. On the other hand, euthanasia is only legal in Albania, Belgium, Luxembourg and the Netherlands.

There is no denying that allowing people to make their own informed decisions is crucial to respecting all people as persons. On the other hand, the author of the present article believes that, whatever the term is used, "euthanasia", "mercy

killing” or “aid in dying”, the practice of intentionally ending a life is against the vocation of a physician. Physicians should always aim at what the ancient Greeks understood as “good life” (*eu ζην*) and not at the inducement of death. “Good death”, however, in the sense of dying relatively free from pain, in a supported and dignified setting, lies within a physician’s scope and “good death” can be achieved through palliative care. The overwhelming majority of dying people want their pain controlled, but do not want to be killed. Unfortunately, this approach is still not used as much as it should be.

Induced abortion has long been the source of considerable debate, controversy, and activism. In our days, most countries have decriminalized the termination of pregnancy, although the grounds on which it is permitted vary. According to the United Nations publication “World Abortion Policies 2011”,⁹ abortion is allowed in most countries (97% of them) in order to save a woman’s life. Performing abortion only on the basis of a woman’s request is allowed in 29% of all countries, including in North America and in most European countries. Other commonly accepted reasons are preserving physical (67%) or mental health (63%), while abortion in the case of rape or incest is accepted in about half of all countries, and performing them because of economic or social reasons in about a third. In Greece, in an attempt to curtail unsafe abortions, abortion through the 12th week of pregnancy has been fully legalized since 1984. In cases involving a minor, or in instances of rape or incest, the procedure is legal through the 19th week of pregnancy. Abortions also can be obtained through the 24th week of pregnancy in cases of fetal abnormality. Nevertheless, according to the Greek Code of Medical Ethics (Law No. 3418/2005, article 31), the physician “can invoke his moral rules and principles” and deny to induce abortion or collaborate in the termination of a pregnancy, unless pregnancy can be unavoidably dangerous to the mother. The above statement is in line with the author’s personal view.

Based on social ethics, laws are created and enforced by governments. The distinction is that, while one may obey the law, he might not always act ethically. A recent example is the case of execution by lethal injection in the United States. In that country, a group of eminent legal professionals known as the Death Penalty Committee of The Constitution Project, has published a set of recommendations aiming to fix the multitude of problems that affect this method of capital punishment. The last of these recommendation concerns the role of the medical profession in performing lethal injection. It states that jurisdictions should ensure “qualified medical personnel” to be present at executions and “responsible for all medically-related elements”. In an article in the JAMA, three American medical ethicists express their opposition to this proposal. They

criticize the recommendation as “a myopic view that sees such clinicians as passive participants in a situation over which they have no ethical involvement or responsibility” and state that “there is no way to reconcile the committee’s recommendation with an established principle of medical ethics, universally embraced by health professional societies”.¹⁰ The author of the present paper could not agree more with the above opinions. Moreover, he believes that death penalty should be abolished in all countries in the world, since it violates the right to life as proclaimed in the Universal Declaration of Human Rights.

Regardless of the rules of conduct prevailing in a given society, what stands as a non-negotiable principle is that the primary task of a physician is to provide competent medical care, with compassion and respect for human dignity and rights. A principle which is in accordance with what Hippocrates meant by the words “*επ’ ωφελείη καμινόντων*” (for the benefit of patients).

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