Chapter 149

Hippocratic Oath: Revisiting in the Present Medical Scenario

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INTRODUCTION

I shall speak the truth, only the truth
and nothing but the truth

This is an ever so familiar ritual followed by every court of law in the belief that a person swearing on the above words with his one hand on a holy scripture will be morally bound to speak the truth.

There is a conviction that an oath is believed to have the power to arouse the latent divinity, which is definitely there in every human being even if at the subconscious level. Thus, lies the importance of an oath. In the medical profession, from the time of graduation onwards it has been ingrained into us at the cellular level, there is this big, voluminous, ill understood, highly misquoted and frequently misused “Hippocratic Oath” coming down the centuries binding us into a simple one line statement, “Service above self”, i.e. patient’s well being above our own comforts, aspirations, avarice and rising above the constraints of religion, caste and nationality.

THE HIPPOCRATIC OATH: HISTORICAL ASPECTS

Historians do not know for sure who wrote it. Its exact age is uncertain, but it has been widely accepted that it was composed in the 4th century BC, by the renowned Greek physician Hippocrates, often referred to as the “Father of Western Medicine”. As little is known about the original oath, it remains unclear what weight it carried in its own time or how widely it was used. In fact, some scholars speculate that there may have been other oaths at that time, of which the hippocratic oath is the sole surviving text.

Down the centuries and decades, this has been modified innumerable times. There is little mention of the oath in any capacity for the first 1,500 years after its composition. The oath was rediscovered in the middle ages by church scholars who began modifying or interpreting the oath to conform to medieval christian doctrines. The first recorded use of the oath outside of Greece was at the University of Wittenberg, Germany, in 1508. Finally, in the 18th century, the oath was first translated into English, and medical schools in both Europe and the United States began to use various versions of the oath in their graduation ceremonies. The oath of Geneva was written following World War II as a reaction to Nazi atrocities. The Declaration of Geneva was adopted by the General Assembly of the World Medical Association at Geneva in 1948 and amended in 1968, 1984, 1994, 2005 and 2006. There are many more versions of the oath present from individual universities world over. However, the most widely publicized and popular version is “The Declaration of Geneva” adopted by World Medical Association and last updated in 2006.

Presently in India if we ever recollect having taken an oath, our taken oaths that have been individualized and customized to what the individual medical schools feel should be administered. Even these, however, in one way or the other have some umbilical attachment to the original hippocratic oath.

Now, we shall dissect and discuss the original hippocratic oath, line by line and para by para in context to the present medical scenario.

It starts: “I swear by Apollo the physician, and Aesculapius, and the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation”.

The above lines mention Greek Gods as these lines were written by a Greek physician; however, as this oath is being administered globally, it would be more acceptable now to swear by a universal “God”.

The oath continues “to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and Oath according to the law of medicine, but to none others.”

This seems irrelevant in the present times as today there are not only medical schools, medical books and updates and a structured curriculum of medical education available where all those interested can take up the medical profession in contrast to the ancient system of the “word of mouth” of handing down of knowledge, to the favored ones. The gratis element of knowledge was bilateral and more over, the physician’s needs were taken care of, by the rulers, which is no longer prevalent now. We doctors, very well have to fend for ourselves in every way.

It continues further “I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel.”

This is noncontroversial as it is universally agreed that doctors are supposed to act scientifically and judiciously in the best interest of the patients.

Now comes the statement, which has created uproar time and again: “In like manner I will not give to a woman a pessary to produce abortion.”

Dwelling into its deeper meaning, this statement does not prohibit abortions but objects to the method used. The pessaries used in ancient Greece comprised of a piece of wool inserted in the
vagina, which was almost always contaminated resulting into sepsis and death of the woman. It was more of a homicide rather than feticide. This line can be modified rather than deleted or ridiculed in the present context.

The next line in the oath is “With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work.”

It is another misconception that the oath forbids surgery. In fact, it urges the physicians to acknowledge their limitations and refer cases to more specialized practitioners as and when indicated. This is even more relevant in the present times.

It continues, “Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves.”

We can only vote unanimously in favor of this. However, this statement of the oath unfurls upon the fact that even in ancient Greece, medical practitioners committed dishonorable acts during delivery of their duties, despite the fear of punishment of being flogged to death or lynched, if caught in such acts. In modern times, where there is no fear of such barbaric punishment, this is even more relevant and we need to deeply contemplate and emphasize on this statement. Can such acts be stopped even in the present day by any means other than by morally binding the doctor by a sacred oath?

The penultimate section deals with the confidentiality issue stating "Whatever, in connection with my professional practice 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.”

The above statement also holds good as patients need to have absolute trust in the treating physician that whatever information, he is divulging will not be made public. This statement is now a hot spot of controversies especially with issues like HIV, hepatitis B, hepatitis C, etc. which are a threat to the life of others or unsuspecting partners. Should the clinician divulge this (patient's secret) in the greater interest of society, for example, say "when getting married, applying for jobs, etc. in which there is a potential risk of transmission”?

The last statement in the Oath, “While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!”

In the present times, “the reverse” referred to above can only be a suspension/cancellation of the medical degree, as per the gravity of the violation.

In an age of advancement and development in every field, pharma-physician nexus, cross practice, cut practice, legalized abortion and organ transplantation, we have only to modernize and modify the original hippocratic oath periodically. This periodicity is simply because of changing norms where new legal and ethical issues (like euthanasia, which has been legalized in a few countries) keep coming up.

PROPOSAL

Dare I venture forward and say that a modern day oath applicable to all medical students as a basic oath should be taken not only on graduation by them but also by all medical practitioners from time to time upon as a constant reminder of their social and moral responsibilities as doctors. Also the modification and modernization should be done on a regular basis by a team of experts as is periodically done of the Indian Constitution.

Few gray areas, which might not have existed or have not been dealt with in hippocratic oath are:

- Research and publication
- Euthanasia
- Organ transplant
- In vitro fertilization
- Contraception
- Advertisement
- Insurance, drug companies
- Consumer protection act, etc.

There are enough and more examples where doctors have been wrongly held responsible for negligence and ill treated by the public or the court by misquoting the oath. Yes, we do need an oath for our profession as sacred and high on moral standards as Hippocratic oath, but there should be an element, which can safeguard us from such immoral attacks. The oath should be considered as more of a moral binding rather than a legal document, and doctors should be considered as much a human being as those in other professions and more of health care providers than life granters.

We have the “International Code of Medical Ethics” given by World Medical Council and “Code of Medical Ethics—Medical Council Regulation, 2002” by Indian Medial Council, which deals with the various moral, ethical, legal and political issues in detail. These can be used as guidelines for doctors to refer to when in dilemma. However, an oath should be short, concise, easily understandable and reproducible. Last but not the least, I would like to propose an oath here, which can be used as a daily reminder of our primary objective, “Primum non nocere”; i.e. First, do no harm and “Service to heal the world.”

On this solemn day, I swear in the name of God that:

- I will give to my teachers the utmost respect and gratitude that is their due and uphold the rich heritage of the ethics that we have inherited from our great educationists of the past.
- I will use my knowledge for the benefit of people’s health. I will take care of my patients in a scientific and ethical manner and I will be compassionate and respectful toward my patient. I will do nothing that will harm my patients.
- I will not permit considerations of caste, creed, nationality, disease or disability, social or political standing or any other factor to intervene with my duty.
- I will respect and maintain my patient’s right to confidentiality and if I am required to divulge information by law, I will ensure that it is known to the patient and his interest is protected.
- I will continue with diligence to keep abreast of advances in medicine and will understand my limitations. I will seek the counsel of particularly skilled doctors where indicated for the benefit of my patients.
- I will not allow my ethics and medical judgment to be influenced by incentives offered by drug or insurance companies or any other agency.
- I will not hesitate in providing emergency care on humanitarian grounds even in medico-legal cases.

I shall repeat this oath daily lest I forget that I am in a divine profession to heal the world. So help me Lord!!

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