

### Hippocratic Oath for the Physicians of the Third Millennium

Prof. Pavel Kalvach and Prof. Franz Gerstenbrand

Southwards from the Turkish Anatolia, opposite to the Hallkamassos lies in the Mediterranean Sea the Island of Kós. With its 282 km<sup>2</sup> it belongs to the Dodecanese Islands, more accurately in the Aegean Sea. An 870 m high mountain crest splits the island into two parts, with the capital Kós being situated in the northern lowland. Almost 2500 years ago this island became the birthplace of a legendary physician, often called "father of medicine", Hippocrates (460-377 B.C.). This wise man was not only a practicing physician but on top of that a teacher and writing philosopher.

The extremely sporadic reports of Hippocrates' activities have a firmer component only in the texts of his 30 years younger contemporary Plato (428-347 B.C.). This philosopher compares the fame of Hippocrates with the most reputable sculptors of that time – Polykleitos and Feidios. Hippocrates was to be (according to Plato) of "smaller stature, rather unsightly, baldheaded, with thin beard and a big nose" (Fig. 1). During his 83 years life span he travelled throughout the major part of Greece and western Anatolia, being welcome to villages and major cities as a savior for the sick. He was brought to medical profession by his father Herakleidos, who himself was a devotee of the cult of God Asklepius (son of Apolló). Asklepiads were followers of the God of healing, and Hippocrates belonged reportedly to their 20th generation. The center of these Asklepiad traditions was Epidaurus. During the Hippocrates' life the intellectual endeavors of the Greek empire were generally on the peak of flourishing, with people like Socrates, Anaxagoras in Athens, Empedokles in Agrigento, Sicily, Herodotus etc. Only shortly later also Aristotle in Macedonia, Athens and Euboea belonged to these extraordinary thinkers.

His last part of life spent Hippocrates in Larissa, Thessalia, northeastern Greece, where is located also his tombstone. His sons Drakon and Thessalos as well as his son in law Polybius took up the tradition and continued as asclepiads. It is likely, that just due to this tradition the first part of the Hippocratic oath contains the candidate's pledge for teaching his followers and sharing assets with his ancestors.

The island of Kós became center of a new approach to medicine, rejecting myths, superstition and magic and stressing meticulous observations of nature and behavior of animals and man. Even experimental attempts were recommended by that school, bringing the discipline more to science. The great medical school of Kós was situated mainly in the Asklepiadon, a cluster of buildings on 3 large terraces, with big yards and agoras (Fig. 2). Its final construction took several decades. Ill pilgrims, sick persons came from long distances, with expectations that the God Asklepiad would heal them during their sleep (incubation). For this purpose they ascended to the first terrace where multiple wells allowed them to take a bath; then they proceeded to the second terrace for sacrificing to Gods, including also putting money into a treasure chest (*thesauros*). Only on the third terrace they entered the column hall, Abaton, where the local priests have accompanied them to big dormitories for the healing sleep. During the night on beds (*kliné*, henceforth clinics) they slept, dreamed and were eventually treated by unguents and potions. The procedures were later described in dramatic plays by Aristophanes.

The fame of Hippocrates reached Athens, where just during the height of his career the Peloponnesian war was in full scale (431-404 B.C.). What we can learn today about Hippocratic methods and teachings, is treasured in the *Corpus Hippocraticum*, a large collection of 60 books. They were deposited in the Great Library of Alexandria after about 200 B.C. Although probably only few of those volumes were written by Hippocrates himself the whole corpus is considered to describe his teachings and philosophy. According to Galen (129-199 A.D.), one of the most important volumes was *The nature of man*, written by Polybius, the

standing or any other factor to intervene between my duty and my patient;

- I will maintain the utmost respect for human life;
- I will not use my medical knowledge to violate human rights and civil liberties, even under threat;
- I make these promises solemnly, freely and upon my honor

Today, the practice of medical doctors is by far not an individual job, independent from the society as a whole. The sense of responsibility for a concrete patient, readiness to personal sacrifices (of time, energy, money), ways of remuneration – everything is entangled into a clew of social rules. In general one should consider that the serious decisions about the health and life of our patients are a mixture of personal, or collective health care professional interventions on one side and the social "governmental" measures on the other. In the post-communistic countries we have experienced a blunt example of such influences. Several countries have abolished their compulsory state insurance. What does this mean for the patients? Such a reversal from the blessings of solidarity, so painstakingly built up for several decades, has brought the society into desperations of the individual dependency on one's own riches. In some countries this happened abruptly, in some it runs as a progressive deterioration of the solidarity with the increasing amount of services to be paid out of one's own pocket. Consequently some countries suffered even a change in the "epidemiology" of many diseases. The afflicted people simply don't go to doctor because of lacking money. In this way the whole society and the governments destruct the conditions for adhering to the Hippocratic principles. Medical doctors are in this way confronted with their helplessness in fulfilling a complete treatment. We, e.g. In socialistic Czechoslovakia were always automatically engaged in providing the optimal care for anybody, since everybody was having lawfully general insurance. Today we are forced to distinguish among different insurances and consequently some diagnostic or therapeutic measures must be chosen selectively. It is nearly impossible to comply in our treatment to

Hippocrates unless we would treat and cure the society in general!

To solve problems of corrupted state systems is however more ambitious and long-lasting. The more so, when a number of countries (including such traditional leaders like the USA) have never yet adopted the necessary principles for a full solidarity in the health care.

In summary the Hippocratic principles are very near to the general content of ethics: altruism, sense of honor, justice, respect for others, solidarity and ability to forgive. In the medical conduct in particular the consequent attitudes should be observed: The autonomy of the patient in his substantial decisions, respect for his own and secondary for his family' wishes.

These attitudes should apply to several burning questions, like medical research involving human subjects or end of life decisions.

Medical research on human subjects is regulated by the Helsinki declaration of 1964. It states, that considerations related to the well-being of the human subject should take precedence over the interest of science and society. When providing medical care which might have the effect of weakening the physical and mental condition of the patient, the physician shall act only in the patient's interest.

Another document of importance is the Convention for the Protection of Human Rights and Dignity of the Human Being. According to this again the interest and welfare of the human being shall prevail over the sole interest of the society and science. Parties taking into account health needs and available resources, shall take appropriate measures with a view to providing, within their jurisdiction, equitable access to a health care of appropriate quality. This document also cares for protection of persons not able to consent and protection of persons who have a mental disorder. Such persons may be subjected to interventions aimed at treating his or her mental disorder without his or her consent, only where, without such treatment, serious harm is likely to result to his or her health.

Further important issues have been discussed and declared by the

UNESCO Bioethical Declaration on Human Rights in Paris, 2005. The focus to person's identity was handled here in five aspects: biological, psychological, social, cultural and spiritual. Again – the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent. Among the rights and responsibilities of a treating physician the highest level of his education and training is essential and necessary. He should preserve the life of a patient with best nursing and medical care, to beware of needless pain, to preserve the personal identity and social contacts.

In 1990 the World Health Organization defined a new issue – the palliative care. It is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms and of psychological, social and spiritual problems is paramount. The palliative care neither hastens nor postpones death.

Very important and complicated issues in medical ethics are the "end of life decisions". These regard strategies in preserving life in its severely reduced forms, strategies in omitting or finishing life support measures in terminal stages of incurable diseases and attitudes and desires related to euthanasia and eventually also to the physician-assisted suicide in terminally ill patients. In regard to the Hippocratic oath and its philosophical consequences these are quite controversial issues. The medical doctor's pledge for preserving life in all its manifestations comes often into conflict with the particular person's personal will. In the last 15 years some studies have appeared, analyzing patients' attitudes to these topics. In one study, carried out in 5 metropolitan areas and 1 rural county, the authors interviewed 988 terminally ill persons in regard to their desire for euthanasia or physician assisted suicide. The individuals were asked twice within several months of their illness. Although 60,2% of these patients supported euthanasia or physician-assisted suicide in a hypothetical situation, only 10,6% reported seriously considering these solutions for themselves. Factors associated with being more likely to consider euthanasia or physician-assisted suicide were

depressive symptoms, substantial care giving needs and pain. At the follow-up interview one half of the terminally ill patients who desired these end of life practice for themselves, have changed their mind. Nevertheless an almost equal number of those, previously against, began considering these measures. These were mostly again persons with depression, but also with dyspnea (JAMA. 2000; 284(19):2460-2468). Certainly, knowledge of these personal attitudes by the treating physician should be an important instrument in his treatment strategy. To alleviate the doctor's hesitations how far to precede with artificial ventilation, tube feeding etc. "living wills" and "advance directives" written by people in their full alertness prior to their critical illness, are of great importance. Thus some people (and probably more in the future) prepare their "living will", spelling out their preference to medical treatments and life-sustaining measures they want or don't want. Similarly they declare their "do not resuscitate (DNR)" orders, applying under certain circumstances. Alternatively the difficult decisions for the event of being unable to decide personally, could be also transferred via a so called "power of attorney (POA)" institute. Such a personal health care agent or proxy, usually a member of the family, would help the health personnel in final decisions.

To conclude we want to stress, that medical profession is a rather complicated vocation. It has a huge content not only in the volume of necessary expert knowledge and skills, but also in its philosophical and ethical dimension. It is not incidental, that in our countries in most polls of common appreciation of individual professions, medical doctors fare very well, winning usually the first ranks. This is due by major part to the respect, honor and reliability of our colleagues predecessors and it will continue further on only providing our own adherence to the lofty ideals contained in the documents like the Hippocratic oath. Although the oath's concrete wording might have undergone several modifications, its incentive for an altruistic care for our patients will remain an everlasting imperative.



Fig. 1. Hippocrates, 460-377 B.C.,  
"the Father of Medicine"

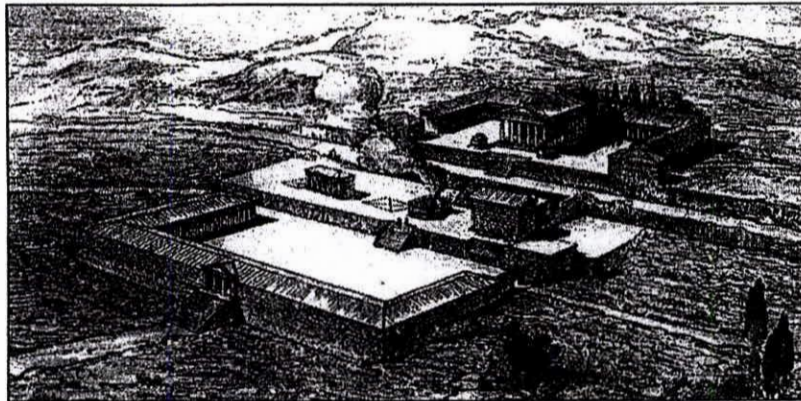


Fig. 2. Reconstruction of the Asclepius's temple on the island of Kós

# Ethics in Medicine

INTERNATIONAL CONFERENCE

31<sup>st</sup> March, 2012, Tirana, Albania

Tirana International Hotel



Hosted by Alb-Shkenca Institute  
Section of Medical Sciences

Bio-Medical division

Under the patronage and with the support of:  
MINISTRY OF HEALTH, REPUBLIC OF ALBANIA  
ALIAN EMBASSY IN TIRANA AND ISTITUTO ITALIANO  
DI CULTURA IN ALBANIA  
AZIENDA UNITÀ SANITARIA LOCALE DI BOLOGNA

