Zeitschrift: Entretiens sur l'Antiquité classique
Herausgeber: Fondation Hardt pour l'étude de l'Antiquité classique
Band: 43 (1997)

Artikel: Hippocratic morality and modern medicine
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DOI: https://doi.org/10.5169/seals-660712

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HIPPOCRATIC MORALITY AND MODERN MEDICINE

After the Bible, the Hippocratic Oath is arguably today the most influential text of all those that survive from Classical Antiquity. It is continually referred to in both medical and non-medical discourse as an ethical, if not *the* ethical, standard against which the medical professions should measure themselves or be measured[1]. When the name of Hippocrates appears in the titles of books or in newspaper headlines, one can be certain that it is not the theory of humours or a revived treatment for headwounds that is being discussed, but rather some medical, financial, or moral lapse by a medical individual or organisation. Indeed, the quickest way to draw up a case against the modern medical profession would be to look up Hippocrates or

* I am grateful for their assistance in providing me with a wide range of information to Robert Baker, Michael Barfoot, David Cantor, John Erlen, Helen King, Antonie Luyendijk, Trupti Patel, Thomas Rütten, Dale Smith, and Steve Sturdy. They are not to be held responsible for the uses I have made of it.

[1] I merely note a variety of recent publications in leading anglophone medical journals: A.M. WEISSLER, "The Hippocratic ethic in a contemporary era of clinical uncertainty", in *Mayo Clinic Proceedings* 66 (1991), 966-967; various authors, "The Hippocratic Oath reappraised; contemporary viewpoints", in *Proceedings of the Royal College of Physicians of Edinburgh* 21 (1991), 188-193; 328-331; 444-447; 22 (1992), 206-210; C.M. WARD, "Defining medical ethics", in *British Journal of Plastic Surgery* 46 (1993), 647-651; J.D. CANTWELL, "Hippocrates revisited", in *Journal of the Medical Association of Georgia* 83 (1994), 83-84; M. VIOLAKI-PARASKEVA, "Hippocrates; an idea that lives", in *World Health Forum* 16 (1995), 394-397; E.D. ROBIN, R.F. MCCAULEY, "Cultural lag in the Hippocratic Oath", in *The Lancet* 345 (1995), 1422-1424.

Hippocratic Oath in a computerised index to the Times or similar journal. Incompetence, adultery, financial mismanagement, administrative chaos, dubious techniques, and even bad luck, to say nothing of abortion and euthanasia, would all be revealed for the presumed censure of the Father of Medicine. The medical response to such scandals is to call for Hippocratic morality, as if that ancient healer was capable even today of treating successfully the ills of the medical profession.

This appeal to Hippocrates is one that can be found in all countries that can be loosely said to depend on a Western tradition of medicine. Following vigorous demands from its members, the British Medical Association in 1995 set up a committee to draw up a new Hippocratic Oath, which will doubtless look at the oaths administered in the USA to those entering medicine, nursing, or pharmacy[2]. In Germany, the Akademie für Ethik in der Medizin, funded by the Federal Ministry of Science, Research and Technology and the German Federal Research Council, is planning two workshops and a mega-conference in Freiburg in October 1997 to consider anew the relevance and value of ethical codes in medicine. German, French and English experts in medical ethics, law, history, clinical medicine and health politics will debate the origins, impact and implications of such codes, among which that of Hippocrates will assuredly find a place[3]. After all, the largest modern commentary on the Oath, that by Charles Lichtenthaeler, was published by the German equivalent of the British Medical Association, the Deutsche Ärzte-Verein, through its press. Lichtenthaeler's message is a reassertion of traditional medical values, a reaffirmation of the ethical superiority of his medical generation (he was born in 1915) in the face of younger physicians in his view unsure of right and wrong, and a vigorous insistence

[2] See now, *The Times*, 4 July, 1997, p. 7. A brief summary of USA practice is in J.A. ERLEN, J. ERLEN, E. DICKSTEIN, "Professional oaths — pharmacy can lead the way", in *Journal of clinical pharmacy and therapeutics* 16 (1991), 301-303.

[3] Preliminary circular, *The Freiburg Project*, Zentrum Ethik in der Medizin (Freiburg 1996).

on the 'uralte Autorität' of the Oath to help resolve many of the problems posed by modern technology[4].

In these circumstances, medical ethicists and medical men in general have often taken up the conclusions of classicists, often, unfortunately, after a considerable delay, in order to offer definitive pronouncements on the meaning and value of Hippocratic medicine. In 1985, Paul Carrick's *Medical ethics in antiquity* summarised the main lines of classicists' debates for the benefit of a medical audience interested primarily in the interrelation of philosophy and ethics, while, six years later, the equally unadventurous *Matter, morals, and medicine* by Michael Jerome Carella grew out of lectures delivered to medical students on medical ethics[5]. Others have been more subtle in their investigations of the Hippocratic legacy on behalf of a wider, non-philological audience. Thomas Rütten's *Hippokrates im Gespräch*, the catalogue of an exhibition held in 1993 to mark the opening of the new Medical Library at the University of Münster, elegantly surveys the changing faces of Hippocrates, and its appendix on the Hippocratic Oath foreshadows his forthcoming book[6]. The 1995 Pittsburgh meeting of the American Association of the History of Medicine included a half-day panel on the history of the Hippocratic Oath from Antiquity to the present, while the College of Physicians of Philadelphia hosted a major colloquium in 1996 on the changing images of Hippocrates and Hippocratism[7]. Hippocratic morality is regarded as an appropriate

[4] C. LICHTENTHAELER, *Der Eid des Hippokrates. Ursprung und Bedeutung* (Köln 1984), esp. 25-33.

[5] P. CARRICK, *Medical ethics in Antiquity. Philosophical perspectives on abortion and euthanasia* (Dordrecht 1985); M.J. CARELLA, *Matter, morals, and medicine. The ancient Greek origins of science, ethics and the medical profession* (Bern 1991).

[6] Th. RÜTTEN, *Hippokrates im Gespräch*, Schriften der Universitäts- und Landesbibliothek Münster 9 (Münster1993).

[7] The Philadelphia paper of K.H. LEVEN, "The myth of Hippocrates in 20th century German medicine", is relevant to this paper, although Leven concentrates on the period before 1950. Cf. also his "Hippokrates im 20. Jahrhundert: Ärztliches Selbstbild, Idealbild und Zerrbild", in K.H. LEVEN, C.R. PRÜLL (eds.), *Selbstbilder des Arztes im 20. Jahrhundert* (1994), 39-91.

theme for an inaugural lecture by a historian of medicine within a medical faculty, or for a *Festrede* before a prestigious medical college[8]. *Hippocrates in a World of Pagans and Christians*, that fine survey by the Nestor of medical historians, Owsei Temkin, is as much an assertion of his own ethical credo as a physician as it is a study of the Hippocratism of Late Antiquity[9]. In short, Hippocrates and the Hippocratic Oath are topics of concern and interest to modern physicians, and the conclusions of classical scholars are in general welcomed as contributions to an ongoing debate within the medical profession. The opinions of L. Edelstein or W.H.S. Jones, to mention only the dead, are seen as having relevance for modern medical students in a way that has no parallel for other disciplines within Classics. Controversies over the aesthetic and commercial value of Attic vases play no part in the formation of modern potters; the interpretation of words in Hero or Vitruvius is not regarded as crucial to the future career of an engineer or an architect. Why then should the modern medical profession look so closely at what philologists think about Hippocrates and Hippocratic ethics?

A simple answer to this question would be that the Hippocratic Oath is, and always has been, the foundation of Western medical ethics, and thus it is hardly surprising that the views of Hippocratic experts should continue to be taken into consideration[10]. But any attempt to define more precisely the way in which the Hippocratic Oath or Hippocratic morality exercises its effects today is not without its difficulties. If one looks at

[8] In 1996, Professor Dr. Ortrun Riha delivered her inaugural lecture as Professor of the History of Medicine at the Sudhoff Institut in Leipzig on the theme of the relevance of the Hippocratic Oath to modern medicine. V. NUTTON, "What's in an oath?", in *Journal of the Royal College of Physicians of London* 29 (1995), 518-524, was originally delivered as an address before new members of the College in July, 1995.

[9] O. TEMKIN, *Hippocrates in a World of Pagans and Christians* (Baltimore 1991).

[10] General surveys of the influence of the Hippocratic Oath are W.H.S. JONES, *The doctor's oath* (Cambridge 1924); L. ELAUT, *Het medisch Beroepsgeheim en zijn historische Ontwikkeling* (1951); and K. DEICHGRÄBER, *Der hippokratische Eid* (1955).

the most obvious index, the actual taking of the Oath by modern physicians, it becomes immediately clear that this is, in general, a recent phenomenon. The statistics as collected for the USA and Canada over the last seventy years are particularly eloquent. In 1928, a mere twenty medical schools, none in Canada, administered the Hippocratic Oath or some version of it; 14 gave it at graduation, one at commencement; one oddly gave it only to the best students; and one, bravely one might think, read it out at an Old Boys' dinner. By 1965, numbers had risen dramatically: 68 out of 97 medical schools used a medical oath. Twelve years later they reached still higher, to 108 out of 128, and by 1989 to at least 119, 60 of whom claimed to be administering some version of the Hippocratic Oath[11]. A similar pattern appears in Great Britain, although there it is taken at only half the medical schools, and also on the Continent[12]. Nolte's survey in 1981 showed just how few medical schools in N. Europe then asked their students to swear the Hippocratic Oath, and only at Montpellier could one talk of a long tradition of medical students or graduates formally reciting the Oath[13]. There, according to the regulations of 5 July, 1804, a medical graduate had to stand before a bust of Hippocrates (specially donated by the French government), recite the Hippocratic Oath in Latin, and promise in the name of God (who was replaced in

[11] It is not clear from the responses to questionnaires just what was meant by 'some version', a crucial point in estimating the extent of Hippocratism.

[12] Figures for the USA and Canada are gained from E. CAREY, "The formal use of the Hippocratic Oath for medical students at commencement exercises", in *Bulletin of the American Association of Medical Colleges* 3 (1928), 159-166; D.P. IRISH, D.W. MCMURRAY, "Professional Oaths in American medical colleges", in *Journal of chronic diseases* 18 (1965), 175-189; R. CRAWSHAW, "Contemporary use of medical oaths", in *Journal of chronic diseases* 23 (1970), 144-150; W. FRIEDLANDER, "Oaths given by US and Canadian medical schools, 1977", in *Social science and medicine* 66 (1982), 115-120; E. DICKSTEIN, J. ERLEN, J.A. ERLEN, "Ethical principles contained in currently professed medical oaths", in *Academic medicine* 66 (1991), 662-664. For the UK, see the correspondence in *The British Medical Journal* 309 (1994), 953 and *The Times*, 7 July, 1995.

[13] W. NOLTE, *Der hippokratische Eid und die Abschlußeide der früheren und jetzigen deutschsprachigen Hochschulen* (Diss. Bochum 1981).

1872 by the supreme being) to be faithful to the laws of man and of honour in the exercise of medicine[14].

But elsewhere, by the 1880s, there were complaints that the young were no longer familiar with its message; where it was taken, as at McGill University or at St. Thomas's Hospital in London, it was viewed with disquiet as an anachronism, as a mark of outmoded tradition in an age of progress. At Aberdeen, it was adopted only in 1888, when the medical faculty decided to put something in place of the recently abolished university Oath, an oath which was designed to secure the political and religious loyalty, not the personal morality, of its members[15]. The new civic universities and medical schools, not surprisingly, had little to do with such relics of the past.

This is not to say that oaths were never administered, or that there were not medical oaths that in some respect attempted to reinterpret a Hippocratic ethic. At Leiden, the oath of 1685 incorporated a substantially modified version of the Hippocratic Oath, at Edinburgh the new oath of 1731 summarised it in a mere five lines[16]. Most oaths contained a loyalty element, a pledge of fidelity to one's university and, sometimes, government, and medical oaths, particularly in Germany from the seventeenth century onwards, often carried also a moral content. The most influential of these by far was that enforced in Prussia, which was composed by Christoph Wilhelm Hufeland in 1810, and combined loyalty to the state with the best Enlightenment sentiments[17]. But once one departs from a strict definition of

[14] L. DULIEU, *La médecine à Montpellier* IV (1988), 131-136. At Edinburgh an oath incorporating most of the Hippocratic Oath was included in the Statutes of 1705 but was superseded in 1731.

[15] T.H. PENNINGTON, letter in *The British Medical Journal* 309 (1994), 953.

[16] The Leiden oath of 1685 survived at least into the 19th century, and a modified version of it continues to be sworn, see G.A. LINDEBOOM, "De artseneed in ons land vóór 1865", in *Nederlandse Tijdschrift voor Geneeskunde* 121 (1977), 1758-1760. For the Edinburgh oaths, see *List of the graduates in medicine in the University of Edinburgh from MDCCV to MDCCCLXVI* (1867).

[17] E. LUTHER (ed.), *Beiträge zur Ethik in der Medizin. 2500 Jahre ärztlicher Eid* (1983), 64. This Jena volume offers an interesting contrast with the standard Western capitalist discussions of the same ethical tradition.

the Hippocratic Oath or from what those who swore it thought was, in some way or another, the Hippocratic Oath, then it is hard to know where to draw the line in deciding what is or is not Hippocratic morality. Hufeland opened his *Enchiridion medicum*, his summary of all that fifty years of medical practice had taught him, with a preface in praise of Hippocrates' natural healing, but when he asserts traditional ethical values in the face of professional conflict and social change, in his essay *Die Verhältniße der Medizin*, which concludes the volume, he mentions neither Hippocrates nor the Oath[18]. Still more debatable is the attempt to characterise as Hippocratic the celebrated *Medical ethics* of the Manchester physician, Thomas Percival, published in 1803, on which was based, albeit with substantial modifications, the equally influential 1847 *Code of Ethics* of the American Medical Association. Percival appears to take little account of the *Hippocratic Corpus* and to reflect far more the ethical and legal ideas of the Enlightenment, yet the formulation of Nathan Smith Davis, whose concerns about medical education began the chain of events that led to the 1847 *Code*, might suggest otherwise: "the Hippocratic Code", he declared in the 1890s at the end of his long life, "was more fully discussed, revised and extended by Sir Thomas Percival". The fact that Davis was wrong in attributing a knighthood to Percival does not mean that he was also wrong in his perception of the relationship of Percival's treatise to Hippocrates, or in his assertion of an ethical continuity from Antiquity to the present[19].

[18] C.W. HUFELAND, *Enchiridion medicum* (1836; 10th edition, 1856). I have consulted it in the 3rd edition (1837), where the praise of Hippocrates is on pp. 4-5, *Die Verhältniße...* on pp.891-912.

[19] T.L. BEAUCHAMP, "Worthington Hooker on ethics in clinical medicine", in R. BAKER (ed.), *The codification of medical morality. Historical and philosophical studies of the formalization of Western medical morality in the eighteenth and nineteenth centuries.* II: *Anglo-American medical ethics and medical jurisprudence in the Nineteenth Century* (1995), 105-119, at 117. The introduction to the volume discusses the varied characterisations of Percival, but could not take into account the critical remarks of R. COOTER, "The resistible rise of medical ethics", in *Social history of medicine* 8 (1995), 257-270, at 265-266.

Whether this ethical continuity ever existed or exists today is a moot point. It is becoming more and more recognised that what physicians regarded as the significant features of Hippocratic medicine themselves have changed considerably over time. The sixteenth-century view of Hippocrates as the dogmatic giver of medical precepts was replaced by that of Hippocrates as the undogmatic observer. Littré's Hippocrates, non-religious and a firm believer of the independence of the medical profession, is very different from that of Sir George Newman, whose *Outline of the practice of preventive medicine,* 1919, placed a revived Hippocratic awareness of the environmental aspects of ill health within an overarching system of state medicine[20].

There has been, I would argue, a similar change within the same overall rhetoric of a Hippocratic medical ethic as something essential for the modern medical profession, and one that links well with the trend already noted for the reintroduction of the Hippocratic Oath. Percival, Davis, and, indeed, almost all physicians in Britain and the USA down to the 1940s saw Hippocratic medical ethics largely in terms of what some scholars have termed etiquette, the relations of the doctor with the patient and with his colleagues. When they appealed to Hippocrates, it was less to the Hippocrates of the Oath than to the Hippocrates of *Decorum* and other works in the *Corpus.* In writings from the 1920s and 1930s it is the physician's behaviour, trustworthiness, ability to keep secrets, and propriety in setting a level of fees, that are to the fore. Whatever the law might say, medical confidences were secret, and the Hippocratic Oath and other texts confirmed the doctor in his unwillingness to divulge information — except of course, to his colleagues in the profession. Here writers had a good deal to say, not only about the proper methods of arranging a consultation — letters "should

[20] The various prefaces to É. LITTRÉ's edition reflect contemporary issues as much as those of Antiquity; Sir George NEWMAN, *Outline of the practice of preventive medicine* (1919). I owe this comparison to a paper by Steve Sturdy delivered at a symposium on medical humanism at the Wellcome Institute in 1996.

not be addressed Dear Sir, but rather dear Dr. So-and-so, removing from the first moment any sense of inequality in the forthcoming meeting" — and the payment of fees, but also about relationships with those on the fringes of respectability. Within the medical profession, all were in theory equal, but there were powerful and unscrupulous competitors outside. With them, the physicians were strongly enjoined to have nothing to do: "The quack, the Christian Scientist, the layer-on of hands, the bone-setter, the osteopath, and all such irregular individuals are taboo in the sick room in the presence of a medical attendant. Should the patient express a wish for his doctor to meet such, he should quite rigidly refuse, and never should he give an anaesthetic for any manipulations by such a person[21]." Physicians who adopted the methods of the unlicensed healers were rigorously pursued through the disciplinary bodies of the British medical profession. Advertising was totally forbidden, and the writing of signed columns in a newspaper gave rise to severe criticism, and worse[22].

In short, the doctor was a gentleman, working within an honourable profession[23]. Medicine was not a business but a vocation, and one that would assure a dignified position within society in which one might live 'decently'. Even in the USA, it could be asserted as late as 1941 by a writer in the *New England*

[21] Quotations are from E.A. BARTON, "Medical etiquette", in *The Practitioner* 127 (July-December 1931), 587-596. See, for other typical instances, Lord RIDDEL, "An address on the law and ethics of medical confidences", in *The Lancet*, July 1927, 4-8; J. GLAISTER, "Professional secrecy and professional privilege", in *The Glasgow Medical Journal* 6 (1927), 322-337; Sir Henry BRACKENBURY, *Patient and doctor* (1935).

[22] J.S. HORNER, *Medical ethics and the regulation of medical practice with particular reference to the development of medical ethics within the British Medical Association, 1832-1993* (M.D. Diss., Manchester 1994); R.G. SMITH, *Medical discipline. The Professional Conduct jurisdiction of the General Medical Council, 1858-1990* (1994); A.A.G. MORRICE, "'The medical pundits': doctors and direct advertising in the lay press", in *Medical History* 38 (1994), 255-280.

[23] The title of W. SANDERSON, E.B.A. RAYNER, *An introduction to the law and tradition of medical practice* (1926), is eloquent in its juxtaposition of external and internal standards of morality.

Journal of Medicine that physicians were for the most part gentlemen, and that behaving like gentlemen and observing the golden rule would prevent all ethical blunders[24].

Gentlemen, of course, did not do science, at least in Britain — they read Classics — and the physicians of the first half of the twentieth century displayed an ambiguous attitude towards scientific discoveries and, in particular, new technology. While they accepted many of the findings of medical science, they were unwilling to relinquish responsibility for their patients to medical scientists[25]. In the wave of neo-Hippocratism that swept over Europe in the 1920s and 1930s, Hippocrates was called in to defend the supremacy of the physician. The physician alone could see the patient within his or her environment; he alone could modify whatever his technical instruments might say in order to take account of the tendencies of Nature; he alone had the skill to carry out prophylaxis and prognosis before illness developed, and to prescribe and oversee fully all remedies and treatments. Only he had the insight and the capacity for an overall view; he might take the advice of specialists, and utilise the evidence of sphygmographs and laboratory tests, but only he was qualified to interpret the individual's condition as a whole[26]. Hippocratic medicine united with Hippocratic morality to reassert traditional values in the face of socialized medicine, group practice, health insurance and state medicine[27].

Not all within the profession were so enthusiastic about the virtues of Hippocratic morality. In 1919, John Round, of the

[24] D. CHEEVER, "Medical ethics", in *The New England Journal of Medicine* 20 (1941), 838-844, a reference I owe to the London BSc. thesis of T. PATEL, *Medical ethics or medical etiquette? 1925-1945* (1996).

[25] Sir Henry BRACKENBURY, *Patient and doctor*, 35.

[26] Anon., "The humoral factor in disease (Neo-Hippocratism)", in *Archives of medical hydrology* 7 (1929), 143-153; A.P. CAWADIAS (the son of the excavator of Epidaurus), "The Neo-Hippocratic theory as a basis of medical thought and practice", *ibid.*, 148-151.

[27] C.D. LEAKE, *Percival's Medical Ethics* (1927), viii-ix. While less opposed to group practice, many British physicians in the 1930s strongly resisted any thought of state intervention.

Battersea General Hospital in London, had demanded a new Hippocratic Oath that, in his view, would no longer work against the interests of physicians by stressing their qualities as gentlemen[28]. He compared the payments made by the London police to those summoned to care for the victims of accidents; the doctor of medicine was paid only three shillings and sixpence for a person, but a veterinary surgeon received nineteen shillings and sixpence for an animal. "The reason can only be this: the veterinary surgeon is regarded as a man out to earn his living whilst the physician is supposed to exist for the public good." Hippocratic morality, one might say, can seriously damage your wealth.

A different and more searching criticism was offered by the Harvard physician Richard C. Cabot (1868-1939), whose *Case histories in medicine*, published in 1928, has seemed to some historians to foreshadow a new approach to medical ethics[29]. He argued that merely following the precepts of the Hippocratic Oath or the Code of the AMA was by no means enough to guarantee proper, ethical treatment. What counted above all was the practitioner's competence, not only in the new techniques and discoveries of scientific medicine but also in appreciating the patient's personal and social needs. Competence as a professional involved, as well as the understanding and management of illness, achieving good relations with one's colleagues and with the individual patient, and it brought with it in its turn respect and appreciation from all concerned. It also meant that the patient was likely to be given a better diagnosis and treatment, with consequently better results for the practitioner.

In historical retrospect, Cabot's demands are scarcely original. If we may judge from his treatise on *The examination of the physician*, Galen would have gladly endorsed such a programme,

[28] J. ROUND, "The dawn of a medical union", in *Western Medical Times* 39 (1919), 429-436, a reference I owe to Dale Smith.

[29] R.C. CABOT, *Clinical cases in medicine* (1928). Cf. C.R. BURNS, "Richard Clarke Cabot (1865-1939) and the reformation of medical ethics", in *Bulletin of the History of Medicine* 51 (1977), 353-368.

and his delineation of the 'medicus gratiosus', the 'charming physician', sets out a similar model for the ideal practitioner[30]. But, it must also be admitted, Cabot's insistence on the primacy of intellectual and practical competence as a guide to proper practice is a sign of a growing dissatisfaction with the traditional belief in the equality of all physicians. This was perhaps most evident in the USA, where the standards of health-care available varied enormously from State to State, and where, as the Flexner report of 1910 had revealed to a shocked audience, the differences in quality between institutions offering some form of medical training were enormous. There was in consequence a rising public concern about how and why doctors were trained, and Cabot's book, as well as the foundation of the Gay lectures in 1922 at Harvard to promote the education of medical students in 'medical ethics and business', can be seen as responses to this anxiety.

But Cabot was still working within the traditional model of medical ethics that regarded everything that contributed to the well-being of the patient as a good thing, what some historians of medical ethics have termed the teleological model[31]. In this could be included not only the doctor's relationship with his patient, but that with his colleagues called in to assist, and, indeed, whatever else in the doctor's view might contribute to a successful outcome. What this outcome should be, and how it should be achieved, might be matters for discussion between the patient and the doctor, and some might also wish to introduce the state, but the ultimate decision rested entirely with the doctor. He, and in the 1920s and 1930s it was largely he, determined what was required for each individual, and there was little or no chance of his decision being over-ruled except

[30] A.Z. ISKANDAR (ed.), Galen. *On examinations by which the best physicians are recognised* (Berlin 1988); K. DEICHGRÄBER, *Medicus Gratiosus. Untersuchungen zu einem griechischen Arztbild*, AAWMainz, 1970, 3.

[31] Rightly emphasised by A.R. JONSEN, *The new medicine and the old ethics* (1990), 27-28, who further describes Cabot's theories as being in 1990 'ethics in crisis'.

by fellow-professionals. Only the incompetent, in Cabot's analysis, would be excluded from this congregation of the experts, but, once made competent, they too would be allowed to join. The honour of the medical profession, the sense of collegiality, and the respect of one's peers would, so it was thought, ensure a satisfactory, and by definition an ethical, outcome to any case.

By the late 1960s, this ethic or etiquette had almost entirely disappeared, although nostalgic traces could still be found in speeches at medical dinners and assemblies. The Second World War marks a turning point, and not only in its revelation of the horrendous crimes perpetrated in the name of medicine by people who remained convinced that they were still faithful to the name and calling of Hippocrates. This "loss of innocence and idealism", as the 1980 *BMA Handbook of medical ethics* so tactfully termed it, brought forth the Geneva Declaration of 1947, and a whole series of subsequent codes, declarations, and statements from national and international medical organisations[32]. But, far more important than these, were wider changes within society at large; the disappearance of deference and of concepts of professionalisation, a process connived at and even encouraged by certain governments; the broadening of the social base of the medical profession, as well as its fragmentation; wider public education; public expectation of greater involvement in decisions affecting one's personal well-being; more state-involvement in medicine, through the National Health Service, Medicare and the like; not to mention an increase in the numbers requiring medical treatment. The image of the Hippocratic gentleman is no more, replaced, at least in Britain and the USA, by that of the harrassed general practitioner, the white-coated scientist, or the extravagantly paid, insurance-funded businessman.

Gone too are the simple certainties of an ethic based entirely on what the doctor thinks is good for the patient, and with it also any acquaintance with Hippocratic morality outside the

[32] *The Handbook of medical ethics* (1980), 7.

Oath and a few phrases such as *primum non nocere*[33]. A whole panoply of medical ethicists, institutes, boards, and committees, to say nothing of financial directors and advocates of patients' rights, has emerged to assist in the determination of what should be done in any complicated case, and courses in medical ethics are becoming compulsory for all who seek to enter medicine. Professors of medical history are giving way to medical ethicists as the keepers of the medical conscience, or are themselves turning to history of ethics as a way to ensure the relevance of their own discipline in a modern medical school.

It may thus seem paradoxical that the same period has seen the revival of the Hippocratic Oath as something to be sworn and as the unique survivor of ancient Greek medicine as a living influence on modern medical culture. The 1980 *BMA Handbook*, which was sent to all practising physicians in Britain and might thus be seen to represent the then canonical medical view, traces all regulation of professional standards back to it; "affirmed by each doctor on entry to the medical profession" (a claim scarcely justified on the basis of what we know of it at any period), it incorporates some of the "fundamental principles of professional behaviour" which "have remained unaltered through the recorded history of medicine"[34]. The anonymous author wisely does not specify which sections of the Oath contain these unaltered principles — or what others are missing from it — but leaves the reader with the impression that the Oath, like the codes and declarations that follow it in the book, retains its essential validity. This validity, it might be suggested, is enhanced by the fact that, unlike the other Hippocratic texts, it lays down what are apparently formal regulations that can be interpreted as dealing with universal situations (at least partly), and as offering clear guidelines. In a world of uncertainty, such

[33] A phrase whose exact origin is far from clear, see C. SANDULESCU, "Primum non nocere. Philological commentaries on a medical aphorism", in *AAntHung* 13 (1965), 359-368.

[34] *BMA Handbook,* 56. See also J.S. HORNER, *Medical Ethics...*, 208-229, for reactions, and details of the major changes in the book down to 1993.

clarity and firmness have their attractions, and this is at least one of the reasons for a return to swearing the Oath[35].

Before passing, in the final section, to consider the modern debate over the validity of the Oath and the ethics it represents, it is worth staying for a moment to rehearse some of the arguments used by those who demand a return to the principles enshrined in the Oath.

The first argument is that the Oath in some way encapsulates the essential ethic of Western medicine. Here its historical value is stressed as something that goes back over the centuries to a named figure of authority[36]; its survival and use attest the allegedly universal recognition of its importance. By rejecting it, one is thereby cutting oneself off from the ethical roots of the Western medical profession, if not of all medicine.

This is an essentially conservative approach; how conservative, of course, depends on the specific portion of the Oath that the speaker wishes to stress[37]. But it is most often used in contemporary debates about abortion, euthanasia, and a doctor's sexual relations with a patient to reinforce prohibitions that are in danger of being weakened by changes in the law of the land or in the morality of society at large. But this appeal to history presents problems that are often overlooked. It is not at all clear why some sections of the Oath enjoy the privilege of ancient authority and others, most notably the ban on cutting, "not even

[35] Other, relatively trivial, reasons would include fashion — the 1980s and 1990s in Britain have seen a return to greater formalism among students, as judged by May Balls, School Proms, Degree ceremonies, and the like — and the availability of texts of a variety of oaths in such widely publicised works as the *BMA Handbook* and M. ETZIONY, *The physician's creed; an anthology of medical prayers, oaths and codes of ethics written and recited by medical practitioners through the ages* (1973).

[36] The reputation and authority-value of the figure matter far more than the authenticity of the document quoted. The so-called Oath of Maimonides, which has also returned to favour in USA medical schools since 1945, was composed around 1783, see F. ROSNER, "The physician's prayer attributed to Maimonides", in *Bulletin of the History of Medicine* 41 (1967), 440-454; while British political life in the 1980s was enlivened by Mrs Thatcher's proclamation of her adherence to the so-called prayer of St. Francis of Assisi, a even more recent creation.

[37] Cf. R. COOTER's strictures, "The resistible rise of medical ethics" (n. 19), on the generally conservative tendencies of all medical ethicists.

for the stone", and the details of the master-pupil relationship, do not. One might concede that the proem, with its invocation of the pagan gods and goddess, could without serious loss of meaning be replaced by other, equally religious, forms of divine sanction — as indeed has happened at various stages in the transmission of the Oath — but it is less certain that the creator of the Oath would have approved of some of the variant translations that alter its meaning in unexpected ways. For example, in some printed versions of the Oath in English, the ban on cutting is turned entirely against lithotomists, and is further strengthened by a clause, added on no textual authority whatsoever, that the ban will apply "even for patients in whom the disease is manifest[38]."

Nor do those who stress the Oath's historical value bother to investigate to what extent it was ever sworn. As we have seen, the evidence for the last two centuries is, to put it mildly, equivocal, and the further back in time one goes, the harder the task becomes. Pious hopes from Scribonius Largus, a sentence in Gregory of Nazianzus, Arabic reconstructions of Classical Antiquity, and the Constitutions of Melfi do not inspire great faith in the universality of the Oath, when contrasted with the numerous occasions when one can state that the Oath was *not* sworn. L. Edelstein's argument that the Oath was a Pythagorean document may not be accepted nowadays, but there are many scholars who would agree with him that, as it stands, the Oath represents the views of a small group, and for that reason cannot be taken as representing the whole of medical opinion in Hippocratic Greece, let alone throughout Antiquity. This is certainly an argument that commends itself to lawyers when seeking to deny the historical relevance of the Oath[39].

[38] I have not, as yet, been able to trace this variant back beyond the 1940s in America. It is printed in respectably scholarly works, e.g. A.S. DUNCAN, G.R. DUNSTAN, R.B. WELBOURN (eds.), *Dictionary of medical ethics* (1977), 157-158, and has begun to attract a literature of comment of its own.

[39] As in the legal submissions in the U.S. Supreme Court in Roe v. Wade, 1973, for the historical foundations for which see J.B. GROSSMAN, R.S. WELLS, *Supplementary cases for constitutional law and judicial policy making* (1975), 246-247, and in subsequent decisions on abortion.

But, it might be argued, the Oath's significance is not as a historical document in itself but as a symbol, something that helps to legitimate the whole process of becoming a doctor. Those of us who were brought up on that early classic of sociology, *Boys in white. Student culture in medical school*, have no difficulty in viewing the whole aim of medical education as a process of turning students from normal human beings into doctors, of imbuing them with attitudes and ethics that will enable them to carry out duties that are permitted only to them, most notably interference with a human body, dead or alive[40]. In that book, Howard Becker and his colleagues drew attention to the multitude of ways in which something more than factual knowledge was passed on from teacher to student; how what might seem to outsiders as a trivial concern with past discovery helped to embed the budding physician or surgeon within a complex of shared ideals. The Hippocratic Oath, in this context, becomes an important article of faith, something that is shared with other members of the group and which, so its proponents argue, can bind together the whole of an increasingly diversified medical profession. Even if endocrinologists and radiographers, orthopedists and oncologists, biogeneticists and trauma specialists nowadays rarely meet together for academic or even medical purposes, unless it is to dispute some budgetary allocation, they can all be linked together in the solidarity produced by sharing in the Oath. And, it should not be forgotten, those who do not take the Oath are thereby excluded from the group; they are not to be involved in the sharing of the medical secrets. So, just as in the mid-nineteenth century American 'orthodox' practitioners demanded assent to the Oath as a way of distinguishing themselves from a whole range of other healers, so today the Oath is seen as a shibboleth to mark off proper medicine from competing forms of alternative healing. It provides a standard around which all physicians and surgeons can gather, while at the same time

[40] H.S. BECKER, B. GEER, E.C. HUGHES, A.L. STRAUSS, *Boys in white. Student culture in medical school* (1961).

ruling out competition from aromatherapists, nature healers, and the like. That, over time, many alternative therapies have themselves come to form part of mainstream medicine, or, like acupuncture and homoeopathy, have generated substantial interest from orthodox healers is no bar to those who insist on the unificatory powers of the Hippocratic Oath. The boundaries of those who should be allowed to take the Oath are elastic, and have been, ever since those who cut, the surgeons, were allowed to participate.

The third argument of those who demand a reversion to the Oath is a development of the first: the Oath is seen to represent eternal *medical* values at a time when the values of society are shifting, and when the ethical problems faced by doctors are mounting. C. Lichtenthaeler's preface is typical of those who take this line in its generalised appeal to the values of the doctor as represented by the Hippocratic Oath, and one need not go far to find examples of similar rhetoric from Britain, America or elsewhere. It is often accompanied by a list of good things which mark off Hippocratic medicine from other types of medicine, and which link it with the aspirations of the modern teacher. Hippocratic medicine opposes superstition, although it is religious; it is scientific; it respects the *vis medicatrix naturae*; it avoids extremes; it is aware of the environment; it reports failures as well as triumphs; it demands moral standards and good communication; and its practitioner is a philosopher, a teacher, and an honest man, whose motivation is the well-being of patients, not money. "No philosophy of medicine has improved on it"[41].

There is no need to spell out in great detail the extent of the problems which the eternal truths of Hippocratic medicine can be presumed to resolve. Modern medicine can do more today than ever before to prolong the life of the individual; genetic

[41] P.W. SHARKEY, *A philosophical examination of the history and values of Western medicine* (1992), 167. Cf. J.S. HORNER, *Medical ethics...*, 236, for a complaint that the *BMA*'s 1993 *Medical ethics today* had departed too far from the Hippocratic tradition.

engineering offers new possibilities; new drugs, new investigative techniques, and new technologies have all brought in their train ethical problems that would have been unthinkable a generation ago. Ultrasound scanning and amniocentesis, to take one familiar example, have resulted in a drop in complications associated with the process of birth, but at the same time have raised the moral dilemma of what should be done or said when congenital abnormalities or a child of an unwanted sex are revealed. A consciousness of a shared morality, as exemplified in the Oath, may, it is thought, help the medical profession in its search for appropriate solutions to these problems, and smoothe over some of the public differences among its members over such topics as payments for transplants or the role and extent of private practice in the NHS.

These medical and intra-professional problems have been compounded by a redrawing of the moral and religious map. A society, which, in Europe and America, was almost universally Christian, and which took its ethics in general from the Christian Church, or churches, had a shared moral base, whose main tenets reinforced the 'caring precepts' of the Oath, even if at times religious and medical writers on ethics appeared to be talking past one another rather than indulging in dialogue[42]. Many of the moral dilemmas for today's doctor either did not exist because medicine could not then achieve what it can today or were easily resolved because of external social and religious decisions. Abortion, except for therapeutic purposes, was always wrong in the eyes of the church, euthanasia was similarly sinful, and the law concurred[43]. But with the retreat from organised religion in Europe, and a growing reluctance even among church

[42] O. TEMKIN, *Hippocrates in a World of Pagans and Christians* (Baltimore 1991); R. VEATCH, "Diverging traditions; professional and religious medical ethics of the nineteenth century", in R. BAKER (ed.), *The codification of medical morality...*, 121-132.

[43] This is not to say that there were not differences of attitude and definition, e.g. over therapeutic abortion, between the various churches, or that some individuals might from time to time wish to depart from this consensus, see G.R. DUNSTAN (ed.), *The human embryo* (1990).

members to obey all that their church might enunciate, choices that had formerly been excluded now became possible. The debates over abortion and contraception have revealed substantial divergences not only between religious and non-religious but also within the religious communities themselves. At other times, a change in society's priorities for its values may have implications for the maintenance of what some have seen as the universal medical principles of the Oath. In 1995 an English doctor was struck off the medical register and suspended from practice for having an affair with one of his patients. Other patients successfully petitioned the General Medical Council for leniency, evidently feeling that his qualities as a local doctor far outweighed any moral revulsion at his breaking of the Hippocratic Oath, but a proposal put before the British Medical Association in June, 1996, to relax the relevant regulation that had brought him before the GMC was defeated by a large majority. The importance of the Hippocratic Oath in this connection was often urged in the debate, and, indeed, carried the day, but one might well wonder for how much longer this specific ethic for the medical profession can hold out against the rather different view of society at large[44].

But for those who champion the Hippocratic Oath this discrepancy presents a challenge. Ever since É. Littré at the very least, the importance of the Oath has been that it is viewed as something created within the medical profession, by a doctor, for doctors[45]. It is a token of independence, of a medical profession prepared to stand up for what it regards as best against those in church or, increasingly, in state who wish to impose their preconceptions of the doctor-patient relationship.

[44] Cf. the comments in *The Sunday Times*, 23 June, 1996, p. 3; *The Independent*, 24 June, 1996, p. 13; *The Times*, 25 June, 1996, p. 20; N. DUNCAN, "Sex on the agenda", in *British Medical Journal* 313 (1996), 59. An even more recent discussion on the meaning and value of Hippocratic confidentiality is sketched in *The Times*, 16 August, 1996.

[45] É. LITTRÉ (ed.), *Oeuvres complètes d'Hippocrate* IV (Paris 1844), 611, 624.

It is also a marker of the doctor's freedom of action against a new and more insidious enemy, more insidious because offering the hand of friendship — I refer to the medical ethicist. Beginning in the 1960s, the practitioners of medical ethics have succeeded in carving out a whole new territory for themselves within medicine through offering, if not solutions, at least the hope of excellent advice towards those solutions through their command of ethical doctrines. Ethics Committees, local and national, now meet to deliberate over morally problematic cases; medical students are taught to consider the impact of society's ethical values in formulating their clinical judgments; and, lest we forget some more parochially professional developments, Institutes and teachers of medical ethics have begun to take over areas formerly occupied by historians of medicine. In the final section of this paper, I shall look briefly at the reaction of modern medical ethicists towards Hippocratic morality, by which is usually meant nothing more than the Hippocratic Oath.

For the first generation of medical ethicists in the 1960s and 1970s, the Hippocratic Oath seemed to represent the abnegation of medical ethics. For Robert Veatch, Tom Beauchamp, Ian Kennedy, and Peter Singer, to give but four major names from Britain and the USA, it left out the person whose rights above all should determine medical ethics — the patient. The Oath spelled out what doctors should do; it did not envisage what patients might want. Claims made for it on grounds of its eternal medical values were thus open to criticism precisely because they were the values of medical practitioners, and gave only a partial insight into the whole medical process. Proper medical ethics required an understanding of values and moral principles that would encompass what society as a whole might want. Disputes over what these values might be and in what way the wishes of society at large might be implemented were secondary to the conviction that a medical ethic founded solely upon what doctors might want was seriously flawed. If, as the writers on medical morality in the 1930s assumed, good practice could be defined as whatever contributed to the successful outcome of a case,

this begged the question of whose values were to determine what was meant by a successful outcome. If those of the patient were to dominate, then statements like the Hippocratic Oath had little value except as opening gambits in a complex interchange.

At the other extreme stand those for whom the Oath and Hippocrates still offer the essential guidelines in medicine, to be invoked on almost every occasion. These tend to be the rank and file of the medical profession, concerned about its fragmentation and uncertainty in an ever more problematic world. When articulated more clearly, their arguments rarely rest on any basis of scholarship, and frequently adopt an ultra-conservative tone. They have no difficulty in accommodating a document produced two and a half thousand years ago in a different society and culture to their own, and many even appear to forget that it was originally written in Greek, or that within the *Hippocratic Corpus* many of the ideas that are singled out for special praise are contradicted by other authors[46]. By contrast with their general belief in the continuing progress of medicine and an improvement in the health of the population, these writers and polemicists draw strength from what is assumed, usually without further argument, to be a moral constant throughout Western medicine[47]. The numbers of these ahistoricists are unknown, but they cannot be excluded from any survey of attitudes within the modern medical profession.

Far more interesting are the arguments of those medical ethicists who, while recognising the value of the Hippocratic Oath for its own time, nevertheless accept its limitations as the basis for contemporary ethical decisions. Many of them are historically aware, and the historical background to medical

[46] Cf. P.W. SHARKEY, *A philosophical examination...*, 167, and the German examples collected by H. SCHIPPERGES, *Die Technik der Medizin und die Ethik des Arztes* (1988), 30-31.

[47] Helen King reminds me of the similar belief in a theory of a 'Just war' as a yardstick against which wars should be judged; it is seen as important not only to win, but to win with justice, despite many examples to the contrary.

ethics often forms part of the courses they give for medical students and of the books they write. Explicitly or implicitly, there is a search either for origins or for principles so widely adopted that they can be said to constitute a universally valid base for medical decision in the past and, for some at least, in the future. But what conclusions these authors draw about the relevance of Hippocratic morality to modern medical practice differ widely. Engelhardt, accepting L. Edelstein's arguments that the Oath was the construction of a Pythagorean group, apparently downplays the significance of its ethics as those of a minority[48]. In his more sociologically orientated study, Jacob includes a brief survey of Hippocratic medicine and the Hippocratic Oath but thereafter says nothing about it in the context of modern professional values[49]. Veatch is a little more sympathetic. In his most famous book, he takes as his opening paradigm of ways of resolving ethical problems within medicine a case considered according to the rules laid down in the Hippocratic Oath, but he then concludes that Hippocratic morality cannot furnish satisfactory answers for a variety of reasons, not least because it is physician-, not patient-orientated. Nor do Hippocratic ethics help towards formulating a form of contract between the doctor, the patient, and, increasingly in modern society, the state who often pays for treatment[50]. Another major figure in American medical ethics, A. R. Jonsen, describes Hippocratic morality in its reformulation by Cabot as "appropriate for the scientific medicine that emerged in the second half of the nineteenth century", but now in crisis. It may return, aided by historical memory and philosophical reflection, in the "ongoing revision of the drama of medicine", "wearing modern dress and speaking in contemporary language"[51]. But exactly how this is to be achieved Jonsen does not say, except to insist that the

[48] H.T. ENGELHARDT, jr., *The foundations of bioethics* (1986), 315.
[49] J.M. JACOB, *Doctors and rules: a sociology of professional values* (1988).
[50] R. VEATCH, *A theory of medical ethics* (1981), 18-25.
[51] A.R. JONSEN, *The new medicine*, 28 and 156.

humanities are the hormones of medicine, essential to life because they enable the body to adapt to change.

By contrast, another senior ethicist, Edmund D. Pellegrino, lays great stress on the Hippocratic Oath, as the very foundation of a tradition of Western ethics that incorporates both the Greeks and the Christian church, albeit one that requires extension and modification to respond to modern technological and social changes[52]. In a collective volume, published in 1973 under the title *Hippocrates revisited; a search for meaning*, he set out the areas where Hippocratic morality needed to be supplemented — in its discussion of competence, its concept of social responsibility, and its definition of personal ethical responsibility[53]. He called for a virtue-based ethic, one in which it was the moral excellence of the individual making the medical decision that guaranteed a sound ethical outcome, and he later found it exemplified in Scribonius Largus' *Preface*[54]. But in 1993, looking back over fifty years of medical study and thirty of observing medical ethics, he took a less charitable view of the development of Hippocratic ethics, describing the period from the Greeks until the 1960s as "quiescent"[55]. There was no systematic

[52] His major theories are set out in E.D. PELLEGRINO and D. THOMASMA, *A philosophical basis of medical practice* (1981); and idem, *The virtues in medical practice* (1993).

[53] E.D. PELLEGRINO, "Towards an expanded medical ethics: the Hippocratic ethic revisited", in R.J. BULGER (ed.), *Hippocrates revisited, a search for meaning* (1973), 133-147.

[54] E.D. PELLEGRINO and A.A. PELLEGRINO, "Humanism and ethics in Roman medicine: translation and commentary on a text of Scribonius Largus", in *Literature and medicine* 7 (1988), 22-58.

[55] E.D. PELLEGRINO, "The metamorphosis of medical ethics. A 30-year retrospective", in *Journal of the American Medical Association* 269 (1993), 1158-1162. His concept of two and a half millennia of quiescence before the 1960s is shared by many other writers on the subject; a few, like R. Veatch or R. BAKER, "The history of medical ethics", in W.F. BYNUM, R. PORTER (eds.), *Companion Encyclopedia of the history of medicine* (1993), 852-887, leap from Hippocrates to Percival to the AMA Code and then to the 1960s. But contrast I. LÖWY, *The Polish school of philosophy and medicine, from Tytus Chelubinski (1820-1889) to Ludwik Fleck (1896-1961)* (1990), and W. SCHLEINER, *Medical ethics in the Renaissance* (1995), who show many modern debates taking place much earlier.

justification of the ethics of the physician-patient relationship, or an investigation of its philosophical underpinnings, and the traditional consensus fell easy prey to the upheavals of the 1960s. Whether Hippocratic ethics can contribute much to modern medicine was also less clear to Pellegrino. Although aware of the philosophical challenges to virtue ethics from the philosophers, he now looked more to the four principles enunciated by Beauchamp and Childress of non-maleficence, beneficence, autonomy and justice, of which he found only the first two for certain within the *Hippocratic Corpus*[56]. He was also less sure of the validity of a deontological approach to medical ethics, exemplified for him in the Oath, although other medical writers see new possibilities in thinking in such terms, and the modern demand for a reformulation of codes and declarations shows how powerful a fascination such an approach continues to hold over most doctors[57].

This survey ends with Pellegrino not only because of his eminence within anglophone medical ethics but because he, more than most, has consistently sought to relate present ethical dilemmas to the long tradition of medical, Hippocratic ethics. His retrospect is, in many ways, disappointing to those who demand a revival of Hippocratic morality and who clamour for a return to an older and less complicated world, in which doctors knew what guidelines they were to follow. Pellegrino appears to be deserting them just at the very moment when his insights into the virtues and limitations of the Hippocratic tradition are most needed in the face of what at times appear to be dogmatic and ahistorical assertions by physicians seeking to regain the primacy lost during the last thirty years. But one can praise him for his honesty in acknowledging the intellectual difficulties involved in seeking to build on the ethical foundations of the past, and in rejecting what he calls an 'affable eclecticism',

[56] T.L. BEAUCHAMP, J.F. CHILDRESS, *Principles of biomedical ethics* ([3]1989).

[57] As Dr. Rütten kindly showed me, Pellegrino's change of mind is already foreshadowed in his "Medical ethics: entering the post-Hippocratic era", in *Journal of the American Board of Family Practice* 1 (1988), 230-237.

whereby modern physicians are allowed to pick and choose which parts of the Hippocratic Oath to follow as universal truths and which to disregard as peculiarly Greek or confined to a small group.

There can be no doubt, as I have shown, that Hippocratic morality continues in a variety of ways to impinge on modern medicine. More medical students now assent formally to the Hippocratic Oath than ever before, and Hippocratic ethics are more discussed in courses in a medical school than in departments of Classics. This Hippocratism has, for some, become a symbol of an ideal to be striven for, and as such it is beyond strictly historical criticism. It establishes membership of a privileged group, the medical profession, and its function is to legitimate a social process, becoming a doctor. For others, it represents the past, now relatively helpless in the face of the challenges of modern society and modern technology. Others take an approach that seeks to find among the *Hippocratic Corpus* at least some fundamental principles of morality upon which to build a new, relevant medical ethic for today's doctors. All these three groups look to the classicists for aid, although they may not always be satisfied with their response.

Hippocratic morality is more varied and more complex than its medical admirers might want to believe; it was formed in a society with values and medical possibilities vastly different from our own; and, over the centuries, it has been interpreted and reinterpreted more to fit society's demands on it than to impose a unified medical ethic on society[58]. It is a sense of this complexity that classicists should endeavour to convey to their medical colleagues, for without it simplistic, ahistorical distortions are going to continue to be introduced into medical debates that can, in a very real sense, determine how, and even if, we are going to live.

[58] V. NUTTON, "What's in an oath?" (n. 8 above).

DISCUSSION

H. von Staden: I found your analysis extremely helpful, instructive, and clear. I wonder, however, whether your paper adequately conveys the extent and intensity of the current opposition, perhaps notably in the United States, to 'Hippocrates' and Hippocratism as a source of modern medical ethics. In the discussions of medical ethicists' views of Hippocratic medicine you divide the ethicists into three groups, citing Ian Kennedy and Peter Singer as examples of the first group, P.W. Sharkey as a representative of the second group, and E.D. Pellegrino, R. Veatch, J.M. Jacob, A.R. Jonsen, and H.T. Engelhardt as members of the third group. Of all these, Sharkey in fact is the only one who advocates a modern recourse to Hippocrates. Among the ethicists, at least, it would seem that the rejection of 'Hippocrates' currently is considerably stronger than the call for the use of 'Hippocrates' as a model, a source, or a valid point of departure.

V. Nutton: Among leading ethicists, I agree, the over-riding tendency is anti-Hippocratic: either the Oath is passed over quickly, or it is stigmatised as incomplete, inappropriate, or ineffective. What is far less clear is the extent to which these views are accepted at a lower level. P. Carrick, M.J. Carella, and P.W. Sharkey, teaching at less prestigious universities, represent a tendency that finds its expression in the public statements of 'ordinary' doctors. Demands in Britain for a new Hippocratic Oath (whatever that might mean) came from the rank and file members of the British Medical Association, not from its leadership. There is also a natural desire on the part of academic historians to take as typical the writings of fellow academics from similar institutions. What struck me forcibly while collecting

material for this paper, was the difficulty of quantifying (or even securely identifying) the pro-Hippocratic lobby, but I should be loath to underestimate it simply because its exponents are not to be found among the famous names of the subject.

Ch. Schubert: Wenn wir die zwar vordergründige, aber sehr demonstrative Beziehung der als 'Hippokratismus' zu bezeichnenden Strömung in der modernen Medizin des 20. Jh.s der von der utilitaristischen Richtung der Philosophie her argumentierenden Diskussion gegenüberstellen, die sich klar vom hippokratischen Eid distanziert, so scheint ein deutlicher Gegensatz zwischen beidem zu bestehen.

Aber ich frage mich, ob es sich nicht nur vordergründig um einen Gegensatz handelt. Liegt nicht beidem das gleiche Phänomen zugrunde? Beide Richtungen suchen nach einem Weg, den Wert des menschlichen Lebens in der Medizin sowie die daraus abzuleitenden Handlungen des Arztes unabhängig von gesellschaftlich bedingten Vorstellungen zu definieren, der Hippokratismus durch Bezug auf den hippokratischen Eid, die utilitaristische Ethik durch Bezug auf allgemeine Regeln, die zur Entwicklung von Handlungslinien unabhängig von individuellen Bedingungen dienen sollen.

V. Nutton: There can be no doubt that both groups wish to devise a medical ethic independent of the changing values of society. The advantage of the Hippocratic approach, seen from a doctor's point of view, is that it formulates a medical ethic from within medicine and views medicine as something special and unique. Hence its attraction for the ordinary doctor. But one should also remember that some influential ethicists, like R. Veatch, E.D. Pellegrino, or R. Baker, are now turning to history as a way of identifying the roots of medical ethical ideas of which they approve, with the implication that one can have a medical ethic that largely derives from within medicine, or that, in one way or another, encapsulates eternal, or at any rate long-lived, medical ideas.

H. von Staden: It might be useful to have a more differentiated version of the very interesting statistics which you provide on the use of medical oaths in twentieth-century medical faculties or medical schools. It would be helpful to know, for example, how many of the 119 American oaths used in 1989 distance themselves from the Hippocratic Oath by acts of omission, addition, alteration, transformation. And what do such acts of distancing imply in terms of modern critical stances taken toward the Hippocratic Oath? Why, in most of the cases to which your statistics refer, is the Hippocratic Oath itself — by which I mean the best known, canonical, ancient version of the Oath attributed to Hippocrates — in fact *not* used? To what extent, and for what reasons, is it legitimate to include a modern oath that understands itself as post-Hippocratic under the rubric 'formal reintroduction of the Hippocratic Oath, or of what passes for it'?

V. Nutton: I regret that I cannot provide more than a sketchy answer. I know of no instance in the U.K. where the Oath is received in Greek (Thomas Rütten informs me that at Freiburg im Breisgau it is announced in Latin), but most of the British medical schools that use it appear to read out some form of English translation. The availability of versions of the Oath as in M. Etziony, the *BMA Handbook*, or the *Dictionary of Medical Ethics* may mean that a (more or less accurate) version of the Oath is more common than once it was, and that it might well include the abortion and the surgical clauses. Elsewhere in the USA, one can choose to affirm the Oath in translated form, or in a version, as at Johns Hopkins and Yale, that leaves out abortion. But what form the Oath takes may be secondary to the individual doctor's conviction that he or she has taken the Hippocratic Oath.

J. Pigeaud: Vivian Nutton a fait remarquer que les problèmes de l'éthique hippocratique sont un 'challenge' pour les 'classicists'. Ils sont aussi un 'challenge' pour l'historien de la médecine.

La question que posait Sprengel vers les années 1800: "À quoi sert l'histoire de la médecine pour les médecins" est toujours prégnante. Elle l'est dans deux secteurs: la psychopathologie (dont les concepts sont liés à une évolution historique), et l'éthique. Les médecins contemporains sont demandeurs d'une histoire qui puisse éclairer leurs débats. Cela n'est pas sans poser des problèmes éthiques au philologue ou à l'historien, qui savent combien leurs sciences sont conjecturales. Ils ne sauraient fournir aux médecins des réponses, mais des problématiques qui peuvent les aider dans leurs orientations.

La seconde remarque est ponctuelle. Au début du XIX^{e} siècle, le Serment fut juré à Montpellier, ce qui n'est guère étonnant: l'hippocratisme montpelliérain est en effet très actif (voir le discours de Paul-Joseph Barthez en l'honneur d'Hippocrate).

V. Nutton: I have always thought that the duty of a medical historian teaching medical students, as I do, is to encourage them to think by posing questions that arise from and in the past, yet whose answers may be relevant to their future practice. Here we are both in agreement. In the case of the Oath, in my discussions with students and with doctors, I have been concerned to stress that the story is far from simple; that it arises within a specific context in ancient Greece; and that what it meant then and how others have interpreted it since are very different questions, with strikingly different answers.

I am grateful to you for emphasising the local context at Montpellier in 1804, at the *civitas Hippocratica*, which also reflects that long-standing quarrel with the Faculté of Paris.

J. Jouanna: La communication de Vivian Nutton est exemplaire pour une étude de la réception du Serment dans la mesure où elle tient compte de la différence possible entre les différentes cultures. Après la réception du Serment dans les pays anglo-saxons, il conviendrait de continuer l'étude en abordant d'autres pays. Vivian Nutton a bien montré la variété des lectures à l'intérieur d'une même civilisation. Existe-t-il dans la réception du Serment

à l'intérieur du monde anglo-saxon l'idée que le Serment est lié à l'existence d'une école médicale, comme ce fut le cas en France?

V. Nutton: I have the impression that English commentators have relatively little to say about the Oath's origin in a medical school (although that may also be owed to a different conception of what a 'medical school' is). The two most accessible discussions, that of W.H.S. Jones in the preface to the Loeb edition, vol. 2, and, most forcefully of all, L. Edelstein situate the origin of the Oath outside a medical school, and in a private arrangement between master and pupil. Modern medical discussions avoid the topic entirely.

Ph. Mudry: L'exposé de Vivian Nutton a mis en évidence la présence très forte du Serment dans les préoccupations actuelles à propos de l'éthique médicale. La référence au serment est constante même s'il s'agit parfois d'en relever la non-pertinence dans les probèmes éthiques nouveaux qui se posent aujourd'hui. Cette présence du Serment s'est-elle manifestée aussi dans l'élaboration des lois? A-t-on des exemples d'une référence à l'éthique du Serment dans la réflexion des législateurs?

A ce propos, j'aimerais signaler que l'interdiction de pratiquer un avortement contenue dans le Serment, interdiction vivement reprise par le médecin romain Scribonius Largus dans la *Préface* de ses *Compositiones*, n'a manifestement pas influé sur le législateur romain, lequel n'a, semble-t-il, jamais considéré cette pratique comme condamnable.

V. Nutton: It must be noted that in England, unlike Germany, adherence to the (or indeed any) Oath has no juridical force. Only the statutes imposed by the General Medical Council control officially medical practice. But in the USA, history has played a much more important role, and in the famous case of Roe v. Wade, as I noted in passing, the arguments of L. Edelstein that medical abortion was not uncommon in Antiquity and

that the Hippocratic Oath originated in a small, unrepresentative sect, were important in changing the law to permit abortion. The leading opinion, as one can see from the record of the USA Supreme Court, was largely derived from the evidence of Edelstein and others that abortion was often practised in the period before 1847.The Court concluded that a total ban on abortion was a relatively recent creation, and could thus be easily overturned. It is interesting here to note the change in the attitude of the American Medical Association over a century and a half, for in 1847 the doctor's refusal to abort was seen as a crucial factor that marked the proper doctor off from the irregular practitioner and the back-street abortionist. The ban on abortion in the Oath thus formed in 1847 a significant plank in the platform of those arguing for the introduction of a code of ethics for the doctor.

A. Garzya: Ce que vous avez dit à propos du néo-hippocratisme européen des années vingt et trente peut être rapproché d'un épisode survenu en Italie à peu près un siècle auparavant. Les tendances de la pensée médicale du moment étaient pratiquement au nombre de trois. D'un côté on trouvait les fervents de l'expérimentation et de l' 'organicisme', selon lesquels une lésion d'organe est à l'origine de toute maladie (école de Maurizio Bufalini, de Florence, principalement); de l'autre, les 'rationalistes' de formation hégélienne, enclins à la théorie plutôt qu'à l'observation (Salvatore Tommasi, Naples, etc.), et, entre les deux groupes, les conservateurs hippocratisants (Francesco Puccinotti, de Pise; Salvatore De Renzi, Naples, etc.). Ces derniers se souciaient en outre beaucoup de la décadence morale, tout spécialement, de la médecine contemporaine. Puccinotti se fit promoteur d'une 'Nuova Scuola Ippocratica Italiana', dont les statuts très précis et détaillés visaient à deux buts principaux: 1) Placer et maintenir sous l'empire du principe suprême de l'*activité de la vie* l'observation, l'interprétation et le traitement des nouvelles maladies; 2) Placer et maintenir sous l'autorité de la morale religieuse la plus sévère les vertus civiles et le caractère

personnel du médecin. Les adhésions à cette Ecole furent nombreuses parmi les médecins de toute l'Italie; toutes les grandes villes eurent leurs sections; néanmoins, le mouvement eut une vie brève: il ne dura pas même toutes les années quarante.

V. Nutton: Your mention of the neo-Hippocratic movement in Italy in the 1820's and 30's reminds me that the work of Francesco Puccinotti and Salvatore De Renzi was well known to Francis Adams, whose translation of *The genuine works of Hippocrates*, published in 1848, long held the field in the anglophone world, and to the precocious student of ancient medicine, W.A. Greenhill.