

A
U
L

STUDIES
IN LAW AND MEDICINE

**In Search of the
Hippocratic Tradition**

by **Herbert Ratner, M.D.**

*An Educational Publication of
Americans United for Life, Inc.*



No. 6

In Search of the Hippocratic Tradition

by Herbert Ratner, M.D.

*An Educational Publication of
Americans United for Life, Inc.*



Law and Medicine Series

Americans United for Life, Inc.

230 N. Michigan Ave., Suite 915

Chicago, Illinois 60601

(312) 263 - 5029

In Search of the Hippocratic Tradition*

by Herbert Ratner, M.D.**

“Why is it that doctors, although they admire Hippocrates, do not read his writings, or if by chance they do, do not understand them, or if they have the good fortune to understand them, do not put their principles into practice and develop the habit of their use?”

—Galen, From *That the Good Physician is a Philosopher*

An astute observer and practitioner of medicine, Bernard Aschner, has written,¹ “Today Hippocratism is still the worshiped ideal of educated physicians. But during the last hundred years it has remained more or less lip-service.” An actively practicing physician, he indicts modern medicine in these terms:

Through the whole history of medicine there runs, like a bright thread, a more or less permanent struggle between two principal tendencies -- empiricism and rationalism. The former, or empirical trend, lays its emphasis on helping and the cure of the sick. The latter, or rationalistic trend, lays its main emphasis on “scientific” explanations for the causes of disease and the methods of treatment.

Today we are living once more in such an era of extreme intolerant rationalism. We can see the displacement of simple, valuable -- nay, fundamental and indispensable -- traditional methods of healing in favor of a more sophisticated, theorizing, experimental and technical trend, guided by an exaggerated application of such auxiliary sciences as physics, chemistry and physiology. This trend has even gone so far that established clinical experience has been replaced by the (neo-rationalism) of natural science.

*Adapted by Steven R. Zielinski from “Hippocrates Has Vital Meaning for Physicians,” *GP*, 8:2, 93 - 99 (1953), reprinted in *Child and Family* 12:340 - 51 (1973); and “The Oath -- Why?” *Child and Family*, 9:290 - 1, 10:2 - 3, 98 - 100, 194 - 7 (1970).

**Editor, *Child and Family*; Visiting Professor, Community and Preventive Medicine, New York Medical College.

* * * *

Hippocrates, the Father of Medicine, knew thoroughly that humanistic studies and piety in a physician were not a substitute for technical knowledge. But as a leading educator, he also knew, as few do today, that the intimate and complex relationship between the physician and his sick charge necessitated something above and beyond the pinning on of disease labels and the execution of their attached medical and surgical recipes. This comprehension is manifest throughout his works in his persistent concern for what pertains to the whole of the patient.

All readers of Hippocrates are patients, potential or actual. The Hippocratic physician recognized the need for the layman to be educated. They should be concerned with medical tradition, for they are the ultimate gainers or losers. This is especially important in light of growing public dissatisfaction with and growing disharmony within medicine.

Everyone applauds the rescue of men and women from premature death and the sharp reduction in morality rates which modern medicine has achieved. But even these accomplishments make more manifest the anxieties and morbidities of the living. Let us view, then, the panorama of modern medical practice and sharpen our vision by characterizing -- or caricaturing, as the case may be -- the dissatisfactions we feel:

-- We see patients' stomachs turned into apothecaries' crucibles, and the patients perversely enjoying it; the substitution of varishaped and varicolored pills for knife-and-fork nutriments -- the tasteless for the tasteful; the push-button electric shock-therapy approach to the psychiatric manifestations of our age; neurosurgeons competitively solving personality difficulties by whittling away irreplaceable brain tissues. We see surgeons displaying their skills in removing so-called nonvital organs, and an increase of medical literature on iatrogenic illnesses.

-- We witness the growth of highly technical assembly-line medical centers; the disappearance of the humanly sensitive person -- the family physician -- and his replacement by the automaton concentrating on the mechanically sensitive X ray, electro-cardiography and laboratory procedures; complexities of treatment substituting for simplicities, for no other reason than that they are complex and duly impress physicians and patients alike; overspecialization and the consequent decline of the general practitioner; the false separation of the patient's ail-

ment from the ecological environment of home, work and human association.

-- Finally, we see the uncommunicative, veterinarian approach replacing the anthropomorphic approach, with growing confusion as to man's dignity and destiny; the perverse transmuting of normalities into abnormalities, as in obstetrics and pediatrics, and, in general, the over-all substitution of scientism for nature's norms and goals.

Our insensitivity to tradition and its wisdom is not without effect. It gives us modern man, who goes through life with fear of death; who, fearing death, expends his health in hypochondriacal distress; who becomes a vitamin-taking, antacid-consuming, barbiturate-sedated, aspirin-alleviated, weed-habituated, alcohol-inebriated, benzedrine-stimulated, psychosomatically diseased, surgically despoiled animal. Nature's highest product becomes a fatigued, peptic-ulcerated, depressed, sleepless, headachy, nicotinized, overstimulated, neurotic, tonsilless creature.

The reader can judge best to what extent such a characterization is a caricature.

* * * *

What, then, is the benefit of looking to the past as an aid in the problems of the present? Our effort must be to take from the father of medicine (who, like all fathers, has the perspective that comes from looking both backward and forward) that wisdom which is common to all ages.

Unfortunately, the wisdom that can be found in Hippocrates is not always obvious. After we have recovered from the initial surprise of discovering that the first essay of the father of medicine is entitled *Ancient Medicine*, we must not make the mistake of thinking that our function as readers is simply and smugly to look backward at former errors as if they were buried once and for all. On the contrary, we must look forward with him. For, no matter how well they are embalmed, the errors of physicians, unlike their patients, will be resurrected frequently -- by later physicians. Actually we will discover in *Ancient Medicine* and in other writings of his school that medicine which was ancient to Hippocrates possessed truths that medicine contemporary to him had lost because of the scientism of the day. If we are astute we will pluck the parallel that Hippo-

cratic medicine, ancient to us, possesses truths that medicine contemporary to us has lost through a similar scientism.

What wisdom did the father of medicine possess that we, perhaps, lack? In the most general terms we may state that the Hippocratic physician would have had the opportunity of acquiring an active *philosophy* of medicine. This philosophy would give him an understanding of the ends of medicine, of the nature of medicine, of the nature of health and disease, and of the nature of the medical art. Furthermore, it would give him a comprehension of the nature of the man who possesses health and disease and the realization that health is not man's ultimate end.

Again, he would be habituated in the attributes necessary to the physician as the maker of health. First, he would be clear in his obligations as a human being living in society. This would demand a liberal arts education. He would have to know metaphysics and theology in the manner of an educated man, because man has being and a divine goal. He would have to know natural science, because human beings are interconnected with all nature. He would have to be a moralist, possessing a practical knowledge of ethics and knowing how virtue operates among men and women. He would have to be educated in politics to know his functions and obligations in a society.

Second, he would be habituated in the attributes that belong to him as a physician working for the common good through a particular profession. He would have to be the kind of natural scientist who knows his science as serving an artistic end; he must know nature not simply for the sake of possessing truths about her but to the end of ordering those truths to the restoration and maintenance of optimum health. He would be a medical artist, and hence he must have the habit of right reason in respect to making health in cooperation with nature, the exemplar of medical artists. He would have medical experience so that he could recognize that to which he is to apply right reason. He would have prudence or practical wisdom so that he might have right reason in respect to the fitness of his medical acts, which are also human acts.

Finally, he would be able to communicate, for he is not a veterinarian dealing with dumb animals; he must possess his art in an intelligible and communicable way and thus be a rhetorician.

In more specific terms, there are endless facets to be explored and understood, especially as they illuminate the shadows of medical education and practice.

Here, then, are some propositions and prescriptions the writer finds in the Hippocratic school of medicine:

1) The practice of medicine can never be a science.

Medicine is an art, having a good to achieve, not a truth to possess. The final goal is the cure, not the diagnosis. Better a cured patient with no diagnosis than an autopsied patient with an exact diagnosis. There may be much intellectual confusion associated with the surgical or medical act; an exciting research experiment for the physician may be an experience of suffering for the patient; and the beautiful pathology found in a patient is hardly such to the person. The physician clearly must separate his scientific instincts from his artistic obligations. Perhaps this would be accelerated if he had to pay rather than render a fee when he sacrificed artistic obligations to satisfy scientific instincts.

2) The art of medicine cooperates with and imitates nature.

Medicine does for nature what nature would do for herself if she could. Hippocrates observes, "Though physicians take many things in hand, many diseases are also overcome for them spontaneously. The gods are the real physicians, though people do not think so." (*Decorum* 6.) Thus, it may be better to do nothing -- which requires more thinking but creates less of an impression -- than to do something which frequently requires less thinking but creates a greater impression. There would be agreement with Benjamin Franklin's observation that there is a great deal of difference between a good physician and a bad physician, but very little difference between a good physician and no physician at all.

3) A patient cannot be known adequately apart from his or her environment.

There are many diseases in which one house call is frequently worth more diagnostically than two weeks at a leading medical center. The modern hospital-centered training of a physician is oblivious to this fact.

4) The positive production of optimum health, not the cultivation of the hypochondriacal state, is the ultimate goal in medicine.

To borrow from the Greeks, the problem is not to educate

diseases but to graduate them into health; not to nurse the real or imaginary diseases along (as in the abuse of bed rest) and encourage their presence as if every person should be a patient till he dies, struggling to old age through the modern extension of the ancient "invention of a lingering death." Hippocrates would have been puzzled at the amounts of patent and prescribed medicine consumed by the public today. He would be amused to observe that self-medication seems to increase in proportion to newspaper, periodical and radio concentration on bodily ills, as in the United States, and that prescribed medicine disproportionately increases with economic accessibility of physicians and druggists, as witnessed in England in recent years.

5) Health education is ordered toward health and not toward morbid preoccupation with disease.

One out of five persons dies of cancer, we hear. Lesser health organizations find that one out of ten dies of lesser diseases. The fact is that one out of one dies of something. And so we worry about what we do not have, while we do nothing about what we do have; whereas, if we did something about what we do have, we might not develop what we don't have. This is the state of affairs, for instance, in obesity, which is our most prevalent abnormality and which predisposes to all chronic diseases and cancer.

6) The proper order of treatment is regimen first, then medication and lastly, surgery.

Regimen for Hippocrates took in the entire dimension of one's habits of life: eating, working, resting, exercising, massaging, sleeping. On the whole, it called for active cooperation in the cure on the part of the patient and not simply for passive participation or resignation. One may contrast the current tendency to the reverse order of treatment, which is epitomized by the fact of a disproportionately high fee paid to the surgeon. It is not unrelated to the worship of the hand-minded, the somatic and the material in modern society. Regimen was also ordered to what today is most neglected, positive health. The purpose of regimen here was twofold: a perfective part which attempted to promote optimum health in the present, which was interrelated with a preventive part to protect against disease in the future.

7) We treat an individual, not a universal.

Our diagnostic and prognostic considerations should be based on individuating characteristics which will lead to an individual therapeutics, not to a routine procedure nor one in which the patient is used as a target for the physician's armamentarium.

8) The true physician will suffer from the ignorance and stylish therapies of others.

"For they praise what seems outlandish before they know whether it is good, rather than the customary which they already know to be good; the bizarre rather than the obvious." (*On Wounds of the Head*, 1)

* * * *

Medicine is a profession; as such it becomes the measure of the physician's work and fee.

Avarice, which has as its end the inordinate accumulation of goods and inordinate financial gain, is in many ways the vice to which the medical profession is most prone. The acceptance of poverty is a virtue not often found in the medical profession which, not without some justification, catapults members into the upper economic strata, a strata where the accumulation of money feeds the desire for more money and which, in its extreme, as Plato observed, "wholly absorbs men."

Part of the difficulty with avarice in medicine is inherent in the nature of the professional work and fee. The good that a professional does, saving a client from the gallows or restoring health to a dying patient, cannot be translated into a fee -- the conventional means by which the client or patient renders his debt. A good name or good health belongs to a value system different from that measured by time or material expended. In medicine the temptation to set a fee higher than that required by the needs of the physician or justified by the financial status of the patient, or to set a fee which takes advantage of the plight of the patient, or even to employ unnecessary therapy, is ever present. The huge fortunes accumulated by some gynecologists and others since the legalization of abortions is a case in point. Though it is claimed that an abortion is as simple as pulling a tooth, abortionists are not known to limit their fee to that of the oral surgeon.

Avarice in medicine is not a modern phenomenon associated with a highly industrial, materialistic society in which money has become so important to man. Avarice has always been with us, and with the medical profession as well. Hippocrates, the father of medicine, was preoccupied with the questions of fees "as it contributes somewhat to the whole." He makes clear that what true physicians have, "they have in opposition to intemp-

erance, vulgarity, greed, concupiscence, robbery. This is knowledge of one's income, use of what conduces to friendship, the way and manner to be adopted toward one's children and money." (*Decorum*, 5)

Elsewhere he urges the physician to pay more heed to service than to fees:

So one must not be anxious about fixing a fee. For I consider such a worry to be harmful to a troubled patient, particularly if the disease be acute. For the quickness of the disease, offering no opportunity for turning back, spurs on the good physician not to seek his profit but rather to lay hold on reputation. Therefore it is better to reproach a patient you have saved than to extort money from those who are at death's door. (*Precepts*, 4)

Finally, Hippocrates advises:

And if there is an opportunity of serving one who is a stranger in financial straits, give full assistance to all such. For where there is love of man, there is also love of art. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician. (*Precepts*, 6)

But physicians suffer the human condition, and the avarice of some members of the medical profession is a continuing problem.

How, then can this vice of man, avarice, be kept within temperate bounds by the physician? How can avarice be replaced by the virtue of generosity? It cannot be done by law, though law may have a deterrent effect. It cannot be done by governmental fiat, though governmental regulation has its role. It cannot be accomplished by fixed fees, though fixed fees can play a normative role. Making medicine a calling and exacting a vow of poverty as is done in some forms of religious life is an unrealistic demand and not possible for the many.

Medicine itself as an organized body must be responsible for its members' performance: it must nurture learnedness and dedication; it must discipline. To be organized is inherent in the very nature of a learned profession, "an organized calling in which men pursue a learned art and are united in the pursuit of

it as a public service." Medicine must be so organized to serve humanity's universal need for health, and not the avarice of individual physicians.

* * * *

An individual physician, as physician, cannot be an island unto himself. He cannot be a rugged individualist. Neither an M.D. degree nor a license is a tattoo that automatically bestows upon him for life the character of a true member of a learned profession. The physician must earn his professional status daily with each patient under his care. The physician is only a free agent insofar as he freely undertakes and subjects and obligates himself to the ends and means of his organized calling. Organized medicine, in turn, must constantly remind itself that it is not a union ordered to the material welfare of its members but is an organized calling ordered to the being, health and welfare of the people it serves -- all of mankind.

Since the medical art is founded on science as well as experience and since it utilizes advances in science, it is easy for the physician to confuse these two distinct habits of the mind; to be tempted, in the medical handling of patients, to shift from *artist as maker of health* to *scientist as possessor of knowledge*; from the advantage of the patient to the advantage of the physician; from an obligation to the patient before him to a commitment to future patients who as yet may not be born. Unfortunately, the temptation to convert patient to guinea pig is greatest when the patient is in a charity or University hospital, where the relationship with the physician is transient and impersonal as compared to the long-term, personal relationship characterized by one's own family physician.

As witnessed in recent years, man's passion for knowing is unbridled, particularly in the academic world. Human experimentation in modern times has become a vice. We have the example from the Nuremburg trials of the medical atrocities which flowed out of the rationalistic trends of the highly regarded German medical profession of the twenties. A.C. Ivy, medical scientist and educator, has this to say:

"Though I had been in medicine for thirty years, I realized for the first time at the Nuremburg trials the full meaning of the contributions of Hippocrates and his school to medicine and human welfare. Hippocrates contributed the

scientific philosophy of medicine as we know it today... He contributed a technical philosophy when he taught that diligence, accuracy, thoroughness in observation and skill were essential for success in the practice of medicine. He apparently realized that a scientific and technical philosophy of medicine could not survive through the ages unless it was associated with a sound moral philosophy. One cannot conceive of a sound society with medicine that does not have a sound moral philosophy.²

This sound moral philosophy is epitomized by the Oath of Hippocrates.

* * * *

The late Margaret Mead, anthropologist, adds a profound observation: the fact that the Hippocratic Oath marked one of the turning points in the history of man. She states that:

For the first time in our tradition there was a complete separation between killing and curing. Throughout the primitive world the doctor and the sorcerer tended to be the same person. He with power to kill had the power to cure...He who had the power to cure would necessarily also be able to kill.

Dr. Mead continues:

With the Greeks, the distinction was made clear. One profession, the followers of Asclepius, were to be dedicated completely to life under all circumstances, regardless of rank, age, or intellect — the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child.

Dr. Mead stresses that:

This is a priceless possession which we cannot afford to tarnish but society always is attempting to make the physician into a killer — to kill the defective child at birth, to leave the sleeping pills beside the bed of a cancer patient...

She is convinced that "it is the duty of society to protect the physician from such requests."³

Medicine has undergone an erosion since the post-Nazi-holocaust reaffirmation of the Hippocratic Oath and Helsinki

declaration on human experimentation. It is seen in the acceptance of killing as a new function of the medical profession, namely, the killing of the unborn child and the promotion of active euthanasia among the born.

The Hippocratic Oath's proscription of abortion and euthanasia forcefully expresses the stand members of a learned profession must take to defend transcendental human rights against the encroachment of state.

The physician naturally must abstain from assisting in suicide (or abortion) or even suggesting it. Otherwise he would be guilty of a crime, he no less than his patient, and in this moral and religious conviction the doctor can well find the courage to remain deaf to his patient's insistence, to his suffering, and even to the clamor of the world which disagrees almost unanimously with the stand taken by him.⁴

It was the failure of the learned professions to hold firm to their traditions which paved the way for the Nazi society. Now fifty years later we are once again on the same road, lined now however with updated billboard messages more persuasive to our age.

Today, society increasingly disregards Dr. Mead's conviction that it is society's obligation to secure the physician from demands that compromise his role as a trustworthy protector of life. The acceptance of killing as a function of the physician not only exists in large segments of the laity and is widespread in government, but unfortunately is acquiesced to by large segments of organized medicine which suffer from a recurrent tendency to be seduced by financial gain.

By this failure society is now recycling today's obstetrician back to the dark ages of the sorcerer. For a fee he, too, has a double utility: he will kill — or rescue — the smaller of two patients in a pregnancy on the basis of the woman's request. Tomorrow it will be the surviving child's turn to request and to pay the accommodating "sorcerer-physician" to dispatch, under the euphemism of euthanasia, his troublesome elderly parent.

To assure its dedication, a profession must be organized and have a code of ethics that conforms to its end, a code to which its individual members promise allegiance. In medicine, this end is healing (not, however, unmindful of man's mortal nature).

The physician relinquishes all that is incompatible to this end when he pledges himself to the purpose of his art, when he vows to act for "the benefit of my patients."

The individual physician, accordingly, does not have the right to alter the practice of medicine to conform to his concept of what its nature should be. A license does not make him an entrepreneurial agent. The physician is not a free wheeler. He is not a servant of the state. He does not permit legality to override his commitment to the patient and to morality—a morality that corresponds to the determinative end of medicine. His obligation to the patient's good is defined and supported by a viable and authentic code of ethics which serves a universal and basic need of man, and transcends the vagaries of a disoriented society and the pathologies of a sick society.

It is the Oath—a code of ethics which holds steadfast to a moral obligation in conformity with the definitive nature of a learned profession (here medicine)—which is the prime protector of the purity of the medical art. By imposing on its members an obligation to remain resolute against the assault of a sick society, the Oath, properly constituted, becomes the one hope of preserving the unconfused role of the physician as healer.

NOTES

1. "Empiricism and Rationalism in Past and Present Medicine," in *Bull. Hist. Med.*, 17:29 (1945).
2. "Nazi War Crimes of a Medical Nature," *JAMA*. 139: 133 (1949).
3. Quoted in Maurice Levin, M.D., "A Hippocratic Oath for Psychiatrists," in *Psychiatry and Ethics*, Braziller Inc., New York (1972).
4. Edelstein, L., *The Hippocratic Oath*, Johns Hopkins Press, p. 16 (1943).

THE OATH OF HIPPOCRATES

I swear by Apollo the physician and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation—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.

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; and in like manner I will not give to a woman a pessary to produce abortion.

With purity and with holiness I will pass my life and practice my Art. I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work.

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 female or males, of freemen and slaves.

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.

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.

Appendix II

Declaration of Geneva

Adopted by the General Assembly of the World Medical Association at Geneva, Switzerland (September, 1948).

At the time of being admitted as Member of the Medical Profession.

I solemnly pledge myself to consecrate my life to the service of humanity.

I will give to my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity,

The health of my patient will be my first consideration:

I will respect the secrets which are confided in me;

I will maintain by all the means in my power, the honor and the noble traditions of the medical profession;

My colleagues will be my brothers;

I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;

I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I make these promises solemnly, freely and upon my honor.

Reprinted from World Association Bulletin, vol. 1. 1949,
pp. 109 - 111.