The Christian Origin of Medical Compassion

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Medicine is an art and a science, but it also has a humanitarian dimension. This latter aspect includes ethics and compassion. Ethics is the cognitive appraisal of the rightness or wrongness of behavior, while compassion is the volitional concern expressed for a sick patient. It can be argued that Greek, or Hippocratic, medicine lacked, or at least did not emphasize, compassion in its ethos. Christianity in its healing activities did, and in this regard has positively influenced medicine ever since.

At the outset, the meaning of several terms should be clarified. These terms are compassion, sympathy, empathy, and pity. All are aspects of love, understood broadly as a “desire for the good,” in this case of, or for, another person. Compassion, sympathy, and pity all imply an emotional bonding with another’s suffering. For the purposes of this paper I will use the single term “compassion.” Empathy, on the other hand, is an intellectual appreciation of the suffering without any emotional involvement.¹ Of all these terms compassion is the one most frequently associated with the doctor-patient relationship.

Medicine is perhaps the most respected of professions. Not only are knowledge and competence required, as they are of other professions, but something more is demanded of a physician. It is embodied in an ethical imperative usually expressed in an oath taken upon entry (usually at graduation) into the field of medicine. The oath, the prototype being the Hippocratic Oath, is a covenant between the physician and the patient, as well as society, to treat the sick in a competent and ethical manner. However, the oath does not specify that the physician must be compassionate.

In this essay I will attempt to (1) define the ethical, as opposed to the compassionate, aspect of Greek medicine; (2) review the humaneness of Christianity and its influence on Greek and subsequently early Western medicine; (3) relate these two views to Moslem, Hindu, and Chinese medicine; and finally (4) make some observations on the deleterious effect of modern culture on Christian medical compassion.

In summary, I will define Christian medical compassion as a physician’s deliberate act, or habit (as in Aristotelian psychology), of explicitly seeing in the doctor-patient relationship a suffering person and relating to that patient with “agape,” the term the Christians used to describe self-giving love. Compassion means literally “suffering together.” This is in distinction to the detached empathy of Hippocratic medicine.

Greek Medicine

Greek medicine was a combination of science and art. It was “techne,” or knowledge realized when put into practice. But this “techne” had to be combined with “phronesis,” or practical wisdom, which was learned over time by being an apprentice to an experienced physician. Another element required by the Greeks was virtue, or probity of life. The Hippocratic Oath sums up the essentials of what the Greeks thought should be reflected by a good physician and also what should be good medicine. It reads:

I swear by Apollo the Physician and Asclepius and Hygieia and Panaceia and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.³

The eight paragraphs of the oath reflect covenants of the physician with the gods, his teacher, his students, and his patients. The latter paragraphs are strictures on the physician’s relating to the patient. Empathy, or the detached intellectual appreciation of the patient’s suffering might also be present. But nowhere is compassion, in the sense of love for the patient, a “suffering with,” specifically mentioned. As a matter of fact, Leon Kass, in keeping with the Greek outlook, specifically states that “moral virtue” should not be a goal of medicine.⁴

The genius of the oath is acknowledged. Its insistence that the physician be competent and virtuous is perhaps the single most important reason that medicine has consistently been the highly regarded profession that it is. But the oath has been criticized for being paternalistic and essentially a set of rules of etiquette maintained by a privileged club. It also lacks an imperative for compassion.

This is somewhat surprising, because it was the Greek thinkers, particularly Aristotle, who discussed the meaning of love. Natural love is directed to the acquisition of a good object as perceived by the intellect. Aristotle emphasized two goods and therefore two forms of love: “eros,” or desire for a physical good, and “philia,” or desire for the good of human friendship. Christianity, citing Christ’s sacrificial death, elevated a third form of love, called “agape,” or altruistic self-giving to another, to a higher level. “Agape” gained its special significance in the New Testament.⁵ Compassion is an aspect of “agape” and is the emotional response that results in a desire to help a fellow human being who is suffering from an illness or disease.

Greek medicine, as reflected in the Hippocratic Oath, emphasized clinical competence combined with an intellectual ethical imperative of not harming. While some Greco-Roman, Chinese, and Hindu medical writers hinted at the concept of compassion,⁶ it was not expressly promoted. Christian medical practitioners, taking their cue directly from Christ, were not only directed to cure but were also encouraged to emphasize the humaneness of the doctor-patient relationship. This elevated love to a higher level: “agape.” More recently, bioethics, with its academic obsession with analytic principles, has discounted Christian medical compassion.


Christian Compassion in Medicine

It is difficult to overestimate the impact of Christianity on the culture of the Roman world and, in particular, on medicine. Whether one has religious beliefs or is a skeptic or an agnostic, it is agreed that Christ preached a gospel of love, primarily by the example of his death, which was an act of redemption for the sins of mankind. This was the essence of “agape,” or giving of oneself.

Incidentally, the gospels record that, perhaps above all else, Christ was a healer. Of his forty-four listed miracles, thirty-four (or 77 percent) were the healing, or raising from the dead, of sick individuals. Christ is referred to specifically as a “physician” in the Christian tradition. Indeed, the evangelists specifically mention that in seven of his miracles Christ healed because He was moved by “compassion.”

It was not until 313 and the Edict of Milan that the Christian view of “agape” began to gradually permeate the broader culture. But even the church of the catacombs translated “agape” and compassion into specific care for sick members of the Christian community. This was the responsibility of the deacons. In 325, at the Council of Nicea, Canon 75 mandated facilities (including hospitals) for the care of those in need. Another term for “agape” was “philanthropia” (love of mankind) which became the hallmark of the Christian, and which may well have been the reason for the remarkable growth and spread of Christianity.

As pressure on the western Roman Empire from the Germanic tribes of the north increased, civil society broke down and, along with it, organized medicine. The care of the ill, particularly the sick poor, fell to the monasteries, and from 500 to 1100 much of clinical care was in the form of clerical medicine, or medicine practiced by clerics. As medical schools opened and medical guilds requiring licenses were formed, the need for “clericals medicalis” lessened and finally its practice was prohibited by the Council Lyons in 1262.

In the eastern Roman Empire, because of its relative civic stability, there was an elaborate system of civil institutions including orphanages, old people’s homes, and, in particular, hospitals, whose foundations were motivated principally by the concept of Christian charity, or “agape.”

As a matter of fact, a not insignificant impetus for the founding of these hospitals was the desire to minister to the spiritual needs of patients, especially those in danger of death. This religious motivation was so strong that in some instances medical treatment was secondary, or was even withheld, until a patient’s spiritual life was in order. Also, given the general ineffectiveness of the then-available Hippocratic and Galenic medicine, spiritual consolation was at that time of relatively greater importance and benefit.

To reiterate, it is difficult to exaggerate the influence that Christian compassion exerted on the practice of medicine from 300 until about 1700. It would not be an

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oversimplification to say that Christian “agape” was the energy that drove the healthcare system during this time. Its demise was due to a variety of circumstances, not the least of which was the destruction of the religious orders and the monasteries following the Protestant Reformation.

**Non-Christian Views**

Pre-Christian Jewish medicine adhered closely to the Old Testament strictures and customs. The talon law (“an eye for an eye; a tooth for a tooth”) took precedence over compassion. Later Jewish physicians such as Maimonides did emphasize compassion.9

Muslim medicine attained a high degree of development around 800, particularly in Baghdad. Much of this was possible because the Greek medical texts were translated and transmitted by the Christian Nestorian sect, exiled from Constantinople by way of Persia around the years 500–700. The Koran teaches that compassion and the care of the sick and the poor are obligations for devout Muslims. The concept of the hospital, first developed by eastern Christians in Constantinople in the fifth century, was also probably transferred to Baghdad by the Nestorians.10 It is not unlikely that the Christian concept of “agape” also influenced Muslim medical thinking relative to the compassionate care of the sick.

Hindu and Chinese religions expressed concern for the sick and poor, but their medical writings do not reflect the emphasis placed on compassion that is found in Christian medicine. The Hindu belief in nirvana and the Chinese emphasis on reincarnation mitigated against the idea of free will, from which genuine compassion flows.11

**Compassion in Contemporary Medicine**

Undoubtedly Christianity, with its unique articulation of “agape,” elevated compassion, as a human virtue, to a level unequaled in human history before or since. This “philanthropia” was perhaps most fully manifest in the Church’s mission, expressed by its adherents’ care of the sick, and in particular, the sick poor.

While compassion, inasmuch as it is an aspect of the basic human attribute of love, is present to one degree or another in all humans, its expression varies with the circumstances and the cultural mores. Modern culture’s depreciation of compassion, by its self-centered idea of autonomy, is reflected in trends in modern medicine.

Medicine up until about 1850 was more an art than a science. The pathophysiology of most diseases, particularly those causing the greater mortality—the infectious diseases—was unknown. As often as not the physician could not cure, but he

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could be compassionate. To quote Edmund Pellegrino, “to care, comfort, be present, help with coping and to alleviate pain and suffering are healing acts as well as cure.”

After 1850, medicine became more scientific, and the perceived need for compassion diminished. There were several reasons for this. With more accurate diagnostic tests and more sophisticated technology there was more specialization. Medicine was becoming impersonal and less compassionate. The economics of medicine also diminished the human aspect of health care. Third party payers intervened between the patient and the doctor. All in all, the doctor-patient relationship, in the Hippocratic sense, was being eroded.

Perhaps the most important factor undermining the role of compassion in medicine was an increasing sense of the importance of autonomy, not only in health care, but in our culture as a whole. As individuals became more self-centered, they related less to other humans. The operative word became “choice.” I can choose to do whatever I want, with less attention paid to others. But this, in fact, is a false view of reality. A human person is, of necessity, related to many individuals, whether it be through family, work, or school. These relations should, and in prior times were, in some degree influenced by “agape.” All the more so in medicine. A compassionate doctor will invariably relate well on a personal level with a suffering patient.

An impersonal health care system will less readily attract patients, relative to a compassionate one. The rise in alternative and complimentary medicine, inasmuch as it is more patient friendly, is an example of this need for a more personal approach to health care. Compassion can and should be a fundamental component of human medical care. Technological development will not replace it. The anxiety and discomfort that accompany human illness will respond only to a compassion based on Christian “agape.”

The Essence of Medicine

The essence of medicine is the doctor-patient relationship. This type of relationship includes a competent, ethical physician, a sick patient, and a mutual covenant to heal. Compassion, a form of the virtue of love, need not be present. But, given the human condition, it usually is. Christianity, with its 2,000-year history of promoting Christ’s example of “agape,” is the principal reason compassion is a prominent aspect of medicine today.

Teachers of medicine would be well advised not only to promote the ethical practice of competent modern medicine, but also to emphasize, in addition to empathy, the need for compassion in the doctor-patient relationship.

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