

Hippocrates Is Not Dead:
An Anthology of Hippocratic Readings

edited by Patrick Guinan

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Patrick Guinan, MD, is past president of the Catholic Physicians Guild of Chicago and clinical associate professor in the Department of Urology of the University of Illinois College of Medicine. He is also the author of *Genetics: A Catholic Ethical Perspective* (2001) and, with John Brehany, *Hippocratic and Judeo-Christian Medical Ethics* (2007); he edited the anthology *Catholic Medical Ethics: Core Readings* (1997), and he has been a contributor to the *NCBQ*. In his most recent book, *Hippocrates Is Not Dead*, Dr. Guinan has compiled an inspiring and varied collection of essays on the significance of the Hippocratic Oath, written by eight leaders in the field of health care ethics. The works explore multiple challenges and changes in the practice of medicine over the last half-century, primarily the ascendancy of autonomous decision making on the part of the patient and the loss of the sense of a binding, sacred covenant between God, the patient, and the physician.

Over the last few decades, a shift has occurred from Hippocratic deontological medical ethics to the consequentialist bioethics currently holding sway in university and professional education. In his preface, Dr. Guinan dates the beginnings of the shift to 1979, when the Belmont Report was published by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Even though the Belmont Report was prepared primarily in response to grievous ethical lapses like the Tuskegee syphilis study (1932–1972) and other research conducted on human subjects without their consent, its three-fold demand

for respect for autonomy, beneficence, and justice has, for better or worse, been applied as well to matters that were formerly reserved to the physician–patient relationship.

Indeed, one of the main challenges for those of us who teach bioethics is to get students to ask themselves by what criteria and values they would make serious autonomous choices or demand respect for their conscientious decisions. In these discussions, it is helpful to gain the clarification of ethicists like Robert Veatch, who observes that respect for autonomy makes at most *negative* demands on the health care professional, never compelling the health care provider to violate his or her own conscience (*Basics of Bioethics*, 3rd ed., Pearson, 2012, p. 143).

The first essay, Leon Kass's 1985 "Treatment Paragraphs," is an insightful reflection on the sections of the Hippocratic Oath that prescribe proper conduct for physicians, namely, the application of dietary measures for the benefit of the sick, the refusal to provide deadly drugs or abortive remedies, and the avoidance of surgery. Kass—chairman of the President's Council on Bioethics from 2001 to 2005 and Addie Clark Harding Professor at the University of Chicago—sees the very core of medicine in the responsibility of the physician to help the individual patient make choices that will foster the body's inherent healing and homeostatic powers, and avoid choices that would be harmful if not deadly. Kass shows that performing an abortion would clearly be a betrayal of the physician's duty to support the unfolding of life at all its stages and, from a natural law perspective, a failure to support the

generative powers of women. He also sees in the oath a strong argument against physicians' assistance in executions by lethal injection.

The Hippocratic prescription not to perform surgery suggests to Kass that the ideal physician will know his or her limits as well as the limits of what medicine and surgery have to offer respectively, and so will not be distracted from helping the body heal itself and will avoid offering unnatural "cures" for what nature can handle better herself.

The next essay, written in 1953 by the late Herbert Ratner, MD (1907–1997), cofounder of the National Commission on Human Life, is titled "Hippocrates Has Vital Meaning for Physicians." Dr. Ratner was a member of the Catholic Physicians Guild of Chicago and served a term as president of the National Federation of Catholic Physicians Guilds, which later became the Catholic Medical Association.

Ratner's essay credits Hippocrates with striving already (in Greece in the fifth century BC) to both preserve the wisdom of physicians before him and shape the future. In current medical practice, Hippocrates' philosophical approach to medicine could serve to counterbalance the infatuation with high-tech diagnostic equipment and procedures, which often distracts us from the care of the patient herself.

Ratner recommends that students of Hippocrates take the time to grapple with the texts of the Hippocratic corpus themselves. The student should not expect to find these texts always complete or even consistent. He concludes his essay with a set of ten aphorisms from the writings of Hippocrates to whet the curiosity of those who might wish to see what the Hippocratic writers actually wrote. "A patient cannot be known adequately apart from his environment" (15), for example, might entice even a busy health care provider to make a house call from time to time, to get to know what a patient is really experiencing in her home environment.

Another aphorism of Hippocrates, "We treat an individual, not a universal" (16), recalled for me a line from the oath written by Dr. Louis Lasagna in 1964 to serve as a

modern substitute for Hippocrates' oath: "I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability." Dr. Lasagna's oath is one of several alternatives to the Hippocratic Oath that many of the authors in this collection find inferior to the original. Perhaps some judicious selections by true scholars of the history of medicine—those who know the writings of Hippocrates and other giants of medicine—could be added to the Hippocratic Oath without watering down the valuable content of the original oath.

The next offering, "The Indispensability of Hippocrates," is based on a speech given by John Brehany to young physicians and medical students at a symposium of the Catholic Medical Association in 2007. Brehany, the executive director and ethicist of the Catholic Medical Association, challenges his listeners, first, to keep their perspective as they begin their lives as practicing physicians and face ever-increasing technical challenges and bureaucratic regulations; and, second, to keep their *profession*, that is, not lose sight of values like integrity and patient-centeredness amid temptations to use their skills for their own personal profit and security.

Brehany identifies three Hippocratic values: (1) The physician's office is to be exercised in submission to God and the fundamental goodness of human life. (2) The physician belongs to a disciplined professional community that can authentically pass on its values to future generations. And (3) the healing work of the physician is done with respect for nature and for patients and their well-being. He warns that "if physicians are not able to create a profession in which the authentic goods of healing are discerned, affirmed, and served, then medicine will become a tool of some other system and subject to its values and standards" (24).

Brehany reiterated this warning in an article in *The Catholic Register*, when he warned Catholic physicians, especially the ever-vanishing breed who have not yet given up their private practices, that they may soon be required under the Affordable Care Act to offer or refer for such objectionable

practices as contraception and sterilization, which Catholic institutions are being coerced to provide (“Is There a Future for Catholic Doctors?” August 12, 2012).

Brehany’s essay contains the text of the Hippocratic Oath itself and alludes to vital research on the oath by Ludwig Edelstein, a medical historian, and by Robert Orr and others. Orr et al. observed ways the oath has been adapted for use at medical and other professional graduation ceremonies, often by the removal of key elements, which would be highly relevant to new practitioners today if they were better explained (“Use of the Hippocratic Oath: A Review of Twentieth Century Practice and a Content Analysis of Oaths Administered in Medical Schools in the U.S. and Canada in 1993,” *Journal of Clinical Ethics* 8:4 [Winter 1997]: 377–388).

The next essay, titled “A Philosophical Basis for the Patient–Physician Interaction,” is by Edmund Pellegrino, MD, chairman of the President’s Council on Bioethics from 2005 to 2009 and currently senior research fellow at the Kennedy Institute of Ethics and professor emeritus of medicine and medical ethics at Georgetown University. Pellegrino sees the sick or wounded patient as existentially more vulnerable, his plight more dire, than that of a person who needs to engage the services of a lawyer, a teacher, or a service repairman, for without our health, we cannot face any of the other issues that confront us. For Pellegrino, the goal of medicine is to provide the right course of action for individual patients at specific times in their lives. This requires first that the physician actually possess the technical competence he or she professes to have. Then the physician must get to know the patient and understand the patient’s values, so that together they can “consent to” (“see together”) a course of action.

Pellegrino sees corresponding responsibilities on the part of patients, to the extent that they are able to express themselves while ill. For example, patients have obligations to be truthful in the information they give the physician, to make an effort to understand their situation, and to follow through on what they have agreed with the physician to be a proper course of action. Patients

should respect the values of the physician and not ask the physician to deceive third-party payers or governmental agencies on their behalf. Pellegrino also sees the patient at least partially obligated, as a member of the human race, to participate in ethically conducted research related to diseases they already have or diseases that are of particular concern or urgency in their community.

The next entry, “Medicine as a Moral Art: The Hippocratic Philosophy of Herbert Ratner, MD,” is written by Patrick Riley, former editor of the *National Catholic Register* and author of the book *Civilizing Sex: On Chastity and the Common Good*. The essay is mostly a series of remembrances of the life and teachings of his mentor, Dr. Ratner. Riley recalls that Dr. Ratner exemplified the Hippocratic ideal of zealous concern for his patients when, in 1955, as head of the public health department for Oak Park, Illinois, he stood up to the medical establishment and refused to allow vaccinations with the Salk vaccine in his jurisdiction because he was concerned that it had not been proved safe.

Dr. Ratner’s viewpoint on the Hippocratic medical ideal would be best illustrated by his assertion that “every advance is a setback . . . unless you’re a Hippocratic physician” (48), that is, one who is working with (and not against) nature, using nature’s own healing methods, including healthy diet, exercise, and very judicious and sparing use of medications. Riley remembers Dr. Ratner’s practice of suggesting that any patient taking more than five or six medications stop taking them all, since the inevitable drug–drug interactions were likely to outweigh any benefit. It is now quite common for patients with multiple chronic medical conditions to be taking more than twenty medications, often to meet “quality targets” for third-party payers. (These are the targets that specify healthy ranges for patient data, like blood pressure or, in patients with diabetes, levels of hemoglobin A1c. Physicians often feel compelled to add medications to get these values into the target ranges, despite the risk of exposing patients to the side effects of yet more medications.)

One exceptionally valuable quote in Riley’s essay is from a group of Dutch physi-

cians who, during the Nazi occupation of the Netherlands, eloquently resisted Nazi authority. They saw that the Nazi doctors had abandoned their concern for individual patients in the pursuit of “care of the community,” which had led them to pursue euthanasia: “Although we do not deny that the care of the community and the participation in social hygiene measures constitute part of the task of the physician, we can recognize this duty only insofar as it proceeds from and is not in conflict with the first and holiest precept of the physician, namely, the respect for life and the physical well-being of the individual who entrusts himself to his care” (49–50).

Riley notes that Dr. Ratner also was highly critical of some of the perhaps well-intended substitutions for the Hippocratic Oath that have been elaborated over the past sixty years or so, such as the Declaration of Geneva. Ratner noted that these have been increasingly watered down, especially in the condemnation of abortion and assisted suicide. Riley praises the Prayer of Maimonides, but does not see any prayer or declaration as a substitute for a binding oath, particularly during times, like now, when physicians are almost sure to be challenged to give way in their practice to governmental or peer pressure.

Riley also addresses Edelstein’s work on the Hippocratic Oath. While Edelstein held the oath in high esteem, he had pointed out in 1943 (in “The Hippocratic Oath: Text, Translation, and Interpretation”) that the Hippocratic school was just one of many groups of physicians in ancient times and that the oath, tainted with esoteric Pythagorean philosophy, was not universally accepted among ancient physicians. In 1973, ironically, the Supreme Court used Edelstein’s point to undermine the authority of the oath for defining the character of medicine, citing Edelstein’s essay to justify the legalization of abortion in *Roe v. Wade*.

Riley concludes his essay by discussing the difference between art and experience, asserting that the physician is an artist in the fullest sense of the term when he or she works with the healing powers of the human body, allowing it to thrive once again.

Next is a 1991 essay by Nigel Cameron, titled “A Future for Medicine?” Cameron,

president of the Center for Policies on Emerging Technologies and founder of the journal *Ethics and Medicine*, notes that the Hippocratic philosophy of medical practice originated with an outspoken reformist minority of physicians and warns that present-day adherents could soon find themselves a minority again. Cameron sees that more and more physicians are content for their profession to be co-opted by social planners who see no problem with assisted suicide, the killing of handicapped neonates, or governmental regulations of every kind so long as patient autonomy is respected.

Cameron sees the ideal Hippocratic relationship as a covenant between the patient, the physician, and God. The fact that the patient freely enters into this arrangement frees the covenant from being “paternalistic” or merely contractual, for both the patient and the physician are free “partners together in the Hippocratic covenant” (67), and both are subject to the virtues understood to define it, including the obligation to be at the service of life. In this, Cameron recalls Paul Ramsey’s writings on faithfulness and covenant fidelity.

Dr. Guinan’s essay, “Toward a More Natural Medicine,” distills insights from Leon Kass’s 1985 book, *Toward a More Natural Science: Biology and Human Affairs*. Kass calls for a more natural science—specifically, as Guinan notes, “a science ‘true to life as found and lived’ as opposed to a science intent on control or a ‘mastery of nature’” (81). Far from envisioning an ethic for medicine based on principles brought in from outside the profession, Kass holds that medical ethics—its principles expressed in the Hippocratic Oath and its imperatives closely attuned to nature’s laws and healthy functioning—could be “a paradigm for ethics in general” (85). The oath forbids sexual relations with both freemen and slaves, for example, thereby eschewing the distortions of social statuses that have marred other ethical systems in the past.

Guinan briefly surveys Hindu and Chinese codes of medical ethics as well as the Prayer of Maimonides, detecting considerable agreement among them in respect for a higher power, resolve not to do harm, respect

for privacy and confidentiality, and regard for one's teachers and the profession itself. A natural, Hippocratic ethic would reject technological "solutions" that thwart natural processes, such as contraceptives or diet pills that allow us to eat whatever we want and suffer no consequences.

The final essay is by Patrick Beeman, MD, a resident in the Integrated Obstetrics and Gynecology Residency Program of Wright State University affiliated hospitals in Dayton, Ohio. Beeman's essay is titled "Hippocrates Seduced." In it he recalls being taught about the Hippocratic Oath along with several other oaths and declarations as a first-year medical student. He finds the others wanting, particularly those that water down proscriptions against abortion and euthanasia or fail to mention them at all. Already he had seen how at least one of his professors in medical school reacted to the birth of a child with Down syndrome by implying that it would have been much better if the child had been aborted.

In my teaching I recommend several of these perceptive essays or articles to introductory bioethics students, especially the talk by Brehany, for its inclusion of the text of the oath, its exhortative style, and its clear delineation of some of the key aspects of the Hippocratic tradition. To more advanced students I also recommend an article that does not appear in this collection, "Hippocratic vs. Judeo-Christian Medical Ethics: Principles in Conflict," by Robert Veatch and Carol Mason, which argues that the Hippocratic tradition is partially deficient from a Judeo-Christian perspective (*Journal of Religious Ethics* 15.1 [Spring 1987]: 86–105). Practitioners of medicine today do need to be concerned for more than just one patient at a time, to be explicitly committed to respecting the patient's own values, and to feel responsible for caring for patients who are indigent or uninsured.

I usually give students a copy of the Prayer of Maimonides as well, emphasizing its prayer for single-heartedness: "Do not allow thirst for profit, ambition for renown and admiration, to interfere with my profession. . . . *Let me be contented in everything except in the great science of my profession.*"

As a prime example of how the Hippocratic Oath is viewed by current writers and authorities, I have begun to cite two paragraphs from the 2008 Instruction by the Congregation for the Doctrine of the Faith, *Dignitas personae*, which refer directly to the Hippocratic Oath:

In the current multifaceted philosophical and scientific context, a considerable number of scientists and philosophers, in the spirit of the *Hippocratic Oath*, see in medical science a service to human fragility aimed at the cure of disease, the relief of suffering, and the equitable extension of necessary care to all people. At the same time, however, there are also persons in the world of philosophy and science who view advances in biomedical technology from an essentially eugenic perspective. (n. 2)

In the context of the urgent need to *mobilize consciences in favour of life*, people in the field of healthcare need to be reminded that "their responsibility today is greatly increased. Its deepest inspiration and strongest support lie in the intrinsic and undeniable ethical dimension of the health care profession, something already recognized by the ancient and still relevant *Hippocratic Oath*, which requires every doctor to commit himself to absolute respect for human life and its sacredness." (n. 35)

Both quotations speak to the very best in medical practitioners, whether they are doing research in one of the many potentially problematic areas evaluated by the Instruction or are providing direct patient care. The first quote defines the role of the medical scientist and health care provider as relieving human suffering by curing disease. The Instruction even sees in the oath a concern for justice, in its endorsing "the equitable extension of necessary care to all people," a recurrent theme in the Instruction by which those involved in biomedical research are encouraged to strive to see that their efforts are directed toward advancing the common good in the resource-poor regions of the world (n. 3).

The second quote crystallizes the Hippocratic ethic as expressing "absolute respect for human life and its sacredness." This

reference comes at the end of an extensive section of the Instruction detailing the likelihood of scandal and the degrees of cooperation in evil involved in the use of biological material derived from human cell cultures.

In short, the Instruction could be a most valuable source for those who feel drawn to compose a new Christian version of the Hippocratic Oath, incorporating some of the unique and positive perspectives from the Church's social teaching. Young researchers and health care providers should be assured that "the Church . . . views scientific research with hope and desires that many Christians will dedicate themselves to the progress of biomedicine and will bear witness to their faith in this field" (n. 3).

I would indeed recommend this valuable collection of essays compiled by Dr. Guinan

on the Hippocratic spirit in medicine, particularly to students of bioethics and those preparing to enter the health care professions. These readers would benefit greatly from the articles that introduce them to the texts of the Hippocratic School itself and those that help them reflect on the place they will assume in passing on this great tradition to future generations.

I close with an observation by Dr. Ratner, who reminds us that "all readers of Hippocrates are patients, potential or actual. They should be concerned with medical tradition, for they are the ultimate gainers or losers" (9).

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Debating Euthanasia

by **Emily Jackson and John Keown**

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Debating Euthanasia is volume 3 in Hart Publishing's *Debating Law* series, edited by Peter Cane. The book is divided into two parts: "In Favour of the Legislation of Assisted Dying," by Emily Jackson, and "Against Decriminalising Euthanasia: For Improving Care," by John Keown. Jackson, who is well known as a champion of euthanasia and assisted suicide in the United Kingdom, is a professor of law at the London School of Economics. Keown, who taught law and bioethics at Cambridge University for many years, is currently Rose F. Kennedy Professor of Christian Ethics in the Kennedy Institute of Ethics at Georgetown University, and is the author of *Euthanasia, Ethics, and Public Policy* (Cambridge, 2002).

Emily Jackson's "In Favour of the Legislation of Assisted Dying"

Jackson's thesis is that we owe it to those experiencing permanent and irreversible

suffering and those who are worried that this may happen to them to do all we can to alleviate their distress; in a small number of cases, we must "allow" people to have their lives ended quickly and painlessly if they cannot be helped in any other way and if they believe that death offers the only possible relief from their suffering (1).

Jackson defines her terms as follows: *Euthanasia* is commonly done by a doctor using a lethal injection; if a relative or friend administers something lethal, the act is "mercy killing." "Voluntary active euthanasia" differs from "involuntary" and "passive euthanasia": "involuntary euthanasia" ends a person's life without their consent; "passive euthanasia" causes death by the withdrawal of life-preserving treatment, but Jackson prefers to call this simply "treatment withdrawal."¹ "Assisted suicide" differs from euthanasia and mercy killing in that the agent bringing about the person's death is the person herself (1–2).