

# An Introduction to the Ethical Basis of Medical Practice

## *The Hippocratic Oath and Its Successors*

The swearing of the Hippocratic Oath at graduation represents physicians' rite of passage into a profession with special prerogatives and obligations. The oath is a covenant, a pledge of trust dedicating physicians to their chosen task of curing or alleviating suffering, or at the very least doing no harm. Although it has over the centuries been reformulated or expanded, it continues to form the ethical basis of medical practice.

Hippocrates was born on the Greek island of Kos about 460 B.C., the son of the healer, Heraclides. There is little reliable information concerning his life. He is known to have practiced empirical medicine, i.e., devolving from observation of and comparison with previous cases. Such an experiential method was the optimal mode before the advent of the experimental sciences in the nineteenth century.

The Hippocratic Oath opens with invocation of Greek divinities: according to mythology, Apollo was the god endowed with powers of healing which were gradually transferred to a lesser deity, Aesculapius and his legendary daughters, Hygiea and Panacea. This classical version of the oath has sometimes been deemed pagan; an alternative opening suitable for Christians dates from the tenth or eleventh century: "Blessed be God the Father of our Lord Jesus Christ, who is blessed for ever and ever" (see "The Christian Hippocratic Oath"). Whatever its exact wording (and there are many variants), the oath is short and incisive in its

substance. First and foremost it declares a dual commitment: to the traditions of medicine as they have been taught and as they are to be transmitted to future generations; and to the well-being of patients to the best of the physician's ability and judgment. But also conspicuous in the oath are the prohibitions it imposes: to desist from giving deadly medications on request, from providing an abortifacient, from cutting persons suffering from stones (because this should be done only by specialized experts), and from taking advantage of access to homes by instigating mischief or indulging in seduction. It is remarkable that the Hippocratic Oath, taken as a whole, devotes a larger proportion of its imperatives to forbidding certain types of negative behavior than to defining the positives.

Before the legal regulation of physicians, which was slow and erratic, the Oath was not consistently administered. Laws to limit the practice of medicine to instructed persons were enacted in European states in 1224, 1347, and 1365. In England Henry VIII granted a charter to the Barber-Surgeons Guild in 1512 and to the Royal College of Physicians in 1518. These ordinances conferred on the members of these associations the right of training and examining newcomers to the profession, and like the Hippocratic Oath mandated scrupulously moral relations with patients as well as enumerating members' obligations to each other. The British Medical Registration Act of 1858 marks a major milestone in requiring all aspirants to the profession to have their qualifications approved before they could be registered to practice. In the United States licensing and proper professional regulation were introduced in the 1870s and 1880s. The stiffened enforcement of requirements is typified by the 1877 law in Illinois that empowered a state board of examiners to accept diplomas only from reputable schools.

The clarification of standards was significantly furthered by the publication in 1803 of *Medical Ethics; or, a Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons* (reprinted in *Percival's Medical Ethics*. Ed. Chauncey D. Leake. Baltimore: Williams & Wilkins, 1927, 65–166). It was written by a British physician, Thomas Percival (1740–1804) at the request of the trustees of the Manchester Infirmary to settle a dispute among its staff. Running to over one hundred pages, this document discusses professional conduct under four headings: “Relative to Hospitals or Other Medical Charities,” “In Private or General Practice,” “Towards Apothecaries,” and “In Certain Cases Which Require a Knowledge of Law.” The most extensive section is that devoted to private or general practice. It sets out a combination of moral and practical guidelines, advocating strict observance of secrecy and

delicacy, temperance, punctuality, avoidance of interference, respect for seniority, consultations in difficult cases, continued attendance on incurables, discouragement of quacks and nostrums, and the appropriate ways to collect fees.

The *Code of Ethics* adopted by the newly founded American Medical Association in 1847 deals with many of the same topics Percival addressed, at times in wording that echoes his verbatim. “Ethics” means conduct in the widest sense, covering in its three chapters first “The Duties of Physicians to the Patients and the Obligations of Patients to their Physicians” (No. 2), secondly the duties of physicians to each other and to the profession at large, and thirdly the duties of the profession to the public and the obligations of the public to the profession. Since this *Code of Ethics* supplements but does not replace the Hippocratic Oath, there is here no insistence on negative prohibitions. The entire document concentrates on what is desirable in the interaction between physician and patient. General principles are laid down in the first two articles on the duties of physicians to their patients. The key phrase in the very opening sentence is that the physician’s mind ought “to be imbued with the greatness of his mission.” This articulates the ideal image of the physician at that time as a missionary to the bedside, or, as the *Code* puts it in similarly religious terms, “the minister of hope and comfort to the sick.” Other major injunctions include the strict observation of “secrecy and delicacy,” the uniting of “tenderness with firmness, and condescension with authority,” and the exercise in every case of “attention, steadiness, and humanity.” Articles three through seven concern specifics in the conduct of medical practice: the frequency of visits, the necessity of steering a wary course between gloom and “timely notice of danger” to patients’ friends and possibly even to patients themselves, the obligation not to abandon incurables, the recourse to consultations, and finally, the opportunity that physicians have for health education. Some of these articles are obviously restatements of traditional lore (“secrecy and delicacy,” incurables, consultations), but others are innovative, particularly the problem of truth-telling and the recognition that physicians can influence their patients to amend their health habits. The 1847 *Code* thus ranges from the quasi-religious foundations of medical practice to social issues that have come to assume increasing importance in the past hundred and fifty years.

Another novel and unique departure, never replicated in later similar statements of principles, is the inclusion of the “Obligations of Patients to their Physicians.” The tone of this section is quite defensive. The doctors straightaway proclaim themselves as performing “so many

important and arduous duties towards the community, and as required to make so many sacrifices of comfort, ease, and health for the welfare of those who avail themselves of their services” that, they argue, they “have a right to expect and require, that their patients should entertain a just sense of the duties they owe to their medical attendants.” This declaration, tactful and cautiously phrased though it is, introduces into the relationship between doctor and patient the principle of reciprocity absent in the Hippocratic Oath and in Percival’s *Medical Ethics*. Some of the following nine articles deal with purely practical arrangements such as sending for the doctor in the morning if possible, not delaying consultations until the disease has advanced to a violent stage, and giving reasons for dismissal. Others devolve from conditions at that period, such as the injunction to select as medical adviser “one who has received a regular medical education.” Similarly, the argument for confiding the care of the family to one physician on a long-term basis stems from the mid-nineteenth-century belief in the patient-specificity of treatment: “for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.” Yet often patients are firmly placed in a subordinate position, enjoined to communicate “faithfully and unreservedly,” to answer questions briskly, to obey the physician’s prescriptions promptly and implicitly, and not to consult several physicians simultaneously. Lastly, patients are reminded that the worth of a physician’s services are beyond monetary payment. This section of the 1847 *Code* reveals the medical profession’s relative insecurity before its authority became grounded in science.

In contrast to the five thousand and six hundred words of the 1847 *Code of Ethics*, the 1980 American Medical Association’s *Principles of Medical Ethics* runs to just two hundred and fifty words. The very terseness of the wording emphasizes the binding nature of the principles enunciated. The eight articles spell out directly and cogently the major imperatives: “compassion and respect for human dignity” comes first, and honesty second; safeguarding patients’ confidentiality is also a high priority. These are by and large reiterations of the ethos underlying the Hippocratic Oath. So the Oath’s obligation to teach is reformulated into the commitment “to continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public.” Two new provisions are included: one (article 6) asserts the right to freedom of choice: “to choose whom to serve, with whom to associate and the environment in which to provide medical services”

(except in emergencies). The other concerns the commitment to participate in activities contributing to an improved community, and, while respecting the law, to seek changes in requirements contrary to patients' best interests. The 1980 *Principles of Medical Ethics* recognize physicians' obligation to society as a whole as well as to individual patients. Physicians' privileges are widened in the claim to freedom of choice but so are their responsibilities.

The Hippocratic Oath has in recent years been experimentally revised in some medical schools. In 1986, for instance, graduates of Tufts Medical School chose to underscore the importance of preventive medicine by including this phrase: "I will prevent disease whenever I can, for prevention is better than cure." This clause amplifies, in twentieth-century terms, the injunction in the 1847 *Code* to promote and strengthen patients' good resolutions. As the value of preventive medicine (e.g., regular exercise, sensible nutrition, not smoking, control of blood pressure) has come to be better understood, the physician's educational function has moved into the foreground. The Tufts graduates also vowed "to remember that there is an art in medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug." This reminder of the need for a humane approach reiterates the 1847 *Code's* notion of "tenderness," allied now to the recognition that medicine as science has to be tempered by medicine as an art.

In all the various codes of conduct, the ethical guidelines are largely general. So the Hippocratic Oath prohibits "intentional ill-doing," while its 1980 successor prescribes "honorable behavior." The sole exception is the Hippocratic Oath's ban on abortion. Apart from this, the ethical dilemmas that preoccupy us today, notably end-of-life questions such as euthanasia or assisted suicide or the right to withhold life support, are wholly absent. These issues were not part of nineteenth-century medical practice because expectations were quite different. The average life-span was far shorter, conditions were harsher, especially for the poor, so that suffering and early death were accepted as the norm. Tuberculosis was a common scourge, and epidemics of diphtheria and scarlet fever contributed to a high infant and child mortality. Many current dilemmas have arisen as a direct result of twentieth-century technology: respirators, dialysis, and artificial feeding tubes permit the continuation of life beyond what would have been the natural point of death a century ago; at the same time they create the ethical problems of choice we face today. Another cogent example is the use of ultrasound and amniocentesis for the intrauterine diagnosis of defects in the fetus so that parents must make agonizing decisions about whether or not to terminate the pregnancy.

By contrast, ethics in the nineteenth century centered on the doctor-patient relationship, that is, the appropriate standards of reciprocal behavior. The collection of fees frequently proved a thorny matter. Physicians were regarded as employees who could be readily dismissed if they seemed unsatisfactory. Such temperamental behavior on patients' part (see Trollope, *Dr. Thorne*, ["Lady Arabella" and "Sir Roger" in chapter 2]) prompted an insistence on doctors' part on the maintenance of their dignity as professionals. For instance, if they were offered refreshments, as was the custom, especially in the country, they did not want to take them with the servants. This clearly reveals the extent to which doctors had to assert themselves in order to achieve a certain measure of respect and social status. A more serious and lasting quandary was whether it was advisable to tell dying or mortally sick patients the truth about their condition and prognosis. The 1847 *Code* comes out in favor of gently imparting the truth, but opinion remained divided on the grounds that bad news might undermine and discourage patients psychologically and so lessen their prospects of recovery (see Mann, *Buddenbrooks* ["Pneumonia" in chapter 9]).

Consideration of the successive codes of conduct for physicians shows both the basic constants underlying proper professional behavior and the modifications in the wake of medical progress and the changing status of physicians. From the first delineation of the conventions governing physicians' transactions with their patients in the Hippocratic Oath, the highest moral expectations are laid down and reiterated in each restatement of the principles. Integrity and discretion are the immutable fundamentals. By the mid-nineteenth century the need for reciprocal respect was spelled out as medical men became more assured of their status with advances in their knowledge. The concept of social activism was added quite recently in recognition of the importance of preventive medicine and of the necessity for direct input into social reality.

The amendments introduced since the Hippocratic Oath raise several questions. Have the ethical issues become more complicated as a result of scientific and technological advances? Does the capacity to prolong life (in some instances) also entail decisions about the quality of life? Who has the ultimate right to make such decisions: patient, or doctor, or jointly? What about the costs? Should the teaching of ethics be a part of every medical school curriculum? Is medicine's growing power to control life and death as much a burden as an asset?

## The Hippocratic Oath

*Oath of Hippocrates of Kos, Fifth Century B.C.*

I swear by Apollo the physician, by Aesculapius, Hygeia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment the following oath:

To consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; to look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise; to impart to my sons and the sons of the master who taught me and to the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction. I will prescribe a regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art. I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by specialists in this art. In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. If I keep this

oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot.



## The Christian Hippocratic Oath

*From the Oath According to Hippocrates  
Insofar As a Christian May Swear It*

Blessed be God the Father of our Lord Jesus Christ, who is blessed for ever and ever; I lie not.

I will bring no stain upon the learning of the medical art. Neither will I give poison to anybody though asked to do so, nor will I suggest such a plan. Similarly I will not give treatment to women to cause abortion, treatment neither from above nor from below. But I will teach this art, to those who require to learn it, without grudging and without an indenture. I will use treatment to help the sick according to my ability and judgment. And in purity and in holiness I will guard my art. Into whatsoever houses I enter, I will do so to help the sick, keeping myself free from all wrongdoing, intentional or unintentional, tending to death or to injury, and from fornication with bond or free, man or woman. Whatsoever in the course of practice I see or hear (or outside my practice in social intercourse) that ought not to be published abroad, I will not divulge, but consider such things to be holy secrets. Now if I keep this oath and break it not, may God be my helper in my life and art, and may I be honoured among all men for all time. If I keep faith, well; but if I forswear myself may the opposite befall me.

# American Medical Association's 1847 *Code of Ethics*

## *Of the Duties of Physicians to Their Patients and of the Obligations of Patients to Their Physicians*

### Duties of Physicians to Their Patients

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their department, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence.

2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick.

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From *Percival's Medical Ethics*, Chauncey D. Leake, ed. (Baltimore: Williams & Wilkins, 1927), pp. 219–225.

Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy, and mistaken liberality,

that moral duty, which is independent of, and far superior to, all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

#### Obligations of Patients to Their Physicians

1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rule prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the friendly visits of a physician who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a

consulting physician without the express consent of his medical attendant. It is of great importance that physicians should act in concert; for although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgement can repay or cancel them.

## American Medical Association's 1980 *Principles of Medical Ethics*

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

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VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.