The Moral Identity of Professional Medicine

MESLEKİ TIBBIN AHLAKSAL KİMLİĞİ

Gerhold K. BECKER*

* Founding Director of Centre for Applied Ethics and Chair Professor of Religion and Philosophy,
Hong Kong Baptist University, Hong Kong, CHINA

Summary

Examining the function of the Hippocratic Oath and its lasting significance for medical ethics, the paper explores the moral basis of medicine in view of contemporary challenges. It is argued that, though the Hippocratic tradition has laid a solid foundation for medical ethics, contemporary medicine needs to more firmly establish itself on the human rights tradition and its core principles of human dignity and respect for persons.

Key Words: Medical Codes, Hippocratic Oath, Dignity, Respect, Human Rights

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Özet

Hipokrat andının işlevi ve bunun tıp etiğinde devam eden önemini incelemekle bu makale, çağdaş meydan okumalar ışığında tıbbın ahlaki temellerini araştırmaktadır. İddia edilmektedir ki, Hipokrat geleneği tıp etiği için sağlam bir temel oluştursa da günümüz tıbbı, kendini daha çok insan hakları geleneği ve onun özünü teşkil eden insan onuru ve insana saygı zeminine oturtmalıdır.

Anahtar Kelimeler: Tıbbi Kanunlar, Hipokrat Andı, Saygınlık, Saygı göstermek, İnsan Hakları

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The Moral Ethos of Medical Codes in the Hippocratic Tradition

Medicine may not be 'the world's oldest profession', but it is presumably the first profession that made the intrinsic connection between conduct and ethics explicit and thus gained professional status of high recognition. The regulating parts of the Hippocratic tradition constitute the earliest writings in the West on the correct conduct of physicians and their professional duties. As will be recalled, most prominence and influence has gained what has become known as the *'Oath of Hippocrates'*, although modern scholarship no longer regards the historical Hippocrates as its author. Together with the regulating parts of the Hippocratic corpus, the *Oath* has for centuries provided the point of departure for medical ethics and determined the parameters of medicine as a profession. Its significance for the development of medicine as well as for medical ethics generally can hardly be overestimated. Even today, in the introduction to its Principles, the American Medical Association (AMA) calls the *Oath* "a living statement of ideals to be cherished by the physician."

The *Oath* consists of two parts, a covenant between the physician and his teacher, and the precepts, which define the physician's duties to his patients. Although it is largely unknown to what extent the *Oath* was actually adopted in the ancient world, since Greek and Roman physicians were not required to swear an oath or to abide by a formal code of ethics (1), it represents a document of professional self-reflection, moral rigor, as well as ethical vision. Speaking for a specific tradition, it stands in tension both to other precepts in the Hippocratic corpus and prevailing medical practice (which in contrast to the *Oath* did e.g. not usually prohibit abortion, euthanasia, and surgery). Gradually, however, the specific ethics of the *Oath*

succeeded in establishing itself over competing traditions. Thus the *Oath* can also be read as a document of struggle for professional identity, which managed to lay down in a few strokes the ethos of a whole profession. The fact that its precepts seemed to be based on ethical principles similar to those later held by Christian physicians facilitated their integration into the medieval Christian medical ethos and, finally, secured their place in the history of medicine.

Yet the need to set standards and define rules of professional conduct in medicine was felt long before Hippocrates and given its first formal expression as early as about 1727 B.C. in the *Code of Hammurabi*. This code included specific regulations of the professional activities of physicians and even stipulated the levels of fees and stiff penalties for professional incompetence and misconduct.

The emergence of professional codes is usually not only indicative of professional maturity and self-regard but also of the profession's reaction against external and internal challenges that threaten its reputation and, occasionally, even its survival. A similar situation seems to lie behind the formulation of the *Oath* and has been described in the *Hippocratic Canon* as follows: Although "the art of healing is the most noble of all the arts, yet, because of the ignorance both of its profession and of their rash critics, it has at this time fallen into the least repute of them all. The chief cause for this seems to me to be that it is the only science for which states have laid down no penalties for malpractice. Ill repute is the only punishment and this does little harm to the quacks who are compounded of nothing else. Such men resemble dumb characters on the stage who, bearing the dress and appearance of actors, yet are not so" (2).

Medical codes respond to those issues not only by setting *minimal standards* but also by actively promoting and inculcating in physicians specific *character traits.* In the case of medicine more than anywhere else, professional standards are unlikely to be achieved if those concerned do not strife towards specific virtues such as earnestness, empathy, trustworthiness, discretion, and honesty. Modern medical codes regularly impress upon members the need to promote the dignity of the profession not simply by offering professional competence and expertise but also, and more importantly, by virtuous conduct. The Hippocratic Canon summed up the necessary requirements of physicians "truly suited to the practice of medicine" as follows: the physician "must be possessed of a natural disposition for [medicine], the necessary instruction, favorable circumstances, education, industry and time" (2).

In view of the modern situation of medicine, Edmund D. Pellegrino has argued that all codes reveal a tripartite structural system of requirements and obligations reflecting the specific role of the physician within the social and legal parameters of society. In addition to requiring respect for laws and obligations, they contain a presumably exhaustive list of rights and duties, as well as admonitions to adhere to good practice and the specific virtues of the profession. The latter reflect those specific character traits a good physician in the emphatic sense of the term should possess and the vices he should avoid. The promise in the *Oath* of a life of honesty and probity (3) still resonates in contemporary codes such as the *Principles of Medical Ethics* of the American Medical Association as it does in other codes world-wide. The second principle of the AMA states: "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."

The requirement of moral character is grounded in the fact that the act of curing and caring is always embedded in a complex social context and unfolds into a variety of more specific goals and interests which may at times conflict with each other. Pellegrino and Thomasma remind us not to "forget that health professionals' act of profession is a declaration of commitment, [even] an act of 'consecration' (...) to a way of life that is not ordinary. In that act health professionals promise that they will not place their own interest first, that they will not exploit the vulnerability of those they serve, that they will honor the trust

illness forces on those who are ill (...) Later, in the first century A.D., when the word 'profession' was first used by Scribonius Largus, it was tied to a special promise of compassion and aid. This has always been the doctor's special promise, the common devotion and the source for his or her ethical obligations. When medicine lacks this ethical dimension, it becomes not just a business, trade, or technique but a betrayal of trust that demeans both the physician and the patient" (4).

Transcending Hippocratic Ethics

In real life, however, physicians as members of the health care profession are dedicated to a mixture of altruistic and self-interested goals which on H. Tristram Engelhardt's account comprise the health care needs and desires of individuals as well as of societies, income and prestige, the self-perpetuation of the profession, and the acquisition of knowledge (5). Conflicts arising from these specific goals are usually generated through the imbalances in the pursuit of self-interest and altruistic ideals (6). This tension has found its classical expression in the so-called *Prayer of Maimonides*, which first appeared in print in 1793 and may have been authored by a friend of Kant's, the physician Marcus Herz. Conscious of the frailty of human nature, the physician prays to God not to allow "thirst for profit, ambition for renown and admiration, to interfere with my profession, for these are the enemies of truth and of love for mankind and they can lead astray in the great task of attending to the welfare of Thy creatures" (7).

While the Hippocratic tradition continues to define professional self-understanding and still enjoys its reputation as a valid representation of the ethos of medicine, or in the words of the AMA "an expression of ideal conduct for the physician," the increased complexity of modern medicine in its social context demands a more fundamental ethical reflection than this tradition might be capable of delivering. As Tom Beauchamp has observed, although medical ethics showed a remarkable degree of continuity from the days of Hippocrates, from the middle of the twentieth century its long-standing traditions have "begun to be supplanted, or at least supplemented by bioethics" (8).

Reasons for this change may have to do with the fact that the ethics encapsulated in the Hippocratic *Oath* turned out to have too narrow a basis in what has been called paternalistic beneficence; more importantly they are associated with radical changes in medicine itself and the development of public morality. Robert Veatch has pinpointed "a two-pronged challenge to the Hippocratic ethic", which seeks to replace its alleged individualism and consequentialist cost-benefit calculations with a commitment to a rights- and duty-based ethos of social concern (9).

The integration of modern science and technology into medicine poses additional challenges to the self-understanding of the medical profession and, in particular, to the doctor-patient relationship. The break-up of a religiously based common public morality into a plurality of secular values implies that these challenges can only be met if new common ground can be found that would unswervingly tie medicine to its sole purpose of serving humanity and of preserving its moral integrity. Hans-Martin Sass has therefore suggested to "say goodby to paternalistic beneficence of physicians and to the principles of Hippocratic ethics," since they may not provide sufficient moral space for the recognition of patient autonomy as an integral part of the modern human rights conception. It follows that in his proposal for a revision of the Hippocratic Oath, rules for health professionals would be firmly anchored in the principle of respect for the patient as a person (10).

The revision of the Hippocratic Oath in the *Declaration of Geneva* (1948) by the World Medical Council was intended just to serve such purpose and to redefine the moral basis of medicine. The Declaration opens with the solemn pledge by the physician "to consecrate my life to the service of humanity", and is followed by the promise to "maintain the utmost respect for human life" (7). The principle of human dignity and respect for persons then is the most promising candidate that can provide a common moral basis for medicine today.

Human Dignity and Respect for Persons

Though medical intervention is defined by its purpose of restoring the fundamental functions of human agency and thus the basis for human life and personal existence, the physician cannot separate the disease from the sick person. The respect owed to this person must be translated into seeking permission for treatment and asking for the patient's cooperation in its course not by force or coercion but by persuasion and (informed) consent. The respect for persons, however, has an additional dimension that connects the physician's action even more intimately to the principles of morality. The doctor does not only respond to an individual request for a particular medical service and course of treatment, he simultaneously responds to the moral request of 'doing good' and 'avoiding harm' which is (logically) prior to any specific request from the patient. 'Doing good' and 'avoiding harm' and thus morality are the specific marks of humanity, and their explicit integration into the duties of a particular profession gives this profession the dignity that has always been associated with the art of healing and curing and distinguished it from other professions. This proximity of medicine to ethics is grounded in the fact that medicine, in restoring the basic functions of human life, restores the ability of the patient to regain full control over his/her life as an autonomous and responsible person. The potential conflict between the moral obligation to respect individual autonomy and to act in the best interest of the patient is a clear indication that the respect owed to persons is not exhausted by matters of consent but reaches deeper and to the very core of humanity. Medicine can therefore neither be reduced to a scientific operation nor to a professional service without losing its moral identity.

This is the reason, I believe, why from early on medical ethics has been couched in the normative language of respect for persons and of the sanctity of human life. This moral tradition has finally been made explicit and endorsed by the formal recognition of the principle of human dignity in the United Nations' *Universal Declaration of Human Rights*. The internal relationship between the principle of human dignity and human rights is that of foundation and historical 'expression' to draw on the terminology of modern genetics. While the human rights make the idea of human dignity concrete and provide it tangible context in law and society, human dignity gives them their moral basis and their conceptual frame of reference. As legal scholar Louis Henkin has pointed out, the "human rights idea and ideology begin with an *ur*-value or principle, the principle of human dignity. Human rights discourse has rooted itself entirely in human dignity and finds its complete justification in that idea. The content of human rights is defined by what is required by human dignity - nothing less, perhaps nothing more" (11).

This internal relationship has been recognized in an astonishing array of national constitutions, international covenants and other legal instruments. The first national constitution that included explicitly, and eleven years before the United Nations' Universal Declaration, "the dignity of the individual" in its preamble was the constitution of the Republic of Ireland 1937 (12).

The modern, dignity-based human rights discourse is paralleled in the contemporary process of delineating the specific framework of rights, responsibilities, and obligations of doctors and indeed of all health care providers as well as of the patients. I have argued that the practice of medicine is grounded in the respect for persons and the sanctity of human life and thus at least implicitly based on the principle of human dignity. Medical practice consisting, as the *Declaration of Helsinki* summarized, of diagnostic, therapeutic and prophylactic measures as well as the understanding of the aetiology and pathogenesis of disease, involves hazards. This requires a judicious use of medicine based on moral principles.

One of the first documents that adopted the approach of the human rights declaration to human dignity and applied it to medicine was the 1949 *International Code of Medical Ethics* of the World Medical Association. After emphasizing the physician's duties to maintain the highest

professional standards, it states that physicians must provide medical services "with compassion and respect for human dignity." The same emphasis on human dignity is found in the *Principles of Medical Ethics* (1957) of the American Medical Association, which states in the first section of the code: "The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man." In its revised version of 1980, the same passage reads as follows: "A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity."

The most explicit reference to human dignity is found in the *Code for Nurses*, in its present form first adopted by the International Council of Nurses in 1973 and reaffirmed in 1989. In our context, one of the most remarkable changes with regard to its older 1953 version is its explicit affirmation that "respect for life, dignity and rights of man" are "inherent in nursing" (10). This affirmation of human dignity is also central in the *Code for Nurses* issued by the American Nurses' Association in 1976 and its *Interpretative Statements*. The Code was revised in 1985, and among the most remarkable changes in the new version is the expansion of the section on human dignity. At least seven times the Code underscores the fundamental significance of the principle of human dignity in nursing. Interpreting the first principle of nursing to provide "services with respect for human dignity," the document states: "The fundamental principle of nursing practice is respect for the inherent dignity and worth of every client. Nurses are morally obligated to respect human existence and individuality of all persons who are the recipients of nursing actions.". The nurse's code of ethical conduct "is grounded in the moral principles of fidelity and respect for the dignity, worth, and self-determination of clients." Consequently, care must be tailored "to personal needs" and maintain "the individual's self-respect and dignity." "The nurse's respect for the worth and dignity of the individual human being applies irrespective of the nature of the health problem" and the "nurse's concern for human dignity (...) is not limited by personal attitudes or belief" (7).

The principle of human dignity is also the central focus for medical ethics in various European instruments, most notably and in a legally binding form in the *Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (1996).* The Convention states unequivocally in its first article: "Parties to this Convention shall protect the dignity and identity of all human beings and guarantee everyone, without discrimination, respect for their integrity and other rights and fundamental freedoms with regard to the application of biology and medicine."

In conclusion, what is at stake in contemporary medicine is the fundamental conception of human beings as centers of autonomy and self-worth which has guided medical practice over centuries. In view of the breath-taking development in modern medicine, particularly in molecular biology, genetics, and biotechnology, the medical profession needs to redirect their attention at the moral vision encapsulated in the idea of human dignity. Human dignity must be understood as a commitment to the basic humanistic values upon which medicine has been built.

Human dignity simultaneously defines the moral basis of medicine as a profession and predicates something about each and every human person and the way we ought to treat each other. The medical treatment owed to human persons is grounded in and demanded not by what persons do and how they behave themselves but by what they are, vulnerable human beings which nevertheless command utmost respect.

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Yazışma Adresi: Gerhold K. BECKER
Centre for Applied Ethics
Hong Kong Baptist University
Kowloon Tong, Hong Kong, CHINA
gkbecker@hkbu.edu.hk