

HISTORY OF EVOLUTION OF THE CONCEPT OF MEDICAL ETHICS

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ABSTRACT

“Time present and time past are both perhaps present in time future and time future contained in time past”. – Thomas Stearns Eliot (1888-1965), Noble Literature Laureate, 1948.

History and evolution of the concept of Medical Ethics is the classical example of this poetic expression. Virtually, every human society has some forces of myth to explain the origin of morality. Indian ethics was philosophical from its very birth. In the Vedas (1500B.C.), ethics was an integral aspect of philosophical and religious speculation about the nature of reality. The Vedas says how people ought to live and is the oldest philosophical literature in the world. It was the first account of philosophical ethics in human history. The old Testament of (c.200 B.C.) the Hebrew Bible (Greek- ta biblia – “the books) gives account of God giving the Ten Commandments – the oral and written Law engraved on tablets of Stone to Moses around 13th century B.C. on Mount Sinai (Arabic – Gebel Musa) the Mountain near the tip of the Sinai Peninsula in West Asia.

Code of Hammurabi: Code of Ethics

Hammurabi (1728 – 1686 B.C.) was the Sixth King of the first dynasty of Babylon in Mesopotamia (present Iraq). He was a great and might ruler. He made Babylon Supreme in his era. He introduced Mathematical and Astrological Treatises and Dictionaries during his rule. The Sun God Shamash is claimed to have presented the code of laws to Hammurabi. The Legal Code contains 282 Laws – regulating society, family life and occupation. The code is engraved on a 2 metre high stele found in Susa, Iran in 1901 and at present preserved in the famous Louvre Museum in Paris, France. The Medical Ethics contains instructions for conduct of physicians. Professional fees were related to social rank of patients. Incompetence and negligence was punished by draconian laws.

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“If a physician has performed a major operation upon a lord with a broze lancet and has saved his life, he shall receive ten shekels of silver, but if he caused the death of such a notable, his hand would be chopped off. A doctor causing the death of a slave would have to replace him.”

Babylon was the fertile Triangle of the Euphrates and Tigris rivers – birth place of civilization and medicine. There were rules for preserving pubic health and hygiene.

The code was played publicly for the first time in recorded history. Thus, Mesopotamia started Man and Medicine on the road to civilization – in a never-ending quest for health and happiness though the road to happiness was not always littered with roses. It was tortuous. It has ups and downs as the English novelist and poet – Thomas Hardy (1840-1928) rightly said:

“Happiness is but an occasional episode in a general drama of pain”.

Plato’s “Protagoras”

Plato (428-347 B.C.) was a student of the Greek Philosopher Socrates (469-399 B.C.). He was the teacher of Aristotle (384-322 B.C.) who again was the teacher of Alexander, The Great (356 – 323 B.C.) in Macedonia, in the Academy in Athens. In “Protagoras”, Plato gave an avowedly mythical account of how Zeus –the chief of the gods in Greek mythology took pity on the hapless, who, living in small groups and with in adequate teeth, weak claws and lack of speed, were no match for the other beasts. To make up for these deficiencies, Zeus gave humans a moral sense and the capacity for law and justice, so that they can live in larger communities and cooperate with one another.

In “Atreya Samhita”, there is a vow from prospective doctors by the Gurus (the teachers):

“Thy shouldst with thy whole heart strive to bring about the care of those that are ill-not even for thy sake extorting their substance.”

Medical Ethics: Its Origin

Ethics is the other name for moral philosophy – the discipline concerned with issues like good and bad, right and wrong etc. A medical person's ethics involve fundamental moral issues related to decision – making in the performance of his or her professional acts.

“ETHICS” is derived from the Greek word – “Ethikos” arising from “custom” (French: “Ethos” meaning “custom”). It is the discipline concerned with morality and moral obligation – the philosophical study of the moral values of human conduct and of the rules and principles that ought to govern it. Medical ethics deals with the principles of proper professional conduct concerning the right and duties of the physician, himself or herself, his or her patients and fellow practitioners, as well as the actions in the care of patients and in relations with their families.

The Hippocratic Oath

The Hippocratic oath (600B.C. – 100 A.D.: Annex I) happened to be the exemplar of medical etiquette through the centuries and as such determined the professional attitude of generations of physicians in modern medicine for the 2500 years. For reasons unknown, the Oath is always related to the name of Hippocrates (460- 356 B.C.) – “the Father of Rational Medicine”, though it seems to be more Pythagorean (Pythagoras (530-498 B.C.) – another polymath – philosopher of the Greek antiquity) in its moral and ethical flavor. It might have been enriched from time to time by other medical philosophers in the antiquity.

The Indian Oath

The Caraka Samhita, the Indian Ayurvedic Medicine's treatise dating from about the first century A.D. instruct doctors to “endeavor for the relief of patients with all thy heart and soul; thou shall not desert or injure thy patient for the sake of thy life or living (1). Early Islamic physicians and the modern declaration – “Declaration of Kuwait” – instruct doctors to focus on the needy, be they near or far, virtuous or sinner, friend or enemy (2). Compassion is a long accepted facet of medical practice in all systems of medicine in all countries in all ages – modern, medieval and ancient.

The English Medical Ethics

In 1772, Thomas Percival (1740 – 1804), physician of the Manchester Royal Infirmary in England, drew up a comprehensive scheme of medical conduct (3). It was distributed among his medical colleagues and discussed for ten long years. In 1803, the revised work was published with the title “Medical Ethics” and later there were two further editions. It still remains a standard work on the subject. Percival advised doctors “to unite tenderness with steadiness, and condescension with authority” to inspire the minds of their patients with gratitude, respect and confidence (4).

The Georgetown Mantra

Recently, it is suggested that the “four principles plus scope” approach consisting of “respect for autonomy, beneficence, non-maleficence and justice” postulated by Tom Beauchamp and James Childress of the Kennedy Institute of Ethics, Georgetown University, Washington, D.C., USA—popularly known as “Georgetown Mantra” (5) plus concern of their scope of application in the real world, provides a simple, accessible, culturally neutrally approach, a basic analytical framework and a common basic language to thinking about ethical issues in health care (6).

Autonomy is best known in the history of ethics as the second form of the German Philosopher – Immanuel Kant’s (1724 – 1804) categorical imperative: the moral obligation to treat every person as an end and never merely as a means. In the current form it is the requirement to respect the decisions of rational agents and thereby provides a rationale for informed consent, truth telling and promise keeping. Beneficence is the obligation to provide benefits and balance benefits against risks. Non-maleficence captures the intuitions behind the Hippocratic maxim to do no harm. Justice is the obligation to be fair. The allocation scarce resources are an area where this principle takes force. Here comes Aristotle’s (384-322 B.C.) notion of distributional justice. Such justice the Greek philosopher, Aristotle, proclaimed, requires “equals to be treated equally and unequal unequally”. It is where the very concept of egalitarianism in a civilized human society has been attacked and challenged. Medical care is a fundamental basic human right in a humane society, and it is the moral responsibility of the State to provide it for all its citizens, Irrespective of race, color, religion, sex, culture and financial means. Cradle to grave social and medical welfare are the hallmarks of modern civilization. It is a burning problem for developed, developing and underdeveloped countries in the contemporary

world. In its successful application lies the respect for the conscience of humanity in all societies. It is still a long way to go. The message of modern medicine has not yet reached the hearth and home of the six billion inhabitants on this planet.

The “Georgetown Mantra” actually expresses traditional views in ethics, such as utilitarian or natural law. Gillon (6) adds a fifth consideration that deals with the scope of application of the four principles; this is where the crux of the ethical problem lies.

Abortion on medical grounds is legally and ethically acceptable. However, abortion on other grounds, like social or socio-political grounds poses ethical problems. Some religion, i.e. Roman Catholicism and Islam prohibits abortion on any grounds. Euthanasia is another problem. It refers to a medical act that deliberately shortens the life of a terminally and seriously ill patient at his or her request with the therapeutic help of a suitable drug; it is an act, the primary intention of which is to cause death. According to the Hippocratic oath (Annex I), it could be considered to be assisting in suicide or even a criminal act on the part of the physician on the patient’s life. But there is another side to the story. The basic question is whether we accept the patient’s right (autonomy in modern vocabulary) to decide for themselves (the terminally and incurably ill patients) how their lives will end, and thereby ending the very painful agony which cannot be alleviated by any medical means available today. The backbone of medical ethics is respect for human life, and many doctors have interpreted this as being the need to keep a patient alive at all costs and for as long as possible, even against the will of the patient concerned. It agrees with “non-maleficence” but disagrees with two other cardinal principles of the “Georgetown Mantra” – the autonomy of the patient and beneficence. Here lies the ethical dilemma. Some countries are legally liberal on this issue. Some such cases are subjudice in the U.S.A.

Medical confidentiality between doctor and patient is another pillar of sound ethical practice. It is an important medico-moral principle. It respects patients’ autonomy.

General ethical code of conduct is also available (Annex II). It is a consensus of opinion. It was formulated by World Medical Association (WMA) over the year (Annex III).

Medical Council of India also formulated a code (Ten Commandants) for Indian doctors, based on the Declaration of Geneva, 1948.

Nazi Experiments on Humans

It was the most tragic onslaught against medical ethics in Nazi Germany (1939-1945) under the Third Reich. Experiments were performed by doctors on prisoners in German Concentration Camps during the World War II. There were unpardonable brutal crimes against humanity, committed under the guise of medical research by people no other than doctors themselves.

The purpose of the immersion – hypothermia project conducted at the Dachau Concentration Camp between August 1942 and May 1943 was to establish the most effective treatment for victim of immersion hypothermia, particularly crewmembers of the German Air force – Luffwaffe, who had been shot into the cold waters of the North Sea. To prevent the repetition of this sort of barbaric acts, the Nuremberg code for Human Experimentation was formulated in 1947 (Annex –IV).

Malady of Medical Ethics

It is a tragedy that the message of modern medicine has not reached the vast masses of people in many parts of the world; it has not reached every hearth and home. Though written in a different context, it could be best expressed in the poetic words of our Poet-Philosopher-Rabindranath Tagore (1861 –1941), Nobel Literature Laureate, 1913, in his self analytical poem – “Aikatan” (Tune in Unison) (Jan.18, 1941) – written about 8 months before his death on August 7, 1941):

“... I know the incompleteness of my tune, my poetry though plied in diverse directions, have not reached everywhere.” (Prose translation by this author).

In the context of our country, the picture is more pathetic; 350 million or more than one billion people live in extreme poverty. Fifty-five years after independence, 26 percent of our population still lives below the poverty line. It is a shame. Medical and health care is on top in the catalogue of casualties. World Bank’s definition of poverty is clear and pointed:

“Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not being able to go to school and not knowing how to read. Poverty is not having a job, is fear for the future. Poverty is powerlessness, lack of representation and freedom.”

In this arena, Medical Ethics is under tremendous stress; justice – the fourth pillar of the “the Georgetown Mantra” is strained to the extreme limit. Of course, the

problem is more socio-economic and political and the medical profession alone in any country is really powerless to bring egalitarianism in the society.

The New Dimension

The award of 1999 Nobel peace Prize to “Medecins Sans Frontieres” (Doctors without Frontiers), Paris, has highlighted the long-neglected aspect of ethical obligations to make medical treatment available to everybody without any discrimination. “Medecins Sans Frontieres” won the Prize for its adherence to the principle that all disaster victims, whether the disaster is natural or human in origin, have a right to professional medical assistance, given as quickly and efficiently as possible. It is what could be termed an epitome of social justice.

The Epilogue

According to the legal philosopher Lou Fuller, Ethics may be perceived as “the morality of aspiration” and Law as “the morality of duty”. Ethical Codes usually involve generalities while Law tends to be more specific. At times, there may be a conflict between ethical demands and provisions of law of the land.

The brevity and generality of the Ancient Oaths and Codes enables us to update them keeping pace with the requirement of the contemporary age while sustaining the basic tenets of morality of medical profession as postulated in them. In order to survive, we must march with the dynamic history of a changing world. Medical profession should have a social purpose. Professional interest should be subordinate to the interest of the whole society without any discrimination on the basis of financial ability, race, caste, religion, colour etc. “Medicine is not a vocation – it is a mission”- so said Madame Teresa (1910-1997 – Born Agnes Bojaxhiu in Skopje, Macedonia, former Yugoslavia), of Kolkata, Nobel Peace Laureate 1979.

Effective health –care depends partly on health professionals taking a human approach, which actively involves patients, rather than making them recipients of what may be seen as a pre-occupation with impersonal, high-tech procedures. But the human approach to treatment of both body and mind of the patient is the central message of medical ethics. It is man that counts, and not the machine or the method.

The final word on medical ethics has not yet been said nor will it be said anytime in future in the on-going journey of human kind in this mortal world. Things are relative and not absolute. They will change with time. Time will tell as and when we need to change. This is best expressed in the poetic words of Thomas Stearns Eliot in his "Four Quartets" (1943):

"Dust in the air suspended
Marks the place where the story ended".

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4. C. D. Leake (Ed), *Percival's Medical Ethics*, 1927 (Williams and Wilkins, Baltimore).
5. T. L. Beauchamp and J. F. Childress, *Principles of Biomedical Ethics*, Third Edition, 1989 (Oxford University Press, Oxford/New York).
6. R. Gillon, *Brit.Med.J.* 309, 184, 1994.

ANNEX - I

THE HIPPOCRATIC OATH

"I swear by Apollo the Physician, by Aesculapius, by Hygieia, by Panacea, and by all the gods and goddesses, making them my witnesses that I carry out according to my ability and judgment, this oath and this indenture. To hold my teacher in this art equal to my own parents to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brother, and to teach them this art, if they want to learn it, without fee or indenture to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to pupils who have taken the physicians Oath, but to nobody else. I will use treatment to

help the sick according to my ability and judgment, but never with a view to injury and wrong doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my like and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets. Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and for swear myself, may the opposite befall me.”

ANNEX –II

INTERNATIONAL CODE OF MEDICAL ETHICS

One of the first acts of the World Medical Association, when formed in 1947, was to produce a modern restatement of the Hippocratic Oath, known as the Declaration of Geneva, and to base upon it an International Code of Medical Ethics which applies in time of both peace and war. The Declaration of Geneva, as amended by the 22nd World Medical Assembly, Sydney, Australia, in August 1968 and the 35th World Medical Assembly, Venice, Italy, in October 1983, reads:

At the time of being admitted as a member of the Medical Profession:

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

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

I will practice my profession with conscience and dignity:

The health of my patient will be my first consideration;

I will respect the secrets which are confided in me, even after the patient has died:

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

My Colleagues will be my brothers;

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

I will maintain the utmost respect for human life from its beginning even under
threat and I will not use my medical knowledge contrary to the laws of humanity;

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

The English text of the International Code of Medical Ethics is as follows:

Duties of Physicians in General

A PHYSICIAN SHALL always maintains the highest standards of professional
conduct.

A PHYSICIAN SHALL not permit motives of profit to influence the free and
independent exercise of professional judgment on behalf of patients.

A PHYSICIAN SHALL, in all types of medical practice, be dedicated to providing
competent medical service in full technical and moral independence, with compassion
and respect for human dignity.

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 following practices are deemed to be unethical conduct:

- a. Self advertising by physicians, unless permitted by the laws of the country
and the Code of Ethics of the national medical association.
- b. Paying or receiving any fee or any other consideration solely to procure the
referral of a patient or for prescribing or referring a patient to any source.

A PHYSICIAN SHALL respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences.

A PHYSICIAN SHALL act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient.

A PHYSICIAN SHALL use great caution in divulging discoveries or new techniques or treatment through non- professional channels.

A PHYSICIAN SHALL certifies only that which he has personally verified.

Duties Of Physicians To The Sick

A PHYSICIAN SHALL always bear in mind the obligation of preserving human life.

A PHYSICIAN SHALL owes his patients complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond the physician's capacity he should summon another physician who has the necessary ability.

A PHYSICIAN SHALL preserve absolute confidentiality on all he knows about his patients even after the patient have died.

A PHYSICIAN SHALL give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

Duties of Physicians to Each Other

A PHYSICIAN SHALL behaves towards his colleagues, as he would have them behave towards him.

A PHYSICIAN SHALL NOT entices patients from his colleagues.

A PHYSICIAN SHALL observe the principles of "The Declaration of Geneva" approved by the World Medical Association.

ANNEX –III

The Hippocratic oath: Updated Version – Its Genesis.

1. The Declaration of Geneva (1948, Revised 1968, 1983): Ten Commandments by Medical Council of India (MCI) for Indian doctors.
2. In Declaration of Helsinki, 1964 (Revised in 1975, 1983). London 1949: “Confidentiality”.
3. The declaration of Helsinki, 1964 (Revised in 1975, 1983) Medical Research on Human Subjects.
4. The Declaration of Lisbon, 1981
 - Right of patients
 - Right to refuse treatment
 - Right to die with dignity
5. The Declaration of Sydney, 1968 (Revised 1983)
6. The Declaration of Oslo, 1970 (Revised 1983)
 - Abortion
 - Therapeutic and Social Imperatives
7. The Declaration of Tokyo, 1975 (Revised 1983)
 - Degrading treatment
 - Inhuman treatment
8. The Declaration of Hawaii, 1977 (Revised 1983)
 - Informed Consent
 - Withdrawal from treatment
9. The Declaration of Venice, 1983
 - Benefit to the Patient
 - Role of Patient’s immediate family in case of Patient’s inability due to Unconsciousness.

ANNEX – IV

NUMREMBERG CODE, 1947

(Directives for Human Experimentation)

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element for force, fraud deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each Individual who initiates, directs or engages in the experiment. It is a personal duty and Responsibility, which may not be delegated to another with impunity.

2. The experiment should be such as to yield, fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be designed and based on the results of animal experimentation and knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and Mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
5. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conduct only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state were continuation of the experiment seems to him to be impossible
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment require of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

सारांश

आयुर्विज्ञान सम्बंधित आचार नियमों की विचार विकास का इतिहास

सिसिर के मजुन्दार

वर्तमान एवं भूतकाल दोनों भविष्यकाल में अंतर्लीन है। भविष्य भूतकाल में बाराबर होता है। - थोमस स्टीएनीस् एलियोट (1888-1965), नोबेल साहित्य पुरस्कार ग्रहीता, 1948.

आयुर्विज्ञान सम्बंधित आचार नियमों का इतिहास एवं विकास कविताओं के रूप में भावों को व्यक्त करने का एक सही उदाहरण है। वास्तव में प्रत्येक मानव समाज, आचार-नियमों को आरंभ कहने में कल्पित कथाओं का सहारा लेती है। भारतीय आचार नियम आरंभ से ही दार्शनिक एवं तत्व ज्ञान सम्बंधी है। वेदों में (1500 बी.सी.) आचार नियम संपूर्ण रूप से दार्शनिक एवं धार्मिक कल्पना से यथार्थ के प्रकृति के बारे में है। वेद दुनियाँ के सब से पुरातन दार्शनिक साहित्य है और कहते हैं की लोग योग्यता से कैसे जीते थे। वेदों में मानव की इतिहास में सर्वप्रथम दार्शनिक आचार नियमावली बताया गया।

ओल्ड टेस्टमेन्ट (200 बी. सी.) जो हैब्रू बैबल (ग्रीस-ता विप्लिया-दु बुक्स) के अनुसार भगवान के द्वारा दिया गया मौखिक एवं लिखित दस उपदेशों जो सिनै पर्वत (अरबी-जेबेलसूसा) परतेरहवी शताब्दी बी.सी.में पत्थर की पटिया पर मोसेस के लिए नक्काशी किया गया है वह पर्वत पश्चिमी एशिया में सिनै प्रायद्वीप के नोक के पास में है।