

Richa Maheshwari
21W.746
Anthony Lioi
2/24/05

A medical Oath for America's current social landscape

I swear to fulfill the tenets of that Oath that follows.

I will make medical decisions based on the medical science that I have learned from the scientists and doctors before me. I will teach this knowledge to all who wish to learn it.

I will use my skills to help the sick to the best of my ability and judgment. I will abstain from harming or wronging any man or woman by it.

I will prevent disease "whenever I can, for prevention is preferable to cure" (Lasagna).

I will not practice medicine outside of my specialty. I will "call in my colleagues when the skills of another are needed for a patient's recovery" (Lasagna).

I will not engage in avarice. I will provide my services for a rate that is reasonable.

I will never intend to do harm or injury in my medical practice. Since I have the power to take lives as well as heal them, I must only do so if a patient gives me consent. In the case of a fetus, I will take the life if the mother gives her consent.

I will not abuse my position to indulge in sexual contacts with men or women who I am treating. Whatever I see or hear professionally which need not be divulged, I will keep secret and tell no one.

If any of the preceding tenets become irrelevant to the medical profession, reasonable amendment is permissible.

I adhere to this oath, I will prosper in my profession. If I transgress from this Oath, I must find a profession that is more suitable.

Imagine a world where members of the military swear to "abstain from harming or wronging any man," professors offer to teach without "fee or contract," and politicians swear to be "chaste and religious in practice" (Hippocrates). Such odd rules are rarely implemented for other professionals, but for some reason Hippocrates decided that these demands were reasonable for a physician. All professionals who intervene with the lives of others should do so with caution, but a stringent and uniform Oath does not allow an individual to internalize the values that underlie it. In fact, stringency and ubiquity dilute the value of an Oath. Medical schools should abrogate the uniform medical oath, and encourage their students to write personal ones that will be germane to their careers as physicians. Above, I have written an Oath that is easily amendable and specific to the ways in which I hope to serve a community as a medical

doctor. In no way do I presume such an Oath will apply for all medical professionals. In adapting the Hippocratic Oath, I have made it secular, gender-neutral, and more open to varying viewpoints and changes within the medical community.

In my effort to write an Oath that is consistent with the social landscape of America, I have chosen to swear by nothing. I actually considered keeping “Apollo the healer, by Aesculapius, by Health and all the powers of healing” because the specific Gods devoted to health and well-being seemed less objectionable than Krishna, Buddha, Jesus Christ, Target, Yahweh, Allah or any other God by which people may swear. Religion is a deeply divisive issue in today’s world, and I feel swearing by any deity may allow someone from a different belief system to trivialize this Oath. The Oath, therefore, begins only by swearing to “fulfill the tenets of the Oath.” Additionally, I changed the gender-biased language of the Hippocratic Oath. Medical science is no longer taught only to “sons” or “brothers.” In fact, the incoming classes of medical schools are now 50% “daughters” and “sisters.” Creating a secular and gender-free language in the Oath was the first step in modernizing the Oath for current times.

Although the bulk of my changes make the Hippocratic Oath less stringent, I have one suggestion that in fact narrows the breadth of the Oath . The original “Hippocratic Oath” proceeds to pay respect to the “master in the Science.” In contemporizing the Oath, I chose to pay regards to “medical science” as opposed to “Science.” While “medical science” is a broad discipline from which trained doctors should draw upon in their practice, the limitations of the term are also significant. No graduate from a medical school, unless trained otherwise, is fit to practice any other “science” than “medical science.” With the burgeoning interest of Complementary and Alternative Medicine (CAM) in modern-day America, this prerequisite is important for doctors who wish to practice CAM techniques. Medical school does not prepare

someone to practice Ayurveda or Acupuncture. Weekend retreats designed to teach medical doctors these techniques are reckless because a weekend is insufficient time to teach someone such a craft. Thus, it is important the medical doctor only practice in the “medical sciences.”

Additionally, I have made the somewhat radical decision to make this “medical science” knowledge available to *all* who wish to learn it. The word doctor is derived from the Latin word “docere” which means, “to teach.” If the doctor does not teach a patient about his or her own body, then who will? Unfortunately, even modern-day America is filled with “quacks and charlatans” who will teach people inaccurate information about their bodies if doctors do not provide them with accurate information. The general public would benefit enormously if doctors shared their knowledge with them. Historically, doctors have kept others in the dark about their craft. In the Introduction of the Hippocratic Corpus, the idea of doctors keeping their knowledge “secret” is discussed at length.

Greek doctors were in general quite open about their ideas, practices and discoveries. Yet we have seen that medicine was both a competitive and precarious calling, and some doctors not only formed closely-knit sects, but were also positively secretive about their art, and prepared to write about it only in veiled language that none but the initiated would understand”(21).

Here, it appears that doctors who wrote in this “veiled language” were fearful that their “secrets” would leak out and their utility in society would depreciate considerably. The first goal of a physician is to heal his or her patient. Job security should not rank as high as the necessity to take all measures possible to cure the patient. Furthermore, withholding knowledge from a patient can lead to even greater problems within the medical establishment. In today’s world, many patients who know nothing of their bodies rely solely on their doctors to assess their

health. This has become increasingly dangerous not only for the patient's health, but also for the doctor's job security. Now, when that patient deemed "healthy" is discovered to have an illness unpredicted by his or her physician, malpractice suits against the physician ensue. After all, it is *only* the doctor who knows of the patient's health. Patients may take the time to learn of their bodies only when they have become diseased or wrongfully diagnosed by a physician. Society needs to evolve so that patients are aware of what is going on in their own body. Thus, my clause serves not only to increase awareness of medicine for all, but also to transfer some of the responsibility of the health of patients from the doctor to the patient.

Along the same idea of sharing information, the next significant change in my Oath deals with the collaboration of information between doctors. I have maintained a consistently utopian ideal throughout this Oath that a doctor's main duty is to heal and that matters of self-preservation and job security are secondary concerns to this ultimate goal. In contemporizing my Oath it became important to further elaborate upon the Hippocratic ideal that certain cutting will be left to the "practitioners of that craft." In the modern world of increased specialization within the medical establishment, it is more important than ever for doctors to refer their patients to the appropriate specialist. In the "Science of Medicine," the causation for a lack of dialogue among scientists and doctors is discussed.

A desire to use the art of abuse to belittle the scientific discoveries of others and to slander the discoveries of the learned to the illiterate, rather than to offer constructive criticism, is not so much the aim and function of an intelligent mind, as proof of warped character and want of skill. Those who have the ambition to be scientists but not the necessary ability are equipped with the malicious habit of slandering their neighbours' work if it be right, or of censure it if it be wrong (139).

Every physician will encounter problems outside his or her specialty, and a physician must overlook his or her personal pride in order to best serve his patient. It would be reckless for a psychiatrist to perform open-heart surgery, or for a dermatologist to prescribe antidepressants. It is important that doctors work with one another to ensure optimal patient care for all they treat.

Providing optimal care to patients requires that a physician respond to the needs of his or her patient. Therefore, I eliminated the clause that prohibits euthanasia and abortion. Even the Ancient Greek contemporaries of Hippocrates found it difficult to abide by his “sanctity-of-all life” (Pence 11) medical Oath. Despite the explicit instruction to not administer a “fatal draught to anyone,” many Greek physicians engaged in euthanasia. Most physicians of his time period “adopted a quality-of-life view, believing that it was futile to maintain a life of pain and suffering that had little chance of amelioration” (11). The modernized Oath has no business forbidding this controversial issue. Personally, if I were in a persistent vegetative state with no hope of recovery, I would want to die painlessly with the assistance of a doctor. Additionally, my Oath allows abortions with the consent of the mother, and the mother alone. In the state of Virginia, girls under 18 need parental consent in order to procure an abortion. As a result, I’ve witnessed my peers trying to induce an abortion in an unsafe manner. Like euthanasia, a “sanctity-of-all-life” view of abortion has no place in an Oath that wishes to aid in curing people. If doctors don’t provide abortions to the general public, women will still procure them.

I have included a clause that warns against “avarice” in my own Oath. It appears that greed in the medical profession, like any other profession, dates back to the time of Hippocrates. In today’s world, it is extremely important that a physician keep in mind his or her patient and medical science knowledge when dealing with the insurance companies and pharmaceutical companies. This is an exceedingly complicated task because both these entities may be

responsible for his or her remuneration. Although I know few “real-life” doctors who admit to this temptation, on the popular television show ER, Dr. John Carter objects to pharmaceutical intervention in the case of a patient with a kidney problem. Another physician, who is funded by the pharmaceutical company to conduct research on the medication, administered a drug to a young girl who may not have needed it. The girl with the kidney problem got worse after the pharmaceutical intervention, and when Dr. John Carter attributed her deterioration to the drug, the hospital staff got upset with him because he was upsetting the funders of the hospital. Although it is tempting for physicians to respond to the demands of a pharmaceutical company or insurance company because of the money that they provide, it is most important for physicians to remember that their first duty is to their patients.

The demands I make of physicians seem lofty to the point of injustice. After all, no one would demand that a businessman share his secrets with all, and never give in to avarice. However, the medical profession demands this probity because it is often dealing with people at their most vulnerable states. It is important that a physician never take advantage of this position of power. Thus, I have maintained the clause dealing with the abuse of the position for sexual gain. Additionally, confidentiality in the doctor-patient relationship should be treated with the utmost care and information that is only relevant for the physician need not be shared with the world-at-large. Luckily, the legal system also protects the confidentiality of a patient especially in the case of a disability, including HIV/AIDS, according to the Americans with Disabilities Act of 1990. Since a doctor should familiarize himself or herself with his legal duties in addition to writing an Oath, I have not elaborated upon this tenet.

In reference to the personal life of a physician, many of the demands of the original Hippocratic Oath seem irrelevant to a doctor’s role in serving his or her patient. I have

eliminated clauses that deal exclusively with the character of the physician. It is irrelevant if the doctor is “chaste and religious in [his or her] life and practice.” An excellent doctor may be a prostitute on the side in order to pay back the enormous sums he or she accrued in medical school. These differential lifestyle choices that some may deem corrupt should be accepted in the medical community as they create diversity within a field whose mission is to heal people from all communities.

Finally, I thought a great deal about the punishment if a doctor transgresses from the Oath. With today’s judicial system increasingly involved in the affairs of the medical establishment, is it necessary for the physician to also “check” himself or herself? Again, while other graduates of medical school can choose to alter the repercussions of the Oath, I personally may choose a more suitable occupation if I found myself unable to adequately fulfill the tenets of the Oath. Additionally, if anyone transgresses from the Oath on a consistent basis they should look into more suitable occupations. Even the Hippocratic Corpus allows for small errors according to the writer of “Tradition in Medicine.” “Exactness is difficult to achieve and small errors are bound to occur. I warmly commend the physician who makes small mistakes; infallibility is rarely to be seen” (75). The repercussions of transgression are better left to an impartial jury for an Oath can not presume to predict the diversity of the problems that can arise from the medical establishment.

References

Lasagna, Louis. *Hippocratic Oath: Modern Version*. Public Broadcasting Service:

http://www.pbs.org/wgbh/nova/doctors/oath_modern.html

Lloyd, G.E.R., Ed. *Hippocratic Writings*. London: Penguin Classics, 1987.

Pence, Gregory E. *Classic Cases in Medical Ethics*. Boston: McGraw Hill, 2004.