

May 1984

The Doctor's Oath - and a Christian Swearing It

Allen Verhey

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Verhey, Allen (1984) "The Doctor's Oath - and a Christian Swearing It," *The Linacre Quarterly*: Vol. 51 : No. 2 , Article 6.
Available at: <http://epublications.marquette.edu/lnq/vol51/iss2/6>

The Doctor's Oath – and a Christian Swearing It

Allen Verhey

An associate professor in the religion department at Hope College, Holland, Michigan, the author received his doctorate in religious studies from Yale University in 1975. He is associate pastor at the 14th Street Christian Reformed Church and is the author of numerous articles.

Professor Verhey extends his gratitude to the National Endowment for the Humanities for a residential fellowship for college teachers at Bloomington, Ind. in 1981-82, where work on this article began. He gives special thanks to David H. Smith, seminar director; Leon Kass, whose conversation with the seminar inspired Verhey's initial thoughts about the oath, and to his seminar colleagues for their thoughtful critique of his work.



The Hippocratic Oath

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art — if they desire to learn it — without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever house I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

Whatever I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.¹

The Oath According to Hippocrates In So Far 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 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.²

The Hippocratic Oath is the most familiar of that long line of oaths, prayers, and codes by which doctors have transmitted an ethos to members of their profession. Indeed, it is sometimes simply called "the doctor's oath." In our age, however, enamored of novelty and confident of its technological powers, familiarity seems to have bred, if not contempt,³ at least the sort of quaint regard which relegates ancient documents to the historian's museum of curiosities. It is my intention, nevertheless, to suggest that there are lessons to be learned — or relearned — from this oath and its history, lessons which can be instructive concerning a professional ethic for physicians and the possible contributions of theology to that ethic.

The intention ought not be misunderstood. I will not suggest that the Hippocratic Oath is an adequate and comprehensive foundation for a professional ethic today. I will not call upon doctors and moralists concerned with medical ethics to swear it again. I will not deny that the invocation of Apollo, Asclepius, Hygeia, Panacea, and all the gods and goddesses sounds quaint to modern ears or claim that such an invocation can be made with Christian integrity. I will not deny

that the ancient institutions presupposed in the oath for the learning and practice of medicine differ from their contemporary counterparts. And I will not recommend the stipulations of the oath as a code to simplify the address to the dilemmas and quandaries posed by medical practice.

That list of disclaimers, it may easily be observed, involves every part of the oath. It may prompt the question of what is to be salvaged. But the lessons to be gleaned from this ancient document are not to be found in its content so much as in certain features of its history and its method. I want to suggest that there are lessons to be learned (1) from its reformist intention; (2) from its treatment of medicine as a practice with intrinsic goods and standards; and (3) from setting these standards in a context which expressed and evoked an identity and recognized one's dependence upon and indebtedness to a community and to the transcendent. Finally, I want to suggest (4) that there is a lesson for Christians who would contribute to the discussions of bioethics in the early Church's adoption and revision of the doctor's oath. In an age when medicine's powers flourish, but its ethos flounders, the ancient oath may help us to attend to ways of doing medical ethics which are not currently popular. I undertake, therefore, both to describe certain features of the ancient oath and to defend them as having some promise for the contemporary consideration of medical ethics in comparison to certain features of the current literature.

According to Ludwig Edelstein, interpreter of the oath, the Hippocratic Oath was not formulated by the great Hippocrates himself, but by a small group of Pythagorean physicians late in the fourth century B.C. Edelstein observes that the oath was a minority opinion, "a Pythagorean manifesto," written against the stream and intending the reform of medicine.⁴

For centuries before the oath, ancient physicians had provided poison for those whom they could not heal, had counted abortifacients among the tools of their trade, and had been disposed to the use of the knife instead of the less invasive use of dietetics and pharmacology. Moreover, they had sometimes been guilty of injustice and mischief toward their patients, and sometimes quite shamelessly broken confidences.

When the little sect of Pythagoreans set out to reform the condition of medicine, they found no help in the law, which forbade neither suicide nor abortion. They could plainly find no help in the conventional behavior of physicians in antiquity. Nor did they find help in any "philosophical consensus," for, insofar as there was any agreement about these issues, it worked against the Pythagorean position. Platonists, Cynics, and Stoics could honor suicide as a courageous triumph over fate. Aristotelians and Epicureans were much more circumspect, but they did not forbid suicide. And abortion was

typically considered essential for a well-ordered state. The arguments between Pythagoreans and other Greek philosophers must have seemed as interminable and as conceptually incommensurable as any contemporary moral argument. The minority status of their opinions, however, did not dissuade the Pythagoreans.

The point is not to defend the oath's absolute prohibitions of abortion and euthanasia and surely not to defend Pythagorean philosophy or the premises it might supply to defend such prohibitions.⁵ The point is rather to call attention to this feature of the oath's method and history, that in spite of their minority position, the convictions of this community led them and moved them to reform. They refused to be satisfied with the medicine they saw around them. They refused to reduce medical morality to what the law allowed or what some philosophical consensus determined. They intended the reform of medicine.

Investigate, Articulate an Ethic

The lesson, I suggest, for the contemporary discussions of medical ethics is that some, at least, should take courage to investigate and articulate a medical ethic which may stand at some remove from conventional behavior and attitudes within the profession and which may be based on convictions and standards more particular and profound than legal and contractual obligations or some minimal philosophical consensus. Communities with convictions about what human persons are meant to be and to become, with visions of what it means for embodied persons to flourish and thrive, have an opportunity and vocation to think through the art of medicine from their own perspectives.

The recent literature on medical ethics has not owned such an agenda. Indeed, the moral convictions and visions of particular communities typically have been tolerated and trivialized in the literature. On the one hand, there is an insistence that everyone's moral point of view should be respected. On the other hand, there has been an insistence that the only arguments which may count publicly are those which can be made independently of a distinctive moral point of view. This simultaneous tolerance and trivialization is accomplished by making the autonomy of the agent the highest human good, by making contracts between such autonomous agents the model of human relationships, and by focusing almost exclusively on the procedural question of who should decide.⁶ The ancient enterprise of attempting to understand and communicate the intrinsic good of human persons and of some human relationships and activities has been largely abandoned. Attempts to articulate communities' or traditions' address to those ancient questions may be tolerated if the "good" is kept to themselves, relegated resolutely to a "private" arena and, thus, trivialized. It may not even be tolerated if the "good" is announced as

"public" good, for then it threatens to restrict and subvert autonomy. Such recent literature on medical ethics has provided — and can provide — only a "thin theory of the good,"⁷ only a shriveled and dangerously minimal construal of the moral life in its medical dimensions. We find, in much contemporary medical ethics, for example, a readiness to insist on procedures to protect autonomy but a reticence to provide any advice about the morally proper uses of that autonomy and a dismissal of the idea that physicians should be the ones to give such advice.

The Hippocratic Oath, however, can remind us that the current focus on autonomy and contracts and procedural questions provides only a minimal account of medical morality. It can encourage us to own a fuller vision of medical morality and to seek the reform of medicine in the light of that vision.

The Pythagoreans' reform movement finally triumphed. The oath gradually moved from the status of a counter-cultural manifesto to a historic document which formed and informed the ethos of physicians for centuries. The explanation for this triumph was not any philosophical triumph by the Pythagoreans; their influence, never great, waned. Their reform, however, articulated not just Pythagorean moral premises and conclusions, but standards inherent in medicine when it is seen as a practice with certain intrinsic goods. They situated these standards in a context which provided and formed identity and which recognized dependence and indebtedness to a community and to the transcendent. These standards finally won the support of another minority community, a community which did move to dominance in Western culture — the Christian Church. These features of the oath explain its triumph. They are still instructive and, after more than two millenia, again innovative. They can help form the "fuller vision" of medical morality which may once again call for and sustain the reform of medicine.

The Pythagoreans began with their own convictions about human flourishing. But one of these convictions concerned the moral significance of the crafts, the arts, the *teknē*.⁸ The Pythagoreans honored the arts, especially music and medicine, as having moral and, indeed, ontological significance. Therefore, they did not simply apply Pythagorean premises to morally neutral medical skills; instead, they tried to educate and elucidate the moral significance of the craft, the art, the *teknē* of medicine itself. Because this Pythagorean attitude to the crafts came to be dominant in late philosophical schools, notably the Stoics,⁹ the Pythagorean reform of medicine flourished while Pythagorean philosophy waned.

In striking an intriguing contrast to most contemporary literature on medical ethics, which so often picks an ethical theory (whether Mill's or Rawls's or Nozick's or . . .) and applies it to dilemmas faced by medical practitioners, the Pythagorean conviction about the crafts

allowed and required one to identify the good implicit in the craft and to articulate the standards coherent with the good of the craft. According to the oath, then, the doctor is obligated not because he is a Pythagorean, but because he is a doctor, and his obligations consist not only of standards based on Pythagorean doctrine but also of standards implicit in medicine.

The oath treats medicine as a craft, an art, a *teknē*, or to use Alasdair MacIntyre's term,¹⁰ as a practice, not simply as a set of technical skills. That is to say, it treats medicine as a form of human activity with goods internal to it and standards of excellence implicit in it, not simply as an assortment of skills which can be made to serve extrinsic goods with merely technological excellence.

Oath Identifies Medicine's Goal

The goal of medicine, the good which is intrinsic to the practice, is identified by the oath as "the benefit of the sick." To benefit the sick is not simply the motive for taking up certain ethically neutral skills nor merely an extrinsic end to be accomplished by ethically neutral technical means.¹¹ It is, rather, the goal of medicine as a practice, and so it governed the physician's use of his skills in diet, drugs, and surgery, and the use of his privileged access to the patient's home and privacy. This intrinsic good entailed standards of professional excellence which could not be reduced to technological excellence.

The pattern is repeated again and again in the oath. Its prohibitions of active euthanasia, of assisting in suicide, and of abortion, for example, were not argued on the basis of Pythagorean premises; they were given as standards of a practice whose goal is to benefit the sick. Because the ends intrinsic to medicine are to heal the sick, to protect and nurture health, to maintain and restore physical well-being, limits could be imposed on the use of skills within the practice. The skills were not to be used to serve alien ends, and the destruction of human life — either the last of it or the first of it — was seen as an alien and conflicting end. The point was not that one would fail to be a good Pythagorean if one violated these standards, although that is true enough, but rather that one would fail to be a good medical practitioner. The good physician is not a mere technician; he is committed by the practice of medicine to certain goods and to certain standards.

The notoriously difficult foreswearing of surgery, even on those who stand to benefit from it, is also founded on the notion of medicine as a practice. Edelstein is probably right in tracing this stipulation to the Pythagorean preference for dietetics and pharmacology as modes of treatment,¹² but the foreswearing in the oath did not appeal to any uncompromising Pythagorean position about either the appetitive and dietetic causes of illness or the defilement of shedding blood.

It rather articulated a standard for medical practice whose goal is to benefit the sick: namely, don't attempt what lies beyond your competence. To benefit the sick was not merely a motive, but the good intrinsic to medicine, and to put the patient at risk needlessly — even with the best of intentions — can be seen to violate medicine understood as such a practice. There was, therefore, no universal prohibition of surgery, only the particular prohibition of surgery by those ill-equipped to attempt it. That standard may well have been of particular relevance to Pythagorean physicians, but one need not have been a Pythagorean to accept its wisdom as a standard of practice.

The stipulations concerning decorum are yet another example. They can be readily understood against the background of Pythagorean asceticism and the proverbial "Pythagorean silence,"¹³ but, again, the oath presented them not as Pythagorean stipulations, but as standards of medicine understood as a practice. The goal of the practice, "the benefit of the sick," was repeated in this context even as the (necessary) intrusion into the privacy, the homes, of the sick was acknowledged. The physician's access to the intimacies of the patient's body and household and his exposure to the vulnerability of the patient and his household were granted and accepted for the sake of the goal intrinsic to medicine. To use such access for any other end or to make public the vulnerability to which the physician was made privy was seen to subvert the relation of such access and such exposure to the end of medicine. It debased the patient who should be benefitted. It vitiated medicine as a practice and, therefore, the standards prohibiting sexual relations with patients and prohibiting breaches of confidentiality were implicit in medicine as a practice.

These standards could be further explicated,¹⁴ and, if the point of this essay were to treat the oath as a code, then the further explication would be necessary. But that is not the point. It is not my claim that the oath provides an unexceptionable code of conduct. The standards of a practice at any particular time are not immune from criticism. The point is to call attention to this feature of the oath's method, that it construes medicine as a practice. It does not provide a timeless code for medicine, but there are standards of excellence appropriate to and partly definitive of the practice, whose authority must be acknowledged, and there is a good intrinsic to the practice which must be appreciated and allowed to govern the skills and to form and reform the standards. The lesson, I suggest, for the contemporary discussions of medical ethics, is that those who seek the constant reform of medicine should also construe medicine as a practice with implicit goods and standards.

That is a hard but important lesson in a culture as bullish on technology and as pluralistic in values as our own. There is a constant tendency to reduce medicine to a mere — but awesome — collection of techniques that may be made to serve extrinsic goods, themselves

often reduced to matters of taste.

The technology of abortion is a telling example. In *Roe v. Wade*, the Court declared that a woman's decision with respect to abortion was a private matter between herself and her physician. It recognized that the moral status of the fetus was controverted, but it held that the fetus is not a *legal* person and so is not entitled to the protection the law extends to persons. It wanted to leave the moral controversy about the status of the fetus within that private arena of the decision a woman and her doctor would make. The court presumed (and suggested by calling the decision to abort a "medical decision") that the professional ethos of physicians would limit abortions, even if abortion were legalized, and it might have been, if there had been a vivid sense of medicine as a practice.¹⁵ The legal license was interpreted by many (both women and physicians) as a moral license and the outcome has been a callous and frightening disregard for fetal life and welfare. The protests — usually applying some extrinsic good or extrinsic standard — have been long and loud and have sometimes exhibited callous disregard for the rights of women with respect to their own bodies and ignored the legitimate controversy about the status of the fetus. The opportunity for medicine to reassert itself as a practice, different from the practice of politics of the marketplace, has almost been lost. But the lesson of the oath is that the attempt is both possible and worthwhile.

The notion of medicine as a practice stands in marked contrast to a good deal of the current literature concerning the professions in general and medicine in particular. Michael Bayles, for example, would reject the normative characteristics of the professions, including medicine.¹⁶ He reduces the professions to skills learned by training and made accessible to consumers. The professions, on this view, are not justified or guided by any intrinsic good but by "the values of a liberal society."¹⁷ Thus, there are no standards implicit in the practice but only "ordinary norms" to be applied in professional contexts.

The problems with such a view are manifold. One is linguistic. "Professional" and "unprofessional" continue to be used evaluatively and, moreover, with respect to excellences not merely technical.

The notion of applying ordinary norms to medical dilemmas is also problematic. It is naive and presumptuous to suppose that a moral philosopher or theologian can boldly put to flight a moral dilemma by expertly wielding a sharp principle or some heavy theory.¹⁸ And how shall we select the "ordinary norms" to apply? Justice is surely relevant, but there is more than one theory of justice. Good ends surely ought to be sought in medicine, too, but shall we use St. Thomas Aquinas or John Stuart Mill to define a good end? The values of society may be important, but none of us, I trust, has forgotten the atrocities committed when Hitler's vision of a "third reich" was applied to medicine.

I am much more comfortable with Bayles's "values of a liberal society" than with Hitler's "third reich," but I am not so much more confident about the practice of politics than the practice of medicine that I would make the professional ethic dependent upon our political ethic. Indeed, I wonder whether a society is truly "liberal" if it tailors the professions to a liberal society's (minimal) vision of the good. A liberal society can be guilty of trivializing ancient wisdom about human flourishing when it renders the professions, including medicine, merely instrumental skills to satisfy consumer wants.

Application of 'Ordinary Norms'

Bayles's application of his "ordinary norms" to medicine leads to minimal moral claims and, because the minimal character of the claims is not acknowledged, to a truncated and distorted medical ethic. There is, for example, no limit to "professional services" when a profession is basically skills accessible to consumers: laetrile, genetic testing for sex determination, plastic surgery to win the Dolly Parton look-alike contest, all become the sphere of the professional-entrepreneur. Immoral clients cannot be refused on the basis of "professional integrity," for there is no such thing. Bayles is aware of the problem posed by clients who would use professional skills for ends which are morally questionable but which do not clearly violate the "ordinary norms," and he presents two options for dealing with such clients. The "no difference" option quite candidly leaves no room for integrity of any kind and renders the professional the "animated tool" of the consumer.¹⁹ The second option permits the physician to refuse services to such clients on the basis of "moral integrity," but this "moral integrity" is represented as strictly personal and private rather than professional.²⁰

Bayles's attempt to reduce professional norms to "ordinary norms" applied in a medical context, to give one more example, leads to a minimal and truncated version of the prohibition of sexual intercourse with patients.²¹ The ordinary norm he provides, that sexual intercourse requires the free consent of both parties, is itself a dangerously minimal account of sexual ethics. It does provide a justification for the prohibition, but it does not discount either the possibility or the importance of a "professional" justification, that the (necessary) access to the patient's privacy and vulnerability must be guided by and limited to the "good" of medicine and not be used for extrinsic ends (even when they are freely chosen or consented to).

The debate about the crafts, about the professions, is an ancient and an enduring one. The lesson of the oath is that we should not too readily accept the notion of medicine as a collection of skills accessible to consumers. We should not identify our task as simply applying universal and rational norms of conduct to medicine and to the quan-

daries faced within it.²²

If the *teknē* of medicine is construed simply in terms of its techniques or skills, learned by training and accessible to consumers, then, of course, it is morally neutral. Skill in pharmacology enables one to be a good healer or a crafty murderer. But if a *teknē* is more than a technique, if it has its own goal and its own virtues, then it is hardly morally neutral. Then some moral wisdom about living as a finite body may exist within the practice of medicine and within those communities and traditions which learn and teach medicine as a practice. Then medicine's fragile capacity to resist being co-opted by an alien ideology, even a liberal ideology (not to mention the "third reich"), can be strengthened and nurtured. The lesson of the oath I suggest, is that for some, at least, the task should be to defend the vision of medicine as a practice while educating and elucidating the goods and standards implicit in that practice.

The Hippocratic Oath had its origins among the Pythagoreans who had the courage to attempt the reform of medicine and the wisdom not merely to apply Pythagorean premises to medicine but to construe it as a practice. It was handed down not as legislation but as a voluntary rule imposing voluntary obedience. Its power to reform was not coercive or simply rationally persuasive; its power to reform was its power to form character and a community which nurtured it. It did not set its standards in a context of legal sanctions or in a context of impartial rationality. It set these standards in a context which expressed and evoked an identity and recognized one's dependence upon and indebtedness to both a community and the transcendent. To those features of the oath we turn next.

The oath, like all oaths and promises, was a performative declaration rather than a descriptive one. It did not just describe reality; it altered it. The one who swore this oath was never the same "one" again. The one swearing this oath adopted more than a set of rules and skills; he or she adopted an identity. The goods and standards of medicine as a practice were owned as one's own and gave shape to integrity with one's identity. Therefore, "physician" was a description not only of what one knew or of what one did or of what one knew how to do, but of who one was. Henceforth, one examined questions of conduct in this role not as an impartial and rational agent, calculating utility sums, say, but as a physician. Integrity with this identity called for the physician to exert himself on behalf of the patient at hand, even the patient-scoundrel at hand, without calculating the greatest good for the greatest number. Indeed, to allow that question, to bear toward the patient the kind of impartial relation which makes it plausible, was to lose one's identity, to forfeit one's integrity.

This feature of the oath calls our attention to the moral significance of "identity." Once again the lesson of the doctor's oath sets a different agenda than the one contemporary medical ethics has generally

undertaken. Contemporary medical ethics usually adopts the perspective of impartial rationality, either in the form of utilitarianism or in the form of contract theory.²³ To adopt any such impartial perspective, however, requires the doctor's alienation from his own moral interests and loyalties *qua* physician, from himself and from his special relationship to his patient. Doctors are asked, indeed, obliged, by this perspective to view the project and passion of their practice as though they were outside objective observers.

They are asked by this approach to disown — and for the sake of morality — the goods and standards they possess as their own and which give them their moral character as physicians.²⁴

Impartial Rationality Perspective

The perspective of impartial rationality is not to be disowned. It can enable conversation between people with different loyalties and the adjudication of conflicting interests, and it can challenge the arbitrary dominance of one perspective over another. To be made to pause occasionally and, for the sake of analysis and judgment, to view things as impartially as we can is not only legitimate, but also salutary. But such an ethic remains minimal at best, and if its minimalism is not acknowledged, it can distort the moral life. Physicians — and patients — cannot consistently live their moral lives like that with any integrity. The Hippocratic Oath calls our attention to the importance of a physician's identity, character, and integrity. Such an approach might recover the importance of performative rituals like swearing an initiatory oath, and it would surely attend not only to the ways in which acts effectively realize ends, but also to the ways in which acts express values and form character.²⁵

The oath expressed and evoked an identity, but it was an identity which recognized its dependence upon and indebtedness to a community and the transcendent.

The oath bound one to a community where not only the requisite skills were taught, but where the requisite character and identity were nurtured. The doctor swore to live in fellowship (Gk.: *koinosasthai*) with his teacher, to share a common life with him. He pledged, moreover, to teach the art to his teacher's sons, to his own sons, and to all who wanted to learn not simply the skills, but also the practice. Here was not an autonomous individual practitioner, utilizing his skills for his private good or according to his private vision of the good or as contracted by another to accomplish the other's "good." The doctor who swore the oath stood self-consciously in a community and in a tradition. He acknowledged gratefully his dependence upon this community and tradition, his indebtedness to his teacher, and his responsibility to protect and nurture the practice of medicine.²⁶

This section of the oath is often criticized.²⁷ It is accused of fostering

a medical guild where obligations to colleagues take priority over obligations to patients, so that medical incompetence and malpractice are usually covered up and the incompetent and unscrupulous (protected by the guild) do further harm to patients. The charge is a serious one, and the profession's reluctance to discipline its members make it cogent. The fault is not with the oath, however, but with the corruption of the oath in the absence of a commitment to medicine as a practice. When there is such a commitment, it governs relations with colleagues as well as patients, and protecting and nurturing the practice — both the requisite skills and the requisite character — enable and require communal discipline. The failure of the profession to discipline itself adequately may be traced not to the perspective of the oath but to the dismissal of the perspective of the oath.

Today the training for medicine has shifted to university-based medical schools, which pride themselves on their scientific detachment from questions of value in their dispassionate pursuit of the truth. Such a context can virtually sponsor the construal of medicine as a collection of skills and techniques to be used for extrinsic goods which are not matters of truth but matters of taste.²⁸ Then there is no community of people committed to a practice and under its standards; there is only the camaraderie of those who have undergone the same arduous routine. Then the profession lacks both a commitment to a practice which makes discipline possible and a genuine enough community to make discipline a nurturing as well as a punishing activity.

The stress on community in the oath can help call our attention to the moral necessity of attending to the institutions, communities, and traditions within which the physician's identity is nurtured. Adding courses in medical ethics taught by philosophers or theologians to the curricula of medical schools may be important, but it is neither essential nor sufficient. Indeed, if such courses are co-opted as token evidence of the moral concern of the institution, or if clinical instructors abdicate the responsibility for difficult decisions to "the moral expert," the results could be counter-productive. It is more important to have teachers chosen and rewarded not only for their excellent skills but also for their excellence in medical practice — chosen and rewarded not only for their ability to teach the skills, but also for the ability to model the practice. The philosopher or theologian may then have an important role as participant in — and midwife for — a continuing dialogue between such teachers and their students about the goods and standards implicit in medicine as a practice. In such a continuing dialogue there will surely be continuing conflicts, but so any living tradition is passed down.

No less important than institutions where doctors are trained are institutions within which they practice and the communities within which they live, including the religious communities. That religious communities might nurture and sustain the identity of physicians is,

of course, suggested by the doctor's oath itself. The physician acknowledged his dependence upon and indebtedness to not only the community of doctors, but also to the transcendent.

The opening line called all the gods and goddesses as witnesses to this oath, and the last line puts the doctor at the mercy of divine justice. The invocation of the gods and their divine retribution served, of course, to signify the solemnity of the oath and the stringency of the obligations. More than that, however, was accomplished by the oath's piety, by its recognition of our dependence upon and indebtedness to transcendent power which bears down on us and sustains us. A narrative is provided, a narrative which helps inform identity and helps sustain community, a narrative which supports and tests the practice of medicine. The deities named are a lineage. Apollo, the god of truth and light, here invoked as "Apollo Physician," is the father of Asclepius. Asclepius, the father of medicine and the patron of physicians and patients, had two daughters, Hygeia and Panacea, or "Health" and "All-heal," the goddesses of health maintenance and therapy.²⁹ It is a story of the divine origins and transmission of the work physicians are given and gifted to do. To undertake the work of a physician was to make this story one's own story, to continue it and embody it among human beings. They were not tempted to "play God" or to deny their subordinate role, but they were supported and encouraged in their ministrations by this story. In serving patients in their practice, they continued a narrative that had its beginnings among the gods. They were not tempted to magic by this story,³⁰ but they were enabled to acknowledge the mystery of healing, the subtle and profound connections of the spirit and the body.³¹

Reminder of Religious Dimensions

This feature of the oath can remind us of the religious dimensions of medicine and medical morality. It is a hard but important lesson for an age as noisily secular as ours. The oath, I think, is an example of the moral significance of a natural piety, the importance of what Calvin would call a *sensus divinitatis*, the sense of the divine. This natural piety includes the sense of gratitude for the gifts of life and of the world, a sense of dependence upon some reliable, but dimly known order, a sense of some tragic fault in the midst of our world, and a sense of responsibility to the inscrutable power Who stands behind the gifts and the order and Who judges the fault.³² One can do worse, I think, than name this other wrongly; one could understand (misunderstand) this other as the "enemy" of his own work, as a deluding power, or one could deny or (like so much of the contemporary literature) ignore this other and these senses. The oath adopted neither of those forms of distrust;³³ rather, it set the practice of

medicine in the context of a natural piety, in the context of a sense of gratitude, of dependence, of tragedy, and of responsibility to the transcendent. Such a natural piety can still nourish and sustain the physician's calling. Its responsiveness to the transcendent can protect the physician both from the presumption of "playing God" and from the reductionism of plying the trade for hire. It remains part of the fuller vision of medicine.

The triumph of the doctor's oath may finally be attributed to the triumph of a new religion in the ancient world. Christianity adopted it as its own, finally presenting it in a Christian form, "The Oath According to Hippocrates In So Far As A Christian May Swear It." There were certain revisions, to be sure, but the continuity of the Christian version with the ancient oath is undeniable. Both the continuity and the revisions are instructive for Christian theologians and communities who take part in the current discussions of bioethics.

First, note the adoption and reiteration of the standards of the Hippocratic Oath. There are some minor variations in the stipulations governing the practice — the operation clause is omitted, even "unintentional" harm (negligence) is forbidden, the prohibition of abortion is amplified — but the similarity is the striking thing. The claim is not that here finally we have a Christian code to be used and applied to current dilemmas. The claim is rather that there is a lesson here for those Christians who would contribute to the conversations about medical ethics. The lesson is that Christian ethics does not disown "natural" morality. It does not construct an ethic *ex nihilo*, out of nothing. It selects and assimilates the "natural" moral wisdom around it in terms of its own truthfulness and in terms of its integrity with the Christian vision. The theologians who would contribute to the conversations about bioethics must first listen attentively and respectfully to "natural" moral wisdom concerning medicine. Then they can speak responsively and responsibly about the adoption and selection of certain standards as coherent with reason, with medicine construed as a practice, and with the Christian vision.

"The Oath In So Far As A Christian May Swear It" offers a second lesson for theologians interested in medical ethics. Note the two obvious changes. The first is that the practice and its standards were set in the context of a Christian identity and of the Christian story. God, the Father of our Lord Jesus Christ, was invoked rather than Apollo *et al.*; the physician cast himself on the mercy of His justice. Once again, the invocation of God and His retribution served not only to signal the solemnity of the oath and the stringency of the obligations, but also to set the physician's identity and practice in the context of a story which has its beginnings with God. This feature was expressed visibly as well. "The Oath In So Far As A Christian May Swear It" — or at least some copies of it — was written in the shape of a cross.³⁴ The one who swore such an oath adopted the physician's

identity as a follower of Christ, "Who took our infirmities and bore our diseases" (Matt. 8:17; cf. Is. 53:4). A Christian identity nurtured, sustained, and shaped the physician's identity for those who took such an oath seriously.

The second obvious change is the reduction of duties to one's teacher. Historically, this change is understandable. Medical instruction had shifted from artisan families and guilds to universities and eventually to faculties of medicine. The Church itself was, for centuries, the nurturing and sustaining institution and community for medicine. It chartered and administered the universities; it dominated the curriculum; its pervasive ethos ruled the professions.³⁵ Morally, the change was required by setting the oath in the context of the Christian story, for that story makes service the mark of greatness as well as of gratitude. So, it was inevitable that service to the patient was emphasized rather than obligations to teachers. The Christian story of breaking down the barriers that separate people, moreover, made it inevitable that the emphasis shifted from professional elitism to open access to this community of service.

What Is the Lesson Here?

The lesson here is not that we should attempt to reintroduce "Christendom" or even the patterns of medical instruction of that time. Notwithstanding the impossibility of such an attempt, the dominion of the Church was marked by parochialism as well as majesty, by pettiness as well as grandeur, by obscurantism as well as learning. The reformist intention does not lead back to Christendom for either medicine or the Church. There is little hope for a Christian medical ethic that proceeds by way of a theological triumphalism, that claims to have truth, if not captive, at least cornered. The lesson is rather that Christian medical ethics cannot proceed with integrity if it always restricts itself to articulating and defending standards of the practice or certain applications of impartial principles of philosophy or law to medical dilemmas. It is lamentable that so little of the work in medical ethics by Christian theologians candidly and explicitly attends to the Christian story and its bearing on medicine.³⁶ It is lamentable for the communities of faith out of which these ethicists work, for they want to live in faith, to live in integrity with the identity they have been given and to which they are called. But it is also lamentable for the broader community, for a pluralistic society profits from the candid expression of different perspectives. Candid attention to the theological dimensions of morality could prevent the reduction and distortion of morality to a set of minimal expectations necessary for pluralism and remind all participants in such a culture of broader and more profound questions about what human persons are

meant to be and to become. The integrity to think about and talk about the relevance of the Christian story is the second lesson of "The Oath In So Far As A Christian May Swear It."

The first lesson of "The Oath In So Far As A Christian May Swear It" was that Christian ethics does not disown "natural" morality. The Christian story does not force those who own it to disown either medicine as a practice or human rationality. The second lesson of "The Oath In So Far As A Christian May Swear It" is that Christians concerned with medical ethics should have the integrity to set medicine in the context of the Christian story, to form, inform, and reform medicine. The first lesson stands against any premature sectarian stance, against opting prematurely for either a sectarian community or a sectarian medicine.³⁷ The second lesson stands against any simple identification of a Christian ethic either with universal and rational principles or with a professional ethic, against, for example, sanctifying contract theory by identifying it with "covenant."³⁸ The task is to transform or, to put it less presumptuously, to qualify³⁹ a rational ethic and a professional ethic by candid attention to the Christian story.

There will be tensions, of course. With respect to decisions about the refusal of treatment, for example, a universal and rational ethic may emphasize the patient's autonomy, but a professional ethic may emphasize the physician's commitment to the life and health of his or her patient, and a theological ethic may emphasize dispositions formed and informed by a story where the victory over death is a divine victory, not a technological victory, where people need not stand in dread of death, but may not practice hospitality toward it.⁴⁰ These tensions and their resolution will require the careful attention of those who make it their task to think about medicine and who care about the Christian story as the story of our life, our whole life.

Finally, it may be observed that theological reflection, even when it is presumptuous enough to talk about "transformation," does not represent an alien imposition upon the practice of medicine. As we have seen, the tradition of medicine as a practice is at home in piety. Loyalty to God, the Father of our Lord Jesus Christ, fulfills and redeems natural piety. The native senses of gratitude and dependence, of a tragic fault in the midst of our world, and of responsibility, are not disowned by a theological approach, but informed and reformed by the Christian story. The current literature on bioethics stands at risk of ignoring that story, of neglecting those resources. Christians have a vocation to identify and articulate the significance of the Christian story for medicine not only because that agenda stands comfortably in an ancient tradition, but also because it will serve both integrity within the Christian community and humanity with medical practice. To renege on this opportunity and vocation will diminish not only the communities of faith, but the art of medicine as well.

REFERENCES

1. Edelstein, Ludwig, "The Hippocratic Oath: Text, Translation and Interpretation," *Ancient Medicine*, ed. by Oswei Temkin and C. Lillian Temkin (Baltimore: Johns Hopkins University Press, 1967), pp. 3-63.
2. Jones, W. H. S., *The Doctor's Oath: An Essay in the History of Medicine* (New York: Cambridge University Press, 1924), pp. 23-25.
3. The attitude of Robert Veatch toward the oath can only be characterized as contempt. He argues that the oath is morally "dangerous." See Robert Veatch, *A Theory of Medical Ethics* (New York: Basic Books, 1981), pp. 18-26, 79-107, and especially 141-169. See also his "The Hippocratic Ethic: Consequentialism, Individualism, and Paternalism," *No Rush to Judgment*, ed. by David Smith and Linda M. Bernstein (Bloomington, Ind.: Poynter Center, 1978), pp. 238-264; "Medical Ethics: Professional or Universal?" *Harvard Theological Review*, 65:4 (Oct., 1972), pp. 531-539; and *Death, Dying, and the Biological Revolution* (New Haven: Yale University Press, 1976), pp. 171, 172. Veatch criticizes both the basis and the content of the oath. The basis is criticized because the oath is based on a special professional ethic rather than on universal rational moral norms. The content is criticized because the oath is construed as consequentialist, individualist, and paternalistic.
4. Edelstein, *op. cit.* I am convinced by Edelstein concerning the Pythagorean origins of oath. Even if it originated in some other community, however, it would still have had the intention to reform ancient medicine, and that is the feature of the oath to which I would call attention.
5. For example, the Pythagorean premise concerning the status of the fetus was supplied by a physiology which took the seed to be clot of brain containing the warm vapors whence came soul and sensation. The Pythagorean asceticism, which justified intercourse only as the necessary condition for procreation, surely affected their perspective on abortion. See Edelstein, *op. cit.* It is important to observe, however, that the oath, while coherent with Pythagorean doctrines and beliefs (as Edelstein shows), does not simply apply Pythagorean doctrine to medicine (as Edelstein presumes to have shown). The oath draws from medicine the morality to guide and limit the behavior of physicians. See section 2, "Medicine as a Practice" and reference 8 below.
6. So, for example, Robert Veatch, *A Theory of Medical Ethics*. See the review by Allen Verhey, "Contract — or Covenant?" *Reformed Journal*, 33:9 (Sept., 1983), pp. 23, 24.
7. The phrase, of course, is John Rawls's. See, e.g., *A Theory of Justice* (Cambridge, Mass.: Harvard University Press, 1971), pp. 396ff. The complaint about "the thin theory of the good" in the contemporary literature echoes Daniel Callahan, "Minimalist Ethics," *Hastings Center Report*, 11:6 (Oct., 1981), pp. 19-25.
8. Edelstein recognizes the importance of the Pythagorean attitude toward the crafts (e.g., "The Professional Ethics of the Greek Physician" in his *Ancient Medicine*, pp. 319-348, p. 327), but he fails to recognize that it warrants construing medicine as a practice with intrinsic goods and implicit standards (e.g., *ibid.*, n. 21). The same failure marks Veatch's use of Edelstein (e.g., *A Theory of Medical Ethics*, p. 21).
9. *Precepts and On Decorum*, later writings in the Hippocratic corpus, are probably Stoic in origin; see Edelstein, *op. cit.*
10. On the notion of a practice, see Alasdair MacIntyre, *After Virtue* (Notre Dame: University of Notre Dame Press, 1981), pp. 175-178.
11. Veatch's criticism of the oath's "consequentialism" relies heavily on the oath's commitment to "the benefit of the sick." Veatch's understanding of the

oath at this point makes "benefit" an extrinsic good and, moreover, renders benefit definable in terms of the physicians (or the patient's) private preferences. I am convinced that this is a misunderstanding. The *teknē* of medicine is not construed in the oath as morally neutral skills accessible to consumers; it is not just a "means" even to health; it is a human activity of inheriting and learning and teaching and applying a wisdom about living with a finite body. See further Pellegrino and D. Thomasma, *A Philosophical Basis of Medical Practice* (New York: Oxford University Press, 1981); and Stanley M. Hauerwas, "Authority and the Profession of Medicine" (manuscript). That Veatch misunderstands the oath at this point is obvious when he suggests — quite against the oath's own straightforward prohibition — that the oath's concern for benefit of the patient could permit participation in bringing about the death of an infant (*A Theory of Medical Ethics*, pp. 15-26).

12. Edelstein, "The Hippocratic Oath," *op. cit.*, pp. 21-33.

13. *Ibid.*, pp. 33-39.

14. See especially Leon Kass, "The Hippocratic Oath: Thoughts on Medicine and Ethics," a lecture given on Nov. 12, 1980, in the seminar series sponsored by the program in the Arts and Sciences Basic to Human Biology and Medicine and the American Medical Students' Association, at the University of Chicago.

15. The court's use of Edelstein's study of the Pythagorean origins of the Hippocratic Oath, unfortunately, tended to reinforce the position that extrinsic goods and standards may be applied to medicine but that goods and standards intrinsic to medicine do not exist. At the very time the court laid a heavy burden on physicians by calling abortion a "medical decision," it weakened physicians' resolve and ability to resist this culture's tendency to construe medicine as a set of skills to satisfy consumer wants.

16. Bayles, Michael, *Professional Ethics* (Belmont, Calif.: Wadsworth Publishing Co., 1981). See also Alan Goldman, *The Moral Foundations of Professional Ethics* (Tutowa, N.J.: Rowman and Littlefield, 1980).

17. In Goldman's view, *op. cit.*, the justification and guidance are provided by a modified utilitarianism.

18. See further Arthur L. Caplan, "Ethical Engineers Need Not Apply: The State of Applied Ethics Today," *Science, Technology and Human Values*, 6:33 (Fall, 1980), pp. 24-32.

19. This is, of course, Aristotle's definition of a slave. See Paul Ramsey, *Ethics at the Edges of Life* (New Haven: Yale University Press, 1978), pp. 45, 158.

20. Bayles, *op. cit.*, pp. 52ff.

21. *Ibid.*, p. 21

22. Veatch, *A Theory of Medical Ethics*, *op. cit.*, is a case in point.

23. Again, Veatch, *ibid.*, is a case in point.

24. See further Stanley Hauerwas, *Truthfulness and Tragedy: Further Investigations in Christian Ethics* (Notre Dame: University of Notre Dame Press, 1977), pp. 23-25; and Bernard Williams, "A Critique of Utilitarianism," in J. J. C. Smart and Bernard Williams, *Utilitarianism: For and Against* (New York: Cambridge University Press, 1973), pp. 100-118.

25. Childress, James, *Priorities in Biomedical Ethics* (Philadelphia: Westminster Press, 1981), p. 82, citing Max Weber, *Max Weber in Economy and Society*, nicely distinguishes "goal-rational" and "value-rational" conduct.

26. Veatch's charge that the oath is "individualistic" (*A Theory of Medical Ethics*, pp. 154-159, and "The Hippocratic Ethic," pp. 255-259) fails to recognize this communal character of the practice of medicine in the oath. The oath, indeed, seems much more cognizant of the social and historical character of medicine than Veatch himself, for whom independent and autonomous individuals contract for medical services. Veatch's accusation cannot stand; it can, in fact, be turned against Veatch's own position, for it is Veatch's contract model

which protects and perpetuates the individualism of modern liberalism and sets medicine in the ethos of the marketplace. Veatch's contract theory may provide a minimal account of medical morality, but unless its minimalism is acknowledged, it can distort medical morality into the most arid form of individualism, quite incapable of nurturing or supporting other than contractual relationships. See further James Childress, "A Masterful Tour: A Response to Robert Veatch," *Journal of Current Social Issues*, 4:12 (Fall, 1975), pp. 20-25.

27. See, e.g., William F. May, "Code and Covenant or Philanthropy and Contract?" in *Ethics in Medicine: Historical Perspectives and Contemporary Concerns*, ed. by Stanley J. Reiser, Arthur J. Dyck, and William J. Curran (Cambridge, Mass.: MIT Press, 1977), pp. 65-76 (an expanded and revised form of an essay first published in *Hastings Center Report*, 6:5 [Dec., 1975], pp. 29-38).

28. See further, William F. May, *Notes on the Ethics of Doctors and Lawyers*, a Poynter Pamphlet (Bloomington, Ind.: Poynter Center, 1977), pp. 16-21; and his "Normative Inquiry and Medical Ethics in Our Colleges and Universities," in *No Rush to Judgment*, pp. 332-361.

29. Kass, *op. cit.*

30. See Edelstein, "Greek Medicine in Its Relation to Religion and Magic," *op. cit.*, pp. 205-246.

31. Kass, *op. cit.*

32. See further James M. Gustafson, "Theocentric Interpretation of Life," *The Christian Century*, July 30-Aug. 6, 1980, p. 758; and *Ethics from a Theocentric Perspective* (Chicago: University Press, 1981), pp. 129-136.

33. See H. R. Niebuhr, *The Responsible Self* (New York: Harper & Row, 1963), pp. 115-118.

34. See facsimilies in W. H. S. Jones, *The Doctor's Oath*, frontispiece and p. 26.

35. May, *Notes on the Ethics*, *op. cit.*, pp. 16, 17; and "Normative Inquiry," *op. cit.*

36. See James M. Gustafson, "Theology Confronts Technology and the Life Sciences," *Commonweal*, 2:5 (June, 1978), pp. 386-392. See also Stanley Hauerwas, "Can Ethics Be Theological?" *Hastings Center Report*, 5:8 (Oct., 1978), pp. 47, 48. To his credit, Robert Veatch introduces the notion of "covenant" into his *A Theory of Medical Ethics*. Unfortunately, it is unclear how, if at all, the religious significance of covenant affects his understanding of the contract between physician and patient. Indeed, the meaning of "covenant" seems to be reduced to the notion of "contract." For some of the differences between contract and covenant (and for an outstanding example of theological reflection on medical ethics focusing on the notion of covenant), see William May, "Code and Covenant," *op. cit.*

37. Stanley Hauerwas calls for the formation of "a sectarian medicine to be supported by an equally sectarian community" ("Authority and the Profession of Medicine," p. 22).

38. As Robert Veatch, *A Theory of Medical Ethics*, *op. cit.*

39. See James M. Gustafson, *Can Ethics Be Christian?* p. 173 *et passim*.

40. See further, Allen Verhey, "Christian Community and Identity: What Difference Should They Make to Patients and Physicians Finally?" an unpublished manuscript.