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# Withholding or withdrawing of medical treatment — historical perspective

## Abstract

The issues of the ethical evaluation of withholding or withdrawing of medical treatment have been the subject of discussions among doctors, lawmakers, philosophers and theologians for centuries. Historical analyses have shown that there are two prominent traditions, which have, throughout the centuries, produced the most vital ideas concerning the matter in question. The first one relates to Hippocrates, the father of Hellenic medicine, the other to the Christian reflection on uses of medicine.

**Key words:** medical futility, Hippocrates, ordinary and extraordinary remedies, ethics

Adv. Pall. Med. 2008; 7: 101–106

## Introduction

The fierce expansion of new technologies, which we have been witnessing for the past decades, along with immense development of medical sciences in the fields of diagnostics, pharmacology, and methods of treatment seemed to fulfil the hopes of mankind for an unlimited means of saving and supporting life. Medicine has been able to overcome many of the problems that have plagued mankind since the dawn of time. However, the unquestioned progress has also brought negative aspects of invasive therapies, which have become apparent with time. The subject of establishing boundaries for certain medical interventions has been raised. This context was the source of coining the phrase "medical futility" back in the 1970s. As we can see, this term has a relatively short history. Nonetheless, the idea of renouncing treatment in certain cases was brought up many centuries ago. This article is an effort to present the two main trends that took up the issue.

## Ancient evidence

Various opinions concerning the subject of withdrawing from medical interventions appeared as early as in ancient times. The oldest manuscripts — the Code of Hammurabi and the Egyptian papyri of Smith and Ebers — given their different character (legal document, compendium of knowledge on surgery, textbook of medicine), may be considered evidence that the practical medical skills of doctors were treated with great attention and appreciated in distant antiquity. It is also characteristic that even then some medical practices were authoritatively prohibited because of their negative consequences.

The Babylonian Code (18<sup>th</sup> century B.C.) defines the legal consequences of two types of medical interventions: surgeries carried out using a knife made of bronze and operations on the superciliary arch. Successful medical interventions authorised the doctor to demand payment. However, if the operation

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Advances in Palliative Medicine 2008, 7, 101–106  
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caused the death of the patient or the loss of an eye, the surgeon would face serious punishment, including the cutting off his hand or having to pay compensation. The Code, a boundary, which, if crossed by doctors, would result in severe consequences. This made the law play a preventive role and doctors had to exercise caution and sensibility in their actions. The ancient lawmaker considers the operation, which results in harm to the patient as a contravention of the doctors' competences and charges them with responsibility for improper use of medical skills [1].

The Edwin Smith Papyrus is a valuable source of information on ancient Egyptian surgery. The treatise, drawn up in the 17th century B.C., contains descriptions of almost fifty medical cases. The author of the treatise focuses mostly on locating and properly interpreting the symptoms that suggest the type of illness the patient suffers from. This constitutes the basis for making a diagnosis. The papyrus content lists three types of medical certificates and divides complaints into: curable per se, potentially curable and incurable. The Egyptian physician recommends a withdrawal from any type of therapy in sixteen cases. The case that surprises us, with the knowledge of physiology and the precise description of pathological changes resulting from a dislocation of the cervical vertebrae, is particularly interesting. The patient is able to breathe, but he has lost control over his limbs and the sexual functions of the body. The instruction for a dislocation of the cervical vertebrae. If you are examining a man with a dislocation of the cervical vertebra and pronounce the lack of control (and sensation) in both hands and legs, which, in turn, makes his member erect, while urine leaves the body uncontrollably (without the patient realising it), his body absorbs the wind and eyes become bloodshot, it means that this is a dislocation of the cervical vertebra that affects his spinal cord and makes his arms and legs numb. His member may produce semen if the central cervical vertebrae are dislocated. You are to offer the following diagnosis: he has a dislocated cervical vertebra, no control in his legs and arms, and he cannot withhold urine. Such a complaint cannot be cured [2]. Another Ebers Papyrus (second half of the 16th century B.C.), which is considered to be an ancient textbook on medicine, also lists a case in which the doctor is advised not to take any actions against the diagnosed illness [3]. It is worth mentioning, that many ancient philosophers demonstrated much interest in various aspects of the human health condition, which translated into making their own opinions on the medicine of the time. We can find explicit statements considering

the legitimacy or futility of treatment in the works of Plato (437–347 B.C.), although they dealt only with the theory and left the practice to doctors [4].

## The two dominant traditions

Over the centuries, the theory of withdrawing from futile medical interventions in certain cases was universally accepted, even though there were some isolated and sporadic voices of authors who strongly rejected the thought of renouncing therapy. The idea that doctors should abandon any efforts to treat a patient was dominant in medical circles. Coincidental opinions can also be found in non-medical deliberations, which state that patients may renounce the obligation to cure themselves, provided that they have specific and important reasons. We can point to two historically dominant philosophical trends: the first one referring to the legacy of Hippocrates (the medical trend), the other corresponding to the theological and philosophical tradition of Christianity (the Christian trend). Both trends are not mutually exclusive; quite the contrary, they seem to complement each other and take up the same issues, but from different perspectives. The medical trend originates from the experiences of physicians, while the Christian trend mostly deals with the attitudes of patients [5].

## The Hippocratic tradition

The medicine of Ancient Greece is inherently connected with the legendary figure of Hippocrates of Kos (around 460–377 B.C.). He was born in the family of Asclepius, which passed medical skills on from generation to generation. He was a highly esteemed doctor of his times. He not only had his own private medical practice, but he also trained others to become doctors. Hippocrates created his own theory for diseases, according to which, diseases are caused by the lack of balance between the four main humours (blood, phlegm, yellow bile and black bile) [6]. The texts that make up the Hippocratic Corpus contain the threads that comment on the futility of medical interventions.

The work "The Art" precisely defines three fundamental tasks, which form the foundation of medicine. It is to free patients from suffering, bring relief in illness and refrain from treating those patients who became completely overcome with disease, as medicine is helpless in such cases [7]. The last statement must have been a source of much controversy at the time, since the author himself states in his further deliberations, that there are

people who blame medicine for refraining from dealing with hopeless cases [8]. It is beyond any doubt, that the ancient writer thought the limitations of medicine were obvious. Therefore, he did not hesitate to dismiss the accusations of opponents and say that those who demand medicine to cure the incurable should rather be considered madmen than just people who lack the necessary knowledge. Consequently, we should cure the diseases that can be cured, but also diagnose those which we can do nothing about, in order to understand the reason for our helplessness [9]. The author adds that in such hopeless cases, one must do whatever is in his capacity, and to seek the well-being of the patient for as long as possible. Another self-explanatory tip on withdrawal from medical interventions is given by Hippocrates in his Aphorisms: It is better to give no treatment in cases of hidden cancer; treatment causes speedy death, but to omit treatment is to prolong life [10]. Therapeutic determination must be confronted with rational boundaries. The last of Hippocrates' aphorisms reads: Those diseases that medicines do not cure are cured by the knife. Those that knife does not cure are cured by fire. Those that fire does not cure must be considered incurable [11]. Hippocrates and his views were very popular in his times. They are quoted in many other works by ancient authors, who cite his opinions and authority in relation to specific life situations. Greek ideals found many eager followers in subsequent centuries. It may seem that medieval doctors (e.g. Avicenna, Maimonides) [12] did not introduce any revolutionary elements to the discussion concerning withdrawal from futile medical interventions. It appears that they just copied the ideas that originated in ancient times and only slightly updated them with the latest medical development and social conventions concerning the practice of medicine. The role of doctors towards the terminally ill has been formulated anew. It translated into a deeper understanding of the doctor-patient relationship, which goes beyond the pattern of health-restoring services and medicine development (mostly pharmacology). The doctor's scope of responsibility has been supplemented with the concern for the well-being of the terminally ill patient. As a result, in cases when prolonging therapeutic activities would prove futile, such activities were replaced with those aimed at bringing relief in suffering. Those doctors who refrained from performing particular medical interventions would not leave the patient to his misery, but redefined the profiles of their activities. The conclusion is that the key element in determining the moral aspect of one's activities is not only

professional treatment, but also doing all there can be done to prevent the terminally ill patients from suffering. The allegiance to this objective is the evidence for the unique character of medicine. A doctor's vocation has not lost any of its ancient archetypal aspects and, given this aspect, is still a reminder of the situation of an ancient Roman legionnaire who would take an oath to protect the Caesar and the Empire, even if it would claim his life [13].

The Middle Ages gave a clear outline of the new scope of responsibilities and requirements for doctors, in view of which leaving a terminally-ill patient to their own fate (what would be seen as staying faithful to the principles of medicine in the times of Hippocrates) would be considered a betrayal of the profession. Modern Codes of Doctor's Conduct have discussed the issue in the same light. Such codes deliver practical solutions and do not go into details in the issues of justifications that accompany specific regulations, which is understandable in the context of such documents. They empower doctors with the right to refrain from performing certain medical interventions, albeit patients should have their support and relief in suffering, even when there is no hope for recovery.

## The Christian tradition

The interpretations of the views typical for the Christian trend are the points worked out in the scholastic treaties of moral theology. They have become an inherent part of the broadly understood intellectual tradition of theology and philosophy, once originated by Church Fathers [14]. Christian philosophers have demonstrated great interest in the practical issues concerning human life and health. The active and creative academic life of the Dominicans and Jesuits in the 16th and 17th centuries contributed to the creation of certain ethical standards, as well as to the consolidation of the ethical interpretation for typical moral dilemmas, which were emerging from medical practice of the time. The discussion held between theologians on the subject of refraining from treatment included three fundamental elements: the absolute condemnation of suicide - unquestionable in the Christian world, the imperative to provide sagacious protection of life and health, and the possibility to withdraw from using too oppressive medications. They accepted the idea of abandoning therapy and even withdrawing from a special diet used in illness, mostly because of the psychological or financial barriers that were inextricably linked with treatment. Thomas Aquinas (1224/5–1274), who the first to state that it is a fundamental moral require-

ment to have the patient's consent before aggressive therapy is introduced. According to this concept, patients who are sane cannot be forced to undergo hazardous and painful treatments. They are particularly not obliged to use any means necessary to restore health or prolong life [15]. For instance, Leonard Lessius (1554–1623), a Flemish Jesuit who lived three centuries after Thomas Aquinas claimed that a person is required to allow his organ to be amputated, if doctors deem it necessary and there was no danger of great pain (...) The fact that the patient is bound to save his life using standard measures which are not complicated would call for such a solution. However, if a patient is to suffer severe pain, he does not have to agree nor be forced to undergo such an operation. The reason for that being that nobody is required to hold onto life enduring such suffering, when the prognosis is not certain [16]. Furthermore, Leonard Lessius points out to psychological barriers that occur when one is to undergo a therapy. (...) women, especially virgins, are not required to let men to treat the secret parts of their bodies (...) The reason for that being that nobody has to agree to a treatment that seems as abhorrent as the illness or death itself: many modest virgins would rather endure disease or death than be touched by men. Therefore, no one is required to agree to something that relates to the danger of improper actions or carnal satisfaction. But that's not all — one would consider death to attain heroic purity than let others have indecent thoughts or experience lustful gestures [17]. Although today such words may seem a little archaic, they demonstrate a wide spectrum of justifications that would dismiss any potential treatment. John Lugo (1583–1660), another philosopher, continues the tradition of his predecessors. He claimed that people should agree to treatment when the doctor deems it necessary and when it does not cause severe pain; however, they do not have to give their consent when treatment would cause great pain, as no man is obliged to use extraordinary and difficult measures to save life [18]. Making efforts aimed at postponing impending death is not always required.

Throughout subsequent centuries, other generations of Christian philosophers and moral theologians repeated the views of their predecessors, without adding any new elements to the universal theory concerning the means of life support. Those philosophers would stick to their traditional views, even when treatments and operations no longer terrified patients, as the middle of the 19th century introduced

much more effective anaesthetics. The fact that these made aggressive medical interventions much safer and less painful was treated with great reserve [19].

## Conclusion

This article shows only a part of the multifaceted history of views concerning withdrawal from futile medical interventions. It is to be emphasised that both trends (medical and Christian) which originated in ancient times, have made it throughout the centuries and evolved. Both of them have one voice in claiming that it is moral to refrain from treatment in certain cases.

The medical trend is part of the Hippocratic model of medicine, which makes it, above all, an endeavour based on rational reasons. This attitude prohibits taking up treatment when there is no hope for recovery and such efforts would be considered as futile and harmful to the prestige of medicine [20]. The logic demands to match clinical facts with real skills. Doctors operate in a precisely defined framework, shaped by the nature of the science. A doctor is, first and foremost, a servant to his art. This is the reason why the representatives of this trend point to the erroneousness that the art of medicine is subject to [21]. This presents medicine in a rather awkward light, but at the same clearly defines its limits, leaving no doubt that only those actions of doctors, which yield to the requirements of critical thinking, may be approved. Treatment, once commenced, must be completed. Withdrawing from therapy was described with the same term as soldier's desertion as early as in the Hippocratic Corpus [22]. Given this standard of conduct, we can clearly differentiate between a professional, who is responsible and honours his service, from a quack [23]. The doctor is obliged to know the limitations of his professional skills and never go beyond them, so as to (...) use treatment help sick according to my ability and judgement, but never with a view to injury and wrong-doing [24] — as the words of the Hippocratic Oath express it. Patients are those who pay the cost of unnecessary treatments. Treatment is to be started when such intervention is necessary, but it is to be refrained from with complete awareness of the consequences when it is not.

The theory of ordinary and extraordinary measures, created in the 16<sup>th</sup> century, was undoubtedly a great achievement. Authors of ethical and theological dissertations seldom addressed themselves directly to the doctors or their specific duties towards the terminally ill. The texts included in moral

treaties were never directly addressed to professional doctors. Most of them were written to address the needs of the academic institutions that educated Catholic clergy. Unlike explanations inspired by Christianity, the views of many philosophers in relation to the issues of withdrawing from medical interventions were usually very pessimistic. They constituted a varied and very diversified mosaic. The ethics they presented, albeit there were exceptions, were not interested in protecting the rights of the weak, who required special care, but rather emphasised and expanded the power of the strong (Plato, Aristotle, Epicurus) or absolved the freedom of men, approving of euthanasia (F. Bacon, D. Hume). Having this in mind, we can consider the Christian and Hippocratic trends as mature and well consolidated in terms of theory, offering moral solutions relating to the issue of withdrawing from futile medical interventions.

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