The Medical Oath: Honorable Tradition or Ancient Ritual?

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When asked to contribute a commentary on ethics in the history of medicine, it demonstrates a distinct lack of imagination to write about the Hippocratic Oath. While it may not be imaginative, the Oath’s enduring role in modern medicine makes it a topic of fundamental importance. The Hippocratic Oath, or some derivative thereof, plays a central role in the graduation ceremony of nearly every medical school in North America. However, whether this is symbolic of one’s entrance into the medical profession, a tribute to the great tradition of medicine, or a solemn ethical commitment is rarely indicated. What exactly is an oath and what are its implications for the practice of medicine? What impact should it have? Why the Hippocratic Oath in particular? Why any oath at all?

These questions have concerned me since I first read the Oath, upon matriculation at medical school. Since, I have repeatedly reviewed the Oath, both in its original form and the “updated” form we used on the first day of class. I searched for meaning in the document I had always believed to epitomize the grandeur of medicine, but instead became incredulous that the archaic text was still read at all.

Perhaps it is understandable that the original oath, written in an era far removed from our own, would conflict with our understanding of ethics today. The Oath strictly prohibits abortion and euthanasia, takes a vague stance against all surgery, and indicates that medicine is strictly the domain of men. These positions so blatantly conflict with modern thought that the common, and convenient, solution is to simply omit the difficult passages. (The document I first read made no reference to these ideals.) Of course, ignoring the original tenets of the Oath does a great injustice to the field of medical ethics. If we truly believe that the positions articulated in the oath are in error, we must acknowledge and justify an alternate position. It is only through such acknowledgement that we can fully understand our ethical obligations.

While revising outdated positions may be seen by some as trivial, there is a more compelling reason why the Hippocratic Oath should no longer be sworn. There is a single theme that underlies the Oath – the so called “Hippocratic Principle.” By stating that all treatment will be applied “… for the good of my patients according to my ability and my judgement….,” the Oath is both paternalistic and individualistic. The Oath’s focus on the individual patient is at odds with the modern practice of medicine, where scarcity and rationing are common. We now understand the physician to fulfill multiple roles – with responsibilities to society as well as to individual patients. A Hippocratic understanding of medicine cannot recognize these divergent objectives, and is therefore a poor ethical guide for modern medicine. Furthermore, the emphasis that the Oath places on the physician’s “abilities and judgement” is incompatible with the modern understanding of the doctor-patient relationship. The Hippocratic ethic assumes that a vulnerable patient will place himself at the physician’s mercy and defer to the physician’s ‘better judgement.’ The doctor-patient relationship as described in the Hippocratic Oath is the antithesis of modern medical thought, which embraces the concept of patient autonomy. Therefore, the time has come to abandon the practise of swearing the oath.

However, if we abandon the Hippocratic Oath what, if anything, should fill the void? There are three related properties of oaths that must be considered to answer this question. Oaths, like promises, are properly described as ‘performative utterances’. That is, once sworn,
an oath does not simply describe the world – it changes the world. The motives, goals, and actions of the professor are fundamentally altered by the words of the oath. Consequently, an oath is also a serious moral commitment. “To make or go back on a promise [or oath] is a very solemn matter precisely because a promise [or oath] is world altering.” Finally, an oath is a lifelong commitment. Unlike a promise, an oath contains no qualifications as to time or place, and so the professor is declaring a principle that he will always uphold.

The significance and permanence of an oath might suggest that it has no place in medicine, where it is a simple fact that ethical thought can and has changed. While these changes are relatively easy to accommodate within professional codes of ethics – and even medical practice – it is far more difficult for physicians to learn that the solemn oath they have sworn, and that has changed their lives, is no longer relevant.

Furthermore, the assumption that ethics could be reduced to a set of rules is particularly troubling. The swearing of an oath – particularly an oath formulated like the Hippocratic Oath – implies that in simply doing this and not doing that, one is acting ethically. It is a thoroughly robotic and thoughtless process. Ethics requires more than this. In order to truly act ethically, one must understand the grounds for one’s actions. One must intend to act morally. Pragmatically, doctors must understand and be able to apply ethical principles, not just rules, because every circumstance is unique and no single set of rules could cover every scenario. Furthermore, with new technologies and redefined professional relationships, an oath cannot remain truly inclusive. Thus, as a set of ethical rules, the permanence of an oath makes it ineffectual and undesirable.

Yet, perhaps these arguments against oath taking can be resolved by examining the distinction between an oath and a code of ethics. It has been observed that “the Oath of Hippocrates, while primarily an oath, also contains elements of a code. While primarily a commitment to become a certain kind of person, working for the benefit of one’s patients, it also contains a specific list of do’s and don’ts.” Such rules are properly established in a code of ethics. Unlike oaths, there is little difficulty in arguing, changing, or augmenting ethical codes. Thus, the distinction between oath and code, if observed, can resolve the perceived difficulties with oath taking.

However, if an oath does not outline a specific set of moral rules, does it perform any function within the medical profession? Some might suggest that the Hippocratic Oath, as a medical oath, is a relic of an earlier time and should be abandoned. I believe there in another, more appropriate option. Although medical ethics has been increasingly viewed as a simple subsection of universal ethics, such an approach is likely over simplistic. While medical professionals certainly must adhere to all the directives of general ethics, the obligations of a physician may not be fully described by such ethics. For example, it would be very difficult, if not impossible, to describe the basis of medical beneficence in the language of universal ethics. Beneficence, as an ethical obligation, simply does not seem to apply to other professions or to society in general. While the ethical codes of lawyers, engineers, and even politicians employ the principles of justice and non-maleficence, they certainly do not demand the altruistic dedication obliged by beneficence. If beneficence is not a consequence of normal ethical responsibilities, how does it become an obligation in medical ethics?

The answer, as I see it, is that the medical oath has played a very important role all along. As a performative utterance, an oath has the power to alter the world, both for its professor and for the public who bear witness. Just as one who makes a promise creates a new ethical obligation for himself that is not generally applicable (to keep that promise), the medical community has established the ethical principle of beneficence through the solemn promise of its oath. Importantly, the specifics that caused such difficulty for the Hippocratic Oath – those statements that are more correctly delineated in a code – are not necessary to establish this general ideal. If the specifics are omitted, an oath can
easily accommodate new technologies and ethical theories. General principles, such as beneficence, can be applied in various ways without altering the underlying ideal. Therefore, a properly formulated medical oath could be both essential and enduring.

The time has come for the medical profession to do away with the tradition of swearing the Hippocratic Oath at graduation ceremonies – and to learn from its many short-comings. However, a medical oath is very important in establishing the altruistic ethic that is so central to medicine. The distinction between an oath and a code of ethics is important and must be recognised in order to preserve the validity of any medical oath. Professional codes of ethics are required to outline the individual rules that govern the practise of medicine, but these rules are too specific to preserve the permanence and incorruptibility necessary of an oath. Thus, although I presently offer no substitute for the Hippocratic Oath, I suggest that one be developed that focuses exclusively on the essential principles of medicine, including the physician’s altruistic dedication to his patients.

References