

- Farmer, Paul. *Awakening Hippocrates: A Primer on Health, Poverty, and Global Service*. Chicago: American Medical Association Press, 2005.
- Groopman, Jerome. *How Doctors Think*. New York: Mariner Books, 2008.
- May, William F. *The Physician's Covenant: Images of the Healer in Medical Ethics*. Philadelphia: Westminster Press, 1983.
- . *The Patient's Ordeal*. Bloomington: Indiana University Press, 1991.
- Pellegrino, Edmund D. "Toward a Reconstruction of Medical Morality." *American Journal of Bioethics* 6, no. 2 (2006): 65–71.
- Phillips, W. R. "Hassle Hypertension: A Risk of Managed Care," *JAMA* 274, no. 10 (1995): 795–6.
- Rodwin, Marc A. *Medicine, Money, and Morals: Physician's Conflicts of Interest*. New York: Oxford University Press, 1993.
- Rothman, David J. *Strangers at the Bedside*. New York: Basic Books, 2002.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1984.

DISCUSSION QUESTIONS FOR THE READINGS

"I Swear by Apollo": On Taking the Hippocratic Oath

1. Name four of what Markel refers to as "discarded relics" of the original oath. Do you agree that these rules are no longer valid?
2. Based on your reading of the original text of the Hippocratic Oath, how would you define the professional obligations of a physician?

Hippocratic Oath, Modern Version

1. Compare the text of the modern version with the original Hippocratic Oath. What changes do you see?
2. What changes in the practice of medicine might be reflected in modern revisions of the Hippocratic Oath?
3. Which of the two versions of the Oath (old or new) do you find a more compelling statement of moral duty, and why?

Principles of Medical Ethics

1. Of the nine principles, which might be in conflict with each other? When there is conflict, how should a doctor decide which principle has priority?
2. Read the opening paragraph carefully: To whom does the doctor have primary responsibility? To whom, do you think, *should* the doctor have primary responsibility?

Medical Professionalism in Society

1. What are the three core elements of professionalism? How do these elements work together?
2. This interpretation of professionalism suggests that doctors have far more to do than simply treat patients. Do you agree with the author's expansive view of professional obligation? What might be some problems with this expansive view?
3. Based on what you read in this excerpt, what would the authors say about doctors participating in war or in executions?

The Hippocratic Oath

I swear by Apollo Physician and Asclepius and Hygieia 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. Simi-

larly 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 houses 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.

What 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.

Translated from the Greek by L. Edelstein, in *Ancient Medicine: Selected Papers of Ludwig Edelstein* (Baltimore, MD: Johns Hopkins University Press, 1967).

Often, the additions made to the Hippocratic Oath are as historically interesting as the deletions. Many of the oaths taken this spring will include vows not to alter one's practice on the basis of the patient's race, nationality, religion, sex, socioeconomic standing, or sexual orientation. Others include assurances of the physician's accountability to his or her patients, protection of patients' autonomy, and informed consent or assistance with decision making. In a very real sense, all these changes help to make the act of oath taking eternal, a process that constantly changes to accommodate and articulate changing views of medicine and society.

But regardless of the language or provenance of the hundreds of texts collectively classified as Hippocratic, on commencement day the historian in me invariably takes a back seat to the physician. Whether I am reciting from bowdlerized or amended versions or the original Greek text, as I rise to take the oath with my peers, my heart grows full with reverence for the profession I have chosen.

Despite occasional complaints questioning the relevance or purity of the oath taking, this symbolic act is a tradition that is unlikely to become superannuated. It serves as a powerful reminder and declaration that we are all a part of something infinitely larger, older, and more important than a particular specialty or institution. Given the myriad challenges facing almost every aspect of medicine in the 21st century, the need for physicians to make a formal warrant of diligent, moral, and ethical conduct in the service of their patients may be stronger than ever.

As every experienced doctor knows, the few minutes we spend giving voice to a professional oath are far easier than the years we must devote to its faithful execution. As Hippocrates famously said, "Life is short, the art long, opportunity fleeting, experience perilous, and the crisis difficult," but the legacy of medicine suggests that we are capable of fulfilling this noble charge.

Hippocratic Oath, Modern Version

LOUIS LASAGNA

Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University.

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is

given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Principles of Medical Ethics

AMERICAN MEDICAL ASSOCIATION

Adopted by the American Medical Association's House of Delegates, June 17, 2001.

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the

American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Principles of medical ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

M
—
Th

A
Th
di
pr
cc
w
ar
a
et
to
ca
di
er
in
va
cc

- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care. *what about...*
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

Medical Professionalism in Society

MATTHEW K. WYNIA, STEPHEN R. LATHAM, AUDIEY C. KAO, JESSICA W. BERG, AND LINDA L. EMANUEL

The New England Journal of Medicine 34, no. 21 (1999): 1612-16.

A Model of Professionalism

Three core elements of professionalism, each different in nature, are necessary for it to work properly. First, professionalism requires a moral commitment to the ethic of medical service, which we will call devotion to medical service and its values. This devotion leads naturally to a public, normative act: public profession of this ethic. Public profession of the ethic serves both to maintain professionals' devotion to medical service and to assert its values in societal discussions. These discussions lead naturally to engagement in a political process of negotiation, in which professionals advocate for health care values in the context of other important, perhaps competing, societal values.

Devotion to Medical Service

Physicians should cultivate in themselves and in their peers a devotion to health care values by placing the goals of individual and public health ahead of other goals. That is, physicians must be devoted to the work of providing health care.

Physicians who value individual and public health more than other social goods remain motivated to work hard even when the financial rewards for such work are not great. They criticize and police one another even when such actions have personal, social, and financial costs. They offer high-quality services whether or not patients are capable of judging their quality. They continue to provide health care even when, as