The Hippocratic oath: Has it ceased to be relevant?

W. Qidwai

Department of Family Medicine, The Aga Khan University, Karachi.

The Greek physician Hippocrates (460-377 B.C) is traditionally regarded as the founder of medicine, scientific discipline and medical ethics. The Hippocratic Oath, taken by ancient and medieval doctors, requires high ethical standards from medical doctors. Its principles are considered important in professional and ethical education of medical doctors even today. The Hippocratic Oath has survived, with over-riding power, the test of time since it addresses the intrinsic nature of medicine. Even those who know little of it or reject parts of it acknowledge it to be a symbol of the values of medicine. It has been argued that it is its drive to the heart of medicine that makes the Hippocratic Oath inspiring even today. The moral and ethical message of the Hippocratic Oath has exhibited remarkable resiliency through the ages, in varied cultures. Although its language may appear odd, its precepts are as valid today as they were in Hippocrates’ time. This can be best understood through an historical review of the oath’s transmission and acceptance in different eras of western history. The longevity of the oath, however, is clearly attributable to its intrinsic merit, its high moral reverent tone, and a literary eloquence that placed Hippocrates among the best writers of antiquity.

Historically, the ethics of a professional were the ethics of a gentleman. Since the industrial revolution in the 19th century, it has been argued that it has become imperative to apply the principle of autonomy to issues in the ethics of health care.

The social changes in the 1960s, where citizens asked for a greater voice in all affairs that affected them gave rise to formal approaches to ethics in the health fields.

The increasing incorporation of medical technology coupled with social demands (including those for health
As a whole, the Hippocratic Oath expresses an ideal of medical behavior and it must be interpreted in the context of ancient Greek culture and history. Some uncertainties about its relevance are due to a lack of understanding of its exceptional content of values. Modified versions of the oath or original texts presumptuously pretend to replace a document that has lasted 2500 years and that meant a revolution for medical practice.

Students should have the opportunity to analyze content of the Hippocratic Oath and the way its values are related to concrete situations of present medical practice. Medical schools should shelter it without objections, as the expression of a reflexive compromise acquired by physicians during their studies and to be applied in medical practice.\(^7\)

The identified limitations of the Hippocratic Oath or other pertinent oaths and codes enable students to appreciate the value of the broader principles that support medical ethics.\(^12\) In student's view, the oath seems to be an emotionally important ritual, whose value probably transcends its actual content.\(^13\)

Oaths are like promises but generally have greater moral weight and have a public character along with prescription of consequences for failure to uphold them.\(^14\) It signifies a willingness to submit to a way of life that demands some suppression of self-interest. If studying the oath more explicitly strengthens the physician's dedication to the welfare of the patient, the effort will be worthwhile.\(^15\)

Ethical rules are similar for physicians in most countries that follow the Hippocratic oath. They have no formal legal force, but can be used as a reference to provide answers to solve individual cases.\(^16\)

Those who question the relevance of Hippocratic oath in today's medical practice, should reconsider their position. One should be concerned that questioning the relevance of the Hippocratic oath, reflects the breakdown in the trust that should exist in the doctor patient relationship. In view of the increasing complexity of medical practice today, the relevance of Hippocratic oath has increased because it offers an avenue to uphold the principles of bioethics.

References

Letter to the Editor

Variation in Esophageal length

Madam, The length of Esophagus varies, as already been reported and correlates well with height and Gender, being more in males, this variation in esophageal length results in variation of Cardio-esophageal Junction (COJ), the junction of pale esophageal squamous epithelium with Reddish columnar epithelium of Gastric Cardia.

A study was conducted at Pakistan Medical Research Council (PMRC) to verify the relationship of esophageal length with different variables. One Thousand patients including males and females of different age, randomly selected, undergone upper G.I. endoscopy and the lengths of esophagus were measured from incisor teeth to cardio-esophageal junction. The data of these patients then carefully analyzed to determine the relationship between esophageal length and important variable like age, gender (sex), height and weight. The most important and statistically significant finding was strong relationship between height and esophageal length. As the average height in males is greater than females, this Gender associated increased male height showed the strong positive correlation with esophageal length i.e increased esophageal length in males is because of increase height in males while the relationship of age and weight with esophageal length was not independent of height and has no statistical significant.

Reference

Abdul Aziz
Pakistan Medical Research Council,
Jinnah Postgraduate Medical Centre, Karachi.

Errata

Prevalence of Exercise-Induced Bronchospasm in National Hockey Players of Pakistan, author A. Ahad, original article, published in JPMA Volume 54, No. 2, February 2004 issue, pages 96-99. In this article names of 2 co-authors were erroneously missed. The list of authors should be A. Ahad, M. P. Sandila and N. A. Siddiqui.