From the Pages of History

Hippocrates and his Oath

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Hippocrates (460-370 BCE) "At least, do no harm"

The Hippocratic Oath recited at the medical graduation ceremonies the world over is probably the oldest extant rite of passage. Although the exact date of its composition is not known, it is at least, 2400 years old. According to Orr et al. (1997) , the content of the traditional Hippocratic Oath can be divided into 12 items:Pledge to God: "I swear by Apollo the physician…" Pledge to teachers:promise of collegiality and financial support; Commitment to students: promise to teach those who swear the Oath; pledge to patients:promise to use "ability and judgment." Appropriate means: use of standard "dietary" care; Limits on means: originally prohibited surgery for renal stones, by deferring to those more qualified; Appropriate ends: the good of the patient &not the physician; Limits on ends: originally prohibited abortion and euthanasia; Justice: "avoiding any voluntary act of impropriety or corruption." Chastity: originally prohibited sexual contact with patients; Confidentiality: not to repeat anything seen or heard; Accountability: Prayer that the physician be favored by the gods if the Oath is kept, and punished if it is not kept.

As little is known about the original Oath, it is not clear how widely it was used in its time.Because of its supplication to pagan gods (Apollo, Asclepius etc.) at the opening, it did not become popular in western world until the middle ages, when it was rediscovered and modified to conform to monotheistic Christian doctrines. The first documented use of the oath was at the University of Wittenberg, Germany, in 1508 . The Oath was finally translated to English only in eighteenth century.

Origin of the Oath

Although it is attributed to Hippocrates, he might not have been its author. After a scholarly analysis, Ludwig Edelstein (1902-1965), a History of Medicine Professor at Johns Hopkins University, showed that the Hippocratic Oath may actually have been the work of the followers of Pythagoras of Samos, who lived a generation before Hippocrates (Orr et al., 1997). There is another reason why it may not be his work. Hippocrates was opposed to religion based medical practice and he would not have authored an Oath that begins by swearing to the gods of medicine (Roger Bulger in Hippocrates Revisited).

Why Retain His Name?

Very little authentic information is available about Hippocrates. Most of what we know come from legends that began to circulate after his death. These suggest that he was renowned physician during his own lifetime and had

many admirers, who praised and respected him and his work. Even Plato and Aristotle who came after him spoke of him with great respect. But he also had many detractors who accused him of burning down the medical library in Cos in order to eliminate competing medical traditions. But we get true understanding of his greatness from his works and not from these legends. These works consisting of more than fifty texts and essays display an altogether different outlook, to the prevalent one at that time, towards the practice of medicine - one that emphasizes nature over philosophy, observation over theory, and the patient over the physician's self-interest. Hippocrates rejected the medical systems based on philosophy and religion and promoted a system based on empirical observation. He insisted on patient-oriented medicine and recommended treatment modality that caused the least damage (His motto: At least, do no harm!). It is because of these progressive ideas that he is regarded as "Father of Medicine" and rightly so.

Its Relevance

In the last century, the traditional Hippocratic Oath has been extensively criticised for being outdated and failing to incorporate many of the new ideals such as societal or legal responsibilities, research ethics, and accountability in group practice. While in many cases, the traditional Oath is suitably updated to address these concerns, other professional medical oaths are also beingused including"the Declaration of Geneva" (written in1948—and revised in 1983—in response to the medical crimes committed during the Nazi regime in Germany) and the oath written in 1964 by Louis Lasagna , Academic Dean of the School of Medicine at Tufts University.

References

1. Hulkower R. (2010). The History of the Hippocratic Oath: Outdated, Inauthentic, and Yet Still Relevant. The Einstein Journal of Biology and Medicine25: 41-44

2. Orr RD, PangN, PellegrinoED, SieglerM. (1997). Use of theHippocratic Oath: A review of twentieth century practice and a content analysis of oaths administered in medical schools in the U.S. and Canada in1993. J Clin Ethics 8:377-88.

3. Smith L. (2008). A brief history of medicine's Hippocratic Oath, or how times have changed. Otolaryngol Head Neck Surg 139:1-4.

http://en.wikipedia.org/wiki/Declaration_of_Geneva

http://ethics.ucsd.edu/journal/2006/readings/Hippocratic_Oath_Modern_Version.pdf

Two rights, when combined, may be wrong

Simvastatin, the second most widely prescribed drug worldwide, is often recommended for obese diabetics to lower their serum cholesterol and prevent heart disease. Obese diabetics also benefit from regular exercise which improves their overall fitness. So, it makes a lot of sense to combine these two therapeutic approaches to amplify the benefit. But only, it doesn't!. In a study carried out in University of Missouri, John Thyfault and his colleagues discovered that simvastatin hindered the positive effects of exercise for obese and overweight adults. The study was done on 37 sedentary obese individuals between the ages of 25 and 59. All the participants were made to go through the same exercise regimen for 12 weeks; however, 18 of them also received 40 mg of simvastatin. When the cardiopulmonary fitness and skeletal muscle mitochondrial content were measured at the end of 12 weeks, the improvement was significantly less in those who also received statin (1.5%) compared to exercise only group (10%). Statin seems to adversely influence the exercise outcomes in these patients. The Authors, while acknowledging the need for additional study, caution against combining these two therapeutic options. They however concede that the sequential use of these options needs to be evaluated. The study is published in the latest issue of Journal of the American College of Cardiology, (2013; DOI:10.1016/j.jacc.2013.02.074)

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