**Hippocratic Oath and its relevance in the COVID world**

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**ABSTRACT**

The oath that Hippocrates made has been taken as Gold standard when it comes to medicine and the ethics that is to be followed in medical world. But as time and centuries have passed down and people all over the world have analyzed the modern structure in which medicine is practiced currently, it is worth putting a thought into the fact if the original oath hold good in these times. This paper specifically examines these thoughts in the COVID- 19 times.

**Keywords:**Ethics, Hippocratic oath, law, COVID-19.

I**NTRODUCTION**

Hippocrates who was considered a philosopher along with the being the father of modern medicine before teaching his students or disciples as they were called in those times made sure they understood as to what they were getting into by making them take an oath to the Gods of healing of Greek pantheon: Apollo, Asclepius, Hygeia, and Panacea.1 This oath considered healing as being a form of art that needed a lot of dedication and willpower to practice. The oath was also set in the times when the healers were considered near to God and were thought as divine or near or God given. Many countries down the ages have followed either the similar trend or have made similar sounding oaths like the Charaka Samhita from India.2 These oaths were not bound to laws and litigations in those eras. With the commencement of modern medicine and freedom for thought, the trend in which medicine from art got changed to a profession also gave rise to various other rules, regulations and litigations. The sociocultural factors of the changing times made one to think if it was possible to follow the initial oath. Now that the entire world has been faced with the crisis of the COVID-19 situation the amendments made in the oath down the ages have made the common man and the physician a time to rethink the original relevance of the oath.

**OATH VS COVID-19**

When magnified the criteria through which the Hippocratic oath has gone through the changing times the swearing to ancient Greek Gods seems old fashioned or out of league to the multiethnic, multicultural, and pluralistic world. Medical education was itself the right of a few chosen individuals who were passed on the tradition to the chosen few. It was not funded by the individual but yes surely earned on the basis of the skill which the person seemed to have and this was observed as the individual used to work with the teacher. Even so the skill was not out rightly passed in there hands but it was then handed over with the wows which were termed in the form of the Hippocratic oath. This While oath prohibited the act of abortion and euthanasia,[[3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6482690/" \l "ref3)]. Neither has the oath empahsisied anything on vegetative states or palliative care and the rights, which talk about the person to live with dignity in any form or time in life. These issues may not have been included since they might not exist at that time in ancient Greece. But down the ages it was seen that due to the modern sociocultural and bioethical complexities, many of these issues had to be addressed in the addendum, which was done in the oath time to time. Abortion and euthanasia is legal in selected countries.3 Patient autonomy and justice, which are now considered the cornerstones of bioethical principles have been added in after the various changes it went through following Second World War during the Nuremberg Trial, and new ethical principles for research, called the Nuremberg code, were proposed, as the court recognized the limitations of the Hippocratic oath in the modern era bioethics.4

The oath started to link the relationship of the patient with not just the physician but also the illness and the surrounding in which the patient or the disease existed. As time passed and this so called tripartite relationship in medicine was then taken over by the addition of the various third parties which controlled the decision making, these would include the insurance companies (maybe private or government based) or the various laws which over exaggerate the malpractice issues, the inculcation of various technologies but the non consistent or unequal distribution of these technologies and also the pressure from the various pharmaceutical companies which make the initial wow which said that the physician is to treat the patient according to his best ability and judgment into a decision according to the best of circumstance and availability.5 The entire decision making for the treating physician in the last 50 years has changed from “to the best of my medical knowledge” to “ the best I can do in the given circumstances”. As much as we may argue the right for universal healthcare is still a dream in a major part of the world yet health insurance providers and corporate hospitals have been mushrooming all over the world irrespective of the healthcare they provide. This also affects the decision making capacity of the treating physician since there is a lot of stress of the legal and official thus affecting the autonomy in treatment.

The addition of internet with medical research at hand open for the public and the ‘Google’ as the doctor to go to at first in the times that we are living. Majority of the times the patient who approaches the treating physician has already made up enough of options and opinion about his/her disease and the physician has to act accordingly, keeping not only beneficence in mind but also patient autonomy along with the chance of risking legal consequences. When this change happened the trustworthy physician are no longer healers and neither medicine an art but like all other things or professions around us, medicine as become another service rendered which now comes under the consumer protection act and is vulnerable to litigations.6 The image that was once given by the Hippocratic oath of being a noble and holy profession is now replaced but a scared and questioning medical practitioner who may deny a patient some form of advise due to personal and professional limitations.

As a successor to the 2500-year-old Hippocratic Oath, the outlines in concise terms of the professional duties of physicians and affirmations of the ethical principles of the global medical profession was taken at the Declaration of Geneva, and was then adopted by the World Medical Association (WMA) at its second General Assembly in 1948[1](https://jamanetwork.com/journals/jama/fullarticle/2658261#jvp170158r1) . The current version of the Declaration, which had to this point been amended only minimally in the nearly 70 years since its adoption, addresses a number of key ethical parameters relating to the patient-physician relationship, medical confidentiality, respect for teachers and colleagues, and a point which mentions that “I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard”.7 A reevaluation of how the professional obligations of physicians are represented in the Declaration of Geneva would not be complete without considering increasing workload, occupational stress, and the potential adverse effects these factors can have on physicians, their health, and their ability to provide care of the highest standard. This amendment in the oath was made specifically to deal with the fact that it has been seen that a lot of practitioners in the need to keep in the competitions of what medical practice has become have not been looking after there health and often have been going into what is now termed as the “burn out syndrome”. This clause reflects not only the humanity of physicians, but also the role physician self-care can play in improving patient care.8 Having said that the question that one needs to ask is whether physicians, nurses, and other healthcare workers have a duty to care for patients when doing so exposes the workers themselves to significant risks of harm and even death? Numerous grounds have been offered for the view that healthcare workers have a duty to treat, including expressed consent, implied consent, special training, reciprocity (also called the *social contract view*), and professional oaths and codes.9 Quite often, however, these grounds are simply asserted without being adequately defended or without the defenses being critically evaluated. This is seen more so often when we are in the face of a serious infectious disease, is there a duty to treat?9 Even if there is limitation of knowledge, training in these situations is usually on the ground and sometimes without any time to think for. A practical example of the same is currently being proven in the recent coronavirus outbreak. All over the world we saw all kinds of medical personal in all kinds of limitations putting forward there best foot forward in the limited resources available in the best of the modernized and litigation filled countries.10 According to news sources over 3,000 health care professionals infected in China. about 4,000 in Italy. And over 5,000 in Spain. There is a really dwindling supply of health care providers, either because they are quarantined or they are at home taking care of their kids, or many are getting sick themselves. Because of this reason we are seeing even retired and former doctors, nurses and nurse practitioners who have volunteered to go back to work. Seeing the need as to how desperate the patients and there own colleagues could be there's no way that one could just sit home and read their stories and not do something about it. We might also compare the same to the shortage of supplies like in the case of masks and ventilators. What is not comparable is the fact the if a good effort is put in many of the in shortage things could these can be manufactured by a little bit of effort but that’s not the case with our health care providers. It takes years and years to train doctors and nurses and other health care professionals. So, in a world full of contemplation and looking down on the individuals who actually run this so called medical profession, the times may have changed and the education may not have been handed down to the few chosen one’s but surely the grueling through the years o training even in the worst of the training collages still would put a few things in the minds of the one’s who would take the piousness of the profession and practice it to the best of their ability even when the rest of the world seems crashing down.11 Good and bad seeds were always in there in the system and the individuals who had to create a mess in the system did that then and will do that now too but that does not mean that you stop believing in humanity. Medicine offers a life based on knowledge, skill, and service to the critical needs of each patient. No matter what the era or place of medical school, physicians must strive to maintain the goal of the profession, namely, to earn continued trust by protecting and treating safely the individual patient.

**Summery**

To conclude in regards to ethics and morals, the words of Karl Menninger which say that “When in doubt, be human.” “When in doubt, be rational and follow the law.” In this era of litigations when facts change, our opinions should change.12 But, among the people who choose medicine very few do it just to earn money, there is usually a strong sense of ethics and a higher purpose. medical students who take the oath feel a strong sense of ethical values and moral calling when dealing with a complex situation, for the ones who lack it the oath may just be an exercise in hypocrisy. It is surely difficult to give up on the thought that something which came into existence about 2000 years ago as an affirmation to one’s faith in the task or the mandate we are given to carry, the Hippocratic oath in all its beauty is the embodiment of the basic principles of bioethics along with added values of gratitude, confidentiality, and humility. Yet the re- reading of the oath to oneself is a self talk to oneself about brotherhood, gratitude and a sense of pride about the choice of the profession they have taken. It also does not change the fact that the original oath lacked the complexities of modern bioethics but the core values stay the same. Hence when need arises the medical fraternity has proved time and again that how ever Pluralistic the society around may look like and be and sometimes however thankless the job make look like but when need arises they will jump with all that they have to give in their best for humanity. The constant changes in the society may keep continuing but the sprit of medicine will never change.

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