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

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***Abstract***

*The Hippocratic Oath has been accepted as the gold standard when it comes to medical ethics. But with the passage of time, the advances in current medical practice, it is worth giving a thought to whether the original oath holds good in modern times. This paper specifically examines these thoughts in the time of COVID- 19.*

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

**Introduction**

Hippocrates, who was considered a philosopher along with being the father of modern medicine, before teaching his students or disciples as they were called in those times, made sure they understood what they were getting into by making them take an oath to the Gods of healing of the Greek pantheon: Apollo, Asclepius, Hygeia, and Panacea (1). This oath considered healing as an art that needed a lot of dedication and willpower to practise. The oath was also set in times when healers were considered near to God and their powers God-given. Many countries down the ages have followed this practice, or have devised similar sounding oaths, like the Charaka Samhita from India.(2) These oaths were not bound to the laws in those eras. With the commencement of modern medicine and freedom of thought, the trend of considering medicine as an art changed to viewing it as a profession. This also also gave rise to various other rules, regulations and litigation. The changing sociocultural factors make one think if it is still possible to follow the original Oath. Now that the entire world is facing the crisis of the COVID-19 pandemic, the amendments made in the Oath down the ages have made both common man and physician reconsider the original relevance of the Oath.

**The Oath in the time of COVID-19**

When considering the revisions which the Hippocratic oath has gone through over the changing times, the swearing to ancient Greek gods seems old fashioned or irrelevant to the multiethnic, multicultural, and pluralistic world. Medical education was itself, in those times, the right of a few chosen individuals who in turn, passed on the tradition to a select 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 directly passed into their hands but it was handed over with the vows in the form of the Hippocratic Oath. This oath prohibited the acts of abortion and euthanasia ([3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6482690/#ref3)). Neither has the oath emphasised anything on vegetative states or palliative care and the rights of the person to live with dignity in any form or time in life. These issues may not have been included, since they may not have existed at that time in ancient Greece. But down the ages it was seen that due to modern sociocultural and bioethical complexities, many of these issues had to be addressed in the addendum to the Oath, which was revised from time to time. Abortion and euthanasia are legal in some countries (3). Patient autonomy and justice, which are now considered the cornerstones of bioethical principles, have been added after the various changes it went through following the Second World War and the Nuremberg Trials, and new ethical principles for research, called the Nuremberg code, were proposed, as the court recognised the limitations of the Hippocratic Oath in the context of 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 surroundings in which the patient or the disease existed. As time passed, this so-called tripartite relationship in medicine was then taken over by the addition of various third parties which controlled decision making. These would include the insurance companies (private or government based), or the various laws which exaggerate malpractice issues, the inculcation of various technologies but the inconsistent or unequal distribution of these technologies, and also the pressure from the various pharmaceutical companies which make the initial vow which said that the physician is to treat the patient according to the best of his 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 demand it, the right to 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 the emphasis on the legal and official affects the physician’s autonomy in treatment.

The advent of the internet in our times, with medical research at hand, opened up access for the public to ‘Google’ as the doctor to go to first. Quite often, the patient who approaches the treating physician has already seen enough options and has an opinion about his/her disease and the physician has to act accordingly, keeping not only beneficence in mind but also patient’s autonomy, along with the chance of risking legal consequences. When this change, the trustworthy physician is no longer the healer and neither is medicine an art, but like all other professions around us, medicine has become another service rendered which now comes under the Consumer Protection Act and is vulnerable to litigation (6). The image of medicine in the Hippocratic Oath, of being a noble and holy profession is now replaced, leaving a scared and questioning medical practitioner who may deny a patient some form of advice, 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 were embodied in the Declaration of Geneva, and 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 up 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 observed that a lot of practitioners in the need to keep in the competitions of what medical practice has become have not been looking after their own health, and have often suffered what is now termed as the “burn out syndrome”. This clause reflects not only the humanity of physicians, but also the role that 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 defences being critically evaluated. This is seen more 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. 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 personnel in all kinds of limitations putting their best foot forward with the limited resources available, even in the most modern and litigation-filled countries (10). According to news sources over 3,000 healthcare professionals were infected in China, about 4,000 in Italy, and over 5,000 in Spain. There is a really dwindling supply of healthcare providers, either because they are quarantined, or they are at home taking care of their children, or many are getting sick themselves. For this reason, we are seeing even retired and former doctors, nurses and nurse practitioners volunteering to go back to work. Seeing the desperate need of the patients and their own colleagues, there is no way that one could just sit home and read their stories and not do something about it. We might also compare this to the shortage of supplies like masks and ventilators. What is not comparable is the fact that if a good effort is put in, these essentials can be manufactured, but that’s not the case with our healthcare providers. It takes years and years to train doctors and nurses and other healthcare professionals. So, the times may have changed and education may not have been handed down to the chosen few, but surely the years of grueling training even in the worst of training colleges, would still have put a few things in the minds of those who take the profession seriously and practise it to the best of their ability even when the world around them seems to be crashing down (11). Good and bad tendencies will always be there in the system, but that does not mean that one stops 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 location of the medical school, physicians must strive to maintain the goal of the profession, namely, to earn continued trust by protecting and treating the individual patient with beneficence.

**Summary**

To conclude, with regard to ethics and morals, the words of Karl Menninger 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 those 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 of 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 talk with oneself about brotherhood, gratitude and a sense of pride in the choice of profession they have taken. It also does not change the fact that the original Oath lacked the complexities of modern bioethics, as the core values stay the same. Hence, when need arises the medical fraternity has proved time and again that however pluralistic the society around may look and be, and however thankless the job make look, when need arises they will jump in with all that they have to give in their best for humanity. The constant changes in society may continue but the sprit of medicine will never change.

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