

THE HIPPOCRATIC OATH

*“A voice was heard in Ramah,
Lamentation and bitter weeping,
Rachel weeping for her children,
Refusing to be comforted for her children,
Because they are no more.”*

— Jeremiah 31:15

This passage from Jeremiah is directly quoted in the Gospel of Matthew. Both passages “resurrect” Rachel to weep over her children. The passages echo a very particular kind of sadness, that of great loss and the fear that comes from being terrorized by a bloodthirsty tyrant. Jeremiah’s context is the Babylonian invasion of the southern kingdom. Matthew’s context is the fulfillment of Herod’s decree—the murder of all the boys two years old and younger in Bethlehem and its surrounding villages (Matt. 2:16). But why does Matthew’s Gospel quote Jeremiah’s passage of lament regarding Nebuchadnezzar’s bloody siege of Jerusalem? And why does Jeremiah refer to Rachel?

There is one very interesting answer to these questions, an answer that does justice to the larger purpose of both authors. This answer is hope: just as Moses escaped Pharaoh’s bloody decree, and a remnant of exiles survived the annihilating forces of the Babylonians, so too Jesus escaped the murderous decree of Herod.



God's covenant purposes are fulfilled in spite of the wickedness of men. But why Rachel? Why does Jeremiah refer to Rachel weeping over her children? Rachel was often viewed by Jewish rabbis as the mother of Israel. Thus "Rachel's children" are the children of the covenant promises. Throughout the history of Israel, the children of Israel were often subject to great suffering and the terrible pain of exile. In this condition of exile they waited—for the coming fulfillment of the covenant. As they waited, they wept, often bitterly.

As Rachel was dying, she named the son she had borne Ben-Oni ("son of my sorrow"). Rachel was buried on the way to Ephrathah, in Bethlehem. In Matthew's Gospel, the obvious link is both to Bethlehem, the sight of weeping and bitter lamentation for the children of Rachel who "are no more," and to Rachel's son Ben-Oni, "son of my sorrow" (the son whose name is changed by his father, Jacob, to Ben-Jamin, "son of the right hand"). Rachel's sorrow, however, is interrupted by the great joy of the birth of the Messiah—the Messiah who will be the end of all sorrows. By God's providence, Jesus escaped Herod's decree so that one day He would end Rachel's weeping. In the biblical narrative of salvation history, great sorrow is often punctuated by even greater joy.

Central to the events that both Jeremiah and Matthew record is the tyrant. The tyrant is the corrupt and godless ruler who wantonly destroys life and has no concern for the innocent. The tyrant wields the sword in the name of unchecked power. Nebuchadnezzar's imperial commander, Nebuzaradan, had wielded the sword cruelly and rapaciously in the name of such power. He also wielded the sword as he gathered the remaining exiles at Ramah to take them into captivity in Babylon. The children of Israel ("Rachel's children") wept as they saw their once great nation in ruins—their women and children cruelly and rapaciously massacred by a bloodthirsty tyrant. The children of Israel also wept as another tyrant, Herod, massacred the baby boys in and around the city of Bethlehem.

In the hands of tyrants (and those who do their bidding), the sword is an instrument of unchecked power, wanton devastation, and ultimately genocide. Have we made progress since then? The record of our most recent century suggests that humanists have not learned their lesson. The twentieth century, which began with unbridled humanistic optimism, tragically experienced the result of such optimism. The humanist, godless ideologies of the twentieth century spawned men like Hitler, Stalin, Mussolini, Pol Pot, and Idi Amin, state-sponsored genocidal machines such as the German National Socialist Party (Nazis), the Soviet Union, and the Khmer Rouge, and massive and mindless bloodletting events such as the death camps at Auschwitz, the Rape of Nanking, and

the killing fields at Choeung Ek. Clearly, humanism is a form of regression, not progress.

Whereas in the hands of a tyrant the sword is death, devastation, and unchecked power, another art has been practiced for the opposite purpose: the preservation and protection of life. This is what the guild of doctors in the ancient world referred to as the "healing art." However, the doctor and the tyrant are potentially not so different. Both wield power over life and death. Patients, not unlike the subjects ruled by tyrants, are quite vulnerable. Although the tyrant wishes to wield unchecked power, what of the doctor? Is there some means whereby the power that the doctor has over life and death might be restrained by a moral code?

For thousands of years, those practicing the "healing art" have taken an oath to place a restraint on the great power they wield. This oath is the Hippocratic Oath. Simply put, the Hippocratic Oath provides a very clear picture of the way that doctors should practice their craft. According to the central principle of the oath, doctors shall preserve and not destroy life when it is most fragile and vulnerable. Thus, the Hippocratic Oath explicitly set out to protect life where it is most vulnerable—the unborn, sick, infirm, and elderly. Therefore, the Hippocratic Oath explicitly forbids doctors either to abort babies or to euthanize patients. As the Hippocratic Oath is increasingly ignored in our society, and as doctors are murdering unborn babies and euthanizing the elderly, a question arises for us: has our medical profession become tyrannical?

GENERAL INFORMATION

Author and Context

It is difficult to identify a single author of the oath. It is quite possible that the oath was originally penned by Hippocrates (460–380 B.C.), a contemporary of Socrates. It is important, if we are to understand the context of the oath, to understand the central theme of the oath. The central theme of the oath is a simple distinction: healers versus killers. The oath determines, by its basic orientation, to make this distinction clear and undeniable.

The followers of the Greek god Asclepius (the god of healing) were referred to as Asclepiads. They were part of a guild of practitioners of the medical art. The history of Asclepius in mythology may be an interesting clue to the central purpose of the guild. According to one myth, Asclepius was the son of Apollo. His mother died during childbirth. As she was about to be consumed by flames on the funeral pyre, Apollo rescued his unborn son. He was cut out of his dying mother's womb and hence given

the name Asclepius (“to cut out”). Being instructed in the art of medicine (by the centaur Chiron), Asclepius gained great power and the ability to restore patients to health. His art, therefore, was considered “the healing art.” Followers of the Asclepiad guild, therefore, were practitioners of the healing art.

Significance

The Hippocratic Oath was a central feature of the guild of healers from the fourth century B.C. to Galen (129–200 A.D.), the last of a great tradition of Asclepiad Greco-Roman philosopher-physicians. It has formed the foundation for the contemporary practice of doctors taking oaths as an essential element in the practice of medicine. Its significance is found in the way it helped to establish a “school” of physicians with a standardized moral vision. We take it for granted that a doctor is a medically and scientifically trained expert at his craft. But that was not always the case.

For the most part, those practicing the medical arts were nothing more than *shamans*, that is, witch-doctors performing ritualistic, occult activities. Divinization, crying, reading runes, sacrifice, controlling spirits—these were all activities considered to be “medicinal” in nature. Little to no attempt was made to study the body scientifically or to understand the relationship between anatomy, biology and healing. This is what set the Hippocratic, Asclepiad tradition apart. The members of the guild passed knowledge down from generation to generation. And according to some ancient scholars, by the time of Galen the science of medicine had become quite sophisticated. Possibly the greatest ancient inheritor of the Hippocratic tradition, Galen was truly a philosopher and scientist. He had developed the art of anatomy and possessed a quite advanced understanding of such complex systems as the nervous and circulatory systems.

Perhaps the greatest significance of the Hippocratic tradition, however, is the way the oath defined the *telos*, or purpose, of the doctor. The most basic principle of the oath is defined in this simple Latin phrase: *primum non nocere* (“first do no harm”). In succinct form, the oath clearly articulates the basic goals and aims of medicine. This section of the oath helps us understand how clearly the oath articulates the moral purpose and function of the doctor’s art:

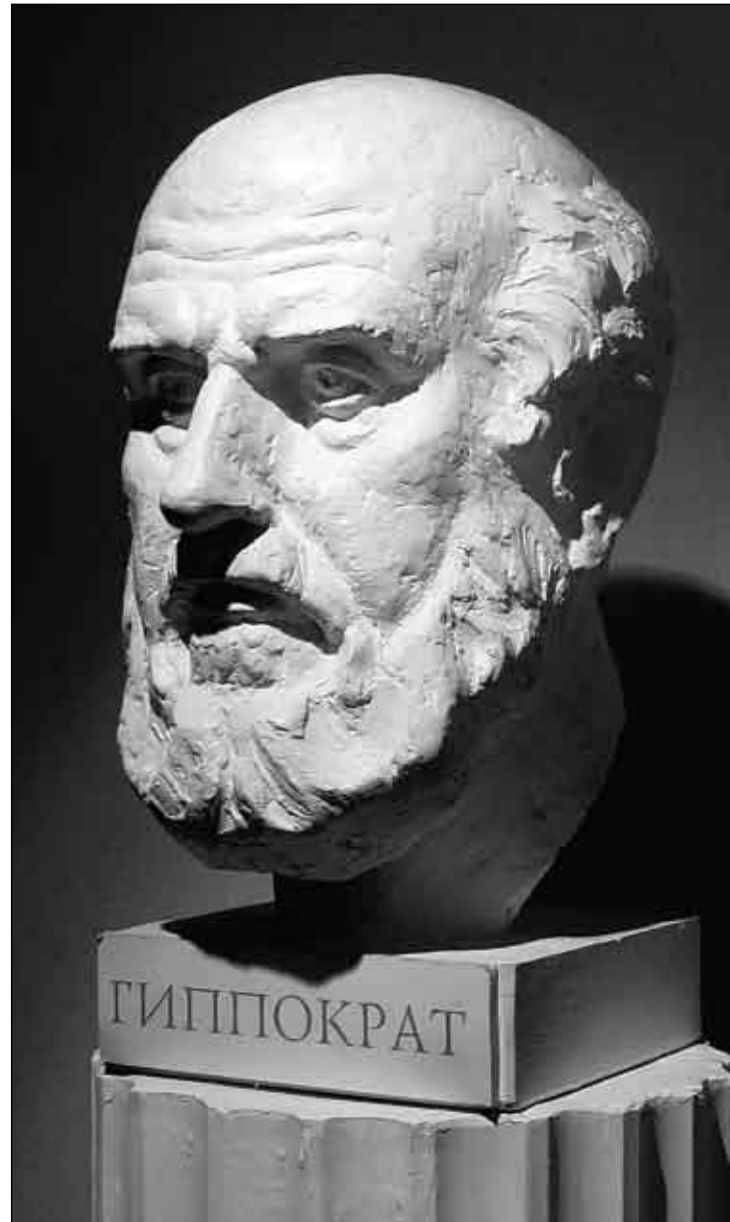
Whenever I go into a house, I will go to help the sick and never with the intention of doing harm or injury. I will not abuse my position to indulge in sexual contacts with the bodies of women or of men, whether they be freemen or slaves.

The oath, therefore, clearly recognizes the possibility

of doctors having tyrannical power over their patients. Not only did the Hippocratic tradition encourage doctors to be scientists and not shamans or witch doctors, but it also encouraged them to practice their art with great moral self-restraint and with the highest respect for the sacredness of life and of the doctor/patient relationship.

For some time now, medical students have taken some version of the Hippocratic Oath, as almost every medical school administers some form of the oath as an essential part of its tradition. It is important to note, however, that most medical schools have removed key elements of the oath. Most notably, references to abortion and euthanasia have been removed from many of the modernized versions of the oaths administered at medical schools.

For thousands of years, those practicing the “healing art” have taken an oath to place a restraint on the great power they wield. Hippocrates is the namesake of this oath.



Setting

As with any oath that has value, the context for this oath is religious. Since a man can swear by nothing higher than God (or the gods, for the Greeks and Romans—Christian doctors, of course, could not take an oath to a false deity¹), the oath begins with the following: “I swear by Apollo the physician, and Asclepius, and Hygieia, and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgment, I will keep this Oath and this contract.”

Hygieia was the offspring of Asclepius and was the goddess of good health (the word *hygiene* is derived from her name). Her sister Panacea’s name means “all-cure.” As was traditional in Greco-Roman religion, practitioners of certain arts dedicated their activities to the gods who were considered to be the divine benefactors or patrons of their craft. In devoting their activities to the gods, the Asclepiads (the guild of doctors) were recognizing the sacred responsibilities and moral boundaries of their craft. Another important element in the opening declaration is the recognition of the legally binding quality of the oath. Many translations give the following version of the binding nature of the oath: “...to keep according to my ability the following oath and promise.” Some will put in place of “promise” the word “agreement.” This is closer to the appropriate translation. Better is the translation given previously: “contract.” The Greek word being translated is *syngraphe*. It refers to a written (legally binding) agreement, not merely a verbal agreement. So the best translation would not be “promise” or “agreement,” but something like the following: “... to keep according to my ability the following oath and *legal agreement*.”

The oath has seven main elements, with a final, capstone promise (to keep everything contained in the oath). They can be broken up into the following abbreviations:

- A** Responsibility to fellow practitioners of the art
- B** Prohibition against doing harm and promise to do good
- C** Prohibition against euthanasia and abortion
- D** Promise to preserve purity of life and practice
- E** Recognition of the need for specialists to provide specialized services (like certain specialized surgical activities)
- F** Prohibition against abusing power to seduce patients
- G** Prohibition against teaching the secrets of the craft to those untrained or who have not taken the oath



Worldview

During World War II, Nazi doctors practiced medicine in a horrific manner. What was their stated purpose? Their purpose was to pursue the “common good” of the state as a whole. Who suffers when this objective operates unchecked? Given the history of Nazi Germany, it is clearly the weak and vulnerable, the unwanted or “useless,” who suffer the most. Many of the Nazi experiments were employed with the justification that they served the greater common good.

For instance, Nazi doctors conducted hypothermia (freezing) experiments on human subjects to simulate the conditions Nazi soldiers might face in extreme cold conditions. The experiments attempted to determine how quickly someone would typically freeze to death and, if possible, how best to resuscitate the body. They used two basic methods to bring patients to a point of freezing: putting them in tanks filled with ice water, and putting victims outside, naked, in freezing temperatures. In the concentration camp at Auschwitz, the extreme cold conditions in the winter made it the perfect place to perform cold-weather “exposure” experiments. The “warming” experiments (used to bring the person back from a state of extreme hypothermia) were no less cruel than the



Asclepius, the Greek god of medicine, is depicted practicing his art on a patient.

“cooling” experiments. One of the worst warming techniques was one in which the unconscious victim had boiling hot water forced into such internal organs as the stomach and intestines. This was done to see how quickly the body temperature would return to normal (and to see if the patient could be revived).

The stated justification for such horrific experimentation was to promote the common good of the Nazi army (and, by implication, the German state). What kind of ethic does this presume? The ethic it presumes is utilitarian. On this ethical theory, the “greater good” (the end) justifies the morally questionable means employed to achieve such a “good.”

On this reasoning, the value of an action (or a thing—even a person) is determined by its utility or use-value in relationship to the end or goal that is pursued. Use-value is often based upon the following principle: an action has utility (use-value) insofar as it best promotes the greatest good of the largest number. Nazi freezing; bone, muscle and nerve regeneration; bone transplantation; mustard gas; sulfanilamide, and seawater experiments, were all justified according to this principle.²

Unlike a *deontological* ethical system (in which the

moral worth of actions is not determined with respect to outcomes or consequences), utilitarian ethics are *consequentialist*. This means the value of an action is not only based upon its utility, but also upon the desirability of the outcome. The desirability of the outcome becomes the overriding moral principle that justifies the means used to achieve the outcome.

Nazi medical ethics were explicitly utilitarian and consequentialist in form. They determined that achieving the greatest good for the greatest number in the German state demanded the sacrifice of some (the weak, infirm, Jews, captured enemy soldiers, etc.). Often, this principle was justified on the basis of utilitarian social Darwinism: the herd as a whole (the German state) is strengthened when the weaker members of the herd (the weak, elderly, infirm, ethnically inferior, genetically inferior, etc.) are killed.

Out of this terrible and horrific moment in the history of medicine emerged a very important document. It was influenced by the important work of Dr. Leo Alexander (expert medical adviser to the U.S. Chief of Counsel for War Crimes, and important participant in the Nuremberg war crimes trials). The document is called the “Nuremberg Code.”³ The purpose of the document is to provide a moral framework for experimentation on human subjects. In it the principle of “informed consent” is established as preeminent. In it we can also see the influence of the Hippocratic Oath. The goal of the Nuremberg Code is the same as that of the Hippocratic Oath: to define the moral objectives (and limits) of medical practitioners. Nazi Germany provides an important reminder—those practicing medicine need to be limited by a binding moral code. From this we can see that the 2,400-year-old lesson Hippocrates sought to teach us is no less relevant today than it was in 400 B.C.

Nazi Germany provides such an explicit and historically memorable example of heartless inhuman injustices, we are tempted to see it as an anomaly—something that happened *once* in history but will never happen again. However, the biblical picture of man suggests that he is always tempted to act according to naked self-interest and according to a “way” whose end is death: “There is a way that seems right to a man, but its end is the way of death” (Prov. 14:12). In our pride we may believe we have learned the lessons we needed to learn from the medical horrors of the Holocaust. And yet the evidence suggests the opposite.

Contemporary medicine has strayed quite far from the basic principles of the Hippocratic Oath. There are two obvious instances of this: abortion and euthanasia/physician-assisted suicide. For some time the Netherlands has been the most supportive of euthanasia and

THE HIPPOCRATIC OATH (Original Version)

I SWEAR by Apollo the physician, Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgement, I will keep this Oath and this stipulation.

TO RECKON him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look up his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others.

I WILL FOLLOW that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give a woman a pessary to produce abortion.

WITH PURITY AND WITH HOLINESS I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves.

WHATEVER, IN CONNECTION with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.

WHILE I CONTINUE to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!

physician-assisted suicide. In 2002 euthanasia and physician-assisted suicide were officially legalized in the Netherlands (although for over twenty years doctors had not been prosecuted if they had euthanized patients or assisted in suicide). In 1998 two terminally ill patients in

Oregon were the first U.S. citizens to be recipients of a legally supported physician-assisted suicide. These patients were killed under the terms of the 1994 Death with Dignity Act.

Christians are also painfully aware of how the legalization of abortion in the infamous *Roe v. Wade* Supreme Court decision has profoundly changed the landscape of American medicine. Since the 1973 *Roe v. Wade* decision, there have been over fifty million abortions. If we use the round number of five million Jews killed in the Holocaust, we have had the equivalent of ten Holocausts in the United States since 1973. Also, we have heard arguments from the floor of Congress, from presidents, and from medical experts justifying selective (eugenic) abortion, abortion as population control, and embryonic research. These arguments are philosophically utilitarian and consequentialist in nature. So are we really that far from the ethic used to justify the Nazi approach to life issues? In removing explicit references to euthanasia and abortion from the modernized versions of the Hippocratic Oath, are our doctors in danger of becoming indistinguishable from tyrants?

Another sign that America is in danger of being unable to avoid the temptations of a utilitarian ethic is the career of Peter Singer. Peter Singer is an open and self-avowed proponent of infanticide—killing a baby after he has been born. Not only is Peter Singer pro-abortion, but he also believes that infanticide is morally justifiable by the principles outlined in his utilitarian ethics.⁴ That an ethicist would hold this view is not especially remarkable in our time. That such an ethicist would be

the Ira W. DeCamp professor of bioethics at Princeton University is remarkable.

Operating with a strange form of strict and cold consistency, Singer is both a proponent of abortion on demand and infanticide and yet an avid supporter of

animal rights. Singer claims to have been a vegetarian since 1971, and his famous *Animal Liberation* has become a sort of bible for animal rights activists. That Singer could be promoted to such a prestigious position at a top Ivy League school suggests that the outrage we experience in relationship to the Holocaust, which is visceral, natural and immediate, doesn't exist when it comes to an exactly equivalent moral issue (infanticide) that should be just as visceral, natural, and immediate.

Singer and his ilk promote a utilitarian bioethics. Utilitarian bioethics uses a quality-of-life argument to determine how to make basic ethical decisions. Yet this is exactly the kind of reasoning used to justify human experimentation and the euthanization of infants, the sick, and the elderly in Nazi Germany. To determine how little we've learned from World War II Germany, we will take a look at a chilling passage from Dr. Leo Alexander's now famous article from the July 1949 *New England Journal of Medicine*, titled "Medical Science Under Dictatorship."

Whatever proportions these crimes finally assumed, it became evident to all who investigated them that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans. But it is important to realize that the infinitely small wedged-in lever from which this entire trend of mind received its impetus was the attitude toward the non-rehabilitable sick.⁵

THE HIPPOCRATIC OATH (A Modern Version)

Written by Louis Lasagna in 1964

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 which 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.

For all of Dr. Alexander's chilling warnings, we clearly haven't learned our lesson. Alexander warns against approaches to bioethics based upon quality-of-life reasoning and utilitarian ethical principles. The slippery slope to Nazi medical ethics began with a shift away from a

deontological, rule-based ethics to a utilitarian ethic based upon quality-of-life judgments. As a nation, we continue to use quality-of-life reasoning and utilitarian ethical principles.

For instance, aborting babies with disabilities has become a common practice. Some estimates have the abortion rates for babies identified with Down syndrome as high as 80 to 90 percent. Furthermore, we are constantly hearing that abortion reduces the number of “unwanted pregnancies” and “unwanted children” and therefore increases the percentage of “happy children.” In short, abortion increases the overall quality of life of American children. The rationale given for selective (eugenic) abortion and abortion to control population or reduce “unwanted pregnancies” is exactly the same as what Dr. Alexander warns us against; it is the “small beginning” that led to the terrible and horrific consequences of the Holocaust. It assumes that we can, by playing God, calculate the status of a life “not worthy to be lived.”

So how has our “enlightened” and “progressive” world become so deluded as to have failed to learn the important (and obvious) lessons from the Holocaust? As Christians, we cannot be reminded enough of one of the most basic aspects of sin: “suppressing the truth in wickedness.” Romans 1:18 tells us that sinners *actively* and *intentionally* suppress the truth in wickedness. The Greek verb for “suppress” means “to actively hold back” or “restrain” or “hold down.”

This is precisely what we as a society are doing as we ignore (intentionally) the most basic elements of the Hippocratic Oath. If the majority of medical colleges throughout the country have removed references to abortion and euthanasia from their modernized, updated versions of the Hippocratic Oath, we can be certain they are “suppressing the truth in wickedness.” What is frightening is that this active suppression of the truth is done in the name of justice and liberation.

So how might we respond to this trend in our culture? We must return to the most basic elements of the doctrine of creation and the anthropology that emerges from it. One of the most basic responsibilities that Christians have is to be “fruitful and multiply” and to “fill the earth and subdue it.” In order to do this, however, we must have an ethic, theology, and anthropology that explicitly and unwaveringly protects the mystery and “gift quality” of life. The mystery of life is an essential component of our situation as finite and limited human beings. We do not see the future, and we are not called to attempt to manipulate the future through some kind of alchemical calculus that reduces (and even destroys) the mystery of the gift of life. There are many instances in Scripture in which disastrous consequences come from people at-

tempting to control life through some kind of alchemy or technique.

Synonymous with the mysterious quality of life is its gift character. According to Exodus 3:14, God *is* life. We, on the other hand, merely *have* life. For this reason, life is a sacred gift given to us from the fountain of all life. It is never something that we *own*, nor is it ever something that is an ungifted “right.” This understanding is in danger of being lost when we articulate life as a “right.” Although it is true that human beings have a “right” not to have life unjustly taken away from them by another human being, it does not follow that we have a “right to life” *per se*.

For creatures who are created and whose essence is not to exist—only God has essential existence—life always retains its gift quality. Even the universe does not uphold itself, but is actively upheld by the power of Christ (Col. 1:17; Heb. 1:3). As St. Augustine reminds us in *Confessions*, if God withdrew His sustaining power, the universe would fall back into the nonexistence out of which it came (this is a logical extension of the doctrine that God created the universe *ex nihilo*).

What does this mean for ethics? It means we must promote an ethic that recognizes the mystery, sanctity, and gift quality of life and our role as Christians to protect it. It is hard to do this without an explicitly theological approach to ethics. It is interesting to note that the Hippocratic Oath invokes the gods at the beginning. Although these gods are obviously false, it is no less true that the Hippocratic Oath begins with recognition of the sacred nature of the doctor’s vocation. This understanding translates into an ethic that asks doctors to avoid the temptation to abuse their vocation as autonomous tyrants. They have a sacred vocation to protect and preserve the sanctity of life. To do this they must respect the gift quality of life. Therefore, we Christians have a great responsibility to take the insights at the heart of the Hippocratic Oath and support (and develop) the tradition it represents.

So how do we protect doctors from becoming tyrants? We do so by reminding them of the sacred mystery and gift quality of life, and asking them to hold themselves to a rule-based standard that promotes respect for these things. Supporting an appropriate ethic in the context of life issues is an essential part of the cultural mandate that God has given the church. The church has a powerful responsibility: to take what is most noble and true in the Hippocratic tradition of medicine and support that tradition, enlightening it with the clearer and more certain truths revealed in sacred Scripture and the luminous dogmas forged in the nearly 2,000 years of church history.

—Graham Dennis

For Further Reading

Cameron, Nigel M. de S. *The New Medicine: Life and Death After Hippocrates*. Chicago: The Bioethics Press, 2001. 23–34, 49–91, 171–177.

Colson, Charles (ed.). *Human Dignity in the Biotech Century*. Downers Grove, Ill.: InterVarsity Press, 2004. 21–39, 60–74.

Guinan, Patrick. *Hippocratic and Judeo-Christian Medical Ethics*. Bloomington, Ind.: AuthorHouse, 2007. 3–8, 13–18, 77–82, 93–116.

Jack Kevorkian (1928–), nicknamed “Dr. Death,” is a former pathologist and promoter of euthanasia who claims to have assisted more than 130 terminally ill patients in committing suicide. He is most famous for inventing a “death machine” that allowed patients to self-administer lethal drugs to end their lives.

SESSION I: PRELUDE

A Question to Consider

Is it ever right for a doctor to intentionally kill a patient?

From the General Information above answer the following questions:

1. Who is Asclepius, and what is his role in the history (or mythology) surrounding medicine?
2. How did the Hippocratic Oath define the *telos* of the medical profession?
3. What horrifying experiments did Nazi doctors practice, justifying



their horrendous actions by claiming they were for the “common good”?

4. What are utilitarian ethics, and what does this ethic lead to in medical practice?
5. What are some changes that medical colleges have made to the Hippocratic Oath recently?
6. Do human beings have a “right” to life?



READING ASSIGNMENT:

The Hippocratic Oath (original and modern versions)

The Hippocratic Oath explicitly set out to protect life where it is most vulnerable—the unborn, sick, infirm, and elderly.



SESSION II: DISCUSSION

A Question to Consider

What are the responsibilities of a physician to his patient, and what relevance does that answer have to anyone who is not in the medical profession?

Discuss or list short answers to the following questions:

Text Analysis

1. What are the five major elements of the original Hippocratic Oath? What central principle unifies these tenets?
2. What is meant in the original oath by the promise not to cut “persons laboring under the stone”? (Think of stones you might have in your body—or your parents might have in theirs.)
3. What are the significant differences between the ancient and modern versions of the oath? What do these differences tell us about how culture has changed since Hippocrates’ time?
4. In the third paragraph of the original oath, what specific examples of respecting life does this oath promise to uphold? How are these examples possibly surprising in light of current medical practice in America today?

Cultural Analysis

1. Hippocrates was instrumental in forming the basis for medicine in the West. Medicine in ancient Greece was originally practiced by temple priests, and characterized by superstition, charms, and religious ritual. Hippocrates and others like him rejected the idea that diseases were arbitrary punishments by the gods; they sought natural causes and rational treatments through observation and experimentation. Many people today believe that the conflict between religion and reason in Hippocrates’ day is a permanent conflict, and that religious faith (considered superstitious and irrational) impedes scientific advancement. How should the Christian respond to such an attitude when he encounters it?
2. How does our culture today view the principles of the original Hippocratic Oath?
3. How does our culture justify practices that violate the principles of respect for life set forth in the oath?
4. Christians ought to be vigilant against compromising biblical truth and practice. Yet not all change is compromise, any more than all change is positive progress. As the field of medicine changes rapidly with advances in technology, what standard can we use to

determine the difference between true improvement and ethical compromise?

Biblical Analysis

1. What is the biblical teaching on protecting and respecting life (Gen. 1:26–28, Deut. 30:15–20, John 1:4, 10:10, 14:6)?
2. What is the biblical teaching on ethics, especially as applied to medicine (Matt. 22:34–40, Rom. 13:8–10, 1 John 4:7–13)?
3. What is the importance of healing imagery in the Scriptures (Gen. 3:22–24, Matt. 9:12–13, Rev. 22:2)?

SUMMA



Write an essay or discuss this question, integrating what you have learned from the material above.

What are the responsibilities of a physician to his patient, and what bearing does that answer have on your own Christian life and witness?

Instead of a reading assignment you have a research assignment. Tomorrow's session will be a Current Events session. Your assignment will be to find a story online, in a magazine, or in the newspaper that relates to the issue that you discussed today. Your task is to locate the article, give a copy of the article to your teacher or parent and provide some of your own worldview analysis to the article. Your analysis should demonstrate that you understand the issue, that you can clearly connect the story you found to the issue that you discussed today, and that you can provide a biblical critique of this issue in today's context. Look at the next session to see the three-part format that you should follow.

Issue

Medical Ethics and the Dignity of Human Life

SESSION III: CURRENT EVENTS

Issue

Medical ethics and the dignity of human life

Current events sessions are meant to challenge you to connect what you are learning in Omnibus class to what is happening in the world around you today. After the last session, your assignment was to find a story online or in a magazine or newspaper relating to the issue above.

Today you will share your article and your analysis with your teacher and classmates or parents and family. Your analysis should follow the format below:

BRIEF INTRODUCTORY PARAGRAPH

In this paragraph you will tell your classmates about the article that you found. Be sure to include where you found your article, who the author of your article is, and what your article is about. This brief paragraph of your presentation should begin like this:

Hello, I am (name), and my current events article is (name of the article) which I found in (name of the web or published source) . . .

CONNECTION PARAGRAPH

In this paragraph you must demonstrate how your article is connected to the issue you are studying. This paragraph should be short, and it should focus on clearly showing the connection between the book you are reading and the current events article you have found. This paragraph should begin with a sentence like:

I knew that my article was linked to our issue because . . .

CHRISTIAN WORLDVIEW ANALYSIS

In this section, you need to tell us how we should respond as believers to this issue today. This response should focus both on our thinking and on practical actions that we should take in light of this issue. As you list these steps, you should also tell us why we should think and act in the ways you recommend. This paragraph should begin with a sentence like

As believers, we should think and act in the following ways in light of this issue and this article.



READING ASSIGNMENT:

None

SESSION IV: WORLDVIEW ANALYSIS

Medical Ethics Comparison

Choose a current medical topic. Research the ethical questions surrounding it, as well as our culture's—and the medical community's—common position on that topic.

Then, compare and contrast the worldviews expressed in the oaths, current medical practice, and Christianity by completing Chart 1. In the last column write in your selected topic—then identify the position of each of these three on that issue. In your answers, you must explain why each entity takes that position (or why you believe it would), based on its worldview.

Suggested topics to research and evaluate: abortion, forms of birth control that can result in the loss of a fertilized embryo, euthanasia, in vitro fertilization, the use of human embryos in stem cell research, and human cloning.

“Above all, I must not play at God.” Although human cloning is not (yet) a reality, proponents believe it could bring mankind a host of medical blessings. It also raises a host of ethical issues. Simply by engaging in human cloning experiments scientists are certain to destroy human lives “in the name of science.” Is it up to our healers to decide who must die that others might live?

SESSION V: ACTIVITIES

Medical “Examination”

1. Interview someone in the medical profession to learn their perspective on how modern medicine upholds the ethical values stated in the Hippocratic Oath. Some questions you might want to ask are:
 - Did you choose to take the oath (or another one), and if so, why?
 - If you did, how do you interpret and specifically apply the principles of the oath in your daily practice?
 - How do those in the medical field who support violations of the oath justify those violations?
 - What long-term effects do you predict for the practice of medicine and for our culture, due to the increased acceptance of practices that do not protect and preserve life? (You will learn more if

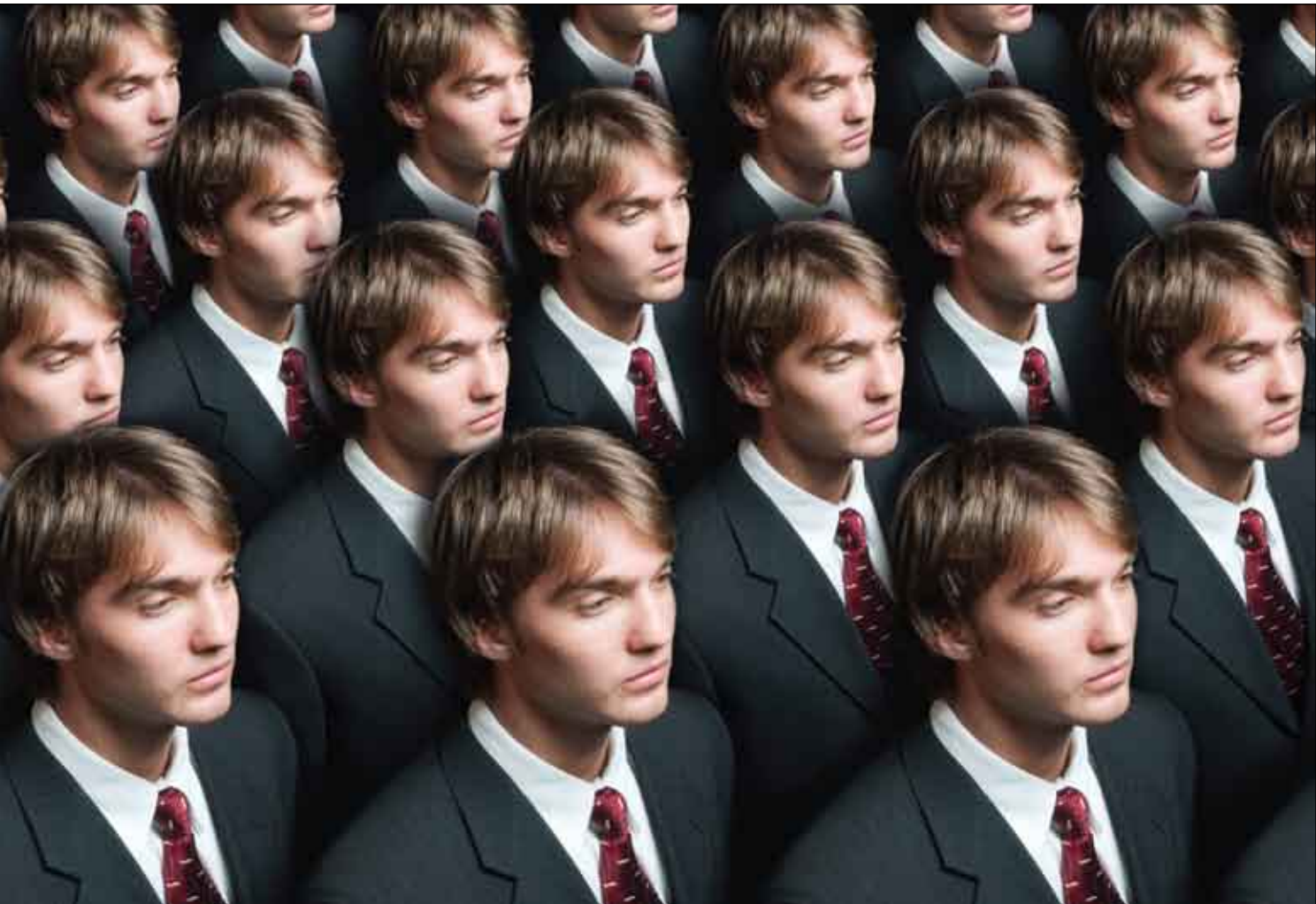


Chart 1: MEDICAL ETHICS COMPARISON

	DUTY TOWARD GOD	DUTY TOWARD FELLOW MAN
Hippocratic Oath	The original oath calls on the witness of the healing gods of its polytheistic pantheon. The modern version omits all reference to God except to call on doctors to avoid playing God. The language in the original oath implies a responsibility toward the divinities to honor with reverence and dignity the arts they practice, and it presumes that these gods have the power to punish as well as heal.	The original oath recognizes that man has gifts and abilities and the choice to exercise them for good or ill. While not explicitly acknowledging the <i>imago Dei</i> , this oath reflects an ancient understanding of the nobility of man, in both himself (the physician) and others (the patient). This understanding results in an obligation not to harm one's neighbor, nor use him for selfish benefit. The concept of treating others with dignity and respect was understood and honored, even if not always practiced (as is still the case today).
Current Cultural Values	In a postmodern culture, there is little consensus on the nature—much less the very existence—of God. These beliefs will, of course, depend upon the individual physicians and patients. Still, the medical profession and society as a whole tend to look mostly toward materialistic explanations for diseases and their treatments and cures. In many cases, today's society tends to view religious faith as a private matter, and thereby focuses more on one's duty to fellow man than to God. This can result in the presumption of ignoring God's law and creating a standard for ethics apart from Him; sometimes those ethics still hit upon the law of God written on our hearts—as the Hippocratic Oath did in a pre-Christian, pagan society—but sometimes it does not.	Today's cultural understanding of the nature of man is informed by Christianity, but does not always explicitly follow it. There is often a tension between recognizing the <i>imago Dei</i> , with its attendant responsibility to protect and respect life—yet at the same time “rating” human life on a utilitarian scale instead of seeing intrinsic value. Thus, our society can at the same time believe that individual patient rights must be respected, and require informed consent before a medical procedure—but at the same time believe that some lives are more valuable than others. So, for example, many consider abortion acceptable because the concerns and “rights” of the mother outweigh those of the baby; similarly, some see embryonic stem-cell harvesting as acceptable because the babies' lives are not as valuable as those already born who are suffering from diseases that might be cured by research done with those stem cells. This utilitarian view of human life is dangerous and unbiblical.

Chart 1: MEDICAL ETHICS COMPARISON continued**DUTY TOWARD GOD**

Christianity Christianity starts with the foundational understanding that God created the cosmos, and all of it is by and for Him: "The earth is the Lord's and the fullness thereof, the world and those who dwell therein" (Ps. 24:1). Because we belong to Him, we owe all obedience and reverence to Him. Jesus tells us that our first duty—the greatest commandment—is to love the Lord our God with all our heart, soul, and mind (Matt. 22:36–38). He also tells us that loving Him means obeying His commandments (John 14:15). Thus our duty to God is to love and obey Him, and a great part of this duty to God is to love our fellow man, whom He has also created in His image (Matt. 22:36–40).

DUTY TOWARD FELLOW MAN

Our duty to our fellow man is inextricably linked with our duty to God. If the greatest commandment is to love God, the second—to love our neighbor—is "like unto it" (Matt. 22:39) and completes the central message of the Scriptures. Man is made in the image of God; we, especially believers, are called to honor others above ourselves, and in so doing we honor God.

POSITION ON CURRENT MEDICAL TOPIC:

Hippocratic
Oath

Current
Cultural
Values

Christianity

- you ask open-ended questions, and avoid those that can be easily answered with a yes or no.)
- Expand upon the topic you chose for the Current Events or Worldview Analysis Sessions. Conduct further research on that topic and write a paper or give an oral presentation on it. Your paper or presentation should be both informative and persuasive; educate your audience on the topic and its surrounding ethical issues, and evaluate it biblically, offering a Christian response.
 - Research various systems of health care (such as managed care or socialized medicine). Examine how each system affects the physician's ability to uphold the ethical guidelines, established in the Hippocratic Oath, to make his patient's health his first priority.

OPTIONAL SESSION

Writing Your Representative

Biblical medical ethics are vitally important to the cultural health of our society, as well as its physical health. Our attitudes toward the weak, the sick, the elderly, and the unborn—and how we practically care for them—reflect the foundations of our culture's character and indicate the direction it will take in the future. Therefore, we all have a stake in the medical ethics and practices of our society. Because many people today base their practice on what is legal, rather than what is right, it is important to be aware of—and involved in—legislative decisions surrounding medical ethics and practice.

Choose a medical-ethics issue currently being considered in a legislative context. (This could be on a national, state, or local level—or perhaps more than one of these.) Identify your appropriate representatives and write them about this issue, urging them to uphold principles of wisdom, justice, and respect for life in their decisions. Do not merely ask them to vote a certain way; your letter should

use solid information, sound logic, and persuasive rhetoric to show them why you request such a vote. Clearly state the issue in question and the position you request they take, then argue an effective case using the facts you have learned, citing sources where applicable. Be sure that your communication is clear and gracious.

ENDNOTES

- Christian physicians actually altered the oath, removing references to the pagan deities and replacing them with references to Christ. Here is a version of the revised Creed used by Christian physicians in the Middle Ages:
From the Oath According to Hippocrates in so far as a Christian May Swear It (Urbinius 64 mss)
 Blessed be God the Father of our Lord Jesus Christ, who is blessed for ever and ever; I lie not.
 I will bring no stain upon the learning of the medical art. Neither will I give poison to anybody though asked to do so, nor will I suggest such a plan. Similarly I will not give treatment to women to cause abortion, treatment neither from above nor from below. But I will teach this art, to those who require to learn it, without grudging and without an indenture. I will use treatment to help the sick according to my ability and judgment. And in purity and in holiness I will guard my art. Into whatsoever houses I enter, I will do so to help the sick, keeping myself free from all wrong-doing, intentional or unintentional, tending to death or to injury, and from fornication with bond or free, man or woman. Whatsoever in the course of practice I see or hear (or outside my practice in social intercourse) that ought not to be published abroad, I will not divulge, but consider such things to be holy secrets. Now if I keep this oath and break it not, may God be my helper in my life and art, and may I be honoured among all men for all time. If I keep faith, well; but if I forswear myself may the opposite befall me.
- For an exhaustive treatment of these experiments, and of the Nuremberg trials in general, see *Doctors From Hell: The Horrific Account of Nazi Experiments on Humans* (Vivien Spitz, First Sentient Publications, 2005).
- Text for the Nuremberg Code can be found through Link 1 for this chapter at www.VeritasPress.com/OmniLinks.
- See Peter Singer's chapter in *Practical Ethics* entitled "Taking Life: Humans." (Cambridge University Press, 1993.)
- This article can be found through Link 2 for this chapter at www.VeritasPress.com/OmniLinks.