Introduction

Although history is concerned with the past, it is a key to better understanding of present and future. The manifold importance of history can be best perceived from famous Cicero quotes, known in several variations, of which we chose this one: History is the witness of the times, the light of truth, the life of memory, the teacher of life, and the messenger of antiquity (Historia est testis temporum, lux veritatis, vita memoriae, magistra vitae, nuntia vetustatis), mostly remembered as: History is life’s teacher (Historia magistra vitae est). Although it is related to history in general, it may also concern the history of every branch of human activity [1].

It goes without a doubt that every human activity has its own history, be it long or short. Studies in any subject are often “spiced up” with a smaller or greater

Antonija Jelena Marčetić, Klinika za ginekologiju i akušerstvo, 21000 Novi Sad, E-mail: antonija.marcesci@mf.uns.ac.rs
amount of pertinent history. When it comes to the history of medical ethics, one may be surprised by how much attention has been given to the subject. There are numerous books, treatises, reviews and articles, of which Google gives hundreds of thousands of hits in response. As for the books, let’s mention only two, just for illustration. One of them, which stands out for its comprehensiveness, is “The Cambridge World History of Medical Ethics” a huge volume of 904 pages, written by tens of authors. It was “the first comprehensive scholarly account of the global history of medical ethics”, published in 2008 [2]. Eight years earlier, the rival university (Oxford) published “A Short History of Medical Ethics”, a rather slim book (168 pages), written by Albert R. Jonsen [3]. Thus, those who want to deepen their knowledge in this field, the recommended choice, though limited to only two options, will suit the purpose.

After the above introductory remarks, whose purpose is to emphasize the importance of the planned undertaking, we have to choose a guidebook for our journey. Certainly, the mentioned Cambridge book would not be practical because of its weight; hence, we will take a much lighter “travel book” [4]. Of course, we will also use some other sources to get more detailed information on this specific tour. Since we are going to cover vast time periods and great distances, move from one era to another, and from one region to another, we need to take a deep breath and start the journey.

Ancient Times

Although certain codes associated with the practice of healing existed in the ancient civilizations of Mesopotamia (e.g. Code of Hammurabi) and Egypt (a number of papyri), the most important is the heritage of ancient Greece, the cradle of Western civilization [5, 6].

In the ancient Greece, Asclepius, son of Apollo, was the god of medicine. His five daughters (Hygieia, Iaso, Aceso, Aglaea and Panacea) represent five aspects of good health and healing. His statue, shown with a rod entwined by a snake, has remained a symbol of medicine. The legend says that he was killed by Zeus, and that he had a temple on the island of Cos. It might seem that it is not a pure coincidence that the same island was the “birthplace” of medicine as a scientific discipline [7, 8].

Indeed, the foundation of Western medicine is related to the activity of a small medical group on the island of Cos, headed by Hippocrates (c. 460 - 377 BC). Interestingly, both his father and his grandfather were also physicians. Hence, he is referred to as the father of Western medicine, and the Hippocratic School of medicine made a lasting contribution to the field. This school established medicine as a special field distinct from the other existing disciplines, as well as a profession [9].

Hippocrates traveled around Greece and taught students that medical conditions should not be attributed to divine actions, but that there were scientific reasons for diseases. He claimed that all diseases originate in natural causes. He made the diagnosis and prescribed simple treatments like diet, hygiene, and sleep. His name is known even to those who are not engaged in medicine due to the famous Hippocratic Oath, which is still taken by physicians today [10].

Even though it had little influence on the development of medical ethics in the West, one ought to mention significant achievements of Indian Ayurvedic medicine. In the canonical text Charaka Samhita, there is also an oath of initiation similar to the Hippocratic Oath. However, it should be noticed that the practice of physicians was limited to their own castes [11].

To follow the line of development of medicine and medical ethics that was more important for the Western civilization, we have to return to the above “Greek story”. After Greece was conquered by the Romans, many Greek doctors continued their practice throughout the Roman Empire. The well known author of that time, Seribonius Largus, a physician who settled in Britain with the Emperor Claudius in AD 43, was one of those concerned with medical ethics and Hippocratic Oath. Another great name of the Roman times was Galen (AD 129 - 216), who was the first to introduce scientific experimentation and dissection. According to him, a good physician had to gain the patient’s trust, and deserved appropriate rewards [12].

After the fall of the Roman Empire, physicians in the countries of Christianity, Judaism and Islam became custodians of Hellenic and Roman medical knowledge. The split of Christianity into the Eastern and Western churches led to a decline in the training and medical practice, as these were provided mainly by religious (monks and nuns) and not by secular people.

Islamic scholars from the caliphates of Baghdad, Damascus, Cairo, Cordoba, etc made significant contributions to medicine and medical ethics as well. Two outstanding men, known by their westernized names are: Al-Razi, known in the West by his Latin name, Rhazes (865 – 925), who wrote “Practical Ethics”, and Ibn Sina, also known in the West by a Latinized name, Avicenna (980 – 1037), who wrote in the spirit of Hippocrates and Galen, but emphasizing the importance of religious beliefs [13].

Of Jewish medieval physicians, the best known is Moses ben Maimon, or Maimonides (1135 – 1204), who was born and educated in Cordoba, but lived in Cairo. He translated works of Hippocrates, Galen and Avicenna, and commented on ethical aspects of good medical practice in his well-known aphorisms [14].

Middle Ages

Although the Middle Ages are often called the “dark ages”, this era was marked by significant sci-
cientific and medical advancements. At universities, medical students had to study the works of Hippocrates and Galen for five years after studying humanities, followed by one year of supervised practice before obtaining their degree. At that time (13th century) medical guilds appeared in Paris, Venice and Florence. Apart from protecting their livelihood, the guild members were also engaged in charity work.

The age of the Renaissance was the time of re-discovery and translation of great medical works of Greco-Roman authors. As some doctors also conducted scientific research, new discoveries were made in anatomy and physiology. The duties of practitioners, forced upon by an outbreak of plague, were considered burning ethical issues, being a point of disagreement between the Catholic and Protestant churches for centuries. While Martin Luther and some Catholic theologians argued that the practitioners had to stay and treat the sick, Calvinists and rabbinical authorities thought that educated people should flee, to save their lives for the good of the society. An idealistic view on this issue was expressed by apothecary William Boghurst: "... Ministers must preach, captains must fight, and physicians attend upon the sick" [15].

The further survey of the historical development of medicine and medical ethics will be limited to several Western countries.

The Age of Enlightenment and the 19th Century

As far as Britain is concerned, one has to mention great contributions of the outstanding professor of medicine at the University of Aberdeen and professor of physics at the University of Edinburgh, John Gregory (1725 – 1773). He wrote “Lectures Upon the Duties and Qualifications of a Physician”, a work which was greatly influenced by the philosophical concepts of his great contemporaries – David Hume and Adam Smith [16]. In practice, he treated patients of all classes with the same compassion and care, which, in a strictly class-conscious society, was a revolutionary concept. And he requested the same from his students. His successor was Thomas Percival (1740 – 1804), who wrote “Medical Ethics, or a Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons”. It is interesting to note that the proposals of this treatise were not adopted by the British Medical Association at its foundation meeting in 1857 [17].

However, the “Code of Medical Ethics” of the American Medical Association (AMA), founded in 1847, was largely based on Percival’s work. The three chapters of this document: “Of the Duties of Physicians to their Patients, and of the Obligations of Patients to Their Physicians”, “Of the Duties of Physicians to Each Other and to the Profession at Large”, and “Of the Duties of the Profession to the Public, and of the Obligations of the Public to the Profession”, elaborated all the essential aspects of the physician-patient-society relationships. Although this code was in the beginning accepted widely in the United States of America and reprinted in London, Berlin, Paris, Vienna, and elsewhere, because of the disputes that had arisen over some of its articles, many specialists quit the AMA. To reconcile the advocates of opposed attitudes, in 1903 the AMA adopted the “Principles of Medical Ethics”. It should be added that this document has been revised several times [18, 19].

Modern Times

The twentieth century was marked by an unprecedented proliferation of advances in medical practice and research. Of special significance was the discovery of the molecular structure of deoxyribonucleic acid (DNA) in 1953, which opened new fields of research in genetics. Breakthroughs were also made in surgery, including organ transplantation, development of oral contraceptives, improvements in diagnostic technology such as ultrasounds, computerized axial tomography (CAT) and positron emission tomography (PET) scans, synthesis of new potent drugs, etc. These advances have raised certain questions about the roles and responsibilities of all health care professionals, patients and their families, and the public in general. The issues that have been (and still are) subject of discussions and negotiations include the patients rights, access to healthcare resources, and the readiness of physicians to fight for their individual and collective rights.

Finally, we have to say that this survey cannot be complete without paying due attention to the role of the World Medical Association (WMA). It is an international and independent confederation of national medical associations, founded in 1947 by physicians from 27 countries; the number of member associations in 2013 being 102. Its purpose is to provide a forum for active cooperation aimed at achieving consensus concerning high standards of medical ethics and promote the professional freedom of physicians worldwide. In the domain of Ethics, the WMA, through various declarations, resolutions and statements, aims to help national medical associations, governments and international organizations in their actions concerning all the aspects of medical ethics [20].

Conclusion

What to say upon ending this journey? Firstly, we are aware that in all the cultures of the world and through all the ages, individuals involved in healing of the sick had to respect certain ethical codes. There are numerous written documents testifying of this, of which the best known is the Hippocratic Oath. Although it was written in the late fifth century before Christ, it is still taken upon graduation in many countries of the world. The other sources about the history of medical ethics that have been passed down to us, from the ancient to more recent ones, also contain praiseworthy messages which are in compli-
ance with the mentioned Cicero quotes. However, when reading history, we are constantly tempted to compare the-state-of-the-art in the past and in the present. A general conclusion might be that all the documents written on the subject of our concern here, especially the older ones, assume a rather idealized physician-patient relationship, which is possible when a patient is treated by only one doctor. Today, when a number of different specialists are involved, the ethical issues become more complex, which presents a challenge to both physicians and patients.

References