“I Swear”. A Précis of *Hippocrates’ Oath and Asclepius’ Snake: The Birth of the Medical Profession*

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Abstract

This is a condensed description of the contents and overarching argument found in *Hippocrates’ Oath and Asclepius’ Snake: The Birth of the Medical Profession* (Cavanaugh 2018). In that work, I maintain that the basic medical ethical problem concerns iatrogenic harm. I focus particularly on what I refer to as ‘role-conflation’. This most egregious form of iatrogenic harm occurs when a physician deliberately adopts the role of wounder (including when this is done at the request of the sick). A contemporary practice such as physician-assisted suicide (PAS) exemplifies a doctor’s deliberate wounding. I argue that the author of the Hippocratic *Oath* – aware of the chronic risk of role-conflation – responds to this threat by having the oath-taker specifically forswear signal acts that wound the sick, such as giving a deadly drug even if asked, giving an abortifacient, sexual predation, and gossiping. I argue that by means of the *Oath*, Hippocrates founds medicine as a profession, a practice intimately involving promising.

Keywords Hippocratic oath · Iatrogenic harm · Medical promising · Medical professionalism · PAS · Euthanasia

In *Hippocrates’ Oath and Asclepius’ Snake: The Birth of the Medical Profession* (Cavanaugh 2018), I maintain that the basic medical ethical problem concerns iatrogenic harm, most particularly what I refer to in the book (in section 1.3) as ‘role-conflation’. This occurs when a physician – a healer, one whose role ought exclusively to focus upon making others whole – deliberately adopts that of wounder (including when this is done at the request of the sick). A contemporary practice such as physician-assisted suicide (PAS) exemplifies a doctor’s deliberate wounding. I argue that the author of the Hippocratic *Oath* – aware of the chronic risk of role-conflation –

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responds to this threat by having the oath-taker specifically forswear certain salient acts that wound the sick, such as giving a deadly drug even if asked, giving an abortifacient, sexual predation, and gossiping. I argue that by means of the *Oath*, Hippocrates (whom in chapter 2 I propose as a probable author of the *Oath*) founds medicine as a profession, a practice intimately involving promising. I articulate this account in four chapters, limned briefly, below.

In the first chapter (entitled, ‘Snake?’), I argue that role-conflation represents the central ethical problem in medical practice. I do so by reflecting upon the paradoxical character of Asclepius’ staff – one snake wrapped around a rough-hewn walking stick – as the symbol of medicine. Of course, in light of the itinerant character of Ancient Greek physicians, the walking staff is not paradoxical. However, given the snake as a paradigmatic wounder, one appropriately wonders about employing it to symbolize healers. Considering a number of reasons for the snake as a medical symbol, I particularly focus on the homeopathic principle – “like cures like.” Briefly, this clinical rule arises from the observation that sometimes a substance that produces disease-like symptoms in healthy people cures the sick suffering from the relevant illness. The Ancient Greeks had an allied aphorism to the effect that, “the wounder heals.” This pithy saying was at the center of the eponymous drama concerning Telephus – a character whose story was told by each of the great Greek tragedians (Aeschylus, Sophocles, and Euripides). As they tell us, Achilles had wounded Telephus. Telephus’ wound would not heal. At wit’s end, Telephus consulted the Delphic oracle. The oracle enigmatically stated, “the wounder heals.” Puzzled, Telephus sought out Achilles. Into Telephus’ wound Achilles scraped filings from the spear with which he had pierced him. Thus, Achilles (the wounder) heals Telephus. The wounder heals.

This homeopathic principle has an isomorph, a mirror-image, a flip-side – the iatrogenic principle. Just as the wounder heals, so also does the healer wound. (Indeed, the wounder who heals is, of course, a healer who also wounds. Or, Achilles, in addition to being a healer, is a wounder.) Because of the truth of both the homeopathic and the iatrogenic principles, while initially paradoxical, ultimately it makes sense for a snake to symbolize medicine.

Focusing on the need for physicians to avoid wounding, I distinguish different forms of iatrogenic harm. Broadly, I differentiate wounds of therapy (such as cutting), errors (such as the wrong dose of a drug), and, finally, role-conflation (such as a physician administering capital punishment). Wounds of therapy attend even excellent medical care. Such wounds can be reduced and made less painful, but they cannot be eliminated from therapy. For therapy always serves an otherwise healthy subject distressed by treatment. In other words, “this is going to hurt,” inevitably accompanies error-free medicine. Unlike wounds of therapy, error always indicates that a practitioner has strayed off the correct therapeutic path. Because of the fallible nature of humans and the empirical nature of medicine, erring caregivers discover the mistakes to which they are all prone. Hence, error chronically attends medicine, insofar as the practice is both one of fallible humans and empirical. Unlike wounds of therapy and error, however, role-conflation can be identified and addressed by medical practitioners by means of a public promise, an oath. On this note, I conclude the first chapter.

I begin the second chapter (devoted to a line-by-line exegesis of the text) with a consideration of the Hippocratic question. What reasons suggest him as the *Oath’s* author? I conclude this investigation (found in 2.1) maintaining that, while it is certainly

not certain, it is plausible that Hippocrates authored the *Oath*. (While not crucial to the argument of the book, I make this claim because I think it true.) I then go on to a consideration of the elements of the *Oath*: the gods and goddesses, the contract, and what I refer to as the oath-proper. In section 2.2.2, I consider the contract (a written agreement) found in the *Oath* that articulates the obligations attending the juror's relation to his teacher. Hippocrates opened up medical education beyond the traditional paradigm of father teaching son (or, more generally, physician teaching related male) to encompass (male) physician teaching unrelated male. Accordingly, Hippocrates required a contract to establish the new obligations attending this innovation. In effect, the contract obligates the juror to treat his teacher as if he were a father (and to treat relevant male relatives of the teacher as if they were the juror's blood-relatives). As I note in chapter 2, Hippocrates' radical departure from this aspect of the tradition of medical education furthered the survival of his school while other consanguineously-based medical traditions expired.) Having considered the contract and its import, I then go on to consider what I refer to as the 'oath-proper'. The oath-proper begins with the phrase, "regimens I will use for the benefit of the sick according to my ability and judgement." Having put aside the oath-takers' obligations concerning his teacher, the *Oath* now focuses exclusively on obligations towards the sick. The *Oath* itself here speaks of a *nomō iētrikō*, a medical law, custom, or ethic, distinct from the Oath (that which includes the contract and the *nomō iētrikō*). I suggest that the medical law references precisely what I have referred to as the oath-proper. This medical ethic presumably pre-dated the *Oath*. It represents the ethical commitments Hippocrates himself would have sworn to uphold upon his initiation into medical practice (as did his male ancestors). In section 2.2.3 and its subsections, I address the specific elements of the oath-proper.

Of particular interest is section 2.2.3.2, which considers the rejection of killing. In this section, I establish that the *Oath* clearly rejects a physician giving a deadly drug to a patient at the request of the patient (and/or the request of the patient's family). Here is the entire relevant passage:

Regimens [*diaitēma*] I will use for the benefit of the sick [*kamnonton*] according to my ability and judgment, but [what is used] for harm [*deleseī*] and injustice [*adikiē*] I will keep away from [the sick]. I will neither give a deadly drug to anyone, though having been asked, nor will I lead the way to such counsel; and, similarly, to a woman a destructive pessary I will not give. But purely and piously I will watch over my life and my art (Cavanaugh, 2018, 153-4).

In keeping with its innate import, this passage characteristically receives significant attention in discussions of the *Oath*. I argue that in the passage the juror certainly rejects the giving of a deadly drug to a patient at the patient's request (or at the request of the patient's family). In contemporary terms, the physician-in-training forswears PAS and euthanasia. Briefly, why maintain this (instead of, for example, asserting, as some have, that in this passage the oath-taker pledges not to give poison to would-be assassins)? First, it is the natural reading. For a sick man near death understandably asks his physician for a deadly drug to end his ordeal. Indeed, due to its basis in the human condition, we continue to ask the very question the *Oath* here raises. Namely, should a

physician give a deadly drug to a dying patient who makes such a request? Second, the Greek text clearly references the giving of a deadly drug *to a patient*. With overarching concerns to benefit and not to harm, the juror specifies both what he will use to benefit and what he will not use to harm. In the entire passage, the subject to be benefitted and not to be harmed (or treated unjustly) remains the same: the sick. In the original Greek, both those things that will be used and those that will not be used are in the dative case, which marks them out as instruments. Regimens will be used to benefit the sick; a deadly drug will not be used on the sick. For by this latter instrument one harms and treats the sick unjustly. The juror clearly and succinctly rejects what we have come to call PAS and euthanasia. Moreover, he forswears even the suggestion of these practices.

This brings me to the next passage of the *Oath*, which reads: “I will not cut, indeed, not even on those suffering from stone, but I will give place to men who practice this doing” (Cavanaugh 2018, 64). In light of (what I consider to be) its jarring abruptness, its seemingly breathless insistence (“not even for stone”) in a text tending toward reticence, its apparently ectopic character both within the *Oath* and in the larger sphere of medical practice, and the lack of a clearly preferable alternative, I treat this statement as an interpolation. Some may find this an unsatisfactory treatment of a passage known for its interpretive challenges (and, at times, fanciful interpretations); I propose it *faute de mieux*.

In the third chapter, I take up the issue of wounds which lies at the heart of my thesis that the *Oath* correctly identifies iatrogenic harm as the most basic medico-ethical issue. In 3.2, I develop an implicit distinction noted in chapter 1 – that between wounds compatible with therapy (such as wounds of therapy and errors) and injurious wounds which some accounts of medicine accommodate but which the *Oath* rejects, particularly the injurious wound of killing. In 3.1, I note that one can discern at least two accounts that diversely incorporate killing in their concept of medical practice: the Apollonian and the Asclepian. Both regard medicine as a practice that can be oriented towards killing. The Apollonian, being more god-like, sees death as bad but as something that medicine can be appropriately ordered towards insofar as it may be less bad than alternatives. Thus, the Apollonian physician sees death as always bad, but as occasionally harm-reductive. The Asclepian physician agrees that medical skill can sensibly be used to deal death, but, in contrast to the Apollonian practitioner, regards death in itself as at times beneficial to the patient. In this respect, the Asclepian physician differs from both the Apollonian and the Hippocratic – who consider death as in itself bad for the patient.

In 3.3.1, I argue that the Asclepian account of death does not withstand scrutiny. For death destroys the subject. Destruction of a subject cannot benefit the subject. For it annihilates and removes the subject who would enjoy any benefit. In 3.3.2, I extensively consider the Apollonian account. I do so in part because, insofar as it acknowledges the primal truth which the Asclepian account denies, it, albeit mistaken, has a more compelling appeal. I rely on the story of Dr. Guillotin – after whom the infamous killing machine is named – to illustrate the allure of the Apollonian account as well as the gross error of physicians involving themselves in harm-reductive killing. In 3.3.3, quoting the anthropologist Margaret Mead’s reflection on the *Oath*, I note that society relentlessly seeks, “to make the physician into a killer.” For example, some States in the U. S. seek to have physicians administer the death penalty – with a view to insuring that

it not fall foul of the U.S. Constitution's eighth-amendment prohibition of, "cruel and unusual punishments." In 3.3.1 and 3.4, I note that while the *Oath* does not extensively justify its prohibition against, "giving a deadly drug," (understandably, for a promise expresses but typically does not argue for one's obligation), upon reflection one can discern compelling reasons for this prohibition. I articulate a number having particular salience. As I argue in 3.3.1, because death destroys the subject, it is incompatible with therapy. For therapy requires the existence of the subject for whom one cares. In addition to this most basic reason, I go on (in 3.4) to articulate further reasons. Briefly, these are the already noted suborning of medicine in others' killing projects (such as government), the false medicalization of the time and manner of one's death, the risk posed to vulnerable others (including both those similarly situated to the patient to whom the physician gives a deadly drug and, more generally, those inclined to see suicide as a solution to complex human problems), the impediment to medical progress posed by seeing death as a therapy for certain diseases, and the erosion of patients' trust in physicians. Having elaborated upon these reasons, I address a natural, reasonable question: does the prohibition against killing a patient logically entail that the physician must do everything possible to keep the patient alive?

In 3.5, acknowledging the Victorian poet A. H. Clough, I pose the question, "If thou shalt not kill must one strive officiously to keep alive?" As this question bears on medical practice, I answer in the negative. As is tacitly the case in ethics generally, the *Oath* addresses what one does purposefully, deliberately, or intentionally. By forswearing the giving of a deadly drug, the physician puts seeking the patient's death out of bounds. When one foregoes the use of a medical intervention knowing that the patient will otherwise die – because the intervention is too burdensome, too speculative in its efficacy, or for comparable reasons – one does not thereby seek the patient's death. Similarly, were one to give a sedative with a view to relieving a terminally ill patient's distress at otherwise intractable pain knowing that such a drug concomitantly suppresses respiration, one would not violate the *Oath's* prohibition. For one does not give the drug as lethal or as ordered towards the death of the patient. Rather, one gives it in order to relieve the otherwise intractable distress of a terminally ill patient. Importantly, the sedated patient exists as relieved of distress – unlike the patient eliminated by PAS (or euthanasia). Thus, acknowledging the harm and injustice of giving a deadly drug to a patient in virtue of its deadliness does not entail rejection of forgoing or withdrawing medical interventions when so doing results in the patient's death as an inevitable concomitant of what one does seek to achieve (e.g., relief from otherwise intractable pain) or avoid (e.g., overly burdensome prolongation of the dying process). In 3.6., I ask whether iatrogenic harm is the most basic medico-ethical question.

The most compelling and well-articulated alternative to regarding iatrogenic harm as the founding medical-ethical problem is the view that what plagues medicine is a conflict between the physician's own self-interest and the welfare of the patient, or the conflict-of-interest view. I consider this account; I find it superficial. While conflict of interest attends medicine, it does so generically, not specifically. For conflicts of interest attend all fiduciary relationships, whether that of professor-student, clergy-congregant, lawyer-client, or, in the case of medicine, physician-patient. While certainly of import, this ethical difficulty does not afflict the physician-patient relationship uniquely or specifically. By contrast, the threat of harm that medicine commonly poses to the patient specifically troubles medicine. Indeed, we find this acknowledgment in

the oldest ethical-clinical maxim of *Epidemics* 1.11, “as to diseases, practice two: help or do not harm.” As I note in 4.3.2, Galen (circa A.D. 129–210) – physician to gladiators and the emperor Marcus Aurelius – initially thought this axiom beneath Hippocrates. Medical experience and reflection led him ultimately to acknowledge the wisdom of this insight into the quandary essentially afflicting and attending medical practice. Iatrogenic harm does serve as the foundational medico-ethical problem.

Having established the fundamental problematic character of iatrogenic harm, I consider in 3.7 the other harms explicitly mentioned in the *Oath*; namely, sexual relations and gossip. I note that contemporary concerns such as patient autonomy do not receive attention in the *Oath*. I propose that unlike the perennial issues attending the human condition exemplified by the giving of a deadly drug (mortality), sexual predation (erotic attraction), and the maintenance of confidentiality (human curiosity), autonomy tends to be the concern of people (such as ourselves) in specific times and places (post-enlightenment Western countries comprised of supposedly atomized individuals). Hence, in its specifics, the *Oath* concerns itself with ageless issues accompanying human nature in the many times and places it occupies. On this note, I conclude the third chapter with a view to the fourth and final chapter in which I reflect on the import of medical promising.

Why have a medical oath? What implications flow from such promising? In the fourth and final chapter, I address these questions (in 4.2). Why promise? Oath-taking suits medicine; here, consider but three reasons. First, medicine concerns vital matters, apt for promising; second, because we humans try to be promise-keepers, promising furthers the achievement of the difficult tasks physicians undertake; and, third, as a profession, medicine necessarily involves standing before others and telling them that for which one stands, or one’s ethic. As I note in 4.1, ‘profession’ originally refers particularly to practices that involve an ethical commitment. Of course, ‘nomos’ means a custom, ethic, or law. Hence, ‘autonomy’ references a law (‘nomos’) one imposes on one’s self (‘autos’). Promising exemplifies medicine’s professional autonomy. Indeed, the realization of professional autonomy serves as a further salient reason for medical vowing (and, here, the fourth-noted reason). A consideration of this reason for medical promising leads me to articulate at the most general level and in the least controversial fashion, the ethic, custom, or law internal to medicine.

In 4.3.2, I propose that one finds such a medical law in *Epidemics* 1.11 where we find the famous dictum, “as to diseases, practice two: help, or at least do not harm.” Some unknown author at some still obscure point in history apparently abbreviated this axiom to the Latin ‘*primum, non nocere*’ or, “first, do no harm.”¹ This precept aptly echoes specifically in the medical forum Aquinas’ first (and most general) principle of reason employed in doing and making: “do and pursue the good; avoid the bad (Cavanaugh 2018, 135).”

To orient the skill underlying medicine (“as to diseases”) towards helping and away from harming a patient’s health is to incorporate an ethic. Thereby, one transforms a technique into a professional practice. In 4.3.3, I note that, as a profession, medicine

¹ Obscurity attends the Latin phrase’s precise connection to *Epidemics* 1.11. One reviewer of Cavanaugh 2018 (Berrey 2019) helpfully references a text Jouanna et al. (2016) draw to our attention; namely, Lactantius’ (240–c.320) *Epitome Divinarum Institutionum*, 55 (Lactance 1987, 216). There we find, “*Primum est enim non nocere, proximum prodesse*” or “For the first step is not to injure; the next, to be useful.”

cannot equate entirely to a technique. For a profession necessarily incorporates an ethic while a method need not. Even amongst those who would agree that medicine properly understood is not merely a technique, the question as to what, precisely, counts as medically helping or injuring raises disputed matters bearing on medicine, health, and disease. As dissensus concerning these and allied questions about the good at least apparently characterizes contemporary life, it comes as no surprise that medicine can no longer be spoken of monolithically as ‘a’ profession. Rather, we have numerous promises concerning the ends to be served or not served by the technique underlying medicine. (We also have the dubious view that medicine – just a technique – has no need of promises since supply, demand, and law entirely and adequately govern it.) Hence, as noted in 4.4, we have many medical professions (and not simply many medical specializations).

Nonetheless, while not necessarily uniform in the promises they make, the act of promising by medical professionals gives rise to a number of obligations, presented in 4.3.4. Of course, these obligations concern the one who swears – to abide by her promise, to communicate it to relevant parties, and to regulate others in the profession in terms of their promises. Medical promising also makes a claim on the community at large to accommodate the medical professional’s commitments. That is, to respect professional autonomy as expressed in medical oaths. Acceptance of a medical professional’s conscientious objection not to be involved in (legal, patient-requested) acts she reasonably regards as in conflict with her promise serves as one way by which society honors the medical profession’s autonomy. Accepting the venerable tradition of medical promising Hippocrates inaugurates, society ought to respect physicians’ autonomy. I conclude the book and this precis quoting Dante in his admiration of, “that great Hippocrates whom nature made for the animals she loves most dearly” (Alighieri 1933, *Purgatorio*, canto xxix, lines 137–8).

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