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additional health resources in the less affluent countries and for reciprocal understanding of the different solutions to similar problems adopted in various countries.

— The mere prolongation of life, unaccompanied by an improvement in its quality, may not be as sacrosanct a goal as it appears in certain societies.

— It is possible that for some societies to attain the goal of total population coverage with essential health care a revolution may have to take place in their very concepts of the purpose of life.

HEALTH AND HUMAN RIGHTS

An interesting article concerning "medical ethics" by Mr. Norman Howard-Jones, appears in World Health,¹ under the title "Health and Human Rights". We reproduce below some extracts:

Today health implications of human rights are complex, involving philosophical, ethical, social, and economic elements—and in some cases religious convictions. But until within living memory health was mostly a personal matter implying a reciprocal relationship between patient and physician. The principles of this relationship were codified some 2,400 years ago in the Hippocratic Oath, and it is interesting that although no trace now remains of Hippocratic ideas of the nature of disease, those of physician-patient relationships and rules of conduct between physicians have survived as the cornerstone of medical ethics.

Conventional medical ethics always embraced two distinct elements: the physician's duty to his patients; and his obligations to his professional

¹ WHO, January 1976.

colleagues. These elements, while distinct, are complementary, for it may be supposed that a physician who behaves unethically towards his fellows may well be not entirely ethical in his attitude to his patients.

Both elements are found in the Hippocratic Oath, which refers first to intraprofessional relationships. The novitiate had to swear: "To hold my teacher in this art equal to my own parents". This and similar provisions constitute an early form—perhaps the earliest—of self-protective professional ethics. But the Oath was not only a code of conduct to regulate the behaviour of physicians to one another. It required them all to swear:

Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrongdoing and harm, especially from abusing the bodies of man or woman, bond or free.

This provision of the Oath is crucial, for it establishes the principle that the physician may not be influenced by a discriminatory attitude to differences of sex or social situation, and those who took the Oath were thereby pledged to treat all patients with the same respect. Nevertheless, as is well known, during the Second World War certain physicians flagrantly transgressed these ancient and hallowed medical traditions by performing cruel, and sometimes not very meaningful, experiments on inmates of concentration camps. Reports of these experiments excited widespread revulsion, and one of the early acts of the World Medical Association, founded in 1947 as a sort of international federation of national medical associations, was to promulgate in 1948 the Declaration of Geneva, which is essentially a reformulation of Hippocratic ideals in modern terms. In this declaration it is stated: "The health of my patient will be my first consideration" and that the physician shall not be influenced "by considerations of religion, nationality, race, party politics or social standing". Thus, after more than two millennia, the international body most representative of the world's physicians reaffirmed the basic principles of the Hippocratic Oath.

"Medical ethics" and "bioethics"

The Hippocratic writings exemplify not only the first formulation of the principles of medical ethics as they are accepted today but also the first glimmerings of a rational approach to the study of medicine. The manifestations of disease were treated as natural phenomena and carefully observed and described, but there were few indications as to what the physician might do to influence the course of nature. In fact, in the

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first century B.C., Asclepiades, a fashionable physician of Rome, stigmatized the Hippocratic approach as a "meditation upon death". Many centuries were to pass before there was any improvement in the ability of physicians to influence disease. Indeed, it is indicative of this lack of progress that until well into the 19th century the Hippocratic writings were required reading for medical students. During all this long time the rights of patients were considered to be adequately safeguarded by the ethical standards of those who practised the ancient and honourable profession of medicine. And it is still true that in most physician-patient situations the professional conscience of the physician offers the best guarantee of the patient's rights.

Nevertheless, as medical science has become ever more capable of doing what it was always supposed to do, new perspectives have emerged. There are now physician-patient situations in which society as a whole must be the final arbiter. And what may be judged to be right in one social context may be considered wrong in another. In recent years the term "bioethics" has been coined to include not only conventional medical ethics but also the broader ethical problems that cannot be left entirely to the judgement of physicians. Paradoxically, the more effective medical science becomes, the more the physician's discretion is limited by the ethical values of the society of which he forms a part.
