

Ethics of the *Corpus Hippocraticum*: Philosophical Foundations of a Contemporary Debate

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Abstract: *The article deals with a contemporary debate on Hippocratic ethics. Both the opponents and proponents of Hippocratic medical ethics seem to ignore the complexity of the said ethical system. The ethics of the Corpus Hippocraticum can be properly understood only in relation to physiological, psychological, and other factors. Therefore, the ongoing debate only partially represents ethical issues, and a number of arguments in it cannot be considered as valid. Moreover, the complexity of Hippocratic ethics reveals that quite a few of its principles are still valid today and deserve to be further analyzed. In addition, some of its principles have been incontestably incorporated into contemporary medical ethics.*

Keywords: *bioethics, elements and humors, Hippocratic ethics, holistic approach, medicine*

Introduction

The 20th century brought new challenges to the old Hippocratic ethics. Development of medical and life sciences as well as technology led to numerous scientific and subsequently ethical debates. Gene engineering, organ transplantation, cloning and many other scientific issues became a new focus of the international debate. Naturally, the new ethical issues challenged the old traditional medical ethics. Bioethics which started in the 1960s became the

main rival to the old Hippocratic tradition. Moreover, quite a few important ethical issues in contemporary medicine are undoubtedly debatable. My main argument in the paper is that the battle between Hippocratic ethics and bioethics which has been going on for decades arises specifically due to misinterpretations of Hippocratic ethics by the debating parties. Often bioethicists who tend to reject Hippocratic ethics blame it for being outdated, paternalistic, and focusing too much on the doctor–patient relationship (Veatch, 1988). On the other hand, the defenders of the old ethics blame bioethicists for focusing on socio-political and economic aspects instead of an individual patient and for rejecting the transcendental level in medicine or even seeing patient as a mere object of medical research (Koch, 2014). I argue that Hippocratic ethics and medicine are a much more complex system than both debating parties assume. All arguments presented in the current debate should primarily consider its complexity. The complexity which for ancient Greeks could be understood only within the framework of holistic worldview. Should it be reduced only to partial issues, it will not represent the entire field of issues to be debated. It is a complicated question whether we can reject parts of the system without rejecting the whole system. It seems that this is exactly the point where the debate stands at considering only small portions of the old ethical tradition as debatable. Therefore, the aim of the article is to reveal this complexity of Hippocratic ethics and its relationship with ancient Greek philosophy and simultaneously identify the ethical issues important for the contemporary debate.

A holistic approach

To understand Hippocratic ethics, one must keep in mind a holistic approach to the entire Greek way of thinking. It would be inappropriate to limit the ethical issues of the *Corpus Hippocraticum* (hereafter referred to as *Corpus*) to merely medicine or ethics. It is important to understand that the ethics of the *Corpus* is rather a part of Hippocratic philosophy but not of medicine *per se*. A Hippocratic way of thinking stretches beyond *physis* or natural bodily phenomena; any reductionist approach is therefore unjustifiable. Ethics is a part of a much broader context, eliminating of which means missing key points in understanding it. Therefore, the ethics of the *Corpus* cannot be reduced to doctor's relation to a patient's body. The treatment of any disease incorporates both ethical and also psychological or even cosmological (*physis of kosmos*) aspects. Quite a few reductionists tend to view the Hippocratic Oath and ethics from a purely medical

perspective, as being of little value and unrelated to contemporary medical ethics. However, all such attempts miss the crucial point of the ancient Greek way of thinking. In his analysis of Miles' arguments (Miles, 2004), Jotterand (2005) noted that the ancient Greek term *dike* (δική) referred to only an individual doctor–patient relationship, while ignoring the social context. That view was also shared by Edelstein (1967). Such criticism, however, made no sense in holistic Hippocratic thinking. An individual was a part of a *polis*, a specific structure of a community, which existed in a specific place and was affected by a specific climate and water. Therefore, *physis* of an individual disease was also part of the *physis* of the *polis* and the *physis* of *kosmos*. It could not be treated separately, without considering its natural and psychological as well as social background. Another example was Hofmann's (2003) analysis which reduced medicine only to the treatment of *soma*: it was also incorrect with reference to the Hippocratic tradition and represented a contemporary rather than an ancient Greek view. His quotes of Plato's dialogues *Charmides* and *Republic* rather supported a clear holistic approach to the treatment of human body and soul. Soul and body were closely related in Hippocratic medicine, and the treatment of one meant also the treatment of the other. The vices of the body resulted in an imbalance in the soul. *Regimen I* (Hippocrates, 1959e) revealed a close relationship between body and soul. Medicine was closely related to ethics as a branch of philosophy which in ancient Greece developed positive character qualities—the virtues of man's soul. I shall further illustrate the statement with a couple of examples. However, Hofmann himself recognized the fact through linking medicine to *logos* and *episteme*. (Hippocrates, 1959e) Therefore, philosophy was rather the basis of Hippocratic medicine instead of medicine being the basis of philosophy.

Ethical problems are primarily problems of the soul, and therefore they should be seen as psychological problems. *Ἀρετή* makes a human being happy via the activity of his soul, according to Aristotle in *Nicomachean Ethics* (2001). The same applies to the Hippocratic notion of *psyche*, which through various activities can achieve the correct virtuous balance and thus lead a human being into happy life. Herein, the major question to be asked is the relationship and correlation between body and soul. This is a holistic question which does not reduce all medical problems to just body healing. It is not surprising therefore that the *Corpus* directly addresses psychological issues. Moreover, there is no categorical distinction between body and soul in the *Corpus*. Therefore, the treatment of body implies the treatment of an individual's soul, too.

Philosophy, religion, ethics, and medicine

The ethical issues of the *Corpus* must be raised in a broader context of the medicine, philosophy, and religion in ancient Greece. Most medical schools were a kind of closed societies, functioning similarly to the schools of philosophy based on their own ethical code. This would apply to the Hippocratic School of Cos, too: the hypothesis was supported by such works as *Decorum* (Hippocrates, 1959b), *Law* (Hippocrates, 1959c), or *The Oath* (Hippocrates, 1957f). Different medical and philosophical schools were interrelated, and therefore some ethical ideas and postulates might have migrated among them. The Hippocratic School was no exception: it was indubitably related to the Ionian philosophy, and especially to the Heraclitean tradition. There were some other influences, too. Clear similarities could be found between the Hippocratic and Parmenidean thought in explaining the position of male/female fetuses. The ancient knowledge was proved to be correct by contemporary science, placing female/male fetuses to the left and right sides of the womb, respectively (for more details, see O & Chow, 1987; Clark & Galef, 1990; Hylan *et al.*, 2009; Perrin *et al.*, 1995; Gao *et al.*, 2013).

Ethical issues in medicine were especially emphasized and addressed by the later schools of Stoicism and Epicureanism. A direct link can be seen between Praxagoras and Chrysippus' concept of *pneuma*. Unsurprisingly, most ethical works of the *Corpus* were in the style of Stoicism (*Decorum*, *Law*) and Epicureanism (*Precepts*). The views of the *Corpus* also had an impact on various philosophical traditions: thus, for example, Plato referred to Hippocrates with great respect in *Protagoras* and *Phaedrus*.

However, there were also differences between philosophy and medicine, ethics and medicine, and religion and medicine. Such a view was supported not only by several treatises of the *Corpus*, such as *Ancient Medicine* (1957b), *The Sacred Disease* (epilepsy) (1959g), etc., but also by Celsus arguing that “*Hippocrates Cous [...] separavit hanc disciplinam ab studio sapientiae*” [separated this discipline from the study of wisdom] (Celsus, 1831, p. 3). It is worth noting that Jones did not agree with the strict separation of philosophy and medicine in the Hippocratic writings, as “in many there is much ‘philosophy’” (Jones, 1957, p. xiv): e.g., in *Decorum* (Hippocrates, 1959b), which indicated the links between medicine and philosophy/religion, or in *Nutriments* (Hippocrates, 1957d), which followed Heraclitus' philosophy and was more philosophical than medical (see also Jones, 1957, p. xiv). The same applied to *Regimen I* (Hippocrates, 1959e). Therefore,

seeing Hippocratic medicine as philosophy-free or even anti-philosophical is rather a misunderstanding.

Critique of Hippocratic ethics started long before the rise of biomedicine. In ancient Greece there were many medical schools who did not follow the *Corpus* code. In Renaissance, Paracelsus rejected the key elements of Hippocratic medicine. W. Harvey, G.B. Morgagni and many others played a significant role in the decline of the old tradition. Jones mentioned an 1836 attack of a French doctor Houdart, who criticized the Hippocratic principles as unethical because it was more concerned with a disease itself than with a patient (Jones, 1957, p. xviii). However, such accusations missed the point. Ethics might be regarded as secondary, but no less important. This was proved by such works as *Decorum*, which strongly linked medicine and philosophy, or *The Art*, which clearly and directly emphasized the ethical aim of medicine: “to do away with the sufferings of the sick, to lessen the violence of their diseases” (Hippocrates, 1959f, p. 193). Simultaneously, witnessing all the suffering brought much grief to a physician (*Breaths* in Hippocrates, 1959a). Other works such as *Law*, *The Oath*, and *Physician* also directly addressed ethical topics.

The author of *The Sacred Disease*, on the other hand, made a clear distinction between the religious-moral purification, which included rituals, and bodily purification, which was a pure medical thing. This, however, should not be understood as a hostile controversy between religion and medicine. It should rather be regarded as an attempt to explain disease via natural causes but not as an attack on religion itself. Not only the sacred disease, but also other diseases were no less wonderful and could be called divine, even though nobody called them sacred. *The Sacred Disease* thus had natural, but not divine, causes. While divine influence as such was not refuted, it was the empirical factors that affected the body, and therefore a natural process of treatment, instead of religious practices, was to be applied. Moreover, the critique of the divine origin of the disease was rather associated with an attack on charlatans and pseudo-doctors who explained the symptoms as an intervention of gods. On the contrary, the author of *The Sacred Disease* expressed his religious beliefs through blaming charlatans of impiety. Moreover, the beginning of *The Oath* was quite a religious act itself: “I SWEAR by Apollo the physician...” and then by other gods and goddesses (Hippocrates, 1957f, p. 299). Obviously, it was not just an unimportant decoration of language or some ancient mythological atavism. I shall not focus here on the relationship of philosophy and medicine to an ancient Apollo’s cult, but it was definitely an important one uniting both spheres. Therefore, it is clear

enough that Hippocratic medicine cannot be regarded as atheistic or unaffiliated with philosophy.

The ethics of doctor and patient

The *Corpus* addressed ethics through two approaches. One was the analysis of physician's ethics, which also included his relationships with fellow physicians, and the second was the ethics of a patient, or of a human being in general. Van der Eijk summarized the ethical issues as follows:

The Hippocratic writings, and especially the famous *Oath*, first of all reflect on the duties and responsibilities the doctor has in relation to the patient, for example in articulating such famous principles as 'to do no harm', not to cause death, or in advocating confidentiality, self-restraint, discretion, gentleness, acting without fear or favour. Yet, interestingly, they also emphasize the need for moral and religious integrity of the practitioner and for correspondence between theory and practice. Furthermore, in the field of dietetics, the Hippocratic development of the notions of moderation, 'the mean', and the right balance between opposites provided concepts and ways of thinking that found their way into ethical discussions as we find them in Plato and Aristotle; and, paradoxically, their tendency to 'naturalise' aspects of human lifestyle such as sexual behaviour, physical exercise, eating and drinking patterns by presenting these in terms of healthy or harmful provided useful arguments to those participants in ethical debates stressing the naturalness or unnaturalness of certain forms of human behavior. (Van der Eijk, 2005, p. 26)

A doctor's ethical approach to a patient is not reducible to a simple doctor-patient relation. As one can see, patient ethics includes the ethics of the entire human nature and therefore should be analyzed in a broader context of social, natural, religious and philosophical ideas.

Doctor's ethics

Beside *The Oath*, other major works by Hippocrates on the ethics of a physician include *Law, Physician, Decorum*, and *Precepts*. Hippocrates argued that a genuine physician is made by nature, in a sense that an individual is born a physician. Therefore, it was an important task of a doctor to give free education to the children of his colleagues. As suggested by the above author, the inclination towards a profession was already present in the nature of a child. Revealing the gift of nature through education further helped nature to triumph over a disease when treating patients. The ancient Ionian concept of *physis* played a crucial role in the process. A genuine physician, once initiated into the community or a guild of doctors, should obey some ethical code, as things that “are holy are revealed only to men who are holy” (Hippocrates, 1959c, p. 265).

A.1 As Jones put it, the ethics of a doctor consisted of: “(a) being bound to abstain from certain things, and (b) being bound to perform certain others” (Jones, 1959b, p. xxxiv).

A physician therefore should not: give poison to a patient, perform abortions, or have sexual relationships with a patient; moreover, he had to be discreet. He should not advertise in an inappropriate manner and should not perform surgery (Jones, 1959b, p. xxxiv). As one can see, some of those rules did not apply to the body at all. While poison, abortion, or surgery might be regarded as harmful to a human body, other regulations had hardly anything to do with harming it. Even a sexual intercourse with a patient or anyone in the household was related rather to moral responsibilities than direct harm to the body. The regulation for abstaining from sexual intercourse had an analogy in Plato's *Symposium*, when drunken Alcibiades complained that Socrates seduced him with his talks but refused to be seduced by Alcibiades' body. Abstaining from sex with patients carried a similar meaning: Socrates was a doctor for Alcibiades' soul in a platonic sense (for more detailed relationship between Plato and Hippocrates, see Lidz, 1995).

A.2 The ethics of a doctor included consulting one's colleagues if necessary and acting as a consultant if asked; charging patients in accordance with their means; being clean and following the rules of personal hygiene; and cultivating “a philosophic frame of mind (dignity, reserve and politeness)” (Jones, 1959b, p. xxxv).

These sets of rules specified the approach to professional ethics and etiquette. Some principles of these regulations clearly revealed a philosophical worldview.

A physician should not work for the love of money and must be fair when charging a patient; some poor patients must be treated free of charge. That clearly testified to the similarity with a philosophical attitude, as the aim of a philosopher was not money or wealth. Ancient Greek philosophers did not care about fame and fortune: that essential idea served as *modus vivendi* from Thales and Pythagoras to Aristotle and the Stoics. Other regulations, such as not to advertise in a “vulgar manner” or to maintain discretion, were clear ethical commandments. They revealed that the aim of the Art was not to be popular and attract patients. Other rules restricting perfumes and fashionable clothes also had a philosophical rather than a medical meaning. Medicine as an art was based on the highest moral standards and the love for humanity. A true physician was *vir bonus sanandi peritus*. Such a philosophical background of Hippocratic medicine undoubtedly suggested that it could not be simply reduced to the physical side of *techne iatrike*.

While personal hygiene was required both by Hippocrates and contemporary doctors and thereof the requirement was obvious *per se*, others were more concerned with ethics and etiquette. A physician should be clean in order not to infect a patient. Appearance was also important: a doctor should be healthy-looking, as nobody would trust him if he looked ill. A doctor should not try to impress people in order to get more patients. A true master of the art should not care about all the glamorous things and public speeches to impress the audiences. He should be dressed well enough and look good, but not chic. While a physician must not follow fashion trends, he still needed to be attractive to patients. As the treatise *Physician* (Hippocrates, 1959d) puts it, a doctor should be a gentleman. He should be reticent, have a regular life, and be well-mannered, serious, and kind. He should also avoid being harsh or vulgar. All these requirements were rather of ethical than medical nature.

In their own community, physicians should never quarrel or jeer at each other. They should also avoid jealousy because it was a sign of weakness. All of them belonged to one guild or brotherhood and should live like brethren.

The Oath

The main ethical issues of *The Oath* were related to the principle of doing no harm to a patient under any circumstances. The principle “To help, or at least to do no harm” [see Hippocrates, 1957f, pp. 299, 301; also *Epidemics I* (Hippocrates, 1957c)] included not abusing bodies or having a sexual intercourse. The patient was understood as being dependent and weak, therefore taking any advantage of

him/her would be unethical. Also, no injuries or poison/drugs that could induce an abortion were allowed. A physician should be fair to everybody despite his patient's social status. Anything what would harm a patient in any sense could not be tolerated. Even gossip or disclosure of any type of private information was not allowed. Doctor and his patient were bound by a secret bond of privacy.

The principle of benevolence in the *Corpus* was used in several senses of unintentional and intentional harm. Intentional harm which was practiced by some physicians and medical schools on criminals and war prisoners, or slaves, was strictly rejected by Hippocratic doctors. Doing harm to a patient might also be caused by a lack of experience, an accident, or due to being an unprofessional and poor doctor. In this sense, the principle extended to an idea that bad and inexperienced practitioners who harmed their patients should receive "their due wages" (Hippocrates, 1957c, p. 315) or, in other words, they should be punished. Therefore, doctors must be trained to the highest degree of craftsmanship.

In terms of remuneration, it was not advisable to negotiate treatment fees in the first place, because the right moment to fight the disease might pass and thus ruin the doctor's reputation. It was important not to trouble a patient. The negotiations over the treatment fee could both worsen the patient's status of health as the time was wasted and also cause him psychological pain. Therefore, a good physician should worry not about profit or taking money from a lethal patient but rather about his own reputation. As already stated, some patients that were short of money should be cured for free, "for where there is love of man, there is also love of the art" (Hippocrates, 1957c, p. 319). As Jones noted, "the Greek physician obeyed the laws of etiquette, not through fear of punishment, but for love of his craft" (Jones, 1959b, p. xxxiii).

The second meaning of the principle, i.e. to do no harm, was later found in Plato's *Republic*. In terms of human health, a physician was best capable of doing good to his friends and harming his enemies (*Rep.*, I, 332). Therefore, the principle of doing no harm implied that a doctor had to maintain the highest moral standards. He had to be fair and should not harm his enemies, prisoners of war or criminals or, in *sensu stricto*, anyone. The history of ancient medicine revealed well-known facts of vivisection experiments, carried out by Herophilus and Erasistratus of Alexandria on criminals (see Celsus' *De Medicina I*). However, the principle of doing no harm did not apply only to vivisection or surgery: it included any kind of treatment. While a doctor was best capable of harming enemies, it was a quality of a fair man not to harm anyone.

Patient's ethics

The relationship between a doctor and a patient depended upon the reputation of the doctor as well as his ability to identify the case history (before his first visit to the patient) and foretell the future development of the disease. In some cases, doctors would leave their students with the patient as a nursing attendant (see *Decorum*, Ch. XVII). Through curing patients' bodies, the physician affected their souls; therefore, mutual trust was necessary. The entire process of curing was understood as bringing the patient into balance: physically, psychologically and morally. The concept of body and soul was explained within the theory of four humors and its relation to four elements. The entire Hippocratic tradition was based on that theory. However, the theory was not an invention of the Hippocratic School and was related to other philosophical schools within the framework of the paradigm of the elements.

The place of the soul

As ethical issues are directly associated with the human soul, it is worth noting that ancient Greeks had two major views on the place of the soul in a body. The cardiocentric view was supported by Aristotle and the Stoics, and the encephalocentric view by Alcmaeon, the Hippocratic authors, and Plato. Therefore, in accordance with Hippocratic medicine, all vices or virtues associated with the soul came from the processes in the human brain. Pleasure, joy, sadness, and even madness were the result of brain functioning. The brain itself was affected by the opposites hot/cold and wet/dry, which represented the four main qualities describing humors (the main liquids inside the human body). Malfunction of the brain could be the result of phlegm or bile (moisture or dryness, hot or cold). Those affected by bile were more aggressive evil-doers. Therefore, one whose brain was affected by bile needed cold and moisture, which meant phlegm, or, in other words, he needed to "calm down". Bile was associated with the element of fire, and phlegm with water, therefore healthy brain needed air, "as it is the air that gives it intelligence" (Hippocrates, 1959g, p. 179). Another treatise, *Breaths* (Hippocrates, 1959a), also supported the idea by associating intelligence with blood, which was an air element. Human intelligence changed when the air changed. Such description of intelligence and the effect of phlegm and bile on it (fire and water—hot and wet) tended to become clearer once understood within the elemental system. Intelligence (air—blood) was described by two qualities, hot and wet, and the perfect balance of those qualities also signified a balance between water and fire. Air was also an intermediate element

between fire and water in the four element system. Therefore, to fight a disease meant to strike a balance between fire and water (bile and phlegm). That was why some common drugs included wine (which was a fire element because it dried) and milk (phlegm, a water element because it moistened). In this context, one can remember the ancient Roman saying: *Post lac vinum—medicinum, post vinum lac testamentum fac.*

Jones (1959a) and Kahn (2001) have already indicated the link between some treatises of the Hippocratic School and Heraclitean philosophy. For ancient Greeks, human nature was a reflection of *kosmos* or, as Plato put it in *Timaeus*, a mini model of the Universe (*Tim.*, 30c–31a). Therefore, what applied to human nature applied to the entire *kosmos* and vice versa. Human body and soul functioned in accordance with the same principles as the entire Universe. Kahn (2001, p. 21), following Diodotus and Diels, noted that Heraclitean philosophy was more concerned with human nature than cosmology issues. While such a statement may not be entirely true, as there are numerous Heraclitean “cosmological fragments”, it is a good starting point which leads from the studies of human being to the studies of the *Logos* and the *Kosmos*.

An interesting explanation of human nature can be found in the treatise of *Regimen I* (Hippocrates, 1959e). Everything in a human being consisted of fire (hot and dry) and water (wet and cold). At the same time, fire got some moisture from water, while water got dryness from fire. This was an important point revealing the interconnection of both elements responsible for birth and death and for change and decay. Both the human body and soul were made of these elements. Soul had more fire in it, while the body contained more water. One can remember Heraclitean fragments “For souls, it is death to become water...” (Kahn, 2001, p. 75) or “A Dry Soul is wisest and best” (Kahn, 2001, p. 77). Moreover, Heraclitus’ death of dropsy and his attempt at self-treatment with dry and hot (fire) manure revealed analogical fire–water opposition-based reasoning. Therefore, it is very likely that some parts of the *Corpus* were under the influence of the Heraclitean principle of “the way up and the way down” (*ὁδὸς ἄνω κάτω*).

The water–fire relationship was used to explain human birth, character traits, and gender specificity. While every human being was made of water and fire, men were of fiery, and women of watery nature. Both genders differed in proportions of the elements. Some might have more fire or water than others. Children also had different mixtures of those two elements. If a couple wanted to have a baby, they were recommended a special diet: moist, soft, and cold to conceive a girl and the opposite, warm and dry, to conceive a boy. Climate, air

(wind), and drinking water were of no less importance. They influenced birth and miscarriages (see *Airs, Waters, Places*). Genders and characters were divided into the following types:

- 1) Male from man and male from woman—brilliant men.
- 2) Male from man mastering female from woman—brave men.
- 3) Male from woman mastering female from man—hermaphrodites.
- 4) Female from both man and woman—lovely women.
- 5) Female from woman mastering male from man—bold but modest women.
- 6) Female from man mastering male from woman—brazen women. (Jones, 1959a, pp. xii–xiii)

The element mix should accordingly be as follows:

- 1) finest fire and rarest water; 2) strongest fire and densest water; 3) finest fire and densest water; 4) moistest fire and densest water; 5) strongest fire and finest water; and 6) rarest fire and driest water. (Jones, 1959a, pp. xii–xiii)

As one can see, the ethical features of a human character were already rooted in physiology. The combination of elements defined not only one's bodily features but also the types of human soul and character. Water and fire defined how intelligent a person was.

Human character

Human character depends not only on the psychological and ethical development, but on natural causes as well. It is affected by winds, climate conditions, and other natural factors. Such a view was expressed in *Airs, Waters, Places* (Hippocrates, 1957a). Thus, for example, city inhabitants exposed to cold winds had fierce characters (Hippocrates, 1957a, p. 79), while those exposed to the rising sun (East) had better temper and were more intelligent (Hippocrates, 1957a, p. 81). The characters of Asians (Asia Minor) were “milder and more gentle” (Hippocrates, 1957a, p. 107). Thus, human behavior and virtues were affected not only by their character qualities but by natural causes, too.

The political system also affected human character. Those who were ruled by despots were less keen to fight, while those who enjoyed independence were more warlike:

Europeans are more warlike, and also because of their institutions, not being under kings as are Asiatics. For, as I said above, where there are kings, there must be the greatest cowards. For men's souls are enslaved, and refuse to run risks readily and recklessly to increase the power of somebody else. But independent people, taking risks on their own behalf and not on behalf of others, are willing and eager to go into danger, for they themselves enjoy the prize of victory. So institutions contribute a great deal to the formation of courageousness. (Hippocrates, 1957a, p. 133)

Climate, winds, air, water, landscape and food—all of them formed an ethical character and were responsible for such virtues as bravery or vices as laziness, which could be either cultivated or fought against. Nutrition is of great importance too. Different eating habits and food qualities affect the development of a character as well as the season one was born. Each season intensifies certain humor: winter—phlegm, spring—blood, summer—yellow bile, and autumn—black bile. And each of the humors depends on the nutrition of mother and fetus during seasons. All these factors affect human character and bodily characteristics. One can see now that Hippocratic ethics cannot be simply reduced to an individual doctor–patient relationship while ignoring social, political, and a broad array of natural and hereditary factors.

The contemporary significance of Hippocratic ethics

After a short analysis of the philosophical and ethical foundations of Hippocratic medicine, one can see how complex and holistic the entire system is. It is clearly related to many ancient Greek philosophical schools and traditions. Therefore, rejecting Hippocratic ethics simultaneously means rejecting the ethical and philosophical principles of ancient Greece. It should not be reduced to the criticism of *The Oath* only. Hippocratic ethics is clearly related to human physiology and psychology as well as a multitude of other factors. Therefore, it is clearly an open and ongoing debate whether Hippocratic ethics still has value in the contemporary society and medicine, and to what extent. Do ancient values still matter? Is it still of any use to live in accordance with the ancient principles of ethics, be they Hippocratic, Platonic or Aristotelian? It is a widely known fact that the USA Supreme Court rejected *The Oath* as a moral standard for doctors back in 1973 (*Roe v. Wade* [1973]). The case is rather paradoxical as *The Oath* is not a juridical document but rather a set of rules as an ethical guide for physicians

following the Hippocratic medicine. However, the Supreme Court regarded it as a religious not ethical document. Morality, religion and legislation hardly overlap here. Despite the fact that close to 50% of American schools still use some sort of modified versions of *The Oath*. Several more criticisms were made on Hippocratic ethics in the 20th century, both on the basis of daily and scientific debates. The rise of bioethics is usually associated with such attacks. Some scholars, for example Veatch (1988; 2001; 2012), argue against the importance of Hippocratic ethics in a contemporary pluralistic society. Others, such as Pellegrino and Thomasma (1981), search for the ancient *phronesis* in the contemporary medical ethics or trace back the tradition of bioethics to ancient Greeks (Kalokairinou, 2011). There are those who regard issues addressed in the *Corpus* as patient-oriented and still being valid today (Dobken, 2018). While it is not very convenient nowadays to swear by Apollo while treating patients, certain ethical principles of the *Corpus* nonetheless were updated and adopted by *The Declaration of Geneva* back in 1948, including later amendments and adaptations. Those included the principles of not to harm, to treat other doctors with respect as brethren and teachers, to maintain confidentiality, etc., regrettably, not all these principles work practically in contemporary societies. At the same time, principles against the use of surgery, humoral balance theory, or the transcendental side of medicine are rarely accepted by contemporary official medicine. One more group of principles which mainly causes debates are questions of abortion, euthanasia and similar issues that often fall under the interpretation of “to do no harm” principle. Contemporary debate reveals the continuing significance of the principle. As Kumar notes, “nearly 100,000 Americans die every year of medical errors and thousands more are injured and disabled. This equals the number of deaths from breast cancer, trauma, and AIDS together” (Kumar, 2010, p. 173). According to the WHO European Union statistics, between 8% and 12% of hospitalized cases count as medical errors. Countries with less developed medical care might have the rate significantly higher. The shocking statistics reveals the contemporary importance of the principle of “not to harm”. Medical negligence is an important contemporary issue which needs to gain special attention in times of pandemics and wars. The principle extends not only to unintentional harm, but also to the medical experiments with prisoners of war, which is a sad lesson of the Holocaust history. The principle, therefore, is obviously of no less importance than it was during the days it was written. Needless to say, doctors who love their profession and work out of love for humanity make the best professionals.

Many other questions, directly and indirectly raised by the *Corpus*, still remain significant. Treatment of the poor or medical aid for the countries with less

developed health care systems are indubitably important issues for the contemporary global society, especially during the times of global pandemics. Global cooperation between medical experts addressing shared challenges has its roots in the ancient teachings of cooperation among physicians.

Nutrition as well as healthy diets and lifestyles have not lost their importance in contemporary societies. Other ethical issues, emphasized in the *Corpus* and still openly discussed, are those of euthanasia and abortion.

While the cosmological aspects of medicine are less discussed today than back in ancient times, we nevertheless clearly realize new challenges, brought about by the climatic change, to the global health of the humanity.

Contemporary medicine does not base its reasoning on the psychology of the elements or on humoral imbalance; however, it absolutely recognizes the importance of psychological aid for patients. Contemporary theories of personality psychology incorporate the same ancient elemental paradigm.

Maybe not everything should be taken from the ancients: it is rather wise to learn from previous mistakes (for a study of malpractice in Hippocratic medicine see Papavramidou & Voultzos, 2019). However, it would be short-sighted to totally ignore the ancient knowledge and experience, which would sometimes lead to fatal consequences.

It is obvious that contemporary societies share the plurality of religious faiths, ethical beliefs, and cultural values. Nevertheless, Hippocratic ethics is based on human nature which has hardly changed during the centuries. The new medical ethics, therefore, can rely only on new interpretations of human nature, and not on nature itself.

The biggest danger is to regard Hippocratic ethics from our modern, and often reductionist, viewpoint or to treat it as an outdated compendium of inconsequential rules. Instead, we must analyze its statements in a broader context of rich ancient Greek philosophy and culture and take the best out of it.

Conclusions

Despite the still ongoing contemporary debate between the proponents and opponents of the old Hippocratic ethical tradition, it is still too early, if it is possible at all, to draw final conclusions, however certain conclusive statements can be presented:

- The debate itself is rather a philosophical and not juridical or scientific debate. As such, it is an opposition of two different philosophical worldviews regarding human nature and its basic principles.
- While Hippocratic medicine can be regarded as outdated, looking back from the contemporary scientific perspective, its ethical code, partially but widely, has been adopted by the contemporary views in various forms.
- Ethical questions that are debated often depend on different interpretations of the same old and still valid principles. Thus the principle “to do no harm” is accepted by both views but its limitations are being interpreted differently.
- The criticism of Hippocratic ethical principles should take into account the entire holistic philosophical system not reducing it and excluding a variety of factors. Therefore, the critique that Hippocratic tradition does not pay enough attention to social, political or economic factors, is not valid.

It is debatable if the debate can be solved at all projecting a better compromise than the one that has been achieved today. However, the main question is whether it needs to be solved at all, as the natural solution has already presented itself—there are doctors who follow the old traditional ethical code and those who do not. It is up to patients' choice which doctor to entrust with one's life and health.

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