Where Did We Come From? Where Are We Going? A Short History of Medical Ethics

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“Where did we come from?” and “Where are we going?” is the central theme of Dan Brown’s new book Origins1 and explores where life on earth came from. Physicians can pose the same question about the origin and future of medical ethics.

In medicine, it seems, everything starts with Hippocrates.2 He lived in the year 400 BC, and rather than explaining medical conditions as evils from the gods, he stressed meticulous history taking and careful observations. By this method, he was able to group physical findings and repetitive symptoms into a composite picture that allowed the physician to prescribe therapies to alleviate the collective symptoms.

Since the practice of medicine was loosely supervised in those days, it opened the door for charlatans and those that would abuse the science of medicine for their own gain. This less than honorable practice of medicine led Hippocrates and his followers to formulate a set of rubrics or pillars to which all those claiming to be physicians should adhere. This was what would be later referred to as “medical ethics.” Those principles: autonomy, beneficence, non-maleficence and justice have formed the basis of all future endeavors to define what any prudent physician should follow when faced with an ethical problem.

Autonomy is simply the patient having the freedom to chose his/her physician. Beneficence is essentially the “golden rule,” that is, always striving to do the patient good. Non-maleficence means to not do any harm to the patient and justice is defined as treating everyone fairly and equally.

Depending on the author, the Hippocratic movement considered beneficence to be the greatest tenet and the others superfluous. Some state non-maleficence is the only tenet necessary and the others are unimportant. In other words, the physician should always do good or above all the physician should do no harm.

This concept was pervasive and the rule of the medical profession for six hundred years. Some say it pushed medical progress backward, others believe it is the bedrock of medicine today. Regardless of varying points of view, it is part of our history.

The Hippocratic concept was called into question when Galen, a Greek physician practicing in Rome, began scientific experiments and dissecting primates.2 He proposed the radical theory that the heart pumped blood throughout the body and other organs, and failure of the heart and other internal organs was what led to disease states. This led to many disagreements, with the proponents of Galen advising the proponents of Hippocrates to adopt the new direction of medicine. They urged them to embrace and study the new “scientific principles” of anatomy, physics, medicine, and surgery.

This new approach caused the ethical considerations of the time to be reevaluated. The new understanding of disease and the new technology it had created made the 3rd and 4th century physician question whether Hippocrates was wrong in not only his promotion of his medical theories but on other matters as well, including ethics. Despite their concerns, these early physicians still adhered to the basic tenets of autonomy, beneficence, non-maleficence and justice.

The next era of ethics was clouded for a thousand years because of wars, famines, plagues, and religious upheavals. The main progress in medicine was in Arabia and the great universities in Alexandria. This part of the world was cloaked in secrecy and unfortunately, the fire of the library in Alexandria4 as well as the Crusades destroyed priceless documents. The medical and ethical advances made in that period have been lost to us forever.

But, not all was lost. From this time, we have glimpses and snippets from the giants that contributed to our developing understanding of ethics.

The first “Code of Medical Ethics” was published in the fifth century by an Islamic scholar, Ali Al-Ruhawi.5 From the twelfth century we have the oath and prayer of Maimonides,6 who introduced the concept that we are chosen by a Supreme Being to care for his people and prays that the Supreme Being will give him the physical and mental strength to provide compassionate, high quality care to these people. Also remaining from this era are the scholarly works of medical ethics by Thomas Aquinas and Abu Bakr Muhammad ibn Zakariya al-Razi.

One of the most significant advances in medical ethics in the English-speaking world came during the reign of Henry VIII in the sixteenth century.7 Physicians during this time were poorly trained. The average English physician declared his interest in medicine and served an apprenticeship of 1-2 years. When his teacher, who also might be poorly trained, decided his pupil was ready, he was allowed to practice medicine.
In 1518, Henry VIII formed the Royal College of Physicians in order to raise the quality of English physicians by improving their training and allowing the physicians to regulate themselves. This move also led to the formation of medical colleges at Cambridge and Oxford to train and educate physicians to the highest medical standards known and to afford them training that the physicians on the European continent had enjoyed for three hundred years.8,9

This was a monumental move. The monarch of England had supreme power over all of his subjects and yet to physicians, he gave the right of self-governance.

The stimulus to this movement allegedly occurred during one of the many plagues that befell Britain. Henry saw many physicians leave the comfort and safety of their home and tend to the sick until they either got well or passed away.

He was so impressed by these acts that he is credited with saying, “Anyone who would put his own life in harms way to treat another human being in need, is answering to a being greater than any King and has the right to control his own destiny.” He was also appalled that there were people using the title “physician” who were less than admirable and wanted this newly formed college to make certain that anyone using the title “physician” lived up to the highest ethical and moral standards.

In the late eighteenth and early nineteenth century, the name Thomas Percival came to the forefront as the father of modern medical ethics. Certainly, his work formed the building blocks for the code of ethics adopted in this country by the American Medical Association in the mid nineteenth century.

It is believed that the inciting incident that led to the development of the modern code of ethics occurred in the latter part of the eighteenth century. Great Britain was suffering from a terrible cholera epidemic and had insufficient medical personnel to care for the sick. Nurses and physicians from all parts of the world, true to their calling, responded. The local physicians treated these medical personnel poorly, unfairly, and unethically.

The Crown felt compelled to respond to this situation, but as is often the case, things were not as simple or as straightforward as they could have been.

The Church of Scotland and the Church of England wanted the exclusive privilege of setting the “medical field right” and, in the process, boosting their own reputation. The Crown, wishing to remain neutral, asked each side to name someone they felt was above reproach, whom they trusted and who the two opposing parties felt capable of handling this situation. The name Thomas Percival was given to the Crown by both parties and he was commissioned to develop a set of recommendations to guide health professionals in their relationship with patients, their colleagues, and society as a whole.

Dr. Percival’s document was published in 1803 and served as a framework for ethical mores to be practiced by the prudent physician in Percival’s time as well as today. The treatise relied heavily on the four pillars of all ethical consideration; autonomy, beneficence, non-maleficence, and justice.

From an ethics standpoint, it seemed everything was in place for the prudent physician to follow when approaching almost any medical question that required an ethical consideration. This led many to ask the question, “Why do I have someone setting rules for me? I know what is ethical and what is not.” But as Noble laureate Richard P. Feynman in his book QED reminded us, “The first principle is that you must not fool yourself and you are the easiest person to fool.”10

World War II and the atrocities that accompanied, were a catalyst for the ‘I know best’ theory. In Germany, one of Adolf Hitler’s goals was to produce a “Master Race” in which there would be little or no disease; no mental retardation; no deformities; no hunger. People would have superior intellect and populate the world with this new, vibrant, superior individual. In order to accomplish this feat he needed the physician community on his side. He also needed them to start thinking about the value of life itself and what to do with the defective people: the deformed, the sickly, the Jews, and the Gypsies.

At the time of Hitler’s ascendency to power, there were 38,000 doctors who considered themselves “Nazis” and supported Hitler’s philosophy.11 They ignored the principle to do good and became blind to the tenet of above all do no harm; considering this to be part of the ‘better good’ for society. They destroyed the basic tenets of ethics by destroying the principles of self-determination in every respect.

Following the end of the war, the Nuremberg trials condemned these practices and set in motion the development of a flurry of safeguards and documents in an effort to ensure that such lapses of medical ethics would never again happen.12

Hitler was considered a lunatic by many and most American physicians felt nothing like the unethical medical atrocities of World War II could ever happen in the United States. Unfortunately, the Henrietta Lack case and the Tuskegee experiments demonstrated otherwise.13,14

Ms. Lack was diagnosed with cancer at John’s Hopkins University and the physician in charge noticed something unique about her cells; they would not die. The physician quickly realized that her cells could be used to grow cell lines that could be used for research. This cell line, which launched a whole new level of medical research, are famously known as “He La” cells, coded for the first two letters of Ms. Lack’s first and last name.

Ms. Lack’s cells were used extensively without her knowledge or permission and were responsible for many breakthroughs in research, including Dr. Jonas Salk’s polio vaccine in 1954. Although not reported, it is suspected that millions of dollars had been made as result of Ms. Lack’s cell line, yet neither she nor her family were consulted or apprised of her tissue being used in this manner. There has been progress recently. In August 2013, an agreement was reached between the Lack family and the National Institutes of Health that gave the family some control over the DNA sequence with a promise of acknowledgment of her contribution in scientific papers.15 However, this does not erase the years that this practice continued and was promulgated with the patient and her family being kept in the dark.
Further evidence that the United States was not immune from ethical lapses is evident in the Tuskegee experiment. Black males who had syphilis were recruited to study the effects of their disease while being untreated. They were promised free medical care (which none of them had) and free burial if their disease proved fatal. While their disease was later labeled “bad blood” during the collection of data, the investigators wanted spinal fluid for further evaluation. They informed the patients that if they did not submit to the collection of their spinal fluid they would not qualify for burial privileges.

This experiment continued despite penicillin having been discovered and found to be effective against syphilis. No one knows how many of the men in this group could have been cured. What is known is that treatment that had the potential for cure was withheld in order to study the progression of a disease considered to be devastating.

This experiment was expanded to Guatemala in 1946. Sixteen men were purposely infected with syphilis and followed closely to monitor the natural progression of the disease. These experiments were rationalized by many as “serving the greater good.”

One of the lead investigators was flippant when asked why the men were not informed of their rights and the ability to receive treatment. One of the lead investigators, Dr. Taliafaro Clark, wrote in a letter to a colleague “these Negroes are very ignorant and easily influenced by things that would be of minor significance in a more intelligent group.” Rather than being sanctioned, he had an illustrious career and at one point served as the Assistant Surgeon General.

Information of the Tuskegee and Guatemala experiments became known in the 1970’s and the word bioethics was coined. It was applied to not only physicians who care for patients in their offices and hospitals but also to those responsible for conducting research and studies that involve humans.

These experiments and others, which represented a total breakdown of ethics, prompted the formation of federal agencies such as the Center for Disease Control, the National Institute of Health, the Federal Drug Administration, and many others with the goal of protecting the public.

The principals of ethics are a guide. They are ever changing and evolving. Each new scientific breakthrough presents new ethical challenges and opportunities. It is only with all of us embracing and supporting the pillars of ethics and remaining vigilant that the principals of ethics remain intact and true to their original intent, that we can prevent further atrocities like those described above. Following the principals of ethics ensures each of us the privilege of rendering ethical, compassionate care to those who call us their “physician.”

Ethics provides us with a template to follow, but requires continued vigilance and a keen sense of what is happening around us. To the question, “Where are we going?” the pillars of autonomy, beneficence, non-maleficeence, and justice have served us well and hopefully, if we remain true to their intent, will serve as our modern pathway for our future ethical dilemmas.

REFERENCES
5. Medical Ethics, IPFS, https://ipfs.io/ipfs/QmX0ypjzjW3WknFJnKhCnL72vedxjQkDDP1mXWo6uco/wiki/Medical_ethics.html