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SURGICAL ETHICS IN AYURVEDA

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ABSTRACT

Surgical ethics is an essential component in the practice of surgery, protecting the vulnerable and respecting human rights and equality. Ayurveda has always insisted in the excellence in the field of medical science. The preaching in Ayurveda insists on finding out the best possible way to excel in the necessary qualities. A lot has been described about medical ethics at the various forums, through various articles and monographs, books etc. This article gives a comprehensive lookout for the surgical ethics as described in India, the motherland of surgical practices. In the era of rising nosocomial infections as a leading cause of complications and postoperative mortality, and the era of increasing legal actions against the medical professionals, it seems that there is a lot to learn from the *samhitas*.

Keywords: surgical ethics- operative – research-ayurveda-consent-confidentiality.

INTRODUCTION

The word 'ethics' is derived from the Greek word "ethos" which means character. To put it formally, ethics is a branch of philosophy, which decides what is good for an individual and society and which involves systemising, defending and recommending concepts of right and wrong conduct.⁽¹⁾

Three major areas of study within ethics include-

- a) Meta ethics
- b) Normative ethics

c) Applied ethics

A meta-ethical question is an abstract question whereas normative ethics investigates the set of questions that are important while considering how one ought to act. Applied ethics attempt to apply ethical theory to real-life situations.

Surgical ethics is an essential component in the practice of surgery, protecting the vulnerable and respecting human rights and equality. It represents surgeon's best understanding of

moral responsibility and culminates into logical reflection and clinical expenses.

The surgical ethics in Ayurveda-

The surgical ethics in Ayurveda involve the following issues:-

- Excellence in the standards of surgeon,
- Consideration of the patient's consent,
- Compassion, impartiality and confidentially towards the patient.
- Pre-operative, operative and post operative surgical ethics.
- Research.

Excellence in the standards of surgeon

Ayurveda has always insisted in the excellence in the field of medical science. The preaching in Ayurveda insists on finding out the best possible way to excel in the necessary qualities. ⁽²⁾ As a foundation of surgical practice, it was mandatory to understand the clear cut anatomy & physiology of the body. Charaka has said that the surgeon should know the anatomy in its entire aspect, he should remember the structural anatomy at all times, then and then only he would know ayurveda thoroughly and thereby he would make the people healthy. ⁽³⁾

It is worthy to note that the Ayurvedic practice is a practical and action oriented practice especially in its surgical branches like *Shalya Shaalaakya*. The ethical practical training is a principal and central theme in any surgical training. Sushruta forbids any surgical procedure by a person who has not undergone practical training in 8 types of surgery and panchakarmas, even if he has studied, understood and taught the procedures. (4) He has further explained on preclinical training in the form of *yogyavidhi*. The person who wants to *shastra*, *kshaara and agnikarma* should practise these procedures on the various other models like cucumber, pumpkin,

and stems of various climbers. The choice of the models can be varied according to the necessary procedures. (5)

He emphasised on perfection during the training. (6) And the perfection was not limited to recurrent practise. Only practising incisions and sutures would make a technician, not a surgeon. Therefore, it was necessary to have pure mental conduct, complete surrender to the instructor, inquiring attitude to gain deeper knowledge. (7) The highlight of the student life was to study all the prevailing sciences. (8) It was advocated to have continuous discussion with the experienced, pure, minded, learned teachers from other sciences (9) and then excel in our chosen science (10).

The students were then exposed to various surgical instruments, their specific measurements, the respective holdings and folding method ⁽¹¹⁾. The instruments are the art of the surgical training and proper acquaintance with the instruments increases chances of the success and also boosts the confidence of the surgeon.

To predict the post operative condition, the understanding of progress of the disease was of paramount importance along with knowledge of natural history of the disease, the impact of previous medicines and the procedures and poorly understood symptoms (12) recognising the symptoms of definite death (13). The student who has qualified with physiology, pathology and practical training was ready for registration.

Consideration of the patients' consent-

Surprisingly, there is no mention of the patient's consent in any of *brihatrayee*.

But, in certain cases where there is a doubt about the success of the procedure, or about the life of the patient; or certain conditions wherein not giving treatment is a definite death and treatment may cure the disease; there is a provision to take consent from the authorities, elderly people, learned people, teachers, friends and the relatives of the patient. (14)(15)

Compassion, impartiality and confidentiality towards the patient-

The patient was strictly instructed to follow the instructions by surgeon. The surgeon should consider the patient as if his own relative and a patient without any family support were considered to be his own son. (16) The surgeon was supposed to avoid entertaining subjects other than his own patient; he was supposed to maintain the privacy about diseased. (17)

At the same time he should be enlightening the patient with the essential details regarding the disease without outright criticism and/or judgement.

It was clearly mentioned to collect all the neces-

Preoperative Ethics

sary preoperative, operative & post operative drugs, instruments and materials. The surgeon should be clever enough in the assessment and anticipation of operative or post operative complications. It was mandatory to keep all the Anushastras (Para surgical instruments) ready in case the main instruments were not being useful during the procedures (18) Even the paramedical stuff having qualities like stable mind, strong physical & mental power and unctuous enough bodies were must near the operation theatre (19) The examination of standard surgical instruments just prior to the surgery was to avoid any kind of misjudgement during the surgery. The surgeon should be very careful in choosing the instruments and they should be familiar to him in regards to their sharpness and penetrating capacity etc. (20) The utmost cleanliness of surgeon was mandatory & details like white coloured clothes, properly cut nails were mentioned. The calmness of surgeon's mind was assured by taking blessings from elders, teachers and the God .⁽²¹⁾ The paranormal powers were also taken into accounts and specific rituals were directed to please them ⁽²²⁾.

Operative Ethics

The incision should be clear and clean and along with the line of creases and with minimal damage to the underlying structures (23). The prevention of sepsis was emphasized by using decoction using Surasadi Gana or certain bitter drug like skin of Saptaparna, Nimba, etc (24) The choice of surgery was supposed to be decided by surgeon according to his own intelligence, logic and experiences. (25) Especially the patients already suffering from skin diseases, burns, diabetes complications, poisoned patients have to be taken special care and certain surgical procedures or certain steps in surgery may be omitted (26) Even at operation table, certain conditions may arise necessitating alternating or postponing the procedures and surgeon should be ready for them and work by applying his logic based on facts. (27) Profound importance was given to prevent the blood loss and it was referred to as life of the patient. (28) Four methods namely Sandhaaana, Skandana, Paachana & Dahana were introduced as haemostasis. (29)

Before closure, final check-up of the wound and surgeon was advised to be sure of removal of all the foreign bodies and pathological materials. Otherwise it was noted that the patient lands into infection. (30) The suturing material used was biological threads which were absorbable or the cotton threads for the external wounds. (31)

Post operative ethics.

The first and foremost importance was given to stabilize patient's mind and speaking a few positive words about the outcome. Then the regular timely dressing of the wound was advised. After the dressing, again the mantra *chikitsaa* was

used to stabilize the mind of the patient and also to prevent any untoward reaction. (32) The exact steps as written in the books were to be followed without fail but, in case of the disease where in the emergency treatment is required the whole procedure can be adapted suitably maintain the life of the patient especially, when the patient has deadly complication.

Research-

Surgeons have a subsidiary responsibility to improve operative techniques through research, to ensure their patients that the care proposed is the Best. The surgeons are very much responsible to the treatments of the patients and hence surgeons must accept the patient only after being sure that he requires that specialized treatment in which they have been properly trained. Without proper training, the surgeon should not try and operate. It was unethical. (33) The surgeon should get involved in literary research, understand the various methods available for the same condition, and continuously strive for the best outcome, by studying the various methods and putting the best method in front of the people through various seminars. (34)(35)

DISCUSSION

A lot has been described about medical ethics at the various forums, through various articles and monographs, books etc. This article gives a comprehensive lookout for the surgical ethics as described in India, the motherland of surgical practices. The literature reviewed is from 1500 BC to 4th AD. Although almost all the principles of ethics are same in ayurveda & western medicine, the remarkable difference is the absence of written consent from the patient, in the former case. This seems to be because of two reasons: - a) The patient then was following the orders of the surgeons strictly, the surgeon was like the

God and no dispute was being raised; professional jealousy was not found and b) The surgeons themselves were very much under regulation by their conscience or by the government. We are amazed by the meticulous detailing the surgeons of yore have given regarding each & every step: pre- operative, during operation & post operatively. The ethical mindset is cultivated right from the education of the surgeon. The teachers were diving examples of the ethics and the unethical is bashed terribly. (36) And the continuous medical education was hailed. (37)

CONCLUSION

The helpless patient sees the image of the protector in the surgeon. Hence, it is of profound significance that the surgery should remain a profession and not a business. In Ayurveda, right from the student life, the purity of the profession was maintained & cared for. The surgical care was not limited only to the care of the wound or body but the psychological aspect of the patient was also considered. The understanding of the patient as a human being & not just a diseased person was given significant value. The preoperative and operative asepsis, the post operative care, the manners to be followed are thoroughly and carefully described. In the era of rising nosocomial infections as a leading cause of complications and postoperative mortality, and the era of increasing legal actions against the medical professionals, it seems that there is a lot to learn from the samhitas.

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