ANCIENT MEDICAL ETHICS AND PRESENT SCENARIO

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INTRODUCTION

To every learned profession question of ethics is of prime importance. Successful medical practice requires relationship of trust between doctor and patients. In the golden era, doctor was not only a healer, but family counsellor and the tribal priest, all at the same time. Sir William Osler told that “the physician must be friend, philosopher, well-wisher and guide of the patient and the family under his care” [1]. In the current scenario, hunger of earning more money is deteriorating doctor from his ethical and moral values but still golden words told by our great ancient Acharyas like Charaka, Sushrutha, Vagbhata etc. are very much effective to impart in our daily life. Ancient teachers of India had shown us a lightened path to improve ourselves not only as doctor but also as human.

Rapidly expanding science and technology has involved in much bigger way. The doctor is playing three roles as scientist, technologist and healer at the same time and it’s difficult to cope up with all at a time. Drug industry, hospitals and nursing homes with high technology tend to become business houses nowadays. In such an era, the code of medical ethics provides a suitable framework defining a doctor’s relationship in professional, social and legal aspects. Patients expect a high standard of care including being informed about illness, we are mainly concern about the teachings and ethical codes laid down by our Acharyas in samhita and their considerations in today’s aspect.

The Ancient Teachings

Ayurveda is the ancient science of life. It lays down the principles of management in health and disease and code of conduct for the physicians. The early Vedic healers were members of the priestly community. The medicine they practised and taught was heavily influenced by the philosophy of the times. Medical works also empha-
sised the concept of the cycle of life-death-rebirth. The student was taught that the goal of the savant was to break this cycle and attain union with Brahma—the Universal Spirit or God. During the Samhita period the formal teaching of Ayurveda was started and initial steps were taken to systemize the knowledge of Ayurveda. Charak samhita which is considered as one of the earliest formal literature of Ayurveda contain several information regarding code and conduct to be followed by the physician during their education, during entering in the profession and in their whole professional life.

In the words of Acharya Charaka, sickness prevents a person from pursuing his values of life which include satisfying the normal desires and having usual pleasures of life, acquiring wealth and securing financial comfort, leading a life of virtue and social usefulness. This triad characterizes normal human life. The person who is sick is unable to lead a normal life, pursuing this triad, and to this extent he threatens the society which he lives and of which he is a part. Values of life are fulfilled only by a healthy person. The physician who restores the health of the person will indeed gift him with the values of life. The high ideals of medical practice and the responsibility of the physician are emphasised in Caraka’s poignant statement: ‘No other gift is better than the gift of life’. For this the purpose the training of physician should be started right from the admission in the field of medical science.

The training of doctors and their code of ethics and practice, in ancient India holds a salutary position in the history of medicine. Prospective medical students were carefully selected according to the criteria of the noble ethos of the profession. Students were expected to study for 6 years before being allowed to practise the art of healing. In Samhitas there is an exhaustive list of qualification is given which is required for a student of medicine and it is clear form its perusal that much importance was attached to the moral fitness as to physical and intellectual fitness. In fact the insistence on moral fitness was much more as can be seen from the fact that the majority of the required qualifications concern the ethical side of student’s personality. There are clear indications to whom the admission in the medical education should be given and not to be given. At the onset of training, a solemn injunction (that preceded the Hippocratic Oath by several centuries) was delivered to the student, who had to: ‘… renounce lust, anger, greed, ignorance, vanity, selfishness, envy, rudeness, miserliness, falsehood, sloth and all other acts that bring a man to disrepute. At the proper time, you must clip your nails and trim your hair, and put on the saffron robe of the student. You must live the truthful, disciplined life of a student and obey and respect your teacher. At rest, asleep or awake, at meals, at study and in all your acts, at all times you must be guided by my instructions. All actions should be pleasant and beneficial to me, otherwise your knowledge and study will be ineffective and you will never achieve fame. Significantly, the conduct of the teacher was also subject to scrutiny, thus: ‘If I [the teacher] act unjustly towards you even when you obey me totally and faithfully carry out my instructions, may I incur sin, and may my knowledge, rendered futile, never be displayed or come to fruition’. Acharya charka also emphasise on continuation of learning even after the finishing of education. A physician should regularly attend seminars and symposia to review his knowledge, and to learn new things.

Professional etiquettes
Acharya Charaka said that a physician is superior to a Brahmin, because if the Brahmin is twice born, once from the mother and second time when threading ceremony is done, the physician is thrice born, when he completes his medical education. After completing the education, one should get permission from the guru and offer guru dakshina. Before starting practice permission was to be taken from local authorities. The Caraka samhita emphasises the values central to the nobility of the profession, thus: ‘Those who trade their medical skills for personal livelihood can be considered as collecting a pile of dust, leaving aside the heap of real gold’. Furthermore, ‘He who regards kindness to humanity as his supreme religion and treats his patients accordingly, succeeds best in achieving his aims of life and obtains the greatest pleasures’[2].

In the Susruta samhita, the doctor’s duty and obligations to the patient are stressed: ‘The patient may doubt his relatives, his sons and even his parents but he has full faith in the physician. He [the patient] gives himself up in the doctor’s hand and has no misgivings about him. Therefore, it is the physician’s duty to look after him as his own son’. [3] Charaka, however classified physicians into two categories: the right ones and the wrong ones. The former remove the diseases and assure life, while the later produces illness and remove the life itself [2]. There were quacks and fakes even in the ancient times. They have been term ‘prathhi-rupakas’ or ku-vaidyas. Even the law of the land laid a heavy hand on them. Manu, the earliest Indian law-giver, enjoins that the fake physician must be severely punished. [5] Yajnyavalkya. Yajnya-valkya-smriti lay down that a quack is to be fined heavily [6].

For a good physician, qualities like efficient, perfect knowledge, skilled in action and cleanness were made essential. Furthermore, he should be kind to all, should have wide range of practical experience and polite. He should be dedicated to truth, compassion, donation, and modesty. He should worship and follow divine power, brahmin, teacher and other experienced persons, serve teachers and other old persons. He should be devoted to justice, free from fear, greed, infatuation, anger and falsehood. He should have fine appearance and be free from addictions. The moral attitude of a physician should be very high and Acharya says that if he finds some noble qualities in enemies he should acquire them, he can learn from nature also and thus he would earn power intuitions which will bring fame, life, nourishment and acceptance among people[2],[3]

DISCUSSION

Although the social organisation of health care in ancient and medieval times has not been studied in much detail, there is enough evidence to make some definite observations on the way medicine was practised and the kind of regulations exercised by the society. The agrarian economies and the kingdoms of that time did not have a formally constituted and separated heath care service system. The latter was in fact a part of the economic organisation at the village and town level. Though few doctors were patronised by the rulers, the rest were integrated in the village economy, providing services like any other artisan and craftsman, and in return, they were supported by the society.

While practising medicine required knowledge and training gained from the family tradition or from other practitioners, the doctor was in many ways a self-contained artisan, collecting herbs and chemicals and compounding drugs to treat patients. Since the organised intervention of the state in ordering the medical prac-
tice was either non-existent or was only related to certain limited aspects, the trained physicians derived their authority as healer from the membership of their primitive associations and the reputation of their skills. In any case, the patient approaching a doctor did need a reassurance that the doctor had certain social standing, and this standing was gained from the authority and self-regulation of their associations. The code was useful to the physician to build his reputation in the society. Similarly, the ancient Indian medical system of Ayurveda had well defined code of medical ethics, expounded in our ancient texts. These codes were purely voluntary codes, adopted within the specific social environment by the physicians to bring about self-regulation. And the same time, to assure the society that a physician governed by such a code would conduct himself in a manner which would be in the best interest of the patient and the society. Further, importantly, these codes were not part of any legal system of the state, and therefore the state had no responsibility to enforce it amongst the doctors. These elaborate codes for self-regulations were thus, morally binding on doctors and the morality of doctors was considered extremely important. This morality gave a social image and authority to doctors. The ethical code was a regulator of the patient care as well as the professionalism in medical care.

Unfortunately for the medical technology, there are now several hurdles which the conscience of the medical practitioner should cross or circumvent, to maintain the so called professional dignity; what his judgment be in cases like euthanasia, iatrogenic diseases, medico-legal responsibilities, pregnancy tests, legal responsibilities, artificial insemination, organ transplantation, vitro fertilization, embryo transfer technology, genetic engineering, use of cadaver or dying patients for their organ, and even transfusion. These are issues which are ethical in character and significant in present context.

Again, monetary considerations play important and enormous role in modern society. A large number of young and brilliant aspirants take medical practice only for the rich rewards that it entails. The social fabric has become so complicated and tangled that one does not distinguish the competent and the honest doctor from the commercial doctor who merely puts on airs. Ethics in this context gets terribly out of gear. The old and honoured concepts of service, propriety, efficiency, integrity, honesty, commitment and sincerity do not seem to be applicable to modern times.

In such an era where the economics and not ethics seems to rule the roost the path enlightened by our ancestors became more and more important to guide the present and the upcoming generations. Today, need of the hour is to re-establish the ancient ethical values of medical profession which were created by Acharyas.

CONCLUSION

Mahabharata, the great Indian epic, told us that we must cultivate the physician who is wise, virtuous, pleasant, friendly, honest, and compassionate [7]. Adequate medical education is no doubt ‘a light’ that will extend the horizon of one’s vision and refine ones native talent. Education according to Charaka should enable the student of medicine to hold this light and enter in to the inner life of the patient, so that he can treat him effectively; otherwise the education is wasted [2].

Medical ethics be included not as a normative discipline but as a practical course with its own problems and considerations. The role of ethics is certainly vast and varied, from treating a common cold, to the controversy on euthanasia, from the simple
obligations of a family doctor, to the specialist services in the high cost, high specialist services in the high cost, high technology five star nursing homes. Vagbhata’s Ashtanga samagraha indicated that an efficient doctor is friendly towards all, compassionate to the patients, happy when he sees healthy people, and composed when he finds that his patient is unlikely to be saved; his good conduct is what distinguishes him.\[4\]

Finally the advice given by Charaka, may be pertinent for the doctors even today: ‘He who practices not for money nor for caprice, but out of compassion for the living beings is best among all physicians. The physicians who set out to sell their skill like merchandise only to lose sight of the gold and acquire heaps of dirt. Hard is to find a conferrer of spiritual blessings comparable to the physicians who snaps the snares of death for his patients and proffers renewed lease of life for them\[2\]. At the end, we all should accept the quoting of Charaka that may all be happy, may all beings be free ailments, may all good occur to all people, and may no one be troubled with misery.\[2\]

REFERENCES


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