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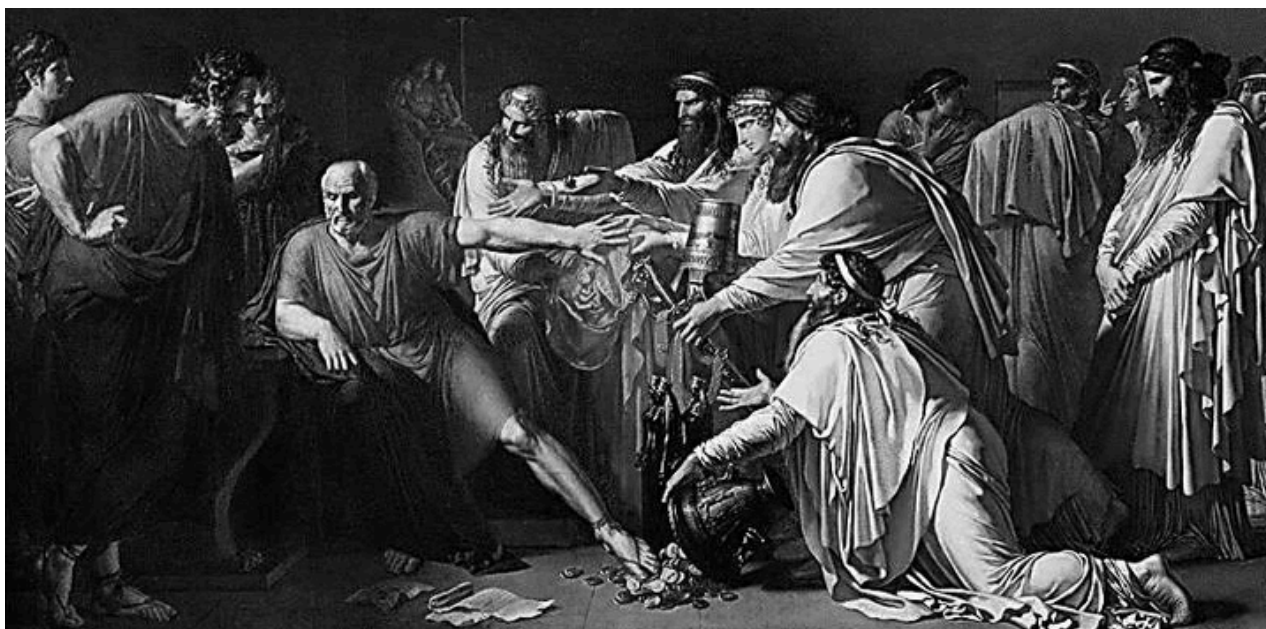
ETHICS DURING THE PANDEMIC HIPPOCRATIC OATH SHOULD BE REVISED, UPDATED OR STRENGTHENED?

AUTHOR :

Yusuf Saleeby

Graduate from the Medical College of Georgia in Augusta Georgia; Post-graduate training at East Carolina University School of Medicine in Greenville, North Carolina; Career in Emergency Medicine; Training in functional and age-management medicine. Holistic integrative and functional medicine at Priority Health of the Carolinas. USA.

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HIPPOCRATES REFUSING THE GIFTS OF ARTAXERXES

INTRODUCTION:

Medicine in America may be in a dysfunctional state. Things seem out of phase since 2019 and the onset of the COVID pandemic. There have been distractionary issues that have pulled apart the cohesiveness of health care practitioners. In this piece we will discuss the impact of diversity and inclusion policy, the homelessness problem, gender identity and a failed policy on the pandemic response that all should be a lesson in history to avoid mistakes in the future.

GENERAL CONCEPTS:

The Hippocratic oath (c. 400 BC) is an ethical code attributed to the ancient Greek physician Hippocrates, adopted as a guide to conduct by the medical profession throughout the ages, and still used in the graduation ceremonies of many medical schools.

I swear by Apollo the physician and Aesculapius, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation: to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other

mode of instruction, I will impart knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness, I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females, from the seduction of free men and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected by all men, at all times! But should I trespass and violate this Oath, may the reverse be my lot!

This code, or a fragment of it, has been handed down in various versions through generations of physicians.

In the oath, the physician pledges to prescribe only beneficial treatments, according to his abilities and judgment; to refrain from causing harm or hurt; and to live an exemplary personal and professional life.

We will return to this meaningful paragraph later on.

The idea that an ancient code of professional conduct could possibly retain any relevance in the current era of "Big Data," religious and cultural pluralism, trillion-dollar government budgets, and nanotechnology may seem preposterous.

Yet the challenges of contemporary health care mean that the ideal of the Hippocratic Oath remain as important today as they have always been.

WHAT HAS CHANGED AS TIME WENT BY:

While preventing personal and social injustice is a major concern of the Oath, physicians in general shy away from issues of social injustice, and when they do engage with societal issues, may at times have favored the

known financial or personal interests.

Today, we face old and new "deities", including one perhaps more powerful and capable of extremes of good and evil than any other: money.

There are many ways in which a doctor can have a conflict of interest; and conflicts vary in terms of their influence and effect on the conduct of the doctor.

Relationships with pharmaceutical companies.

Representatives of pharmaceutical companies go from doctor office to doctor office meeting with doctors and handing out drug samples.

They take doctors to lunch or dinner. They may give the doctor gifts.

The companies themselves hire doctors to speak at meetings or to advise the company on this issue or that.

Some doctors partner with pharmaceutical companies to develop new products.

Relationships with financial firms

Some doctors have partnered with financial firms to "assist" their patients in getting financing so they can afford the services the doctor provides.

The doctor's staff will sometimes help patients with the application process. The interest rates charged by these companies may be much higher than what the patient could get on the open market.

The doctor may get a fee for every patient who signs up for a loan.

Relationships with treatment centers

Doctors may have a financial interest in the treatment center to which they send their patients for certain therapies or for surgery.

If they have such a financial interest, they tend to send more patients for these therapies or surgeries than do their colleagues who do not have the same financial interests.

Relationships with hospitals

Hospital chains have been buying physician practices.

Many doctors confide that they have worked for companies they believe are unsafe or unethical, yet they hesitate to speak out because of the prospect of losing their jobs.

To comply with bad medical practices is a violation of the covenant and between the doctor and the patient.

Relationships with generalized opinions

Nowadays, many doctors (including experienced ones) subside their own opinions to Dr. Google's ones.

This may be partially caused by burnout, fear of criticism, etc.

Resistance to the critical community and belief in the superiority of collective thinking over independent thinking as the first significant category were the two subcategories of "linear thinking-intellectual dogmatism" and "systemic obedience."

UNHEALTHY CHANGES:

There is a thin line between the above-mentioned issues and explicit manifestations of corruption.

In order to understand manifestations of health sector corruption, it is important to be familiar with actors in health systems and their relationships to one another.

On one spectrum of health systems, far from direct provision of services, are governments and the government officials who are responsible for crafting health-related policies, executing the policies, and regulating the health system.

We must say a recent publication in the Journal of the AAPA (J.AAPA, vol. 29, num. 2, Summer 2024) by Mr. Craig Cantoni outlined quite nicely the history since the mid-1960s of the direction America has taken regarding the mentally ill, homelessness, race relations and root causes of some of the ills of society.

Cantoni references Senator Daniel P. Moynihan quite aptly in his Op-ed piece. This article opens the eyes of many to what may be root causes that have gotten us to where we are at this moment in history.

Policies of Diversity, Equity and Inclusion

As a nation we have become desensitized and accustomed to an increasing level of crime and social pathologies.

The root causes may have been overlooked or in the process of "political correctness" set off course by implementation of policies that have done more harm than good.

For example, the recent policy on diversity, equity and inclusion (DE&I) was set to correct a course of hiring inequity with deeper root causes than what is superficially perceived.

This has harmed many individuals and led to a lowering of standards across many higher learning institutions and industries.

This has disenfranchised those who excel at what they do because of merit and ability for that of the color of the skin, gender, religion, and age.

Getting accepted to a university of learning should be made based on scholarly ability not race or ethnicity.

The problems that have led up to this kerfuffle need to be vetted out early on in the process not at the 11th hour.

Can't reference several issues with select communities that have led to policy makers mistakenly implementing a "fix" that is nothing more than a process to make things worse.

Homelessness

A big issue in America these days is the homeless.

The changing of the nomenclature we use today only muddies the water and makes the issue seem a bit less painful than it really is.

We now call our homeless population "unhoused or unsheltered"... Homelessness is homelessness and no need for any PC new terminology. It stems from a failed governmental policy and there is a proper solution. We must look back to October 1963 when President John F. Kennedy signed into law the Community Mental Health Centers Act.

However, this policy was never fully embraced, underfunded and eventually ignored.

It made provisions for thousands of mental health centers to open up nationwide to deal with the emptying out of the mental health hospitals. Because of the failure of this process there was no place to house the mentally ill who were unable to secure affordable housing.

They would end up living on the streets.

To take New York state as an example, in 1955 there were approximately 93,000 adults residing in mental health hospitals, while in 1992 numbers were only a little over 11,000.

That is one factor contributing to our number of homeless in America. We now know those affected by the SARS-CoV-2 virus have a higher incidence of mental illness, further compounding the problem.

Our armament of mental health pharmaceuticals has failed to improve the situation over the years.

It is projected that depression, anxiety disorder and suicide will increase as a result of this virus.

Since the 1960s deinstitutionalization of psychiatric patients has impacted the homelessness and until this trend is reversed I see no end to the problem.

Societal Ills and the El Salvador example

In Mr. Catoni's article he gives an historic timeline that defines and explains current societal ills based on single parent families, blaming root cause on racism and distracting the public with erroneous notions of the etiology of the problem.

Social media posts have further distracted the American public and placed a wedge between family members, co-workers and friends.

If we look at the crime rates in the Americas, we see where El Salvador was once listed as the homicide hub of the world.

In the years 2020 and 2021 there were north of 1000 people killed in that country each year with a peak of over 2000 homicides in 2019.

That same year in 2019 a new president Nayib Bukele was elected to office and implemented a drastic policy to reverse this trend.

During his first term he incarcerated over 75,000 criminals (mostly gang members) under a pretty rigid program.

He essentially brought the violent crime rate in his country down to a level where El Salvador has the second lowest homicide rate in the Western Hemisphere with Canada being the lowest.

Numbers are now 2.4 per 100,000 people for a homicide rate and the population now fills the streets with folks unafraid of leaving their homes. This has a great impact on the number leaving the country out of fear, and the population taking their country back.

It is not a perfect system as critics point to abuse of power and issues with due process. One criticism is the use of mega-prisons (CECOT or Terrorism Confinement Centers).

When interviewed he responded that he was bringing religion back to his country.

Apparently since the 1980s the very powerful and pervasive Mara Salvatrucha (better known as MS-13) gang has leaned towards satanism in their practices.

Bringing back Christian ethics to the country seems to be one solution that is working. As ambiguous as President Bukele's faith maybe, he was raised as a Christian of Palestinian heritage, his father ultimately converted to Islam later in his life and his wife has roots in Judaism, the point remains the pendulum has swung the other way.

While bringing God back into the picture in his country from a formerly Godless crime culture that permeated the nation violence and

murder is at an all-time low.

This can easily happen in the United States and elsewhere.

Gender Confusion

Our nation in recent years has been tormented by confusion about gender and how a person identifies themselves.

The answer is very simple and straight forward.

Biology and science of gender is the determining factor not one's opinion on what they believe themselves to be.

Any confusion as to what a person believes themselves to be should be considered a mental illness and treated as such with psychiatric evaluations and therapy not with asurgical knife or hormone treatment.

Lack of faith in a Creator or proper guidance by the medical community has probably influenced such beliefs and led people astray.

The Failed Pandemic Response

Many around the world are finally waking up to the realization that the Pandemic Response for the COVID-19 virus was wrong on many levels. Sure, it was a rapidly evolving crisis and we all were scared of the unknown.

With discovery of once classified emails and whistleblowers coming forward the narrative that was once forced down our throats is now under heavy scrutiny.

Discovered documents and testimony from industry leaders and policy makers now coming forth are making the headlines.

The days of ill-gotten gains by rapacious biomedical companies and power-seeking individuals are now at the brink of dissolving.

Corruption is being exposed at so many levels.

The grip these agents had over the media through censorship is slipping. Society should not be bamboozled any time so on with a similar manufactured crisis.

While these agents are pushing back and hard, their struggle against the just is doomed to failure.

While the WHO in May 2024 had a gathering in Geneva, Switzerland to discuss measures to control and oversee any future pandemic on a central global level, that amount of control is susceptible to corruption and exploitation.

LET'S GO BACK TO THE OATH

In the oath, the physician pledges to:

prescribe only beneficial treatments, according to his abilities and judgment; refrain from causing harm or hurt; abstain from every voluntary act of mischief and corruption; etc.

The events that took place during the recent pandemic have shown that most practitioners behave far from these ethical standards.

Whether the reasons may be countered amid all the above-mentioned considerations, or imply new and different forms of misbehavior, is something still concealed...

What is the good of a oath that is permanently violated?

Is there any need to adjust it to the ambiguous nowadays procedures? Or is it better to strengthen the oath, and make it something really meaningful, and not just a pretty antique...?

As clinicians we are to uphold a level of ethics that is exceptional. We take an oath to serve mankind no other profession is required.

Holding the lives of those we treat in our hands demands of us one of the highest standards of ethical behavior of any sector or profession.

We as healers have much on our plates from becoming critical thinkers and questioning the "norm" to leading the charge on changing policy that is fair and just.

We cannot allow for the torture and mutilation of our patients. We must be truthful, respectful and transparent. We are at the tip of the spear for humanity's pursuit of equality, justice, freedom and a chance to chase happiness.

That being said, we may need a new, revised, updated oath for the times. And it may go as follows:

I swear before my Creator to fulfill this covenant to the best of my ability and judgment. By what I hold highest I promise my patients integrity, competence, compassion, transparency and to hold their best interest as their advocate.

I will respect the scientific gains of those clinicians in whose steps I follow. I will avoid over testing and over treatments. I will treat my teacher as I would my parents and their sons and daughters as my siblings. I will pass along my knowledge to those who seek it within the circle of the healers.

I will promote wellness and prevention of disease with the simplest and most natural interventions

first. I will never hurt my fellow human with a knife to the flesh or an herb or drug to poison or take away his/her life. I will never go as far to take advantage of my patient or their family with inappropriate actions that would offend the fiduciary relationship I have as their healer.

I will conduct myself knowing there is an art to medicine as well as a science that encompasses sympathy, compassion and understanding. I will not falter to confess "I do not know" as a matter of pride. In such cases I will consult with other practitioners who may have the knowledge I do not possess.

I will respect the privacy of my patients. I will include them in discussions and decision making as I am a consultant in their care and will not demand or force actions by fiat.

I will charge fairly for my professional services and not profit financially in any way as a result of rapacious desires. I will practice this art of healing up holding the traditions of this sacred profession. In doing so I expect to enjoy a personal life, a professional career with respect while alive and remembered with affection thereafter.

If I do not violate this oath, I hope to be financially rewarded; should I fail, I will accept all misfortunes.

Whether we choose to strengthen the old Oath, or to update it, is our call. But one thing is for sure: we must not change ancient or contemporary Gods, for the God of Money...

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