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### The Rhetoric of Oath-Taking in the Medical Profession

For centuries, the Hippocratic Oath has been regarded as the enduring bedrock of western medicine and medical ethics, conveying “the duties and commitments of a physician to the best interest of the patient...in a short, elegantly complete” way. (Askitopoulou et al, 1). Originally appearing in the Hippocratic Corpus, a collection of Ancient Greek medical writings attributed to the physician Hippocrates of Cos, the Oath has enjoyed a long tradition of use, reuse, and transmission across cultures and medical communities, providing them with a template for expressing the core values and ethical commitments of the medical profession.

The use of the Hippocratic Oath by various medical communities has a rhetorical dimension as a piece of both epideictic and constitutive rhetoric. Since 1508, the Hippocratic Oath has been recited at medical school graduation ceremonies in European, and later American, medical communities, giving new medical practitioners the opportunity, before witnesses, to “make a commitment, by means of affirmation, to observe an ethical code (Askitopoulou et al, 1).” Within this ritual context, new medical practitioners make a public, voluntary, self-binding act to uphold the values of the medical community. This has a twofold function—it is a ritual act of both persuasion and identification, allowing new doctors to pledge allegiance to the values of the community and to declare themselves as members of the community and a tradition. Thus, the Hippocratic Oath uplifts acceptable, ethical behavior for a medical professional, shaping the values and professional identity of the larger medical community.

Additionally, as medicine evolves as a profession, so too does the Oath evolve to meet the changing needs of the medical community (Jotterand 110). As issues in medical ethics have become

increasingly complex in the 19<sup>th</sup>, 20<sup>th</sup>, and 21<sup>st</sup> centuries, the Oath remains a guiding factor in “forcing the medical profession to re-examine its core values (Sritharan et al, 1).” The Hippocratic Oath, therefore, provides medical professionals with a way of deciding what actions are just and unjust. When the medical profession is struck by catastrophes and controversies, “the Hippocratic Oath [plays] a symbolic force as a moral rallying point” for the medical community (Jotterand 108). The Oath, therefore, is a powerful social symbol within the field of medicine. In times when the role of the doctor is brought under scrutiny, the Oath provides the community with a way to recommit to the values and actions that the community sanctions, as well as to update them in the wake of the changing landscape of medicine and medical ethics.

In this paper, I am interested in exploring one of those times, as well as the Oath’s role as force for rallying the medical community and a force for guiding its core values. In the wake of the medical atrocities and human rights violations committed by the Nazis during World War II, the global medical community adopted the language of the traditional Hippocratic Oath in order to take symbolic action against these affronts to medicine and humanity. This new oath, the Geneva Declaration, represented a reimagining of the ideal doctor, a recommitment to protecting patient interests, and a reestablishment of a professional ethos for a medical community shaken to its core.

During the war, Nazi doctors stationed at concentration camps conducted countless horrifying experiments on unwilling prisoners. In the name of advancing medical knowledge and testing the limits of the human body, these doctors forcibly sterilized prisoners, harvested their organs, amputated and re-attached their limbs, exposed them to extreme cold, heat, and low pressure conditions, intentionally infected them with diseases, injected them with untested drugs and pharmaceuticals—unfortunately, the list goes on and on (Ball, 124). These experiments would be horrifying enough if they had merely been “senseless acts of sadism [conducted by] deranged Nazis” with complete disregard for scientific, ethical,

and moral standards (Ball 124). This, however, was not the case. What makes these events truly horrifying is not only the sheer brutality of the doctors, but also the commitment of those doctors to rigorous, systematic scientific and ethical standards.

In fact, Germany in the 1930s and 1940s had well-established ethics programs in its medical schools that clearly delineated obligations of the physicians to society, the state, and to the individual. The German medical professional community was even critical of so-called “value-free science,” or “science for its own sake” without concern for moral and ethical repercussions (Proctor 342). The German government was committed to these medical ethics as well—in 1931, it even “strengthened sanctions against inappropriate human experiments...specifically disallowing experiments involving exposure to cold, heat, or infection (Proctor 343).” So, there were medical, ethical, and legal precedents in Germany that seem like they should have prevented the atrocities committed by the Nazis during the Holocaust. However, there was an incongruity between the values expressed by the law and by medical institutions and the supremacist, racist, and eugenicist ideologies that were promoted not only by the Nazi regime, but also the medical communities and governments of other Western nations decades before the second world war had even begun.

With the rise of nationalism in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, European countries, as well as America, began to espouse eugenicist doctrines in the name of promoting “public health, homogeneity, and purity (Tanner 459).” Thus, “the very concept of rights,” who was entitled to what, and had what sort of legal protections, “was permeated by an ideology of community...which could also be used to expel groups, foreign bodies, inferior races, and vagrant individuals (Tanner 459).” This culture of supremacy, determining which groups did and did not have value in the eyes of the law and of medical and scientific communities, was well-established in the West, and led to legal, scientific, and medical justifications “the inhumane concepts of eugenics and euthanasia” on the basis of race and creed

(Frewer 261). Nations such as the United States, Sweden, and Switzerland pioneered practices of marriage restrictions between races, restrictions on immigration, and the mandatory sterilization of criminals and the “morally depraved,” before the rise of Hitler and the Nazi Party (Tanner 473). Furthermore, international medical and scientific organizations supporting eugenicist and supremacist ideologies characterized this period, further establishing the precedent of discrimination in the name of racial purity that the Nazis would later take to its grisly extreme.

Thus, Germany, as well as other nations in the West, could simultaneously uphold ethical standards for the treatment of some individuals while also denying the rights of others because this international culture of supremacy, racism, and exclusion. The laws and ethical codes established in Germany applied provisions against experimenting or mistreating human beings—but who exactly counts as a human being was determined by the racist ideology of the Nazi Party. Those who were considered by the Nazis to be “unfit—physically, mentally, or racially, to breed” were deprived of their humanity, experimented on, and annihilated (Ball, 124). Thus, hated ethnic groups, such as Jewish and Romani prisoners, as well as “moral degenerates” and the mentally handicapped, having been stripped of their status as human beings, were disqualified from any protections under either the law or the professional ethics of the Nazi medical community. To think, however, that this sort of ideology was exclusive to the Nazi Party would be ahistorical. The governments, scientific, and medical communities of other Western nations were complicit in supporting the very ideologies and actions that would horrify them at the end of the Second World War. And, it was this reality, along with the actions of the German government, that the global medical community had to confront.

In the wake of the medical atrocities committed during the Holocaust, the subsequent Doctors’ Trial, and the Nuremberg court proceedings, the global medical community responded in two decisive ways. Shortly after the conclusion of the Doctors’ Trial in 1947, in which charges were

brought against certain Nazi doctors and medical staff, the global medical community responded by forming the World Medical Association (Frewer 260). The new WMA's primary concern in their first meeting was medical ethics and establishing a code of conduct that would prevent the atrocities of the Holocaust and the Nazi medical experiments from happening again. The decision was made to resurrect the old Hippocratic Oath, which had fallen into disuse at the beginning of the 20<sup>th</sup> century, in order to construct a new code of ethics, code of action, and example of moral behavior for the medical community that was completely disassociated from both the ideology of the Nazis and the culture of racial supremacy and eugenics in the West. This document was the Geneva Declaration, "a new document," modeled after the Hippocratic Oath, and "drafted concerning the values of the medical profession (Frewer 261)." It read as follows:

#### DECLARATION OF GENEVA

Adopted by the General Assembly of The World Medical Association at Geneva, Switzerland,  
September, 1948 •

#### **AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:**

I SOLEMNLY PLEDGE myself to consecrate my life to **the service of humanity**.

I WILL GIVE to my teachers the respect and gratitude which is their due;

I WILL PRACTICE my profession with conscience and dignity;

**THE HEALTH OF MY PATIENT will be my first consideration;**

I WILL **RESPECT** the secrets which are confided in me;

I WILL MAINTAIN by all the means in my power, the honor and the noble traditions of the medical profession;

MY COLLEAGUES will be my brothers;

**I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;**

**I WILL MAINTAIN the utmost respect for human life from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.**

**I MAKE THESE PROMISSES solemnly, freely and upon my honor.**

(The boldface was my addition)

The language Geneva Declaration represents a rhetorical shift, an intentional creation of a professional ethos that is expressly invested in the preservation of human life and human dignity. These bolded passages all counter claims implicit in Nazi medical ethics and pre-war Western medical ethics generally. While doctors were committed previously to the service of the state and racist ideology, they are now committed to “the service of humanity”; where they used to be committed to the racial health or hygiene of society, they were now committed to the “health of the patient.” Furthermore, the Declaration emphasizes a recommitment to respect, both for the patient and for human life generally, which cannot be violated on the basis of “race, creed, religion, nationality, or social standing.” Thus, a doctor was now obligated under this Declaration to recognize the humanity and dignity of all people, not just those considered desirable by the government and society.

Under the Geneva Declaration, the identity of the ideal doctor and of the profession as a whole has also changed. Doctors now were moral agents, compelled to follow the precepts of the oath, not because the government forced them to, but because they “voluntarily” made these promises “upon [their] own honor.” This explicitly puts into language that medical institutions and professionals are not just extensions of government control, or tools for promoting certain ideologies. Rather, medical professionals have a separate identity as a group acting on its own volition, as well as out of a moral obligation, to promote the health and welfare of all people. Thus, the Geneva Declaration is a document

of empowerment—through this piece of epideictic rhetoric, the World Medical Association allowed the medical community to redefine itself, the values it was committed to, and the actions it swore to take in order to ensure that a global crisis like the Holocaust would not happen again. And, through the rhetorical act of repeating this Declaration at medical school graduations, these new values would be continually reaffirmed and passed on to new professionals, shaping the values and identity of the medical community away from the inhumanity, brutality, and clinically-endorsed racism that characterized it in the past.

The establishment of the Geneva Declaration marked a recommitment to medical ethics informed by human rights that would influence the use and formation of medical oaths in the West for decades to come. In 1928, for example, only 24% of American medical schools required students to recite an oath at their graduation ceremony. By 1998, however, that number had gone as high as 98% of universities in America, as well as 50% of medical schools in Britain (Keranen 55) (Sritharan et al, 1). The creation of the Declaration of Geneva thus began not only a reevaluation of medical ethics, but also a revitalization of the tradition of oath-taking in the medical community. Thus, the institutions in the medical community continues to maintain this practice, reminding themselves and the medical practitioners they create who they are as doctors, and what values they swear to uphold.

Furhtermore, these oaths are not static—the Geneva Convention itself has undergone multiple revisions since its first drafting, representing the document’s role of reflecting and reaffirming the changing ethical mores of the medical community. Thus, as examples of epideictic and constitutive rhetoric, the Hippocratic Oath, Geneva Declaration and oaths like them continue to develop, adapt, and test the ideas of the medical community, even as the community develops and changes. Through the act of oath taking, the medical community constantly re-examines and re-affirms its own ethics and ideals in order

to maintain a professional ethos incapable of repeating the mistakes of the past and committed to upholding ethical practices in the future

### Works Cited

Ball, Philip. "Naming of the Victims of Nazi Medicine." *The Lancet*, vol. 389, no. 10085, June 2017, pp. 2182-83. *ScienceDirect*, [https://doi-org.ezproxy.lib.utexas.edu/10.1016/S0140-6736\(17\)31492-7](https://doi-org.ezproxy.lib.utexas.edu/10.1016/S0140-6736(17)31492-7). Accessed 5 Dec. 2018.

Frewer, Andreas. "Human Rights from the Nuremberg Doctors Trial to the Geneva Declaration. Persons and Institutions in Medical Ethics and History." *Medicine, Health Care and Philosophy*, vol. 13, no. 3, Aug. 2010, pp. 259-68. *SpringerLink*, [doi.org/10.1007/s11019-010-9247-2](https://doi.org/10.1007/s11019-010-9247-2). Accessed 1 Dec. 2018.

General Assembly of the World Medical Association at Geneva. "Declaration of Geneva." Sept. 1948. *World Medical Association*, [www.wma.net/wp-content/uploads/2018/07/Decl-of-Geneva-v1948-1.pdf](http://www.wma.net/wp-content/uploads/2018/07/Decl-of-Geneva-v1948-1.pdf). Accessed 1 Dec. 2018.

Jotterand, Fabrice. "The Hippocratic Oath and Contemporary Medicine: Dialectic between Past Ideals and Present Reality?" *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, vol. 30, no. 1, 1 Jan. 2005, pp. 107-28. *Oxford Academic*, <https://doi-org.ezproxy.lib.utexas.edu/10.1080/03605310590907084>. Accessed 9 Nov. 2018.

Keranen, Lisa. "The Hippocratic Oath as Epideictic Rhetoric: Reanimating Medicine's Past for Its Future." *Download PDF Journal of Medical Humanities*, vol. 22, no. 1, Mar. 2001, pp. 55-68. *ezproxy*, <https://doi-org.ezproxy.lib.utexas.edu/10.1023/A:1026638111488>. Accessed 9 Nov. 2018.

- Konkol, Pamela Jane. *Codes, Creeds, Oaths and Community: Teaching and Professional Ethos*. 2010. U of Illinois at Chicago, PhD dissertation. *ProQuest 5000*, search-proquest-com.ezproxy.lib.utexas.edu/docview/807661633/fulltextPDF/B4AB7D8D72364E0CPQ/1?accountid=7118. Accessed 9 Nov. 2018.
- Sim, F., and P. Mackie. "First Do No Harm." *Public Health*, vol. 121, no. 10, Oct. 2007, pp. 723-24. *ScienceDirect*, doi.org/10.1016/j.puhe.2007.07.005. Accessed 29 Nov. 2018.
- Sritharan, Kaji, et al. "Medical Oaths and Declarations." *BMJ*, 22 Dec. 2001, p. 323. *thebmj*, doi-org.ezproxy.lib.utexas.edu/10.1136/bmj.323.7327.1440. Accessed 1 Dec. 2018.
- Tanner, Jakob. "Eugenics before 1945." *Journal of Modern European History*, vol. 10, no. 4, 2012, pp. 458-79. *JSTOR*, www-jstor-org.ezproxy.lib.utexas.edu/stable/pdf/26266044.pdf?refreqid=excelsior%3A4730bc310e46a4317c1a2721d6ded0c2. Accessed 1 Dec. 2018.
- Tulchinsky, Theodore, et al. "Integrating Ethics in Public Health Education: The Process of Developing Case Studies." *Public Health Reviews*, vol. 36, 2015, pp. 1-11. *ProQuest 5000*, DOI:10.1186/s40985-015-0002-3. Accessed 1 Dec. 2018.