# SENIOR THESIS

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Introduction:

In the year 2012, “What does it really mean to be a doctor? Every day, I open the door to my office and hang my stethoscope around my neck. In that moment, I am no longer a daughter, a wife, a mother, a supporter of a political party, a colored person, or even a woman. I am a doctor and the health of my patient is my first consideration.”¹ Modern medicine and present-day bioethics in the medical field have been shaped and molded over a period of more than two thousand years by a variety of well-renowned individuals who were born out of a diverse collection of cultures. One of the first and most influential individuals who played a significant role in the development of these groundbreaking medical principles was an ancient Greek philosopher and physician by the name of Hippocrates. Almost 2,500 years ago, he transformed the medical and bioethical ideals of his era that have continued to remain a cornerstone in the medical field throughout human history. Through his development of a systematic approach to the treatment of disease and the list of ethical duties presented in the Hippocratic Oath, the first standard of the physician-patient relationship was created. The Oath defined what medicine was and what it was not, and “by the fourth century A.D., it had come to stand for the medical profession.”² The Oath still governs the ethical conduct of physicians today and is recited at every single graduation ceremony of medical schools around the world.³

However, the Hippocratic Oath and the physician-patient connection have not remained the same since the time of the ancient Greeks over two thousand years ago. Medical professionalism has evolved throughout human history through the influence of many cultures, specifically the Jewish and Christian communities. The Hippocratic Oath was
redefined in terms of a new kind of relationship known as a covenant, a concept first established with God and the Jews early in biblical history. The Christian beliefs also helped to change the standards of medical professionalism in that the physician was called to go beyond the duties of his work to care for his patients. Furthermore, through additional influence of the monasteries, there was a union of work and spirituality that led to the formation of the modern concept of professionalism. Thus, the Hippocratic Oath has been rewritten since the time of the ancient Greeks in order to embody society’s current beliefs about professionalism.

However, throughout the progression of the medical field as a science and as a community, the ideal model of the physician-patient relationship has begun to disintegrate, although the Oath has been changed to incorporate the modern standard. In twenty-first century medicine, there has been a recent decline in the quality of the relationships formed between doctors and their patients. In many cases, the human contact has been reduced to a minimum due to a number of factors, such as the immense technological advancements in the medical field, and the increasing socialization of medicine as a whole. Present-day medical care has become less about the patient, and more about mass-production, insurance companies, and legal issues, which has depersonalized the physician-patient relationship. According to Father Maestri in his discussion of current ethics in healthcare, “medicine has in its recent years been struggling more and more with its tradition in terms of the goal of medicine and its relationship to the value of life.”
On the journey ahead, the goal is to examine what the physician-patient relationship was like in the past, what it is now, and what it should be. Despite the socialization of medicine and the influence of capitalism, the true model of medical professionalism for the physician is still founded in the current edition of the Hippocratic Oath. When a doctor takes the Oath upon graduation of medical school today, he or she establishes covenantal relationships. The physician makes a covenant with his or her patients to allow them to be an active participant in the healing process. At the same time, the doctor also creates covenantal relationships with the colleagues and other medical professionals that he or she interacts with. The most important covenant of all is between the individual physician and all of humanity. The Oath binds him or her to the community, in the same way that a lawyer, a priest, or an individual in the military becomes bound to the people in his or her area. However, the physician’s covenant is the most universal and the largest encompassing covenant of all the professions. When the doctor takes the Hippocratic Oath, there is a fundamental change of being that occurs, and the physician establishes a covenant with all of humanity and with life in general as a new individual.

The History of Professionalism:

In contemporary society, a professional can be defined as an individual who devotes his or her time and energy to learning a specific set of skills. Thus, characteristic to professionalism is to produce quality work, and to provide a skill that is distinctive. However, through the history of humankind, the meaning of professionalism has evolved
with the changing of society’s views on work and vocation. In the course of several centuries and by means of various cultures, mankind’s beliefs about work have transformed into the modern concept of professionalism in the twenty-first century. Most significantly, the development of professionalism through work ideas has affected the evolution of professionalism in health care. The history of medical professionalism began with the Greeks and the birth of the Hippocratic model of medicine, and was redefined by the Jewish and Christian ideals about work and relationships. The outcome is present in the covenantal model of the Hippocratic Oath and the meaning of the physician’s role today.

The history of work and professionalism can be traced back to the ancient Greeks. A polytheistic people, the Greeks’ society revolved around a dualistic approach that intended to maximize relationships with the gods and minimize connections to the material world. An earthly, physical existence was considered inferior to the immortal state that the gods possessed. According to one author, “the Greeks sought to... live in a way that takes part in the immortality of the gods.” As a result, perfection of the spirit and the mind was emphasized and thus, led to the Greeks’ ideas about work. “To the Greeks, work was a curse and nothing else.” The Greeks associated manual labor with an endless cycle of activity that was forced upon them by their physical existence. Work was considered to be the trade of a slave, and it was not meant for individuals who were born for a life of thinking. According to Aristotle,
capable of belonging to another, and who participates in reason so far as to apprehend it but not to possess it.¹¹ Thus, to the Greeks, some individuals were born to be slaves, whom Aristotle compares to animals, and some individuals were predestined for “the life of the mind.”¹² Aristotle also believed that a person who immersed themselves into ideas and did not work was contributing to a positive social good.¹³ Hence, by avoiding work and escaping the material world, one grew closer to the gods by investigating ideas and enriching the mind. As stated by one author from the Greek perspective, “through the contemplative life, not the practical, we come closest to the true form of divine life.”¹⁴

The ancient Greeks’ values about work had a significant influence on the creation of the Hippocratic ideal of medicine that is presented in the Hippocratic Oath. Composed almost 2,500 years ago, the Oath transformed the medical and bioethical ideals of Hippocrates’ era and has continued to remain a cornerstone in the medical field throughout the test of time. “Except for the Bible, no document and no author from Antiquity command the authority in the twenty-first century of Hippocrates of Cos and the Hippocratic Oath.”¹⁵ Although the document cannot be directly traced back to Hippocrates as the official author, it is commonly attributed to him because it represents his years of ground-breaking work in the field of medical ethics.¹⁶ The classic version of the Hippocratic Oath can be translated as:

I swear by Apollo Physician, by Asclepius, by Health, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture. To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils
who have taken the physician’s oath, but to nobody else. I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my art. I will not use the knife, not even, verily, on sufferers from the stone, but I will give place to such as are craftsmen therein. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as my outside profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets. Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me.  

The classic version of the Hippocratic Oath accurately embodies the ancient Greek ideals about manual labor. This is portrayed in that physicians can “not use the knife, not even, verily, on sufferers from the stone, but…will give place to such as are craftsmen therein.”

Thus, in Greek society, physicians applied ideas and knowledge to the treatment of disease and referred all surgical procedures, which were considered to be manual labor, to an expert in that field. The Hippocratic model of medicine used a systematic and scientific approach to practicing medicine and treating illness. “In this civilization… to be a professional was to be someone who dealt in ideas, who was virtuous, who was a certain kind of person.”

Furthermore, Hippocratic physicians believed in the ancient Greek philosophical ideas about philia, which is typically understood as a love shared between friends. The doctor strove to combine a balance of philanthrôpia, or the love of man, and philotechnia, the love of the art of healing, in his treatment strategies. The physician “was thus a friend to his patient as both a technophile, or a friend of medicine, and anthrophile, or friend of man.” This further
supports the Greek thoughts about work and the Greek model of the physician as a philosopher who deals in ideas. The ancient Greeks’ ideas about work and professionalism mark the foundations of the modern concept of professionalism that is recognized today. Through analysis of the classic version of the Hippocratic Oath, the origins of professionalism in healthcare can be compared to the current standard for twenty-first century medical ethics.

The traditional edition of the Hippocratic Oath can be divided into three distinct parts: first, the oath to the gods, specifically the gods of healing, second, the obligations to teachers in receiving and transmitting medical knowledge, and third, the code of discipline with regards to medical practice. The Oath begins with the calling of the Greek gods to witness the physician’s vow to practice the Hippocratic model of medicine. This opening statement establishes a religious undertone throughout the Oath that continues to the conclusion: “if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me.” The ending implies an intention to punish the physician who does not abide by the duties established in the Oath. The second section of the Oath explains the physician’s responsibility towards his predecessors and his teachers. The aspiring practitioner has an obligation to pass on his knowledge and the art of medicine to his own sons and the sons of his teacher. This is done out of a sense of gratitude or indebtedness for the services that the teacher has provided to the physician throughout his education. The third and final section of the classic Hippocratic Oath discusses the physician’s duties to his
patients and the code of discipline for practicing medicine. The code of discipline includes elements such as not administering lethal poison and not inducing abortion, which further reflect the religious tone of the Oath. In its entirety, the classic Hippocratic Oath embodies a broad respect for life.  

However, the ancient Greek version of the Oath reflects a greater priority of the physician’s teachers over his patients. According to William May in reference to the classic Hippocratic Oath, “the doctor may have duties to his patients, but he owes something to his teacher. He is the beneficiary of goods and services received to which his filial services are responsive.” The difference between the physician-patient relationship as opposed to the physician-colleague relationship has driven the code versus covenant distinction that has evolved over time and will ultimately be discussed further.

The evolution of the Hippocratic Oath to the present-day standard of medical ethics was due to the changing of society’s ideas about professionalism. The most significant aspect of the classic Oath was the religious or moral quality that it possessed because it made a Greek “professional” out of the man who took it. The physician professed by the powers of healing, his duties to his patients and his obligations to his teacher. Furthermore, he became a professor of healing and a professional by treating disease through a systematic application of knowledge and ideas. As the Hippocratic Oath endured throughout the millennia, the Greek code of professionalism was transformed into a covenantal model of medical professionalism through the monotheistic beliefs of both the Jewish and Christian communities.
The Jewish religion began the movement away from the Greek concepts of professionalism by forming new ideas about work and manual labor. Unlike the Greek polytheistic society, the Jews believed in one God, who was a good Creator. Genesis, the first book of the Bible describes the creation story of the Earth when the Lord instructs man to care for the Garden of Eden and name all the animals. Thus, the Jewish people believed that the physical world and all of its creation were a direct connection to God and his goodness. Furthermore, the creation story exemplifies how the Jews expected everyone to work, and how they viewed it as a way to become closer to God. On the other hand, this principle was essentially opposite to the Greeks’ beliefs about earthly existence.

The Jewish community’s ideas about work are rooted in the Old Testament and their permanent relationship with God. The Lord established his covenant with Abraham, Isaac, Jacob, and finally with all of Israel when he promised to deliver them to Canaan:

Behold, my covenant is with you, and you shall be the father of a multitude of nations… I will make you exceedingly fruitful; and I will make nations of you, and kings shall come forth from you. And I will establish my covenant between me and you and your descendents after you throughout their generations for an everlasting covenant, to be God to you and your descendents after you… I will bless your bread and your water; and I will take sickness away from the midst of you. None shall cast her young or be barren in your land… I will make all your enemies turn their backs to you… Little by little I will drive them out from before you, until you are increased and possess the land.

The Jewish concept of work was created out of them being a covenanted people and was seen as an expression of their intimate relationship with God. It was this idea of a covenantal relationship, rather than a contractual one, that influenced the intended evolution of medical professionalism and the true role of the physician today. However, one must
realize, what is a covenant? And what makes a covenant more significant than any other type of bond?

From ancient times, a covenant between two parties consisted of three elements. First, an exchange of gifts between the intended covenanted partners occurred. After that, an exchange of mutual promises was made that was based on the covenantal gifts. Finally, the covenant was complete when the two parties underwent a change of nature. The covenant had induced a transformation in the two parties so that they no longer possessed the same identity. A new identity was created and each party was now bound to the covenant and responsible for living it out.32

As Christianity arose from Judaism, it incorporated both Greek and Jewish ideas about work into its beliefs. During the time of Jesus Christ, when the Roman Empire was dominating Western Civilization, the Christian beliefs about work resembled the Jewish faith. Jesus introduced the Great Commandment which taught that work was to be done out of a sense of obligation to one’s neighbor.

Jesus, knowing that the Father had given all things into his hands, and that he had come from God and he was going to God, rose from supper, laid aside his garments, and girded himself with a towel. He then poured water into a basin and began to wash the disciples’ feet… “For I have given you an example that you also should do as I have done to you… A new commandment I give to you, that you love one another; even as I have loved you, that you also love one another.”33

Thus, the Christians believed that the meaning of work was not solely for individual benefit, nor was it something purely for social contribution. “The Oath was later taken over in its entirety by the Christians, who limited themselves to replacing the pagan divinities, called
upon at the outset as witnesses, with God and Jesus Christ.”\textsuperscript{34} The Christian concept of doing unto one’s neighbor ultimately transformed the physician-patient relationship in four fundamental ways. Firstly, medical care began to become universally available for individuals across all economical classes. The medical treatment was equal for all men, whether they were free or slave. Also, the physician’s role began to be understood as going beyond the limits of the art or his duties to his patients, to care for the incurable and the dying. This newly directed attention on the patient as an individual stemmed out of the Christian belief that every person is created in the image and likeness of God. Furthermore, the adoption of Christian ideals into medical practice facilitated the beginning of charity work that was done freely to help the poor patients. Lastly, Christian religious observances began to be included in medical practice, such as the sacrament of the Anointing of the Sick.\textsuperscript{35}

Although the teachings of Jesus Christ counseled the community to love thy neighbor, it was not until approximately the time of the Reformation that the Greek beliefs about the physical world and the meaning of work were overthrown.\textsuperscript{36} When the Roman Empire began to decline, the Christian Church grew in size and in influence, eventually becoming incorporated into the social structure of rising civilizations. As Christianity grew as a dominant force in Western Civilization in the Middle Ages, communities known as monasteries were formed. This was where the contemporary ideals of professionalism began to emerge.\textsuperscript{37}
The monastery represented the union between the individual and communal meanings of work to the Christians. Most of the monasteries were organized into groups in which the members give up marriage, property, and all their worldly possessions to come together and form a life as one community.\textsuperscript{38} This type of lifestyle is known as cenobitic monasticism. The group of monks that were a model for this kind of community was the Benedictine monks. Founded by Benedict of Nursia, the Benedictine community life was organized by a document known as the “Rule.” The Benedictines believed that work was a significant aspect of the pursuit of a spiritual life. Thus, each individual had an organized schedule of work and prayer that allowed them to live out this mission. All of the monks woke up at the same time each day, and they prayed, worked, and ate together as a community. This integration of work and spirituality started the growth of new religious orders and monasteries, and eventually led to the present-day concept of professionalism. The monastic community served as a model of professionalism for the four central professions that exist today; medicine, law, religious order, and the military. The model that the monastery embodies included the union of manual labor and spirituality, as well as a profession of vows that bound them to the community.\textsuperscript{39}

Although the monastic community represented the combination of work and spirituality in both an individual and communal way, through the sixteenth and seventeenth centuries, a focus on individual work began to surface. During the Reformation, John Calvin and Martin Luther tried to renew the early fundamentals of communal work through spirituality from their monastic roots. The Reformation represented a time in history when
groups of Protestant reformers came together to dispute parts of the Catholic Church’s doctrine that was in need of renewal. Martin Luther believed in the existence of two separate kingdoms, the Earthly entity and the Heavenly entity. However, although Christians resided in both kingdoms at the same time, it was imperative to distinguish between them so that the complete versions could be equally realized by each individual. Luther claimed that one’s relationship with God was present in the Heavenly kingdom, and one’s vocation was present in the Earthly kingdom. He also argued that a vocation was every individual’s specific call to love his or her neighbor and became evident through the duties that attach that individual to his or her “station” within the Earthly kingdom. As interpreted by Luther, one’s “station” was the way he or she related to other people. Thus, because God calls every individual to serve one another, one can serve their neighbors through work. To Luther, work was a divine vocation.

John Calvin’s ideas about work went a step further than Luther’s. Calvin insisted that every individual participate in manual labor and that one should reject material wealth throughout his or her life because it could not guarantee salvation. He also argued that work illustrated an individual’s state in life. On the other hand, successful work itself could not guarantee salvation in heaven, yet work was considered a way to glorify the Lord. Thus, according to Calvin, successful work exemplified a spiritual life.

Although people like Calvin and Luther tried to revive monastic ideals during the Protestant Reformation, professionalism throughout the sixteenth and seventeenth centuries still remained individualistic. This view of work continued up until the Industrial Revolution,
when a reversal occurred, and an emphasis on communal or corporate work, was prominent instead. This is where the history of medical professionalism leads to today. After the Industrial Revolution up until present time, the focus has primarily been on building large enterprises and big businesses, such as corporate hospitals and insurance company monopolies. Recently, the medical field has become so influenced by both the socialist and capitalist spheres of society that the physician-patient relationship has changed dramatically.\textsuperscript{43} Thus, contractual models of the Hippocratic \textit{Oath} have unfortunately been developed.\textsuperscript{44} However, if physicians can connect with the newer, revised version of the Hippocratic \textit{Oath}, and concentrate on the relationships it establishes, the contractual model of medicine can be avoided, and the true covenantal meaning of the \textit{Oath} can be realized.

There are many brands of professionals, but a physician is professional that is bound to his or her profession unlike any other. He or she is bound by a document that is over two thousand years old, which was again redefined by both the Jewish and Christian religions. Furthermore, the concept of integrating work and spirit that was used by the monks, combined with the Old Testament models for God’s covenants with the Jews, both come together to shape the perfect form or ideal meaning of the physician’s role today. The ideal covenant of the medical professional in contemporary society is the most universal covenant in all of professionalism, not only because of its deeply rooted history, but also for other reasons that will be further delineated.

\textbf{The Current Hippocratic Oath:}
The modern version of the Hippocratic Oath reflects the current model of medical professionalism that has been birthed out of the evolution of work over a period of approximately 2,500 years. Although there are multiple current editions of the Oath that exist, majority of medical schools utilize the version that was written by an individual by the name of Louis Lasagna. Lasagna composed his translation of the ancient document in 1964, while on staff as the Academic Dean at the School of Medicine at Tufts University.45

I swear to fulfill, to the best of my ability and judgment, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow. I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug. I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick. I will prevent disease whenever I can, for prevention is preferable to cure. I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm. If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.46
When the revised *Oath* is compared with the classical version section by section, there are definitely some similarities that can be recognized. It begins with the physician swearing to fulfill the *Oath* that he or she is about to take, however, unlike the traditional edition, the physician does not swear by any gods or deities. Furthermore, the physician states to “respect the hard-won scientific gains of those physicians in whose steps I walk,” but there is no longer a deep sense of obligation to only the teacher in the new *Oath*. The revised Hippocratic *Oath* is instead a particularly patient-centered document, which reflects the new covenantal ideal of the physician-patient relationship. In the new *Oath*, the doctor recognizes that using compassion and sympathy with his or her patients may be more productive than any school-taught medical technique. The physician also acknowledges the patient as a sick individual, and swears to respect the patient’s privacy, along with his or her familial connections and economical stature. This is what distinguishes the classical version of the Hippocratic *Oath* from the current version that is recited upon graduation of medical school today. The traditional edition of the *Oath* embodies a more contractual model of practicing medicine, while the revised *Oath* reflects the covenantal model of the physician-patient relationship.

The contractual model of medicine emphasizes the use of codes in the doctor-patient relationship. “A code is a formal statement of the minimum standards of acceptable behavior and values.” A code reduces the physician’s function to habit, or a set way or method that leaves very little room for creativity and imagination. It reduces the doctor’s role to “do no more for your patient than what the contract calls for. Perform specified services for certain
fees and no more." As a result, the doctor’s art is no longer an art; it is reduced to merely a sterile technique. Thus, a code is selectively concentrated on style, image, and outside appearance. There is a discipline laid out according to the aesthetic code and there is a right and a wrong way to do things.

On the other hand, the word covenant embodies more than just a list of rules. It exemplifies a vision for a way to form human relationships. According to William May, the shift from duties to obligations in the code to covenant transition may seem trivial, but the conversion is actually rather significant. The physician forms a covenantal relationship with his or her patient, and appoints the patient as a partner in the healing process and in the pursuit to obtain health once again. Thus, the relationship between the doctor and the patient cannot be restricted to do’s and don’ts. The physician is insightful to the needs and wishes of the patient at all times, through which he acknowledges the dignity of each individual patient. Thus the covenantal model of the doctor-patient relationship fosters a sense of trust, loyalty, and compassion. There is a connection established between the medical professional and the patient that is not present in the contractual model of medicine. Also, although it is obvious that the patients need their doctor, the physician is also indebted to the patients. Throughout the career of medical professionals, there is a mutual give and take relationship that exists with their patients. Thus, the physician relies on the patients to help achieve the complete form of his or her identity.
Through the current covenantal model of the Hippocratic *Oath*, the physician is not only bound to the patient, but also to the community and to his or her colleagues. Just as the individuals in the monasteries established vows that bound them to the community, the contemporary model of medicine establishes covenantal relationships that are both individual and communal. The physician is indebted to the colleagues and teachers who provided the knowledge, support, and companionship throughout his or her medical education and entire career. The medical professional is also in debt to society as a whole for setting aside resources for his or her medical training and allowing him or her the opportunity to become an active member of the medical community.\(^{56}\) The physician provides restitution for receiving his or her medical education by the constant desire to acquire knowledge, and also by providing each patient with the maximum amount of care that is available. Each medical professional is given the opportunity to function as a teacher to their colleagues in the course of their career by acting as an example of exemplary conduct and values. Some physicians are even called beyond that role to act as residency directors, who are given the privilege to formally teach future medical professionals.\(^{57}\)

Furthermore, since the covenant has its origins in historical events, it can be traced back to the three fundamental elements that the biblical covenants were established through. The exchange of mutual gifts and the exchange of mutual promises both remain part of the covenantal relationships that the physician forms upon taking the Hippocratic *Oath*. The doctor enters into covenantal relationships with the patients, the colleagues, and the community as a whole. “The professional never acts only as an individual.”\(^{58}\) The third
element of the covenant is the most significant part of the physician’s assumption of the Hippocratic Oath, which entails a complete change of being and the doctor’s covenant to life.

The Ontological Change and The Covenant to Life:

When the medical professional recites the Hippocratic Oath upon graduation of medical school, he or she is exposed to a moment in life unlike any other. This is also true in all three of the other professions in which the individual takes an oath or a set of spiritually based vows that bind them to the community. These three similar oaths exist in the military, in law, and in the religious order. In all four situations, the professional becomes redefined by his or her covenantal oath. However, the physician’s Oath contains the most universal covenant because it incorporates a covenant with life and all of humanity.

The third aspect of a covenant establishes an ontological change. Upon graduation of medical school, each individual recites the Hippocratic Oath, and thereby seals himself and his entire life to the medical profession. Thus, in that moment, there is a change of being that occurs within each individual graduate. A contract is bound by a limited amount of time, however, a covenant induces a change on all moments. The medical student is forever changed, and becomes a medical professional, a healer, and a new individual under the
Hippocratic covenant. William May makes the comparison of a physician to a carpenter in order to make this distinction:

A carpenter who contracts to build a chair, when he eats an ice cream cone, does not eat it as a carpenter, nor, when he gets his union card, does he imply that his initiation has changed him utterly, relating him, before everything else to the mystery of chair making or shellac… in professional terms, from a man who studies medicine, to a man who at all times embodies healing…A professional eats to heal, drives to heal, reads to heal, comforts to heal, rebukes to heal, and rests to heal. The transformation is radical and total. The Hippocratic Oath, under this ontological aspect, can be summarized: aut medicus aut nihil; from this moment, I am a healer or I am (literally) nothing.60

When one compares the ontological change of the medical professional to that of a military officer, a lawyer, or a priest, it can be observed that the purpose of all four oaths is extremely similar. Each of the individuals within each of the other three professions all undergo a change in nature that is further imposed upon them on all moments in time after their vows are taken. There is a fundamental change of being that occurs; thus, the military employee, the lawyer, and the priest, have all become redefined as new individuals through their professions. From that moment forward, each of them will forever be associated with their new profession and identity. However, the physician’s covenant can be distinguished as the most universal of all four professions because the Oath incorporates a covenant with life and all of humanity. The doctor’s Oath is all-encompassing because a covenant with life is an aspect that every individual on earth can relate to.

The oath of military personnel is significantly shorter than the Hippocratic Oath. The oath begins with the individual solemnly swearing oneself, and one’s life to the profession,
just as the physician did. However, military personnel are bound by the laws of the country
in which they serve. “I will support and defend the Constitution of the United States against
all enemies, foreign and domestic… I will obey the orders of the President of the United
States and the orders of the officers appointed over me.”61 This is what distinguishes the
military oath from the physician’s Oath. The physician’s covenant is not bound by the laws
of a nation or the orders of a few select individuals. The Hippocratic Oath incorporates a
universal covenant to all human life, which can be related to regardless of which country an
individual comes from. The spiritual aspect of the military oath appears on the last line when
the newly covenanted individual seals himself completely and directly calls on God to help
him or her on the journey ahead.

Furthermore, the oath of the lawyer presents a similar case. The lawyer’s covenant
also entails an oath to the Constitution of the United States and to the Constitution of the
state in which the lawyer passed the bar exam. In addition, the legal representative upholds a
level of respect for each client, promising to maintain the confidence and keep the secrets of
all the individuals that require his or her services.62 One who takes the oath of law also
promises to “never reject… the cause of the defenseless or oppressed.”63 Thus, the lawyer’s
oath incorporates a covenant to justice and integrity. This oath to justice represents the
spiritual aspect of the lawyer’s covenant, because it symbolizes a covenant to something
higher than an earthly existence.
I will not counsel or maintain any suit or proceeding which shall appear to me to be unjust, nor any defense except such as I believe to be honestly debatable under the law of the land...I will employ for the purpose of maintaining the causes confided to me such means only as are consistent with truth and honor, and will never seek to mislead the judge or jury by any artifice or false statement of fact or law.  

However, similar to the oath of the military personnel, the lawyer’s oath is also bound by the laws of the country in which he or she serves. Furthermore, in the United States, lawyers are bound even further by the state in which they are licensed to practice law because the laws of each specific state are different. This makes the lawyer’s covenant different from the physician’s covenant because, as previously stated, the physician’s Oath contains a covenant with life that is unbounded and unrestricted by laws.

On the other hand, the oath of individuals in the religious order poses a different situation than the oaths of law and the military. When a man is ordained into the priesthood that will belong to a specific order, such as the Benedictines or the Franciscans, he takes vows of poverty, chastity, and obedience. However, if the priest will go on to serve in a diocesan community, he only takes the vows of chastity and obedience. Diocesan priests are also expected to live a simple life among the people they serve. All levels of the priesthood include some type of seminary training and education, which concludes with a profession of faith and an oath of fidelity. The future priest begins the Profession of Faith by declaring his beliefs and reciting the entire Apostle’s Creed. He also professes that he has complete faith in everything that contains the Word of God, whether written down or by word of mouth. He also agrees to accept all the teachings that have been declared law by the official authority of
the Church. The second part of the priest’s covenant entails the Oath of Fidelity. The priest promises to fulfill the work that has been entrusted unto him by the Church, to explain the teachings properly, and to avoid any teachings that are contrary to the Church’s.\textsuperscript{66} Furthermore, the newly covenanted priest agrees to follow the Church laws: “I shall follow and foster the common discipline of the entire Church and I shall maintain the observance of all ecclesiastical laws, especially those contained in the Code of Canon Law.”\textsuperscript{67} The priest’s covenant also includes an element like the military covenant that recites an oath of loyalty to individuals that are in positions of higher power than him: “with Christian obedience I shall follow what the Bishops, as authentic doctors and teachers of the faith, declare, or what they, as those who govern the Church, establish.”\textsuperscript{68}

In the priest’s oath, the ultimate covenant is with the Lord himself, along with the community in which he will serve. The priest is forever changed by his covenant and is now free to go forth and spread the Word of God. He functions as one of the Lord’s messengers on Earth, and guides the people in his community through his wisdom and the teachings of the Church. However, the priest’s covenant still binds him in a way that is unlike the physician’s covenant. The priest makes a covenant specifically with God that binds himself to his profession and to the laws of the Church. Although the covenant with God is probably the most unique out of the four covenants, the priest’s covenant cannot be fully understood by an individual who is not Catholic. The priest’s covenant is concentrated on his personal relationship with the Lord and his relationship with the Catholic community that he will serve. Certainly there are priests who do service outside of their calling to God, such as at a
university or in the military; however, the priest’s primary oath to the Lord would not be able to be fully understood by people outside of his religion. Furthermore, the oath of a priest is also bound by restrictions of gender in that only male individuals can pursue a life in the priesthood.

The physician’s *Oath* contains a universal covenant because the physician makes a covenant with all of humanity and life in general. When compared to the other three covenants, the physician’s covenant can be considered universal or the most widely encompassing because it is not bound by restrictions or laws regarding gender, religion, or homeland of origin. And unlike the covenant of the priest, an Oath to life can be understood by any individual, regardless of his or her faith. A respect for human life is a universal entity, and is an aspect of existence that every individual can relate to. It comes from something higher that is understood by almost every individual on the Earth. This provides an explanation why people of all ethnic backgrounds, religions, and economical statures pursue careers as medical professionals. Thus, the physician’s covenant is the most universal and most widely encompassing covenant that is present in any profession today.

**Present-Day Medicine:**

If therefore, a physician does nothing more than feel my pulse and put me on the list of those whom he visits on his rounds, instructing me what to do and what to avoid without any personal feeling, I owe him nothing more than his fee, because he does not see me as a friend but as a client.
Thus far, the discussion has comprised of the history of medical professionalism and the physician-patient relationship, and the ideal covenantal model of these topics in present-day medicine. However, the current ideal model of the covenantal doctor-patient connection is not how the medical field exists today. Due to a number of factors, the contractual model of the physician-patient relationship has begun to emerge and replace the covenantal model, depersonalizing the connection between doctors and their patients as a whole.

In the year 2012, the contractual model of medicine is more attractive than the covenantal model for a few reasons. It does not encourage personal involvement with the patients, and thus provides only enough guidance to offer whatever services one can supply through finely honed skills. This allows the physician to remain unemotionally attached to his or her patients, which induces a kind of minimalistic care or involvement with the patients. Thus, a contractual model of medicine is external, whereas a covenant is internal, and induces a change of being in the parties involved. Furthermore, this encourages also a certain kind of maximalism, also known as “defensive medicine.” Due to being under such pressure and the rising number of malpractice suits, doctors will order extra scans and procedures for self-protection. Hence is the attractiveness of the contractual model of the Hippocratic Oath in present-day medicine.70

The resurrection of the contractual model of medicine is primarily due to the socialization of the medical field as a whole. Under the influence of the nation’s capitalistic society, as well as the universal health care systems of nations like Great Britain and Germany, the medical field in the United States has become engulfed by issues with
insurance companies, mass-production, and big business. There are fewer and fewer charity hospitals that exist anymore in this country. The primary focus is unfortunately on money and not on healing. The socialization of the United States medical field has led to a lack in organization, as well as a variety of other positions in health care besides the doctor that can care for the patient not including the nurse. The lack of organization can be seen in that there are beginning to be similarities between the U.S. healthcare system and other nations’ healthcare systems, such as Great Britain. The United States is starting to go back to a position in medicine also known as the “gate-keeper,” which is when the primary care physicians receive all the patients first, and then refer the patients to other specialties if they deem it to be necessary. However in the U.S., the primary care doctor is trying to do too much for the patients, and care for them in ways that is beyond their expertise. Both in the United States and in Great Britain, this is a way to try to reduce the cost of medical care because specialists cost more money. The socialization of medicine and the cost of paying medical professionals can also be related to other positions in healthcare. Less than one hundred years ago, the only two professions that existed in medicine were the physician and the nurse. In the present day, there are professions like the nurse practitioner and the physician assistant that dilute the physician-patient relationship. There are so many go-betweens between the doctor and the patient that the patient has to repeat his or her story to four different individuals, which results in a lack of continuity of care.

Another aspect of society that has led to the resurrection of the contractual model of medicine and the disintegration of the physician-patient relationship is the recent rise in
technological advancements. These have led to significant developments in the field of medical diagnosis and treatment; however, it has reduced the amount of human contact that is required between the physician and the patient. “The increasing technical complexity of modern medicine has led to the care of the sick being handed over to a medical team.” The rise in the use of technology has led to a decrease in the amount of time that the physician spends with each patient. Thus, if the proper amount of time is not devoted to the patient, the covenental relationship is not being practiced. This can ultimately lead to the patient gaining a lack of confidence in his or her doctor.

One of the other reasons for the collapse of the covenental model of the physician-patient relationship include the lack of incentives, not only economic, that are provided to the physicians by the health service. Furthermore, there is a greater public knowledge as a whole about what to expect from the medical field. “The attitudes of suspicion, skepticism, and distrust on the part of so many make the everyday world of the professional more demanding… the public is more conscious of its rights and more demanding of the service it receives.” This has resulted in a rise in the number of malpractice suits in the medical field, which is evidence that society takes a consumer approach to medical care.

Conclusion:

The history of medical professionalism can be traced back over a period of over two thousand years by examining the evolution of society’s views about work and manual labor. In the medical field, this began with Hippocrates’ systematic approach to the treatment of
disease and the classical edition of the Hippocratic *Oath*. The traditional version of the *Oath* possessed a deeper sense of obligation to one’s teacher than to one’s patients, which embodied a physician’s code or a contract. After the influence of the Jewish community, the idea of a covenant was created. A covenant was different from the original contract because it represented a way to form relationships or connections instead of a set of statements that expressed a right and wrong way to conduct oneself. The values of the Christian religion were also integrated into the ideals of medical professionalism and the Hippocratic *Oath*. For the first time, the physician was called to go beyond his code of duties to care for his patients. Furthermore, the monastic communities were the individuals to unify work and spirituality, which served as the founding for the current ideas about professionalism in the four primary professions: medicine, law, the military, and the priesthood.

Through the evolution of medical professionalism, the ideal model of the physician-patient relationship was created. The ideal doctor-patient connection is in covenantal form, not contractual. A covenant has its origins in historical and biblical sources, and is made up of three distinct parts. There is an exchange of mutual gifts, an exchange of mutual promises, and an ontological change that occurs. The physician creates covenantal relationships with the patients, the colleagues, and the teachers that he or she interacts with. The most important covenant of all is the one that the doctor makes with all of humanity and with life in general. The physician is sealed, and his or her life is forever changed the moment the *Oath* is taken upon graduation of medical school. The covenant imposes a change on every moment after that, and the physician will be defined as a healer from that moment forward.
When compared to the military, law, and priest covenants, the physician’s covenant remains the most universal covenant out of all four professions because it is not bound by judicial laws, gender, or religion. Instead, it upholds a covenant with life and humanity that can be fully understood by everyone, regardless of where they live, their religion, economic status, or gender. Thus, the oath and covenant of the physician is the most universal covenant that exists today.

However, in recent times, the contractual model of medical professionalism has begun to emerge due to a variety of reasons and the socialization of the medical field as a whole. “The socialization of medical care is an… irreversible and progressive historical event.” The focus on mass-production and the recent technological advancements in medical diagnosis and treatment have led to a disintegration of the doctor-patient connection. Thus, doctors are spending less and less time with their patients, and the covenantal relationship between the physicians their patients is never being formed.

Thus, the question is for the future, will this contractual model of practicing medicine continue to live on? And if it does, will the Oath be changed back to resemble the old version once again? When the Oath was written, one can assume that no one could have foreseen the future and seen all the changes that it has undergone. However, with the way that society is progressing and how technology is advancing, doctors may continue to play a smaller and smaller role in a patient’s path to regaining health. A patient may soon never have to meet the surgeon who is performing his or her operation. The procedures will become so routine and easy that there won’t be any need to come into contact with the physician. Thus, the
Hippocratic *Oath* has proven to withstand the test of time, but with the continual progress of medical technology and knowledge, is it be reasonable to keep an oath that includes the promise of doctor patient interaction? Is the societal norm like the covenantal oath that evolved over more than two thousand years? Or is it a piece of history that will eventually be forgotten?
Notes


16. Ibid., 53.


18. Ibid., 369.


27. Ibid., 125-126.


57. Ibid., 54.


63. Ibid.

64. Ibid.


67. Ibid., 561.

68. Ibid., 561.


74. Ibid., 235-239.

75. Ibid., 239.


77. Ibid., 50.

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