In no other profession are ethics as important as in the medical profession. It is in this profession that the physician is entrusted with the human being as a whole, body and mind. The temptation for the physician to abuse his patient is great, and unless the physician is well equipped with true moral and ethical values, the abuse can hardly be prevented. For thousands of years, ethics has been recognized as an essential requirement in the making of a physician. The oath of Hippocrates stresses this fact and serves as a basis for all man-made codes of medical ethics.

It is interesting to note that two of the oldest codes of ethics, i.e., the Oath of Hippocrates and the Oath of a Hindu physician, stress personal, behavioral and ethical qualities of the physician which may not necessarily be related to his profession. In addition to the professional requirement of applying proper care, protecting life, helping the sick and not divulging confidential matters related to the patient, Hippocrates requires the physician to express his gratitude to his teachers in all possible ways, while the Hindu physician is expected to be chaste and abstemious, to speak the truth and not to eat meat.

The above mentioned personal features indicate a high personal moral quality and a good degree of spiritual and physical discipline. The wise physicians of old apparently realized that personal behaviour in private life cannot be separated from behavior in professional life. A person who lacks moral values in private life cannot be trusted in professional activities even with the highest professional and technical qualifications. On the other hand, a person who is God-fearing and of high moral quality is always trustworthy. Even if he should lack the professional knowledge at one time or another, he will be honest enough to admit his ignorance and to seek help and advice from someone who is more knowledgeable. It is impossible for a person to have two different ethical standards, one for private life and one for business or professional life. The truth of this fact is proven time after time in our daily lives. Truthful is Allah Almighty when He says:

"Allah has never put two hearts within one body."

In contrast to the contemporary secular codes of ethics, which will be reviewed later, the two ancient codes mentioned above, were obviously influenced by the prevailing religious beliefs and modes of thought. In addition to stressing the oneness of a person's ethical standard, both at private and professional levels, they definitely indicated the presence of a higher Divine Being who is the observer and watch over the physician. Hippocrates starts his oath by swearing by various ancient Greek gods, while the Hindu physician ends his message to his fellow physicians by saying: "In face of gods and men, you take upon yourself these vows. May all the gods aid you if you abide thereby; otherwise may all the gods and the sacra, for which you stand, be against you, and the people shall consent to this saying: So be it."

We recognize the grave errors in Hippocrates' oath and the Hindu statements believing in multiple gods as they were influenced by the prevailing polytheistic religious philosophies. However, they at least recognized the essential role of a Higher Being, and did not foolishly and ignorantly, rely solely on their own selves for the security and assurance of their pledge. The contemporary secular codes of ethics such as the pledges of the American College of Surgeons, the International College of Surgeons, and the Geneva Declaration of Medical Ethics, provide the only guarantee and assurance of the commitment by saying: "I pledge myself". The Soviet physician goes even further and adds to the list of commitments in his oath the following statement: "to conduct all my actions according to the principles of the Comunistic Morale", a statement which totally destroys the ethical value of his oath.

Even the Hippocratic oath was modified in Geneva in 1948, and instead of reducing the multiple gods to one God, they abolished everything which could directly or indirectly relate to a higher Divine Being. Another interesting change in the pattern of medical ethical codes was the elimination of injunctions implying sexual restrictions. Such injunctions are only found in the ancient codes. Hippocrates said in his...
oath: "Into whatever house I enter, I will go into it for the benefit of the sick and will abstain from any voluntary act of mischief, especially from the seduction of women and men, slaves or free". This valuable statement was completely omitted from the Geneva version of the Hippocratic oath, as modified in 1948.* The Hindu physician made a similar injunction in his oath: "You must not seek another's wife or goods. Do not treat women except when their men be present. Never take a gift from a woman without her husband's consent." Although it is usually considered an ethical requirement to have a nurse or a relative present while examining a female patient, I have been unable to find this rule written in any of the contemporary codes of ethics. As a matter of fact, according to some contemporary thinking, such a requirement could be regarded as sex discrimination.

Another serious violation of moral and ethical values is the contemporary attitude towards sanctity of life. The ancient codes specifically stressed the sanctity of life from the moment of its conception. Hippocrates stated clearly in his oath: "I will not give to a woman a pessary to produce abortion". The oath of the Hindu physician states: "Care for the good of all living beings". The Geneva Declaration of Medical Ethics,* as well as, the Geneva version of the Hippocratic oath state: "I will maintain with utmost respect the human life from the time of its conception".

In the last decade, however the sanctity of the human fetal life has been widely challenged. Abortion is legal in most Western countries and this action has met with approval by most leading medical societies. I shall refer to a paper which was recently published in one of the respected medical journals, and which reflects the distressing enthusiasm about abortion. This paper was written by one hundred professors and chairmen of obstetric-gynecologic services in the United States. They advised their medical colleagues to support the new liberal trends towards abortion and to make abortion look more attractive and acceptable. They added their final recommendation that women should be relieved as much as possible of any sense of shame or guilt from the abortion experience. They concluded with the remark: "Many physicians will disagree with some of the thoughts expressed in this statement. Nevertheless, it is our hope that these views will stimulate thinking about abortion and lead physicians to prepare for the demand that will be placed upon them by society and by the rapidly lessening governmental control of abortion practices."

My reaction to the above is to quote the divine wisdom stated in the Qur'ān:

"If you were to obey the majority of those on earth, they would lead you away from the path of Allāh. They follow nothing but idle fancies and preach nothing but falsehoods."16

It may also be useful to quote a contemporary teacher of humanities whose ideas indicate a great deal of confusion about ethical values. In one of his publications," he states: "Medical morality is no different from normal everyday morality. In medical ethics we are really working with the same moral rules that we acknowledge in other areas of life. It is just that in medical ethics these familiar moral rules are being applied to situations and relationships peculiar to the medical world". So far I have no objection to the above. The author then continues by giving the following example: "Although the moral rule 'do not kill' is relatively easy to understand and to abide by in normal life, it is not at all easy in the biomedical world. Not only is it difficult to know what is life, but it is even difficult to know when one is killing. Is fetal life, life? Is comatose life, life? Is iso-electric EEG life? Is life with artificial respiration, life? What if respiration is self-supported but the EEG is still flat? Is that life? And, as far as killing, is withholding therapy killing? Is it killing even if it is the more merciful death? Is withdrawing therapy in such cases, killing? Is giving massive doses of drugs that nullify the pain but shorten the life, killing? Is unplugging the heart bypass machine when it is discovered that the heart cannot be repaired, killing? Such problems illustrate the point that medical ethics is essentially ordinary moral rules applied to a special subject matter. And it is the job of medical ethics to get clear about that subject matter."16

The above discussion is quite misleading. Except for fetal life, all other types of life mentioned and questioned by the author have one thing in common. Each is a terminal deteriorating life, which, if left alone, will end in death. The case of fetal life is a completely different one. Fetal life is a healthy progressing life which, if left alone, will progress to a full productive life. The question facing the physician is always whether to interfere or leave things alone. The answer is very clear and simple. If interference is going to provide any benefit or improvement, then it should be done, otherwise, things should be left alone. In the case of terminal patients, interference will provide no benefit, therefore, they should be left alone. In the case of fetal life, interference will not only fail to provide any benefit, it will actually cause great harm to this life by terminating it. Fetal life should therefore, also be left alone. In this way, terminal lives will end, fetal life will progress and develop. This is the ethical solution for the problem posed by our colleague, the teacher of humanities.

If we continue to discuss the ideas of the same author quoted above, who is just an example of many similar minded scholars, we will realize the reason for the apparent confusion. In a different
publication," the same author states: "It is incorrect to contend that ethics is impossible without religion." One of the causes for his assumption is: "Religious ethics can count only on the voluntary commitment of a small remnant of men, whereas general ethics, being a minimal ethics, (i.e., having only obligations anyone could fulfill) can count on being acceptable by all rational men."

If only minimal ethics is suggested for practical use, no wonder every thing is falling apart!

After considering the confusing man-made background of professional medical ethics, it is quite rewarding to hear the Islamic point of view, the Divine Wisdom on ethics. It is beautiful, concise and comprehensive. It is good for all men and at all times:

"Luqman admonished his son. My son, he said, serve no other god besides Allah for idolatry is an abominable injustice. We enjoined man to show kindness to his parents, for with much pain his mother bears him and he is not weaned before he is two years of age. We said: give thanks to Me and to your parents. To Me shall all things return. But if they press you to serve beside Me, what you know nothing of, do not obey them. Be kind to them in this world, and turn to Me with all devotion. To Me you will all return, and I will declare to you all that you have done. My son, Allah knows about all things, be they as small as a grain of mustard seed, be they hidden inside a rock or in heaven or earth. Allah is wise and all knowing. My son, be steadfast in prayer, enjoin justice, and forbid evil. Endure with fortitude whatever befalls you. That is a duty incumbent on all. Do not treat men with scorn, nor walk proudly on the earth. Allah does not love the arrogant and the vain glorious. Rather, let your gait be modest and voice low, the harshest of voices is the braying of the ass." 11

This concise and most comprehensive code of ethics applies to all men and all professions, and is most fitting for the medical profession. It begins with setting the priorities. Allah is Number One. No one and nothing is equal to Him. This already answers the question as to who is going to set the guidelines, decide about moral values and establish ethical standards. It then indicates that there are important persons in life that should be taken well care of. Parents are a valid example. However, if the interest of the important persons conflicts with Allah's interest, the interest of the mortal will be ignored. How true this is with regard to many of our patients' demands and interests! Mentioning God's ability to see and know everything clearly indicates to the physician that all his actions, small and large, are being watched, monitored and recorded. How can he dare to cheat or do something wrong? This mechanism can be more effective than the nurse watching or any of the watchdog committees which are usually set up to ensure quality care to the patient. The following order to enjoin good and forbid evil is very pertinent to the physician who should not only concentrate on treating the specific impairment of one particular organ, but should treat the patient as a whole, including the patient's spiritual, emotional and behavioral needs. This is a difficult task, and it takes prayer and endurance to make the physician fit for his job. Finally, the art of talking and communication is of prime importance for any professional to be successful.

When it comes to confidentiality, one of the main features of true believers is:

"And those who are true to their trusts and covenant."

When it comes to sanctity of life, Allah is very clear about it:

"...whoever killed a human being, not in lieu of another human being nor because of mischief on earth, should be looked upon as though he had killed all mankind..." 15

References

1. "Oath of Hippocrates", Collection of Codes of Ethics, Museum of International College of Surgeons, Chicago, IL.
3. Glorious Qur'an, Chapter 33, verse 4
4. "Fellowship Pledge of American College of Surgeons", Collection of Codes of Ethics, Museum of International College of Surgeons, Chicago, IL.
5. "Pledge of International College of Surgeons", Collection of Codes of Ethics, Museum of International College of Surgeons, Chicago, IL.
6. "Geneva Declaration of Medical Ethics", Collection of Codes of Ethics, Museum of International College of Surgeons, Chicago, IL.
10. Glorious Qur'an, Chapter 6, verse 116
13. Glorious Qur'an, Chapter 31, verses 13-19
14. Glorious Qur'an, Chapter 23, verse 8
15. Glorious Qur'an, Chapter 5, verse 35