

Hipokratova zakletva. Povijesna perspektiva u bioetičkom obrazovanju

Gosić, Nada

Source / Izvornik: **Synthesis philosophica, 2008, 23, 225 - 238**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:184:617503>

Rights / Prava: [Attribution 4.0 International](#)/[Imenovanje 4.0 međunarodna](#)

Download date / Datum preuzimanja: **2024-07-11**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Medicine - FMRI Repository](#)



Nada Gosić

Sveučilište u Rijeci, Medicinski fakultet, Braće Branchetta 20, HR-51000 Rijeka
ngosic@medri.hr

The Hippocratic Oath

**A Historical Perspective
in Bioethical Education¹**

Abstract

This article specifies the place of the Hippocratic Oath in the programme of bioethical education on graduate schools where future medical and healthcare workers are being educated. The presented conceptualization of contents and described methodology of work show how the curriculum contents, dominated by historical facts, are being actualized by the use of knowledge students have acquired earlier, and problematized by an active inclusion of students in collecting new information relevant for the content, and then using the acquired knowledge to solve a concrete bioethical issue or problem. The offered activity of students and teacher has the purpose to demonstrate a collaborative relationship between students and teacher and a communication in which students and teacher mutually takeover tasks for the realisation of the curriculum content.

Key words

The Hippocratic Oath, bioethical education, historical perspective

Introduction

For the account and analysis of the Hippocratic Oath in a methodical sense, we have committed to two pedagogical forms of work – frontal and group, and two pedagogical methods: oral presentation (a brief introductory lecture) and student workshops. The collected knowledge on the new role of lectures² designated the concept of oral presentation to a historical-chronological approach, and work in small groups to the concept of problems approach. Therefore, within the first work form we have set the goal: introduction of students to the elemental knowledge on Hippocrates and the medical ethics of his era. We operationalize it presenting the philosophical foundations of Hippocrates's medicine; discovering philosophical thoughts that served Hippocrates to define disease and health; presenting the contribution of philosophy in the observance of practical medical activity, and identifying reasons for which Hippocrates brought ethics into medicine.

Through group work, and projected workshops, the intention is to bring a dynamic into the teaching process and create conditions for a mutual dialogue

1

The presented results originated from the scientific project titled *Bioetika i kultura (Bioethics and Culture)*, carried out with the support of the Ministry of Science, Education and Sports Republic of Croatia.

2

Nada Gosić, *Bioetička edukacija*, Pergamena Press, Zagreb 2005, pp. 80–85.

between students and teacher. The mutual activity of students and teacher is aimed at the search for facts and the acquiring of knowledge on the historical importance of Hippocrates's thought and principles in the Oath, and at opening a space for students to individually decide on the possibilities of calling to authority the Hippocratic Oath and solve contemporary medical-ethical and bioethical problems.

In a practical-executive sense, the subtitles of the work *Forerunners of Hippocrates or From Whom Hippocrates Learned?* and *Hippocrates – A Short Biography and Fundamental Messages*, belong to the frontal work form and method of oral presentation, while the group work form is presented under the common title *Workshops* – based on the conception of a differentiated curriculum content, discussion as a form of conversation in class, and the corresponding activity of students and teachers.

Forerunners of Hippocrates or From Whom Hippocrates Learned?

Ethical demands contained in the Hippocratic Oath are a product of historical-philosophical standpoints on medicine; especially ideas of philosophers whose deliberations and activities immediately influenced a Hippocratic determination of the medical system and the related ethics. Generally speaking, one might say that the historical-cultural moment in which this document incurred is a product of thought of ancient Greece's philosophers who lived and worked from the seventh until the fifth century BC. They guided the interest of philosophy in the direction of medicine, actively contributed to the establishment and development of some of its branches and fields, and to the clarification of concepts of health and disease. Ultimately, all that made them meritorious for the establishment of a relationship between philosophy and medicine, which, in the Western European civilizational surrounding, continues almost thirty centuries. Thoughts and explanations from their works aided Hippocrates to observe the historical era in which he worked and to formulate a medical and ethical system that is even nowadays often taken as a guide for the interpretation and understanding of important ethical issues in medicine. We take and consider the Hippocratic Oath as a document in which we seek for and explain reasons why it is important to observe its historical dimension within the medical-ethical problem, and through it notice diversity in approach and solution, that is, to recognize a chronological sequence that exists behind each of these problems.

In works on the history of medicine³ and history of medical ethics there is data which indicates that under the name of Hippocrates there are a couple of generations of Hippocrates, whom, considering the period in which they lived and worked, left behind for philosophy and for medicine an equally important trace of evidence. In respect of this fact, when addressing Hippocrates and his work, especially his Oath, we shall employ the name Hippocrates incorporating in it the contemplative and practical achievements that originated in the period range from the birth until the death of the Hippocrates whom historians proclaim father of medicine. According to certain sources, this is some one hundred and seven years; to others it is one hundred and four, and to third sources, eighty-five years of age.⁴

The overview that follows presents the developmental path of the philosophical-ethical thought, which influenced the formulation of ethical principles in the Hippocratic Oath; indicates dimension, greatness and value of humanistic

commitments set forth in visions of philosophers of that period; and finally documents the relationship of medicine and philosophy. For the purpose of making concrete the influences they have made on the formulation of the Hippocratic Oath, philosophers of the Prehippocratic era are presented methodically so as to emphasize the time frame in which they worked, the medical branch they established is recognized, the contribution they made within these branches, and work in which they announced the need for ethical questioning of medicine. Everything stated should contribute to the analysis and understanding of the Hippocratic Oath and to the actualisation and problematization of medical ethical standpoints mentioned in this document.

Pythagoras (founder of the Pythagorean school)⁵ lived in the period from 582 until 496 BC. Because he supported the establishment of hygienic rules, particularly in a meat diet, as he pointed out the possibility of ailment due to the use of rotten meat, and demanded the washing of hands before eating a meal, we may designate him an ancestor of sanitary medicine, and we may aim his recommendation for the use of music in treating illnesses, at the discernment of bodily and mental illnesses. Additionally, he also remains renowned for the significance he gave to numbers. In the field of medicine, this became important for the calculation of the number of days according to which the time from conception to the animation of the embryo were defined, and the number of days, or months of pregnancy. The demand of “first, do no harm (wrong)” became a principle, which we define, from his time throughout the Hippocratic Oath until today, as the principle of non-maleficence. Because of the great contribution Pythagoras’s pupil Alcmaeon⁶ left behind, he is often mentioned as the immediate ancestor of Hippocrates. He lived in around the year 500 BC. Dissecting animals he discovered veins and blood in them, and hence the optical nerve and the Eustachian tube; he defined health as a balance of forces, and found causes of disease in the pollution of water and soil, and in overtiring of oneself. He is also mentioned as the advocate of the idea according to which pregnant women having a proper diet show responsibility for the health of their foetus. His contributions in the field of anatomy, physiology and embryology are also notable. He is also known as the author of the book *Concerning Nature*, in which he described discoveries on the brain and proclaimed the brain a place where human thoughts are formed.

In understanding death as a boundary that needs to be crossed so that we may meet with our loved ones once again, Heraclites⁷ (lived from 535 until 475 BC), attempted to lessen the fear of death he noticed in sick people. Par-

3

Major Gabriel Seelig, *Medicine a Historical Outline*, The Williams & Wilkins Company, Baltimore 1931, pp. 20–36; Vladimir Stanojević, *Historija medicine*, Medicinska knjiga, Beograd – Zagreb 1953, p. 97.

4

V. Stanojević, *Historija medicine*, p. 97.

5

Ibid., p. 72–74; Mihailo Đurić, *Historija helenske etike*, BIGZ, Beograd 1976, p. 108–109; *The Internet Encyclopedia of Philosophy*, <http://www.utm.edu/research/iep/p/pythagor.htm>; Simon Blackburn, *Oksfordski filozofski rečnik*, Svetovi, Novi Sad 1996, p. 315; Anto Mišić, *Rječnik filozofskih pojmova*, Verbum,

Split 2000, p. 203–204., “Pythagoras and Pythagoreanism”, *Catholic Encyclopedia*, <http://www.newadvent.org/cathen/12587b.htm>.

6

V. Stanojević, *Historija medicine*, pp. 74–75; M. Đurić, *Historija helenske etike*, p. 110; Stipe Belak, *Uvod u znanost*, Visoka škola za menadžment u Šibeniku, Šibenik 2005, p. 29; S. Blackburn, *Oksfordski filozofski rečnik*, p. 19.

7

M. Đurić, *Historija helenske etike*, p. 124–128; “Heraclitus”, *The Internet Encyclopedia of Philosophy*; S. Blackburn, *Oksfordski filozofski rečnik*, p. 154.

menides⁸ (540 BC) gave attention to the changes of the human body due to ageing. Using the fact of the decrease in body temperature of old people, he focused the course of research and relationship of physicians at this population of patients. With ideas of water-drainage on marshlands as a measure for the prevention of disease, and trenching for the outlet of impure water, Empedocles⁹ (490–430 BC) proclaimed hygienic conditions a public health problem. Researching animals and plants in medicine he referred to the following conclusions: air penetrates the human body through the lungs; blood does everything to make a person warm; the heart is the centre of thought and emotion; death occurs when the human body loses warmth; the embryo feeds through the placenta; senses have channels which transfer perception between the extrinsic world and the perceived sensation. His mentioned results contributed to the enrichment of knowledge on physiology, embryology and sanitary medicine, and epidemiology was linked to his name for the first time.

Claiming that all the organs in the human body, despite their precisely determined functions, also have hidden attributes, Anaxagoras¹⁰ (497 to 428 BC) is included among philosophers that have focused the development of physiology at the search for reasons that lead to a disease caused by disorders in the functionality of organs and tissue. With his contribution on the classification of medicaments and their curative characteristics conditioned by the arrangement, properties, shape, location and size of atoms in them, Democritus¹¹ (from 470 to 370 BC) is designated as the originator of pharmacology.

The presented historical overview shows the interest and concern of philosophers for medicine and its development. Their work paved the path for Hippocrates to search for answers on concrete issues of medical activity, witnesses of this are works, which describe individual medical problems,¹² and equally indicate an area in medicine that until then was not practically and scientifically explained. The focus of philosophy on ethical issues and surrounding it the search for permanent values, aided Hippocrates to discover the other side of medicine and to reflect on medicine and physicians in a new manner – bringing them into relationship with the patient, other physicians and community in which they lived. It should also be added that the era of Hippocrates was also earmarked by the development of physics, astronomy, mathematics and geometry, facts that, along with the presented interest of philosophers for medicine and its achievements, complete the cultural aspect in which the Oath originated.

Hippocrates – A Brief Biography and Basic Messages

According to the biographical data, Hippocrates lived from 460 until 356 BC, was born on the island of Cos, comes from a family of physicians from which, as it is usually quoted in literature, originate seven generations of Hippocrates. He is considered the founder of the professional association – *Asclepiades*¹³ whose obligatory members had to be all the physicians that were schooled on Cos, and all had defined tasks – to protect secrets on acquired knowledge on medicine and the duty to pass on that knowledge only among their members. The work that gives a historical overview of Hippocrates's achievements, arts and skills of healing, whose component is the Oath (illustrating the relationship of physician to patients, mutual relationships between physicians and duties to their profession and society), in literature is mentioned under the title *Corpus Hippocraticum*. In it contained *Aphorisms* “philosophy should be brought into medicine and medicine into philosophy”,¹⁴ and “the physician is a philosopher equal to the gods”¹⁵ unbreakably conjoined two sciences appointing them a task of mutual questioning and valuating of the achieved contributions.

Workshops

This part of work shows possibilities and variations of pedagogical work in small groups, the level of the activity of teachers and students and communication in the curriculum process. According to the demands of the pedagogical science and routine pedagogical practise, intended educational goals are stated for each workshop, and the titles of workshops point out to the content that needs to be realised.

Workshop I: The Hippocratic Oath and the use of its guidelines to solve medical ethical problems

Goal: The definition of medical-ethical problems in the Hippocratic Oath and identification of methods for their solution

Method of learning: by analysing the text of the Hippocratic Oath, students search for medical-ethical problems; consider the method for their solution; define the modality of relationship between physician and patient established by this ethical document, and judge the degree of the differentiation of medicine on specialist branches. The highlighted points out that in this workshop knowledge is gained by means of a strategy of *programmed teaching*.¹⁶

Material:

1. paper;
2. pencils;
3. text of the Oath;
4. PowerPoint presentation;

8

V. Stanojević, *Historija medicine*, p. 77; M. Đurić, *Historija helenske etike*, pp. 140–144; S. Blackburn, *Oksfordski filozofski rečnik*, pp. 307–308.

9

V. Stanojević, *Historija medicine*, pp. 77–78; M. Đurić, *Historija helenske etike*, pp. 146–150; “Empedocles (of Acragas)”, *The Internet Encyclopedia of Philosophy*; S. Blackburn, *Oksfordski filozofski rečnik*, pp. 104.

10

V. Stanojević, *Historija medicine*, pp. 80–81; M. Đurić, *Historija helenske etike*, pp. 155–162.

11

V. Stanojević, *Historija medicine*, pp. 80–81; M. Đurić, *Historija helenske etike*, pp. 162–172; S. Blackburn, *Oksfordski filozofski rečnik*, p. 78.

12

Hippocrates’ works are: *The Epidemics, On Airs Waters and Places, On Ancient Medicine, Of The Sacred Disease, On Surgery, Prorrhetics, The Law, On Epilepsy, Of Ulcers* and approximately fifty more treaties often

mentioned under the common name *Corpus Hippocraticum*, or *The Hippocratic Writings*. Source: V. Stanojević, *Historija medicine*, p. 97–115; S. Blackburn, *Oksfordski filozofski rečnik*, p. 157; M. G. Seelig, *Medicine a Historical Outline*, pp. 26–27.

13

Salvino Leone – Salvatore Privitera, *Dizionario di Bioetica*, Istituto Siciliano di bioetica, Bologna 1994, p. 613; Ivan Illich, *Limits to Medicine*, Marion Boyars, London – New York 1995; p. 146–147, Erich E. H. Loewy, *Textbook of Healthcare Ethics*, Plenum Press, New York and London 1996, p. 5–6.

14

Hipokrat, *Aforizmi*, Medicinska knjiga, Beograd – Zagreb 1978, p. VII.

15

Hipokrat, *Aforizmi*, p. VII.

16

Wider in: Ladislav Bognar – Milan Matijević, *Didaktika*, Školska knjiga, Zagreb 1993.

Introductory activity:

Students are divided into small groups, consisting of four to five members. Each group receives a text of the Hippocratic Oath:

The Hippocratic Oath

I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant.

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art – if they desire to learn it – without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy.

In purity and holiness, I will guard my life and my art. I will not use the knife, not even on sufferers from stone, but will withdraw in favour of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.¹⁷

After students in groups have been handed out worksheets with the text of the Oath and tasks which need to be accomplished, the leader instructs students to collaborate, lead a mutual discourse, choose a presenter, and explains the goal which should be realized and how to approach the tasks that must be fulfilled. First, a careful reading of the text of the Hippocratic Oath and making notes of problems each group member discovers in the text. Second, recognising the method used to solve each of these problems and consequences these solutions produce for the relationship between physician and patient, and third, argumentation on whether the text of the Oath can witness the differentiation of medicine on its branches.

Central activity:

Students read the text of the Oath, discuss and make notes of their suggestions and ideas. During the performance of the task, the group leader follows the course of work, asks whether group members have problems in fulfilling their tasks, suggests them to first mention those problems the group agrees on,

to single out those they could not agree on, and if they have trouble with the methodology of the work, suggests to change it and try to complete the given task. During group work, the group leader divides the flipchart or chalkboard in order to follow and observe the work contribution in each group. Upon completion of work in small groups, the group leader initiates a discussion and invites the correspondent of each group to present the answers to asked questions. While correspondents respond, the group leader writes down their answers on a large piece of paper or chalkboard. After receiving answers from all groups, the group leader: asserts which problems groups have encountered, which of them are common to all groups, whether a consensus was achieved on the method of their solution, which problems were referred to as beyond consensus, and what is the method of their solution. The same process takes place when answering the issue of seeking a modality of the relationship between physician and patient. Therefore, the group leader: encourages students to discover together with her/him the issue – problem that is missing, then to jointly define methods of their solution (approval or prohibition), and to recognize paternalism as a basis for the relationship between physician and patient.

Final activity:

The group leader speaks with the students on: how they deliberated during the conduct of their task, which strategies they used in attempting to solve their task (how successful they were – relative to the number of discovered problems, have they had to change a particular strategy and did this change influence the gained contribution). Work in the workshop ends with a brief evaluation of the successfulness of the applied methodology of curriculum work.

Workshop II: Solving cases from practise according to the guidelines of the Hippocratic Oath

Goal: In a case from practise recognize (and define) the ethical problem, point out reasons for using the terms of reference of the Hippocratic Oath; establish under which guideline of the Hippocratic Oath it could be solved, and conclude whether the solution of the case may be characterized as ethical exclusively by referring to the Hippocratic Oath.

Procedure of learning: *Analysis and solving problems as a curriculum strategy*,¹⁸ that is, using problems (cases) for the purpose of gaining knowledge and understanding the curriculum content. This teaching approach intends to divert the attention of students to recognize differences in approach to and solution of problems based on the opinion of it and the opinion that derives from the essential knowledge as a foundation for the formation of standpoints and the offering of solutions.

17

The classical version of the Hippocratic Oath is from the translation from the Greek by Ludwig Edelstein. *From The Hippocratic Oath: Text, Translation, and Interpretation*, by Ludwig Edelstein, John Hopkins Press, Baltimore 1943; http://www.pbs.org/wgbh/nova/doctors/oath_classical.html.

18

See: Roy Killen, “Using problem solving as a teaching strategy“, in: I. Žanetić, Lj. Žanetić, B. Drandić, *Nastavnički priručnik*, Znamen, Zagreb 2005, pp. 176–179.

Material:

- pencils, felt pens and papers;
- text of the Hippocratic Oath;
- case from practise.

Introductory activity:

Students are divided into small groups (4 to 5 in each group) and are given the same material: note paper, text of the Hippocratic Oath and case from practise, and afterwards the students are introduced to the intended goal through case analysis and work done in the workshop. It is pointed out that all groups have the identical task – to apply the guidelines of the Hippocratic Oath on the given case, to indicate which concrete procedure the health worker should take in implementing the Hippocratic solution, and to point out which abilities and values are revealed in a health worker when he/she is confronted with a situation as the one in the given case.

*Case 16*¹⁹

It was a very hot day and I was on duty in the period from 8:00 a.m. until 15:00 p.m. Suddenly, the ward began to change, confusion and anxiety on each corner. I ask the nurses what is happening. One of them, passing by, told me that the “old, head doctor” was arriving. Clueless, I went to the clinic to wait for “this” why everyone was making such a commotion.

At the door appeared a balding elderly man wearing spectacles and with a cigar in his hand which he put out on the clinic doorframe upon arrival. Behind him, in the hallway, stands an elderly woman with her daughter and they politely beg him to tell them in which room lays a patient, alias their cousin. He turned around and started to shout at them: “How dare you ask me”, “Don’t you know who I am!”, “What in the heavens is this!”, “Where are those nurses!?”

Soon the doctor calmed down and one nurse went to show the women where the patient they came to visit is. The “old head doctor”, as they called him, followed them, and after came the head nurse on the ward. I stood at the entrance to the room.²⁰

“What do we have here? Oh yes, the madam placed near the window, tomorrow you shall have surgery”, he said.

The patient turned pale, and the nurse warns in a quiet voice that the woman already had surgery today. At that, the head doctor raised his voice at the nurse: “Who is the doctor here: you or I? If I say that someone shall have surgery, then this someone should ‘appear’ on the operating table at 8 o’clock in the morning, is that understood!?”

In a more lower and trembling voice, the nurse answered affirmatively, and the patient by the window began to cry. That is how I began to understand why the commotion at the beginning. When he left, the nurses gathered in the clinic, and I stayed in the room and tried to calm down the patient who was very frightened.

In the following couple of days, the surgical wound healed very slowly. It became infected, and the patient felt immense pain in the operated on area. She began to doubt the success of the surgical procedure because other patients that underwent similar procedures felt better.

Central activity:

Students read the case and approach the realization of mentioned tasks. During this time the group leader follows the group work process, gives explanations if they are needed and if she/he notices unresourcefulness in solving the tasks, she/he draws the attention of students to what should be done. Circulating each group, she/he instructs to the importance of recognizing the ethical side of the medical case, that is, the need to apply the settled solution based on the Hippocratic Oath, regardless of how the students may agree with it. Following the final activity in small groups, the correspondent of each group writes down, on the flipchart or space given for that particular group, the problem, method of solution determined by the Hippocratic Oath, procedure the healthcare worker must take for the mentioned case, and abilities and virtues needed for him to do this.

Final activity:

After the displayed group activities, the group leader invites all students to comment on the offered ideas and solutions, and where appropriate, to backup standpoints. When flow of ideas ceases, the group leader together with students achieves a consensus on the definition of the ethical problem, method of its solution according to the Hippocratic Oath, procedure that should be taken, and the expressed capabilities and virtues of physicians and nurses. When work in the workshop is finalized, consequences this solution produces for the patient, health worker and other case participants, are emphasized. The mutual conclusion should go in a direction so that the Hippocratic Oath presents a testimony of the way in which this problem was solved in the era of traditional medical ethics, so it can serve as a historical perspective to its solution, but also that consequences such a solution produces deprive health workers of a possibility to solve the problem solely by calling to authority Hippocrates and his Oath.

***Workshop III: How far does the Hippocratic Oath reach nowadays?
Or, the application of the Hippocratic Oath in solving ethical
problems of contemporary medicine?***

Goal: demonstration of reasons why the Hippocratic Oath cannot respond to the challenges and problems created by the scientific-technological progress in the field of biomedicine and healthcare.

19

For case analysis, theoreticians and practitioners of bioethical education recommend actual and already published cases. Cited case published in: Ivan Šegota, *Etika sestrištva* (Second supplemented and amended edition), Pergamena Press – Zagreb, Medical School – Rijeka 1997, pp. 220–221, is suitable for the analysis of the Hippocratic Oath for the following reasons: 1. Because it clearly shows the relationship of physician to patient; 2. illustrates the relationship of physician to nurses; and 3. depicts the relationship of physician to the family and relatives of the patient in clinical care. Ultimately, this case was chosen because it demonstrates the behaviour of the

physician who opposes the fundamental settings of the Hippocratic Oath.

20

The case was, surrounding the realization of the curriculum programme *Etika sestrištva* (*Nursing Ethics*), which is one of the course of lectures performed on the Medical School in Rijeka, presented by a student who attended the professional studies of Nursing in the academic year 1995/1996. With the introduction of the Bologna process, this course of lectures received the title *Bioetika u zdravstvenoj njezi* (*Bioethics in Healthcare*).

Method of learning:

Presentation of an event that was among numerous others remembered as a key moment in the emergence of bioethics and, emphasizing reasons why guidelines of the Hippocratic Oath are not applicable to its solution. Guide the course of presentation towards recognition of the newly risen ethical issues in medicine.

Material:

1. Text of the Hippocratic Oath;
2. PowerPoint presentation;
3. *Bioetički svesci* No. 55²¹

Introductory activity:

*The group leader presents students the case of the so-called “God Committee”;*²² that is, she/he presents the article of Shana Alexander “They Decide Who Lives, Who Dies” in which were given the fundamental reasons for the emergence of the first ethical committee.

Central activity:

The group leader distributes to students in small groups a text on the dialogue lead by the members of the *God Committee*²³ and invites students to a *liberal dialogue*²⁴ and mutual dialogue to answer the issues of: 1. Can ethical problems be recognized based on the dialogue lead by the members of the ethical committee; 2. How would they entitle the problem; 3. Which factors can influence the solution to the problem? Following the undertaken group conversation, the group leader writes down the answers on a flipchart, and invites students to give comments on the arrived at standpoints and opinions; then, to define the problem based on mutual arguments, define contents and factors which can contribute to its solution, and finally, comparing ethical standards in the Hippocratic Oath, attempt to find the one that could solve the presented problem.

Final activity:

At the end of conversation, students together with group leader draw a conclusion on the applicability of the Hippocratic Oath in resolving this contemporary ethical issue of medicine.²⁵

Role and activity of group leader:

In the description and realization of work in workshops, the term leader is used because the intent is to express the changed role of teacher in the conception of the curriculum content and choice of methods used to realize it, and in relation to students. When preparing the teaching material, the teacher shows a skill of conceptualizing the lecture. Assumed as introductory, these lectures must satisfy the fundamental criteria of the educational process: direct students to the adoption of theoretical views on a specific bioethical problem, show different conceptional views in its solution throughout history; emphasize the presence of different scientific perspectives in its perception, and encourage students to deliberate the complexity of moral conclusions and solutions. They can satisfy the demand for instructiveness if the teacher, in preparation of the lesson:

- clearly defines the goals to be achieved through the realization of a certain curriculum content,

- specifies the time needed for the conduct of teaching strategies;
- tests the earlier acquired knowledge of students;²⁶
- defines the process of adopting knowledge and facts on the curriculum content;
- chooses the problem or case that clearly demonstrates the specificity of contents which need to be elaborated and adopted, that is, together with students identifies factors and contents which point out to the actual problem;
- rethinks and presumes which part of the teaching procedure may cause difficulties, and makes preparations that may facilitate work and adoption of knowledge;
- among numerous pedagogical strategies chooses the one that will help make active all students, encourage them to think, exchange mutual ideas and standpoints, initiate a dialogue with the teacher, propose possible solutions, and develop a consciousness on taking responsibilities for the proposed solution and method of correcting an error that can occur in the course of applying the proposed solution.

To all this must be added the fact that the realization of a bioethical curriculum content also seeks the construction of a teaching climate which is recognized by a communication where opinions, ideas, standpoints and arguments of participants in education are equally respected, according to the establishment and development of dialogue in which the traditional role of the teacher as a person which comments, interprets and teaches, becomes a role that allows her/him to listen to and accept ideas and opinions of students, and to discuss and take standpoints on them, with them. In one word, the traditional teacher's role becomes one of a leader.

All this points out to the fact of how much effort and enthusiasm a teacher must take to approach the bioethical curriculum content. Therefore, one may conclude that on the readiness of the teacher to undertake the teaching process depends how the presented curriculum content will appeal to students as

21

“Povijest bioetike: Shana Alexander”, *Bioetički svesci*, No. 55 (eds. Ivan Šegota, Iva Rinčić), Department for Social Sciences, Medical School in Rijeka, 2003.

22

Case described in numerous books on bioethics. In Croatia we can find it in the works: *Nova medicinska etika (Bioetika)*, by Ivan Šegota, *Bioetika*, by Tonči Matulić, *Etika i bioetika*, by Ante Čović, *Bioetička edukacija*, by Nada Gosić. The translation of the article “They decide who lives, who dies” (in Croatian: “Oni odlučuju tko živi, a tko umire”), in which journalist Shana Alexander described the work of the God Committee, was published in the *Bioetički svesci* No. 55, and published by the Department for Social Sciences of the Medical School in Rijeka.

23

Shana Alexander, “They decide who lives, who dies”, pp. 16–19.

24

On the specificity of this type of discourse see in: Vladimir Jurić, *Metode razgovora u nastavi*, Pedagoško-književni zbor, Zagreb 1979, from p. 46 and forth.

25

A similar approach can be taken for the problems of: surrogate motherhood (interpretation of the case of Baby M.), use of life-sustaining devices (case of Karen Quinlan), application of research techniques in biomedical research (Tuskegee Syphilis Study), euthanasia (case: Elizabeth Bouvia and Voluntary Death), and others.

26

For this purpose, it is good to warn students after each lesson of what they need to know for the following curriculum content. Practise has shown that it is useful and efficient to compose summaries of the previous contents or “more difficult sections”, such as definitions, rules, principles, theories and similar, to prepare and distribute on worksheets.

interesting, dynamic, attractive and especially, useful and usable in personal and professional life.

Literature:

- Belak, S. (2005): *Uvod u znanost*, Visoka škola za menadžment u Šibeniku, Šibenik.
- Blackburn, S. (1996): *Oksfordski filozofski rečnik*, Svetovi, Novi Sad.
- Bognar, L., Matijević, M. (1993): *Didaktika*, Školska knjiga, Zagreb.
- Catholic Encyclopedia: <http://www.newadvent.org/cathen/12587b.htm>.
- Čović, A. (2005): *Etika i bioetika*, Pergamena, Zagreb.
- Đurić, M. (1976): *Historija helenske etike*, BIGZ, Beograd.
- Gosić, N. (2005): *Bioetička edukacija*, Pergamena, Zagreb.
- Hipokrat (1978): *Aforizmi*, Medicinska knjiga, Beograd–Zagreb.
- Illich, I. (1995): *Limits to Medicine*, Marion Boyars, London, New York.
- Jurić, V. (1979): *Metode razgovora u nastavi*, Pedagoško-književni zbor, Zagreb.
- Leone, S., Privitera, S. (1994): *Dizionario di Bioetica*, Istituto Siciliano di bioetica, Palermo.
- Loewy, E.H. (1996): *Textbook of Healthcare Ethics*, Plenum Press, New York, London.
- Matulić, T. (2001): *Bioetika*, Glas Koncila, Zagreb.
- Medicinska etika. Priručno štivo* (1996): Medicinski fakultet Sveučilišta u Zagrebu, Zagreb.
- Mišić, A. (2000): *Rječnik filozofskih pojmova*, Verbum, Split.
- “Povijest bioetike: Shana Alexander” (2003), *Bioetički svesci*, no. 55, eds. Šegota, I., Rinčić, I., Katedra za društvene znanosti, Medicinski fakultet u Rijeci, Rijeka.
- Seeling, M. G. (1931): *Medicine a Historical Outline*, The Williams & Wilkins Company, Baltimore.
- Stojanović, V. (1953): *Historija medicine*, Medicinska knjiga, Beograd–Zagreb.
- Šegota, I. (1994): *Nova medicinska etika (bioetika)*, Medicinski fakultet u Rijeci, Rijeka.
- Šegota, I. (1997): *Etika sestriinstva*, Pergamena – Zagreb, Medicinski fakultet Rijeka.
- The Internet Encyclopedia of Philosophy*: <http://www.utm.edu/research/iep/p/pythagor.htm>.

Nada Gosić

Hipokratova zakletva

Povijesna perspektiva u bioetičkom obrazovanju

Sažetak

Ovaj članak specificira mjesto Hipokratove zakletve u programu bioetičkog obrazovanja na profesionalnim fakultetima gdje se obrazuju budući medicinski i zdravstveni radnici. Predstavljena konceptualizacija sadržaja i opisana metodologija rada pokazuje kako se sadržaji curriculumuma, kojima dominiraju povijesne činjenice, aktualiziraju uporabom znanja što su ih studenti usvojili ranije, te problematiziraju aktivnim uključanjem studenata u prikupljanju nove informacije relevantne za sadržaj, a onda koriste usvojeno znanje kako bi riješili konkretni bioetički predmet ili problem. Ponuđena aktivnost studenata i nastavnika ima svrhu pokazati suradnički odnos između njih, te komunikaciju u kojoj studenti i nastavnici međusobno preuzimaju zadatke u realizaciji sadržaja curriculumuma.

Ključne riječi

Hipokratova zakletva, bioetičko obrazovanje, povijesna perspektiva

Nada Gosić

Der Eid des Hippokrates

Eine historische Perspektive in der bioethischen Edukation

Zusammenfassung

Dieser Artikel spezifiziert die Stellung, die der Hippokratische Eid im bioethischen Edukationsprogramm an den medizinischen Fakultäten einnimmt. Die vorgestellte Konzeptualisierung des Inhalts und die beschriebene Methodologie eines solchen Edukationsprogramms zeigen, dass das von historischen Fakten dominierte Curriculum durch die Vorkenntnisse der Studenten aktualisiert und durch ihre aktive Teilnahme am Zusammentragen neuer und relevanter Informationen problematisiert wird; daraufhin werden die neu erworbenen Kenntnisse umgesetzt, um eine Lösung für ein konkretes bioethisches Problem zu finden. Die aufgezeigten Möglichkeiten für Aktivitäten von Studenten und Professoren sollen die Kooperation zwischen ihnen betonen, ferner die Kommunikation, bei der beide Seiten verschiedene Aufgaben zur Umsetzung des Curriculums übernehmen.

Schlüsselwörter

Eid des Hippokrates, bioethische Edukation, historische Perspektive

Nada Gosić

Le serment d'Hippocrate

Perspective historique dans la formation en bioéthique

Résumé

Cet article spécifie la place du serment d'Hippocrate dans le programme bioéthique des établissements professionnels de formation du personnel médical. La conceptualisation du contenu présenté et la méthodologie décrite montrent comment les contenus du curriculum, dominés par des faits historiques, s'actualisent grâce à l'application des connaissances que les étudiants ont acquis précédemment, puis se problématisent grâce à la participation active des étudiants

à la collecte de nouvelles informations relatives au contenu avant d'utiliser le savoir acquis pour résoudre concrètement un sujet ou un problème bioéthique. La participation active des étudiants et des enseignants a pour but de montrer leur relation de collaboration ainsi qu'une communication dans laquelle les étudiants et les enseignants se partagent des tâches dans le cadre de la réalisation du curriculum.

Mots-clés

serment d'Hippocrate, formation en bioéthique, perspective historique