ABSTRACT

Rationality, Theatricality, and Identity – The Enduring Attributes of Hippocratic Medicine

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Hippocratic philosophy, originating in the 5th century B.C.E., has maintained an enduring influence over the practice of medicine for over two millennia. This thesis argues that three core Hippocratic principles—rationality, theatricality, and identity—have shaped modern medicine in a particularly interesting fashion. Rationality fostered the separation of medicine from other forms of magico-religious healing. It also promoted the educational reform and therapeutic advancement characteristic of the Hippocratic physicians. Theatricality in medicine developed from the physician's need to inspire awe and confidence in his patient base. The performative behavior and symbols that helped ancient physicians build rapport have analogs in modern medicine. Finally, the Hippocratic Corpus and the Oath in particular set a precedent for the sense of personal ownership the physician should feel for their craft. It demonstrates that the responsibility of a physician influences their behavior in both professional and private affairs.

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# Rationality, Theatricality, and Identity – The Enduring Attributes of Hippocratic Medicine

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# INTRODUCTION

Medicine is sometimes referred to as one of the world's last remaining trades, which necessarily implies that the healer is also one of the oldest societal roles known to civilization. Archaeological evidence for the trepanning of skulls goes as far back as the Neanderthal, which indicates that medical intervention has been with us since the dawn of our species (Ackerknecht, 1982, 8). Without good health—and the medical practices to maintain it—the other boons of life could scarcely be appreciated. Therefore, it has even been suggested that all other pursuits are auxiliary to the centrality of medicine (Rosenthal, 1956, 74).

And yet medicine, as we recognize it today, did not achieve widespread popularity and recognition until the Great Physician—Hippocrates—and his disciples extensively organized the practice in the 5$^{th}$-century B.C.E through formal writing and education. Before this time, we find little evidence of the existence of medical treatises detailing diagnoses and treatments (Vecchio et al., 2013, 363). The Hippocratic physicians introduced ethical standards, continuity of thought, and a rational understanding of the natural etiology of disease to medical practice (Fabre, 1998, 161). With these innovations, medicine rapidly expanded throughout Greece. Hippocrates and his followers knew this practice as "the Art."

With the advancement of technology, revelations about the etiology of disease, and a greater understanding of the human body, medical techniques have changed dramatically since the time of Hippocrates. This thesis seeks to argue that, despite the radical innovation of medicine over the last two millennia, the fundamental

characteristics of the trade have remained the same. It will address how medicine developed as a true art and science—that is, a *techne*—in Greek civilization around the time of Hippocrates, exploring how its Rationalist philosophy is reflected in its practice today. The complex symbolic and theatrical behaviors that developed within the practice of ancient medicine will be analyzed, as will their modern analogs. Finally, this thesis will discuss the physician's unique and enduring sense of responsibility and identity established by the Hippocratic Oath.

Hippocratic medicine was defined by rationality, theatricality, and identity. These three principles are the most important and enduring ideas that modern physicians have inherited from their ancient predecessors.

# CHAPTER ONE

## Rationality: Medicine As Science

The defining feature of Hippocratic medicine that set it apart from magico-religious healing of the era was its adherence to rational philosophy. This chapter will discuss the origins of Hippocratic medicine, its founder, and his body of work. The Rational features of Hippocratic medicine will be identified, and the nature of the relationship between ancient physicians and religious institutions will be illuminated. This chapter will conclude with a discussion of how Rationalism is reflected in the modern practice of medicine as well as its struggle with the new paradigm of Evidence-Based Medicine.

### *1. Inception of Medicine*

The origin of medicine as a practice is not comprehensively understood. Many civilizations have been credited for its "discovery": the Egyptians, Mysians, Phrygians, Chaldeans, Yemenites, and Indians have all been proposed as founders of medicine, though the basis for these attributions is somewhat shaky (Rosenthal, 1956, 56-58).

Regardless of the definitive origin of medicine, the Greek cult of Asclepius undeniably influenced its development in the Mediterranean world. Much like the snake that wraps around his iconic staff, the early history of healing is heavily intertwined with the myth and lore of Asclepius. Said to be the son of the god Apollo, Asclepius was gifted with the ability of prognostication and apparently introduced the power of medical

intervention to the Greek world (Rosenthal, 1956, 63) in approximately the 8th century B.C.E.

Only a single bloodline was eligible to receive this power, however. By tradition, only the descendants of Asclepius were permitted to learn medicine. Thus, for generations, the secrets of the trade were passed down strictly from father to son by oral tradition (Jouanna, 2001, 42; Rosenthal, 1956, 81). This filial rule also prevented the secrets of medicine from falling into the hands of those practitioners deemed immoral or otherwise unworthy (Rosenthal, 1956, 64). Hippocrates learned his craft through this tradition. As supposedly the seventeenth descendant in the male line of Asclepius, it was his birthright to train as a physician (Vecchio et al., 2013, 366).

Likely a contributor to the fantastical elements of the story of medicine, oral transmission was the primary means of preserving knowledge of the Art. It was mostly passed down from generation to generation by word of mouth rather than through systematic lectures (Frede, 1987, 233). This tradition helped maintain medicine's tightly held secrets. That is, until their more official codification and distribution by Hippocrates and his followers (Tsiompanou & Marketos, 2013, 289).

### *2. The Legend of Hippocrates, Father of Medicine?*

Though with Hippocrates we move away from the myths of Asclepius into a more strictly historical context, biographical accounts about him are nevertheless punctuated with fantastical elements. For example, shortly after his burial in Larissa, Greece, locals rumored that a massive beehive formed directly over his grave. This was highly symbolic, as honey was known for its potent medicinal properties in the treatment of colds and wounds (Tsiompanou & Marketos, 2013, 288). So great was this man's

influence on medicine that even from beyond the grave, Hippocrates apparently provided means to heal the sick. Admiration for the Great Physician's deeds turned to worship in a matter of generations. The cult of Hippocrates existed at least as early as the first century B.C.E. (Jouanna, 2001, 37). In his hometown of Cos, sacrifices in his honor were held every year on his birthday, and a coin that once circulated on the island depicts the image of Hippocrates opposite Heracles. The latter was a slayer of monsters; the former was a slayer of disease (Jouanna, 2001, 37-38). The rather sudden deification of Hippocrates in Greek society is both a testament to his massive contributions to medicine and evidence of the rapid distribution of his teachings. In some ways, the mythology surrounding the Wise Physician is ironic as he and his disciples argued against the influence of divine elements in medicine. This struggle between rationality and divinity will be discussed later.

Hippocrates is often considered the Father of Medicine. However, there is evidence to suggest that much of the work attributed to Hippocrates and his disciples may originate from even earlier physicians. Many Hippocratic writings discuss diseases as if they were common knowledge to the physician, suggesting that such classification and nosology had been completed prior to the work of Hippocrates and his school (Jouanna, 2001, 142). That said, the Hippocratic physicians certainly deserve credit for collating and systematizing this information (Bottalico et al., 2019, 3354). The founding of the School of Cos is another misattribution to this figure. Indeed, the school had been established by his Asclepiad ancestors sometime before he began practicing medicine, although he did bring unprecedented fame to the institution (Jouanna, 2001, 42).

Despite these misconceptions, the contributions of Hippocrates to medicine are undeniable. Namely, his body of work – the Hippocratic Corpus – shaped medicine with its emphasis on methodical observation and rationality.

### *3. The Hippocratic Corpus*

Before Hippocrates, medical practice in Greece was mostly a closed occupation. As previously discussed, only those born of other physicians could themselves become physicians (Tsiompanou & Marketos, 2013). Hippocrates worried that the Art of medicine would someday be lost should it remain in the hands of such a small group of practitioners. Hence, he opened the school of Cos to students who could not claim a familial connection. Further aiding in the widespread distribution of the Art, Hippocrates also meticulously recorded his observations from his time at the school of Cos and his extensive journeys abroad (Jouanna, 2001, 52). This trend would continue with his followers, whose works comprise the Hippocratic Corpus.

The Corpus, which includes more than sixty compositions, was assembled in Alexandria around 280 B.C.E, one hundred years after the death of Hippocrates (Fabre, 1998, 161). It includes various clinical, theoretical, and ethical texts written by an unknown number of authors over the course of generations (Miles, 2009, 1322). Very few of the works can be definitively tied to an individual author. Those that can were written by students of Hippocrates (Jouanna, 2001, 57). For conciseness, the varying contributors to the Corpus will be referred to as "Hippocratic authors" in this thesis.

The Principal Hippocratic Treatises are those which can be most closely associated with Hippocrates and the School of Cos and will be most referenced here. They include: *On Wounds in the Head, On Fractures, On Joints, On the Surgery,*

*Instruments of Reduction, Epidemics, Airs Waters Places, On the Sacred Disease, Prognostics, Regimen in Acute Disease,* and *The Aphorisms* (Jouanna, 2001, 66-67). Because of their likely common origin, these principal treatises share a greater harmony of thought than the remaining works. Although they certainly cannot be considered a homogenous body of literature, the voice of Hippocrates pervades their philosophy. Jouanna identifies their unifying theme as "the rational spirit of a medicine freed from all traces of magic" (Jouanna, 2001, 56).

### *4. Medicine and Religion in Ancient Greece*

Hippocrates worked to establish a form of medicine free of mystical influence, and this goal is reflected in the writings of his followers (Bottalico et al., 2019, 3354). In *On the Sacred Disease*, the author writes of epilepsy: "there is no need to put the disease in a special class and to consider it more divine than the others… each [disease] has a nature and a power of its own; none is hopeless or incapable of treatment" (*Sac. Dis*). The writer goes on to assure the audience that an autopsy of an epileptic patient will show that the brain is "humid, full of sweat, and having a bad smell. And in this way truly you may see that it is not god that injures the body, but the disease" (*Sac. Dis*). It is interesting to note the wording of this passage. By indicating that no disease is more divine than the other, the author may imply a belief in some form of divine influence over natural disease. This seeming contradiction will be discussed.

The dismissal of the gods' role in causing disease as seen in *On the Sacred Disease* was revolutionary at this time when magico-religious healing was a widely accepted norm (Daniel Murrel, 2018; Jouanna, 2001, 181). Although rarely mentioned in the Corpus (Edelstein, 1937, 202), there is evidence of a conflict between religious

healers and Hippocratic physicians. Professor Jacques Jouanna notes a particular instance in which the author of *Diseases of Young Girls I* says that a family who followed the healing advice of a soothsayer had been "completely deceived" (*Dis. Girls I*). Jouanna explains that "the attack of the physician upon the soothsayers, whom [the physician] accuses of misleading the patient and her family, is brief but vehement, and it gives us a sense of how bitter the rivalry between physicians and soothsayers at the patient's bedside must have been" (Jouanna, 2001, 183). Furthermore, in his discussion of epilepsy, the author of *On the Sacred Disease* refers to those who ascribe a paranormal origin to the disease as "conjurors, purificators, mountebanks, and charlatans… who give themselves out for being excessively religious, and as knowing more than other people" (*Sac. Dis.*).

Despite such damning denigration, this dismissal of religious healers by Hippocratic physicians was potentially more a result of rivalry than philosophical differences. In a given city, a sick person would likely have the option of seeking care from a physician or a diviner. Therefore, it may have been in the best interest of either party to discredit the other (Jouanna, 2001, 201). While the educated elite was less inclined to rely primarily on the services of religious or spiritual healers, the uneducated population certainly utilized these resources. Reliance on traditional methods of healing threatened the security of Hippocratic physicians. This threat incentivized them to establish credibility through rational, systematic medical reform (Frede, 1987, 233).

The relationship between physicians and divine healers was not entirely vehement, however. It should be noted that the priests of Asclepius and Asclepiad physicians shared a common origin and purpose – providing health, wellbeing, and hope

for the patient. Riggs and Riggs elucidate this unity in their analysis of *On the Sacred Disease*: "recognizing that religion, magic, and science are cultural practices that primarily serve to give humankind hope should have special meaning to physicians because providing hope is one of the main societal functions of medicine" (Riggs & Riggs, 2005, 453).

It is unlikely that Hippocratic physicians were interested in attacking traditional religion. Some even recognized the therapeutic merit of practices such as prayer and temple incubation (Edelstein, 1937, 244; Jouanna, 2001, 202). There is no evidence that Hippocratic physicians were, in general, atheists. Several passages throughout the Corpus recognize divinity, especially the divinity of nature: "With the exception of a few books the Hippocratic writers do not renounce the divinity of nature, even if they do not mention it expressly" (Edelstein, 1937, 208).

How then, could physicians reconcile the freedom of Hippocratic medicine from mystical influence with a belief in the divine quality of nature? And why would they do so if it could undermine the authority of their practice? Returning to the author of *On the Sacred Disease*, we see that he suggests that epilepsy should not be considered more divine than any other disease, implying that all diseases have an equal, inherent divinity in that they originate from forces of nature. To the physician, all things natural are indeed divine. Edelstein expands on this: "in the theory of the Hippocratic physicians, rationalism and belief are interwoven with each other, naturalism and theology are combined into a unity; the same is valid for the ideas of later physicians. Everything is natural, but in being so, it is divine too" (Edelstein, 1937, 211). Because disease arises

from imbalances in the natural bodily humors, disease could easily be considered divine as well (Edelstein, 1937, 212-213).

In addition to natural divinity being the genuine belief of the physicians, some other interesting incentives may have influenced their neutral tone toward the relationship between divinity and health. In the third century B.C.E, philosophical sects accused of atheism, like the Epicureans, were known to have been banished from Greek cities (Edelstein, 1937, 209). Perhaps a more open attitude toward the divine role in healing was a way for physicians to avoid the ire of their community and thus guarantee a stable patient base.

Hippocratic Rationalism could comfortably coexist with the established theological environment of the age. Physicians worked in a symbiotic relationship with divine healers while maintaining the rational philosophy that defined their craft (Collinge, 1962, 43).

### *5. The Rational Spirit of Medicine*

The major throughline across the Hippocratic Corpus is the infusion of Greek Rationalism into the practice of medicine (Daniel Murrel, 2018; Riggs & Riggs, 2005). It is this Rationalism that ultimately separates Hippocratic philosophy as well as the modern practice of medicine from their analogs. Indeed, such reliance on rational philosophy was the origin of scientific medicine (Frede, 1987, 232). It emphasizes the importance of working medical theories formulated on a causal understanding of pathophysiology (Webb, 2018, 3). Rationalism is seen in the increased systematization of medicine through meticulous transcription of patient histories, identification of patterns, and an emphasis on solution-based practices.

Indeed, the development of the Hippocratic Corpus itself was part of a larger movement toward increased rational systematization of medicine beginning in the fifth century B.C.E. Due to diverging behaviors of magico-religious healers, non-Hippocratic practitioners, and Hippocratic physicians, there was a call for medical reform and the systematic dispersion of an organized and reliable body of medical literature (Frede, 1987, 233). The critical lens through which they wrote about their craft and pursuit of medical innovation separated the Hippocratic physician from other healers (Frede, 1987, 231-232).

The Hippocratic physician engaged in methodical observation that promoted medical advancement and higher quality of care. By recording key patient information and observing symptoms, physicians were able to recognize trends and make better recommendations for treatment (Daniel Murrel, 2018). No detail was too small for the Hippocratic physician to observe and note: climate conditions, personal habits, household dynamics, diet, appetite, thirst, menstruation difficulties, breathing patterns, color changes, excrement quality, etc. (Miles, 2009, 1322). Perhaps the most crucial innovation in Hippocratic observation was tracking the periodicity and trajectory of a disease over time, which strengthened the physician's prognostication with "prudent accuracy" (Miles, 2009, 1322). Before the introduction of medical Rationalism and the rejection of a supernatural etiology of disease, such rigorous observation of the patient and their environment was irrelevant because the ailment and its physical manifestations were not necessarily viewed as related (Lagay, 2002, 207). Granted, without a modern understanding of physiology, the Hippocratics certainly could not have identified the

causative relationships between these different factors. However, such strict adherence to tracking their changes allowed them to elucidate various patterns.

Identifying patterns allowed for a rational framework used to understand health phenomena. For example, it was noted that the menstrual cycle aligned with the lunar month and lasted approximately 28 days or 7 x 4 days. It was, in turn, observed that a full-term pregnancy lasted approximately 280 days or 7 x 40 days, a factor of 10 greater than the menstrual cycle (Daniel Murrel, 2018). What was the reason for this correlation? The Hippocratic physician did not give much weight to this question. To them, the "why" mattered far less than the practical applications of such knowledge. The Hippocratics were indeed philosophers in that they thought critically about their Art. However, Dr. Michael Frede, a scholar of ancient philosophy, explains that "whereas the philosophers were mainly concerned with theoretical knowledge, the physicians' concern was eminently practical knowledge, on whose reliability much depended in a very obvious and concrete way" (Frede, 1987, 234). That is not to say that the Hippocratics abandoned theory altogether. Instead, they balanced the unwavering reliance on tangible experience of their Empiricist colleagues with a recognition of the practical framework that medical theories could provide (Frede, 1987, 236). The Rationalists believed that medical theory should guide their decisions as long as it was practical (Webb, 2018, 3), "locating them between empiricism and generalisation" (Thumiger, 2018, 50). Theories like Humorism were the foundation upon which practical medical knowledge was built (Frede, 1987, 239).

The Humoral Pathology of the Hippocratics is one of the most influential theories in the history of medicine, despite its inaccuracies. Indeed, it persisted in some form for

over 2000 years up until the mid-19th century (Lagay, 200, 206). The theory was likely adapted from a predecessor of Hippocrates and contemporary of Pythagoras, Alcmeon (Bujalkova et al., 2001, 490), who proposed a form of qualitative pathology focused on *isonomia dynameon*, or "equilibrium of forces." The forces included such properties as warmness, coldness, wetness, and dryness (Bujalkova et al., 2001, 490). In the Hippocratic innovations of this system, health was derived from an equilibrium between four critical bodily fluids: blood (*haima*), phlegm (*phlegma*), yellow bile (*chole*), and black bile (*melanchole*) (Bujalkova et al., 2001, 491; Daniel Murrel, 2018). Disease results from *dyscrasia*, or the loss of balance between the four humors (Newton, 2001, 300; Steele, 2009, 1). The physician sought to identify the out-of-balance humors by observing physical characteristics of bodily fluids like sweat, urine, vomit, and feces. The physician could then work to restore equilibrium through regimen and other treatments (Lagay, 2002, 206; Newton, 2001, 301).

Humoral Pathology is representative of a guiding philosophy of Hippocratic medicine – the rejection of the supernatural etiology of disease. Illness was not manifested by any deity or magic. Instead, it resulted from natural causes (like the imbalance of bodily humors) and therefore was subject to natural solutions (Lagay, 2002, 206; Riggs & Riggs, 2005, 452). Modern science disproves humoral pathology and its belief that disease was generalized to fluid imbalances (Lagay, 2002, 207). However, Humorism represents rational medical theory because it provided the foundation for practical medical intervention and experimentation that led to successful outcomes. The natural understanding of disease allowed physicians to work against it.

In their discussion of *On the Sacred Disease*, Dr. Allison Riggs and Dr. Jack Riggs eloquently summarize a progression towards rational and natural explanations of disease in ancient Greek society: "…inherent in the definition of religion is the belief that divine forces can exert direct control over nature. Inherent in the definition of magic is the belief that humankind can exert direct psychic control over nature. Inherent in the definition of science is the belief that nature is regular and, therefore, predictable" (Riggs & Riggs, 2005, 452). The science of Rational medicine sought to define mechanisms of disease to predict their natural and regular course through intuition, pattern recognition, and deduction (Webb, 2018, 3). This science has persisted in the practice of modern medicine.

### *6. The Return of Rationalism in Modern Medicine*

Rationalism, both today and in the Hippocratic age, is characterized by an interest in understanding models for the mechanisms of disease. From these models, therapeutic tools can be developed (Newton, 2001, 302). Humoral pathology was one such explanation for disease. As medicine advanced through improvements in technology and physiological knowledge, the clinical implications of disease were still viewed through the lens of Humoral Theory for centuries after Hippocrates (Newton, 2001, 301).

While Rationalism is characteristic of medicine across the modern world, it has a historically strong grip on the American healthcare system. This is no accident. Just like a variety of philosophical sects existed in the Hippocratic age, so too did many different schools of medical thought compete throughout the 19$^{th}$ and early 20$^{th}$ centuries. In addition to the familiar, rational allopathic school of medicine, homeopathy, osteopathy, and herbalism were prevalent and relatively more popular than they are today (Newton,

2001, 302). However, one man's research drastically altered the course of American medical education. After visiting and studying each of the 152 medical schools in the United States, Abraham Flexner of the Carnegie Foundation published the infamous "Flexner Report" in 1910, which sparked a massive shift in the structure of American medical education. The "Flexnerian Model" favored Rationalism and emphasized mechanisms of disease taught in a university setting by physician-scientists in partnership with teaching hospitals (Newton, 2001, 302-303).

This paradigm shift was a response against the perceived Empiricism-dominated medical thinking of the time. Scholars like Flexner were concerned that physicians had abandoned the critical evaluation valued by Rationalism in favor of the input-outcome logic of Empiricism. In other words, physicians prescribed treatment "by rote in response to symptoms," (Newton, 2001, 302) caring for the disease rather than the patient.

This renewed Rational medicine sought to care for the whole patient, considering their unique circumstances, physiology, and comorbidities throughout treatment (Newton, 2001, 309). It relied heavily on clinical experience and physician judgment. American Rationalism dominated medical thought until the genesis of Evidence-Based Medicine (EBM) in the 1990's (Webb, 2018, 1).

### *7. Rationalism v. EBM*

Just as Empiricism rose in response to the Rationalism of the Hippocratics, Evidence-Based Medicine was the answer to the Flexnerian Model. Arguing that medical education was too anecdotal and individual, EBM sought to establish clinical decision-making based on the best current empirical evidence of controlled, randomized studies (Newton, 2001, 304; Webb, 2018, 1).

EBM proponents cited Rationalist theory's historical failures in order to support the necessary paradigm shift. For example, even though in the mid-19th century Ignaz Semmelweis demonstrated that mandatory handwashing in a hospital setting massively reduced iatrogenic infection, his proposal was not recognized until the later circulation of Germ Theory (Webb, 2018, 3). This intellectual lag proved damning for Rationalism, as did the existence of patently false theories like Humoral Pathology (Webb, 2018, 3). If medical theory did not adjust to solid scientific evidence, why maintain the theory?

EBM boasts strict adherence to empirical science, and it has become a massively popular topic of discussion in recent years. It is difficult to argue with data. EBM is hailed for being less burdened with bias than the rational approach, supposedly free from human error. Regardless of the actual statistical efficacy of EBM, it can be argued that the return to Empiricism has left behind a valuable human element of medicine, which is characteristic of Rationalism.

Randomized clinical trials are, of course, highly controlled and do not accurately represent the messiness of actual practice. They do not account for the variety of comorbidities, environmental circumstances, and other idiosyncrasies that each individual patient brings to the table. It is also impossible for a given physician to keep up with every piece of research that might affect their clinical decisions (Webb, 2018, 6). As Dr. Fabrice Jotterand of Rice University defines it, medical decision-making is a complex web of technical considerations (risks versus benefits), moral components (patient autonomy versus professional integrity), and socioeconomic factors (treatment cost versus patient welfare). Empirical observations cannot substitute the value judgment of the physician (Jotterand, 2005, 119).

Therefore, while EBM's reliance on medical science can be highly attractive, it is essential that medical education does not stray away from the values of critical thinking, interpretation, and deduction that have brought Rationalism success for over two millennia. Rationalism remains a crucial medical philosophy and should be balanced with the growing interest in evidence-based medicine.

### *8. Final Thoughts*

In a time when magico-religious healing was commonly accepted, Hippocratic medicine achieved widespread popularity because of its rational philosophy. A shift toward the natural etiology of disease allowed physicians to seek out natural remedies accordingly. It allowed them to theorize models, like Humoral Pathology, with which they could conceptualize disease and frame clinical intervention. These models moved away from divine explanations for disease and toward secular medicine. However, despite some clashing, Hippocratics were not interested in dismantling the role of traditional religious healers.

The transcription of medical treatises, like those of the Hippocratic Corpus, allowed for the circulation of medical knowledge to a degree heretofore unfathomable. Hippocratic medicine thus spread wildly and persisted with varying popularity for the following two millennia. A particular resurgence of Hippocratic Rationalism occurred in the United States in the early 20$^{th}$ century. Although Empirical Evidence-Based Medicine has become popular in recent decades, Rationalism remains an integral part of medical practice because of its emphasis on deduction, interpretation, and critical reasoning skills.

# CHAPTER TWO

## Theatricality: Medicine as Performance

Hippocratic medicine developed alongside the genesis of the world's most enduring works of theater. This chapter will discuss references to physicians and medical knowledge in Greek drama. It will analyze how cultural expectations cultivated performative medicine and the ways in which this behavior has persisted in the modern era. The history and function of important medical symbols will be discussed, as will the potential for theatrical training to cultivate interpersonal communication skills in the modern practice of medicine. This chapter aims to demonstrate that medicine inherited theatrical elements from its Hippocratic roots, which can help us understand important physician behaviors.

### *1. Representations of Physicians in Greek Drama*

Before discussing the theatrical qualities of Greek medicine, it is interesting to note examples of medicine in Greek theater. The role of the physician, in some ways, captured the imagination of audiences. Complex medical terminology appears in the works of Aristophanes, Euripides, and Sophocles—the latter of which was particularly well-versed in the subject matter (Collinge, 1962, 44-46). It is possible that some works even reference specific, real physicians. For example, *Wasps* by Aristophanes seems to describe the Athenian physician, Pittalus, who was active around 425 B.C.E (Jouanna, 2001, 77)

The depiction of physicians in works like these varied. In her review of physician-archetype characters in Greek comedies such as the *Aspis* and the *Menaechmi,* Dr. Kathleen Rankin Blanche suggests that "all the evidence points to the fact that the physician was somewhat pompous and pedantic; given to standing on his dignity, and very ready to resent any aspersions cast on his skill" (Rankin Blanche, 1972, 192). These depictions were not flattering and played into the stereotypes that were sometimes used to criticize the emerging class of physicians during this time. One such stereotype was the idea that physicians were, on the whole, greedy tradesmen (Jouanna, 2001, 120).

However, other dramatic depictions of physicians serve to dispute this image. In Aristophanes's *Acharnians,* the character Dikaiopolis refuses to help a begging pauper, stating that he is not the public physician (Jouanna, 2001, 76). This implies that physicians were at least somewhat known for helping the poor and despondent.

The presence of physicians in Greek drama demonstrates that there was, in some capacity, a public understanding or belief regarding how they behaved. It is possible that the theatrical behavior of physicians themselves helped play into such stereotypes.

### *2. The Greek Physician as Thespian*

The Hippocratic physician's work was defined by constant performance. They held no licensure or certifications and were not regulated as practitioners are today (Frede, 1987, 225; Jouanna, 2001, 76; 2012, 51). Instead of a medical board, the physician first and foremost answered to the court of public opinion. Many municipalities in the fourth century B.C.E and beyond had public physicians in their service. These doctors were elected by a popular assembly of lay people after offering speeches and demonstrations to impress the audience (Jouanna, 2001, 76). The physician might have

read aloud treatises like *the Art* or *Breaths*, which were "short communications that aim[ed] to win over the audience by their brevity and brilliance" (Jouanna, 2012, 44).

Because of these practices, oration would have been an essential skill for all physicians to master. Discussing the method of physician election in the Hippocratic era, Jouanna argues that "knowledge of rhetoric was indispensable to succeed in a medical career, above all as a public doctor, since appointment depended on a speech that a doctor had to give before the peoples' assembly in a democratic city" (Jouanna, 2012, 51-52).

Performance was important even beyond the public appointment. In the everyday work of the physician, any patient might have been accompanied by an entourage of curious friends, family, strangers, or even competing physicians looking to identify shortcomings on the part of the practitioner (Jouanna, 2001, 75): "The way he carried himself—his gestures, his manner of speaking, the way in which he administered treatment – was closely observed by the patient, as by the patient's entourage and the physician's own disciples" (Jouanna, 2001, 86). Jouanna compares the physician in his office to the protagonist in a play, while his assistants served to "complete the scene, in much the same way that extras who played the non-speaking roles of Greek theater did" (Jouanna, 2001, 89). While the objective competence of the physician was indeed necessary, the public nature of clinical practice made confidence in the physician central to his success.

Many treatises in the Corpus establish expectations for physician behavior and decorum. *Physician* suggests that the practitioner should consistently maintain a plump and healthy appearance to prove that their own regimen was effective. *On the Surgery* outlines the formal posture assumed during surgical operations, the aesthetic standards of

bandage-wrapping, and specific flourishes to be made by the hand before making incisions (Jouanna, 2001, 91-95).

Some physicians may have taken these theatrical elements of practice to the extreme, possibly in an attempt to fascinate an audience. The practice of succussion by ladder is an excellent example. To straighten out the patient's spine, the physician would attach them to a ladder and drop them from a nearby roof or elevated surface so they would land perpendicularly to the ground. This procedure necessarily occurred outside and often attracted a crowd, and its benefit for the patient was dubious at best. Physicians who practiced techniques like succussion by ladder "counted on profiting from the admiration of a crowd awed by amazing feats in order to attract new clients, and in this way gain an advantage over their less flamboyant colleagues" (Jouanna, 2001, 98). The author of *On Joints* specifically condemned such performative behavior (Jouanna, 2001, 97-98).

Indeed, Jouanna qualifies that the Hippocratic physician was unlikely to sacrifice effect for spectacle in their daily practice. That said, "where a procedure that was spectacular turned out also to be sound, he was not averse to recommending it to colleagues who were inclined to favor a more extrovert style of practice" (Jouanna, 2001, 98-99). Thus, Hippocratic physicians likely still engaged in dramatic and showy behavior as long as it did not put the patient at risk.

### *3. Performance in Medicine Today*

In what ways is such behavior echoed in modern medical practice? One could argue that a total knee replacement is no less violent (or loud) than succussion by ladder,

but such an operation is obviously not performed for spectacle in any way. Physicians today must perform to meet more subtle expectations.

In his book titled *The Second Sin,* psychiatrist Dr. Thomas Szasz said that "formerly, when religion was strong and science weak, men mistook magic for medicine; now, when science is strong and religion weak, men mistake medicine for magic" (Szasz, 1973, 115). While the Hippocratics had to fight to establish the validity of their trade among competing magico-religious healers, perhaps in our modern era there are unrealistic expectations regarding the capabilities of medicine.

A study performed by Jackson et al. demonstrated that patients reported being less satisfied with their care if they did not receive an explanation about the cause of their symptoms as well as their expected duration (Jackson et al., 2001, 616). In cases where such an explanation is impossible, physicians are penalized for their lack of omnipotence. Despite the radical and exponential growth medical advancement has experienced, there are still limits patients might be dissatisfied with.

This is undoubtedly one reason for the defensive practice of medicine we see today. To ward off potential accusations of negligence, physicians may engage in less-than-best practices: prescribing Z-paks for symptoms of the common cold, ordering an unnecessary lab panel, or performing a cursory physical exam (Hirschtick, 2016, 1363). These behaviors might serve to reassure the patient that their concern is taken seriously even while their effectiveness is subject to debate. Is this behavior all that dissimilar from the performative work of Hippocratic physicians? Those who were not averse to practicing "spectacular" procedures as long as they did not threaten to harm the patient? In a way, defensive medicine is also performative medicine, and it can protect the

physician's reputation without causing undue harm to those they treat. The consequences of defensive medicine (on healthcare economics, for example) are another conversation entirely, but it is interesting in its similarity to the theatrical medicine of the Hippocratic era.

An example of performance unique to modern physicians is seen in different expectations for male and female practitioners. A study by Mast et al. showed that patients were generally more satisfied when physicians demonstrated behaviors stereotypical of their gender (Mast et al., 2008, 1217). Patients reported higher satisfaction when female physicians demonstrated characteristically female behavior (less expansive posture, softer voice, shorter interpersonal distance) and when male physicians demonstrated characteristically male behavior (more expansive posture, louder voice, greater interpersonal distance) (Mast et al., 2008, 1217). Another interesting finding from this study was that patients demonstrated higher satisfaction when female physicians wore a white coat. The same result was not seen for male physicians, indicating that women were expected to prove their professionalism by their attire more so than men (Mast et al., 2008, 1217). Mast et al. do not recommend that physicians necessarily play into these gender stereotypes, nor do they deny that doing so could prove beneficial for patient satisfaction.

Just as Hippocratic physicians found greater success when they were eloquent and used spectacular remedies, so too do modern doctors benefit from conforming to various patient expectations.

### *4. Medical Symbology*

While the theatricality of medicine in the Hippocratic era was undoubtedly a result of the physician's need to impress his patient base, there is also evidence to suggest that it originated from the shared history of physicians and divine healers. Vanderpool and Levin suggest that physicians use mannerisms that possess significant religious connotations: "Physicians rely upon patterned, ritualized actions performed with virtual 'apostolic authority.' They use powerful symbols to convey the meaning and validity of what they do" (Vanderpool & Levin, 1990, 10). Symbols were and continue to be crucial aspects of medical culture.

The Hippocratic physician's office, or dispensary, was highly symbolic, as were the many tools contained therein. One might have instantly recognized the iconic medical bag, the bulbous cupping glasses used to manipulate blood (*haima*), the small, sharpened lancets, or the smoking cauteries. There were also the larger machines used for treating dislocations and fractures, like the device now known as the Hippocratic Bench (Jouanna, 2001, 87-88, 98). "So as long as he remained in his office… the physician profited from the imposing setting in which he practiced, with its impressive machines and background scenery" (Jouanna, 2012, 99). Such tools were synonymous with practitioners of the era and have persisted in artistic depictions of Greek physicians. The iconography of the physician's many tools and machines not only impressed the patient and their audience but also lent credibility to the physician himself.

Many important symbols have persisted in modern medicine, not the least of which is the Rod of Asclepius. There exist many different interpretations of the meaning behind this iconic staff. The snake which wraps around the rod simultaneously

characterizes both life and its destruction (Williams, 1999, 475). The snake, like the physician, is an intermediary between life and death. The same knowledge that restores life can also be used to take it. Perhaps it is no accident that the means of healing a snake bite lies in the venom itself.

Beyond the Rod of Asclepius, medicine is characterized by many other important symbols. Initially adopted to help physicians appear more scientific and laboratorial, the physician's white coat represents hope, purity, and cleanliness (Jones, 1999, 478). It is the uniform of the physician and helps identify them as such. There are many others – the stethoscope, the black bag, the head mirror—all of which evoke the image of a doctor and the trust associated with that title.

What is the function of symbols such as these? They can signal the training of those who carry them, indicating an ability to help during medical crises. Such was the reason that physicians in the 20$^{th}$ century attached insignias like the caduceus to their vehicles. They dramatize the respect, standards, and mystery of medicine in a physical form (Lahey, 1999, 479). Symbols can also be ever-present reminders for physicians about their responsibility to their patients and their field: “The white coat reminds physicians of their professional duties, as prescribed by Hippocrates to lead their lives and practice their art in uprightness and honor” (Jones, 1999, 478). Finally, symbols are a connection to the rich history of medicine because “they link us to the great tradition of physicians before us and provide a beacon to lead us through the trials of medical training and practice” (Lahey, 1999, 479).

### *5. Theater and Medical Training*

Theater and symbology are clearly already critical aspects of medical culture. However, this concept can be extended even further into the classroom. Simulated patient encounters are an increasingly common method of instructing medical students in observation and communication techniques (Eisenberg et al., 2015, 273).

Eisenberg et al. suggest that the use of simulated patients should be expanded upon. They propose a new method called Facilitated Simulation Education and Evaluation (FSEE), which emphasizes nonstandard, nonuniform, patient-centered roleplay scenarios that promote diagnostic and interpersonal communication skills while exposing medical students to emotionally challenging situations (Eisenberg et al., 2015, 273).

Others have suggested that theater training can help cultivate physician empathy. Reilly et al. explored activities such as character roleplay and nonverbal communication awareness challenges to promote empathy in a cohort of medical students. While the results were inconclusive, it is interesting to consider how skills like improvisation and character building could potentially improve a physician's interpersonal communication skills.

### *6. Physician As Storyteller*

In both theater and medicine, one must craft a narrative to communicate important information. Many of the Hippocratic treatises, especially the *Epidemics*, are written to tell a narrative. They evoke strong imagery and produce a lasting memory for the reader, which would have typically been a physician. Thumiger describes how the "vividness and sometimes narratological complexity" of *Epidemics* served to leave an enduring

impression on the physician (Thumiger, 2018, 56). In the modern day, case studies and grand round presentations also serve to communicate medical knowledge through story (Thumiger, 2018, 58)

Even in the day-to-day practice of a physician, storytelling is a crucial skill. The physician must prompt the patient with the appropriate questions to draw out important information. He often must collate disparate complaints and anecdotes into a cohesive narrative to enact effective treatment. The reporting of patient history to an attending is the resident's very own soliloquy. Physicians deal with stories every day. It is not unreasonable, then, to suggest that theatrical training like that which was previously described could help develop this important medical skill.

### *7. Final Thoughts*

From the works of the great Athenian playwrights to the patient bedside, theatricality has remained an essential part of medical practice since its inception. Awareness and training in the theatrical and story-telling components of medicine might serve to improve a physician's interpersonal skills and patient satisfaction.

The physician engages in patterned, ritualized activity to establish credibility and belonging in their medical community. Whether the ceremonial flourishes of the ancient physician's lancet or the modern-day white coat ceremonies and swearing of the Hippocratic Oath, ritual and symbol abound in medicine. These elements signal the respect and competence of their practitioners, and they remind the physician about their responsibility to the community of patients that they serve.

# CHAPTER THREE

## Identity: Medicine As Creed

This chapter will discuss the role of the most ancient versions of the Hippocratic Oath in the context of their ethically pluralistic medical communities. The difficulties of incorporating values from the Oath in modern medicine will be discussed, and the role of the Oath as an ethical guide will be challenged. This chapter will also examine how the original Oath emphasizes a merger of private and professional responsibilities and how this ideal may be useful for ongoing medical education.

### *1. The Hippocratic Oath in Its Time*

The Oxyrhynchus Papyrus is the earliest surviving document containing what we now refer to as the Hippocratic Oath. This manuscript was transcribed likely around the seventh century A.D., 700 years after the original Oath's composition (Askitopoulou & Vgontzas, 2018, 1484). Such a vast chasm of time separates the original Hippocratic physicians from this document. How might the perceptions and functions of such oaths, as they were used in the education of young medical students, have changed during that period? Christian influence by way of the Byzantine Empire was one of many influences on the development and transmission of the Oath (Askitopoulou & Vgontzas, 2018, 1484). It is easy to perceive the Oath as an immutable declaration of proper medical ethics. Askitopoulou & Vgontzas hail Hippocrates as the first practitioner "who referred to ethical principles and asserted that the purpose of medicine is to protect the interests of the patient" (Askitopoulou & Vgontzas, 2018a, 1483). In reality, the Oath was but one of

many guiding documents in a medical society of pluralistic ethics. Jotterand urges us to cautiously balance our admiration for the Hippocratic Oath with a recognition of how drastically medical ethics have transformed over time (Jotterand, 2005, 105).

Only the last third of the Oath directly deals with professional ethical standards. To view this text as a strictly ethical guideline is to ignore its other relevant functions. This invocation also includes promises for the security of the teacher, student, and their kin. Dr. Heinrich von Staden of the Institute for Advanced Study provides an insightfully structured translation of the Oath which helps highlight certain emphasis in the language used (von Staden, 1996, 406-408):

1. *I swear by Apollo the Physician and by Asclepius and by Health and Panacea and by all the gods as well as goddesses, making them judges [witnesses], to bring the following oath and written covenant to fulfillment, in accordance with my power and my judgement;*
2. *to regard him who has taught me this techne as equal to my parents, and to share, in partnership, my livelihood with him and to give him a share when he is in need of necessities, and to judge the offspring [coming] from him equal to [male] siblings, and to teach them this techne, should they desire to learn [it], without fee and written covenant, and to give a share both of rules and of lectures, and of all the rest of learning, to my sons and to the [sons] of him who has taught me and to the pupils who have both made a written contract and sworn by a medical convention but by no other.*
3. *and I will use regimens for the benefit of the ill in accordance with my ability and my judgement, but from [what is] to their harm or injustice I will keep [them].*
*4. And I will not give a drug that is deadly to anyone if asked [for it], nor will I suggest the way to such a counsel. And likewise I will not give a woman a destructive pessary.*
*5. And in a pure and holy way I will guard my life and my techne.*
*6. I will not cut, and certainly not those suffering from stone, but I will cede [this] to men [who are] practitioners of this activity.*
*7. Into as many houses as I may enter, I will go for the benefit of the ill, while being far from all voluntary and destructive injustice, especially from sexual acts both upon women's bodies and upon men's, both of the free and of the slaves.*
*8. And about whatever I may see or in treatment, or even without treatment, in the life of human beings – things that should not ever be blurted out outside—I will remain silent, holding such things to be unutterable [sacred, not to be divulged].*
*9. If I render this oath fulfilled, and if I do not blur and confound it [making it to no effect], may it be granted to me to enjoy the benefits of both life and of techne, being held in good repute among all human beings for time eternal. If, however, I transgress and perjure myself, the opposite of these things.*

Von Staden notes that one of the most important motives of the student for swearing the Oath was a desire for "external human approbation and its benefits" (von Staden, 1996, 409). The concluding ideas of the Oath discuss the benefits (or

punishments) that should befall the new doctor: “may it be [granted] to me to enjoy the benefits both of life and of *techne*, being held in good repute among all human beings for time eternal” (*Oath, 9*). An appeal to humanity rather than the gods in the conclusion gives the text a secular emphasis. From the perspective of the teacher, the Oath guaranteed his own security and that of his family. The student promises to teach and provide for the teacher’s sons should he be called to do so.

Most of the Oath outlines purely logistical manners and serves as a contract between the teacher and student. The closing remarks comprise what is often viewed as the general spirit of the Oath, with its emphasis on protecting the patient’s interests. This conclusion, though brief, does contribute to an enduring ethical framework of medicine (Askitopoulou & Vgontzas, 2018, 1483; Mountokalakis, 2014, 229). However, it is important to remember that the primary function of the Oath was not to establish this framework.

### *2. Limitations of the Oath as Ethical Framework*

The Oath was developed in the very specific cultural context of pre-Hellenistic Greece. It represents one snapshot ethos of an ethically pluralistic society (Jotterand, 2005, 109). Medical ethics have, of course, transformed drastically since the inception of the Oath, rendering much of its content either inapplicable or re-contextualized. Few would agree that the modern physician should take responsibility for their teacher’s financial welfare and the education of their descendants. Although, this arrangement would prove rather lucrative to medical educators nowadays.

Even the markedly ethical content of the Oath can be difficult to discern or apply in the context of modern medicine. For example, when the physician swears “not to give

a woman a destructive pessary" (*Oath, 4*), he could be promising one of two things. The Oath may have intended for physicians to abstain from inducing abortion under any circumstance, though this is unlikely. Because abortion was not viewed as an ethical dilemma in Greece, some view this clause as prohibiting the use of pessaries destructive to the mother herself (Askitopoulou & Vgontzas, 2018b, 1496). This is supported by the fact that the Pesson fthorion (fluoride-soaked pessary) to which the Oath likely refers was known for causing infections deadly to the mother (Askitopoulou & Vgontzas, 2018b, 1495). Other similar questions abound. What does the idea of beneficence, seen in the call to work "for the benefit of the ill" (*Oath,* 7), necessitate in our world of modern medicine? Would ancient physicians view ending life support for a patient in a vegetative state as beneficial or harmful? What did the call to "remain silent" (*Oath, 8*) about confidential patient information mean in a world where spectacular procedures were performed for an audience of curious onlookers? These questions are made even more challenging to assess when recognizing that the Hippocratic Oath simply could not have conveyed the unanimous ethical standards of the Hippocratic physicians as a whole. No such unanimity existed.

The moral content of the Oath is so brief that some argue it cannot come close to encompassing a larger moral schema in medicine. Jotterand writes that "the supposed moral commitments that most contemporary scholars attempt to read back into the Oath" are not sufficiently universal to guide modern medical professionalism. He continues to describe the Oath as a "particularistic document that aims at creating a particular sense of identity for Hippocratic practitioners" (Jotterand, 2005, 122).

Others argue that the Hippocratic Corpus in general strictly emphasizes standards of professional behavior rather than personal morality. The concept of personal virtue or moral excellence (aretḗ) is not addressed throughout the treatises (von Staden, 1996, 404). Instead, personal morality is discussed much more directly by later physicians in the Hellenistic and Roman periods (von Staden, 1996, 404-405). Rather than *aretḗ*, the ideas of professional expertise (*techne*) and professional reputation (*dóxa*) are more consistently addressed in the Corpus.

Those in favor of limiting the modern ethical influence of the Oath argue that, while specific professional behaviors are delineated, this work does not explore larger questions about personal morality (Jotterand, 2005, 122; von Staden, 1996, 405). However, from the perspective that a physician defines themselves by their *techne*, professional and personal morality could be viewed as the same.

### *3. The Oath and Identity*

Dr. von Staden notes that the Hippocratic Oath is simultaneously a "binding statement of professional intent" and "the most personal of Hippocratic texts of the classical epoch" (von Staden, 1996, 418). When the oath-taker swears to use "*my* ability" and "*my* judgment" to guard "*my* life" and "*my techne*," we see an important use of the personal possessive. The Greek word *emós* (my/mine) is used here to emphasize the ownership of the oath-taker over these ideas. Nowhere else in the Corpus does *emós* appear with as much frequency as it does in the Oath (von Staden, 1996, 418).

This use of possessive language evokes a deep sense of personal accountability and the merging of both life and techne. Von Staden notes that the "intensive and extensive personalization of the Oath seems to be a way of underscoring the oath-taker's

profound, binding personal responsibility for his every professional commitment" (von Staden, 1996, 419). In other words, the oath-taker swears to abide by certain principles both in his career and in his private life. Von Staden goes on to analyze the oath-taker's promise to abstain from abusing his power: "into as many houses as I may enter, I will go for the benefit of the ill, while being far from all voluntary and destructive injustice" (*Oath, 7*). He suggests that the physician is swearing to avoid injustice in not just the homes where he is actively practicing his *techne* but quite literally "into as many houses as [he] may enter." In this way, "The Oath applies not only to all therapeutic relations with other humans but also to all non-therapeutic interactions. It covers all human dwellings that the oath-taker might ever enter, regardless of whom he might encounter in them" (von Staden, 1996, 435).

In swearing the Oath, the ancient physician seems to define himself by a new identity with ramifications for both their professional and private lives. In the millennia to follow, this identity was accompanied by financial security, social standing, and many other "benefits both of life and of *techne*" (*Oath, 9*). In taking accountability for his teacher and their sons, the physician entered a "transgenerational professional collectivity" which shaped his identity (von Staden, 1996, 416). The way physicians defined themselves in relation to others was also changed. The physician's sons became more akin to his pupils, and his teacher became more akin to his father (von Staden, 1996, 414-415).

While the community into which the oath-taker swore may have been pluralistic in ethical opinion, they were united by a strong mission and shared identity. Jotterand notes that physician groups throughout time have operated quite differently from other

analogous professional guilds (Jotterand, 2005, 110). The shared dedication to healing forged a tighter bond and led to more self-regulation than in other trades. The physician's moral philosophy was "inseparably linked to their practical activities" (Michler, 1968, 298); the lines between professional and personal responsibility were blurred.

In recent decades, there has been growing lamentation that a shared physician identity has diminished. Instead of taking sole responsibility for a group of individual patients, many American physicians answer to other entities. Dr. Damon Dagnone of Queen's University expresses concern that "demands for efficiencies, shortened lengths of hospital stays, and increased standardization have shifted the provision of care to protocol, guideline and algorithm-driven approaches at the expense of reflective inquiry and patient-centeredness" (Dagnone et al., 2020, 97). These changes have the potential, Damon argues, to wear away at a physician's self-efficacy and ability to treat patients holistically. Innovations in epidemiology, prevention, and treatment have changed the meaning of medical practice (Bogetz & Bogetz, 2015, 665). The expanding roles of nurses and allied health professionals, as well as the development of entities like Health Maintenance Organizations (HMOs) and Preferred Provider Organization (PPOs), have resulted in a system where "physicians now only play one part in determining the allocation, distribution, and delivery of health care (Bogetz & Bogetz, 2015, 665).

Jotterand goes as far as to say that medicine's dependence on HMOs, PPOs, insurance companies, Medicare, and Medicaid has led to the industrialization of the Art (Jotterand, 2005, 112). The tradition of physician self-regulation dating back to Hippocrates (Askitopoulou & Vgontzas, 2018b, 1498) has been reduced.

### *4. Oaths and Medical Education*

With this discussion of the oldest known transcriptions of the Hippocratic Oath, it is important to note that no modern medical student swears this version. In fact, there has been a trend in recent decades of schools establishing oaths entirely unique to their programs. 9% of medical school graduations in 1982 utilized unique oaths. By 2015 more than 50% of schools followed this trend (Weiner, 2018). Just like ancient physicians, we live in a pluralistic society with many different medical philosophies. These philosophies are cultivated during medical education and verbalized through oaths. For this reason, some medical schools have begun allowing students to personally modify their oaths (Weiner, 2018).

Perhaps the most significant vestige of the Hippocratic Oath that can be carried forward is the emphasis on physician identity and responsibility. The crafting of one's personal oath seems to fit with the idea of the possessive, *emós,* featured heavily in the original transcript. Some have questioned if such a practice leads to dissonance within the medical community or a lack of unified identity (Weiner, 2018). Perhaps it would be best to formulate a universal oath by which all physicians abide, but it is unlikely that such a document could ever exist. In a world of increasingly "industrialized medicine," the Hippocratic emphasis on personal responsibility and unification of private and professional identity could help restore the physician self-efficacy some fear is at risk.

### *5. Final thoughts*

The Hippocratic Oath was the product of a diverse medical community that had changed dramatically since the work of its founder. The Oath transformed and grew to meet the needs of its swearers, just as modern medical oaths continue to do. The original

Hippocratic Oath is more impactful today for its emphasis on physician identity than its ethical guidelines. To help cultivate healthy physician identity and self-efficacy, we can look to the original Oath's heavy emphasis on personal ownership of the Art and the merger of professional and private responsibilities.

# CHAPTER FOUR

## Conclusion

The field of medicine is rooted firmly in a rich, storied past. At the same time, it is at the forefront of incredible technological and scientific advancement. The restoration of health looks far different today than in the time of Hippocrates. Even so, this thesis argues that Hippocratic medicine and its modern counterpart are inextricably linked by three founding principles: rationality, theatricality, and identity.

The mythological origins of medicine and its divine founder, Asclepius, were discussed. From a long tradition of Greek magico-religious healing emerged the Art of Medicine, filled with a spirit of Rationality and propelled into prominence by the work of Hippocrates and his disciples. From the 5$^{th}$ century B.C.E and onwards, Hippocratic physicians opened their Art to the world through their practice and systematic writings. With a firm belief in the natural etiology of disease, the Hippocratics developed natural remedies in turn. Their thorough observations of the environment and the trajectory of diseases allowed them to prescribe treatments with unprecedented success. Rationalism spurred the development of the Art through the construction of medical theories, like Humoral Pathology, which physicians used to elucidate mechanisms of disease. Rationalism persisted with varying degrees of popularity over the next millennia before becoming the dominant medical philosophy of the U.S. at the turn of the 20th century. With the recent explosion of Empirical Evidenced-Based Medicine, Rationalism has somewhat declined as a medical philosophy, as has an emphasis on clinical experience and physician value judgment for medical decision-making. In the future, a balance

should be struck between the statistical precision of Evidenced-Based Medicine and the critical assessment of Rationalism.

The performative nature of medicine was also discussed. Developing alongside an Athenian golden age of theater, Hippocratic medicine inherited uniquely theatrical characteristics. Medicine captured the imagination of Greek society. Representations of real, practicing physicians appeared in popular works of theater. Physicians performed even outside of the amphitheater, however. They were public figures and had to prove themselves before audiences of potential patients with their sharp wit and glib tongue. Even within their dispensaries, physicians were actors. Always subject to scrutiny, they relied on impressive ritual behavior, spectacular medical procedures, and powerful physical symbols to prove their competence. A similar kind of theatricality exists in medicine today. Performative behaviors like adhering to gender stereotypes have been shown to improve patient satisfaction. Other benign, performative practices such as unnecessary physical exams serve to reassure patients but serve no actual function. This behavior can cause issues, however, as seen in a recent surge of defensive medicine. It was observed that physicians must be prudent storytellers, deciphering coded information to formulate a narrative and decide on proper treatment. Because of this, there is some potential for theatrical training to assist physicians in developing skills such as interpersonal communication.

Finally, the famous Hippocratic Oath and its significance were analyzed. The small amount of ethical guidance that the original Oath contains is challenging to apply to modern medicine due to vast sociological differences. However, the Oath was shown to be even more effective as a guide for cultivating healthy physician identity and self-

efficacy in the face of increasingly industrialized medicine. It emphasizes personal ownership over the Art and a dedication to healing that transcends the boundary between personal and professional behavior. As more and more medical schools allow for the personalization of their sworn oaths, these vestiges from the Oxyrhynchus Papyrus can serve as guiding principles.

Aspects of Hippocratic medicine are still valuable for the modern physician. As this field continues to spearhead radical innovation, an eye toward the past can help us continue to improve medical practice, patient satisfaction, and physician identity.

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