

From the Archives...

# Hippocrates, the Constitution, and the Samaritan

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AAPS, at age 43 years, is at the time of the midlife crisis. We realize that we haven't saved the world yet. So what now? It is time to reevaluate our goals, to decide whether to proceed along the same pathway, or to throw away our gyroscope and possibly embark on a different course.

Many have predicted the demise of private medicine, and have warned us that we must accommodate to the inevitable change. Many have tried to compromise. Some have simply given up the fight. However, I would like to tell you what I think AAPS stands for, and why we should carry on for at least another 43 years.

AAPS is the only American medical organization, as far as I know, which is *for* a coherent philosophy, specifically the philosophy that underlies the practice of medicine according to the Oath of Hippocrates. The Association stands for a principle. It was not formed for some pragmatic purpose, such as increasing physicians' incomes, bashing HMOs, preventing the licensure of chiropractors, or supporting a certain political agenda. Of course, we are sometimes remembered primarily for the things that we are *against*. But we are *against* things only because they are inimical to the things that we are *for*, namely the sanctity of the individual patient-physician relationship, and the right to practice private medicine.

The meaning of AAPS is reflected in our name. The first part of our name tells us that we are an association. Not a union. We are in a cooperative venture, not a coercive one. We will work together to achieve our goals, but not to impose our conditions on others through the use of collective force. We hope that patients will choose to consult us, but if they don't, we do not intend to keep them from seeing someone else. Although we are independent physicians, we have formed an association because of our common purpose.

We are physicians and surgeons, not just a group of people who hold a doctor's degree. We are not employees, not gatekeepers, and not generic health care workers or "providers." As physicians and surgeons, we attend patients, we do not "do cases." In our endeavor of caring for the sick and the injured we work together. Our differences in specialty are much less important than our common purpose. Unlike some other organizations, we are not engaged in protecting turf for our specialty, or in making distinctions between "cognitive" and "procedural" services, or "primary," "secondary," and "tertiary" care. We must scrupulously avoid involvement in that type of strife among ourselves, since it makes us susceptible to the divide-and-conquer strategy that was used so successfully against British general practitioners and consultants.

We are American physicians and surgeons, and this part of our name does not simply describe our country of residence. AAPS has consistently defended a distinctly American tradition. This tradition, dating to the Revolutionary War, is quite unique. The motivation for that Revolution was not to overthrow the law of the land, but to fulfill it, to assert the rights to which the colonists felt

they were entitled by the law of God and the law of the land, the rights of Englishmen. One of the early American flags pictured a snake and the motto "Don't tread on me." Ours was not a utopian revolution. The sacredness of the individual was a central tenet, and the "rugged individualism" (as its detractors call it) was a part of the American character.

The American Revolution proclaimed the rights to life, liberty and the pursuit of happiness. The Bill of Rights guaranteed that life, liberty, and property were not to be taken by the state without due process of law.

Shortly after the American Revolution, the monarchy in France was overthrown by the French Revolution, which differed from the American Revolution in many important respects. In contrast to "don't tread on me," the motto of the French was much more lofty: "Liberty, equality, and fraternity." The Declaration of the Rights of Man proclaimed the rights to "liberty, property, and security." To enable every man to have a secure house, a living, a wife and children, the property of the rich was taxed or confiscated. "Equality" meant equality of property rather than equal treatment under the law. The laborer was worthy of his hire, but not entitled to an advantage. There was an attempt to abolish profit altogether, according to the account by socialist utopian H. G. Wells. Government was by the commune, a group of 12 men, rather than by law. The Jacobin government re-planned not only the economic system, but also the social system. The French Revolution was a collectivist, not an individualist revolution, and it heralded the totalitarianism characteristic of so many revolutions of the 20<sup>th</sup> century.

The French slogan rapidly came to mean "liberty, equality, fraternity, or death." To assure the coming of utopia, it was necessary to get rid of the bad apples. An egalitarian (hence democratic) machine was adapted for the purpose: the guillotine. It shortened each of its victims by exactly one head. (This device was named for Dr. Joseph-Ignace Guillotin, who was not its inventor; it was actually perfected by the Perpetual Secretary of the Academy of Surgery, Antoine Louis.)

The guillotine made perfect sense, if we postulate society to be the highest good, while individuals are either obedient cogs in the machine or potential spoilers. This idea has been widely promulgated. For example, when the Soviet system didn't work too well, the "wreckers" and "saboteurs" were convicted in the Moscow show trials. Today, the Chernobyl disaster is attributed to errors by certain individuals, rather than to an inherent flaw in the reactor design.

Of course, the French Revolution made some mistakes, for example, beheading Antoine Lavoisier. But they didn't have computers, utilization reviewers, objective criteria, and PROs. We have advanced far beyond the knitting of Madame Defarge in the scientific identification of who the bad apples are.

H.G. Wells apologized for the Reign of Terror, attributing it to the cult of the personality of Robespierre. Otherwise, he thought the new ideals and intentions of the French Revolution were

“profoundly right and immensely vital.” Robespierre himself had the best of intentions, according to Wells: he only wanted to save the Republic.

The French Terror was trivial compared with the terror of the 20<sup>th</sup> century. Yet modern totalitarians also find many apologists, who tend simultaneously to criticize the ideas of the American Revolution, as well as the ethics of Western medicine. “Unrestrained capitalism” they say, is a thief that plunders the poor, as well as a threat to public health. Of course, capitalism is restrained—but by a rather small number of “thou shalt nots.” Likewise, Western medicine has been restrained by just a few “thou shalt nots:” for example, “do no harm.” Capitalism doesn’t cure all our social ills, and Western medicine does not assure perfect health. Neither aspires to bring about a utopia. Because of this perceived deficiency, reformers want to supersede traditional Western ethics with a new code based on the “right” to medical care and other economic goods. They would replace personal responsibility with social responsibility, and “thou shalt nots” with a far more demanding list of positive obligations.

To explain what I mean, I’d like to tell an old story in an original and updated version. The original is plagiarized from a famous Rabbi.

The story begins with a man who fell among thieves. A Samaritan took pity on him, mounted him on his own beast, and brought him to an inn. The Samaritan did not deposit him on the doorstep and disappear. Nor did he threaten the innkeeper with loss of his license, or a fine, or sanctions, or disgrace in the eyes of the community, if he failed to provide for the victim’s needs. On the contrary, the Samaritan offered the innkeeper a Roman denarius, a silver coin valued at about nineteen cents, the customary daily wage for a laborer. Not a princely sum, but the innkeeper apparently considered it adequate. The Samaritan even offered to pay more, if necessary, in an early example of cost-based reimbursement. As it is written in Luke 10:35: “On the morrow, when he departed, he... said unto [the host], Take care of him, and whatsoever thou spendest more, when I come again, I will repay thee.” The innkeeper evidently trusted the Samaritan’s word. Perhaps he had a reputation for honesty, reliability, and prompt payment. What might be even more surprising is that the Samaritan also trusted the innkeeper not to overcharge him.

Not surprisingly, it was a lawyer who asked the question that the parable was supposed to answer: “Who is my neighbor?” Today, the question is still pertinent, but the answer of the parable is often distorted. The focus has shifted from individual to society as a whole, and the number of victims had multiplied. In today’s ethos, the people who resided along the highway, or in the next town, or even in the whole nation, might be considered just as responsible for aiding the victim as the priest and the Levite were. And all might be blamed for the societal forces that purportedly created the new victim class, the band of thieves. The original story illustrated the principle of subsidiarity—that we should aid those who are close to us—whereas the new ethics emphasizes global social responsibility.

The Samaritan was a stranger and a foreigner, but he was the victim’s neighbor in the sense that he was in the right place at the right time, and had it within his power to render aid. Because he chose to do so, he has been singled out for praise throughout two millennia. But it is doubtful that many of today’s ethicists would consider him to be much of a hero. Didn’t the victim have a right to help? Besides, the Samaritan’s motives might be questioned. He is said to have acted out of a feeling of compassion, so it is likely that he gained some sense of personal satisfaction from his good deed. There were surely many poor or injured people in the

region on that very day whom he did not choose to aid, even though he was a prosperous man. Those who follow his example, on the advice of the Rabbi, are even less worthy of esteem—for did not the Rabbi commend his action to the lawyer on the basis of self interest? This is what you must do, He said, to inherit eternal life. The proffered reward was substantial, and the standards not all that high. The lawyer was just told to love his neighbor as himself—no worse, but no better either.

In the parable, the innkeeper is not the hero, but then he also is no villain. He was probably just a regular fellow with a wife and children to support and bills to pay. It is possible that he was a compassionate man, who gave a little extra to the victim without asking for repayment. We don’t know. But he apparently did not risk the debtor’s prison in order to care for his unfortunate patient. If the Samaritan had not offered the denarius, he might even have performed a “wallet biopsy” on the hapless victim, to find that the wallet had, alas, been stolen. Most likely, the innkeeper provided only the basic services—no cardiopulmonary resuscitation, no coronary artery bypass, no liver transplant, no preventive medicine, no psychotherapy, and probably not even a private room.

The story omits altogether one character who has assumed extreme importance today: the gatekeeper. We can only guess how they managed to do without him. Who was there to see whether there was room in the inn, to hold the denarius for several months, to act as the patient advocate, and to make sure that the charges did not exceed the prepaid amount?

In the Gospel, the Samaritan is a businessman, not a physician. Although hospitals are often named for the Good Samaritan, the role that they play, along with physicians and other providers of health services, is really that of the innkeeper. The Oath of Hippocrates doesn’t say anything at all about Good Samaritans. It merely requires the innkeeper to act for the patient’s benefit and to avoid doing him harm. Worse yet, it neglects to mention the good of society as a whole, for which reason it is criticized by the AMA and the American College of Physicians. As an alternate, the August 2, 1985, issue of *JAMA* quotes the oath taken by Soviet physicians, who promise “to be guided in all my actions by the principles of Communist morality, and to always bear in mind... my responsibility to the people and to the Soviet state.” *JAMA* comments that this “oath contains a much greater emphasis on responsibility to the community and to society than do the Hippocratic oath, the Prayer of Maimonides, the Declaration of Geneva, and other oaths taken by U.S. medical students” (p. 652). The authors observe, correctly, that Western medical practice has been based on a tradition of individualism, with service to individual patients taking precedence over the broader aim of service to humanity. These authors believe that the order should be reversed, and that broader social responsibilities are a central part of the professional role of physician. They rejoice that organized medicine has recovered from its “single-minded preoccupation with the evils of ‘socialized medicine’,” (with socialized medicine in quotation marks.) It is not surprising that one of the authors, Victor Sidel, has written extensively and admiringly about medicine in the People’s Republic of China. In China, the medical ethic of “serve the people” is firmly based on Chairman Mao’s precept: “A communist should be more concerned about the Party and the masses than about any individual, and more concerned about others than about himself.”

When pressured, the social responsibility advocates admit that they don’t believe in the fundamental rights named in the Declaration of Independence and the Constitution, asserting

instead the existence of many other rights, often referred to as “economic rights,” such as the right to medical care. These are reminiscent of the right to security found in the Declaration of the Rights of Man proclaimed by the French revolutionaries.

In contrast to “thou shalt not”-and the limited, negatively defined rights that derive from them—positive rights to “distributive justice” are vague and potentially unlimited. They can hardly be defined in any other way than by bureaucratic regulations, a method more similar to the rule of the Paris Commune than to the rule by constitutional law.

Every day you see the consequences of these new concepts in your medical practice, so you will surely recognize this revised parable, told from the perspective of a socially responsible bioethicist:

A man fell among antisocial elements, who had probably had a deprived childhood. (In the absence of property rights, there are of course no thieves.) A priest and a Levite passed by, and notified the proper agency in charge of prioritizing and providing for the victim’s right to medical care in an efficient and fair manner. While the bleeding victim was awaiting his turn, a Samaritan came along. The Samaritan was moved by pity (a deplorable trait, since tenderheartedness can lead to favoritism and other evils). However, he had no oil or wine for pouring on the man’s wounds, no beast, and no denarius. Because the business in which he was engaged did not serve the social good, his property had been redistributed to those who needed it more. He was thus unable to help the man.

Eventually, some member of the helping professions brought the victim to the inn, where he was evaluated by the gatekeeper. There was a delay because the man’s identification card had been stolen, and it was difficult to verify his eligibility. Also, the gatekeeper needed to confer with a utilization review advisor, who was more expert in applying the criteria. The admission criteria had been recently revised by a committee of community-based professional consultants, including the priest and the Levite. Once the gatekeeper certified that the man was both eligible and needy, he assigned him, by now in a moribund state, to a preferred innkeeper. The innkeeper’s duty was to take care of the patient, for whatever reimbursement society decided upon. In former times, he might have gotten a denarius, but in the age of cost-efficiency, he would make do for less, without any decline in the quality of care. Otherwise, he would lose his innkeeper’s license, or face other sanctions.

For the innkeeper to complain that he had fallen among thieves would be an intolerable manifestation of greed and selfishness. And if he failed to cure the patient, the priest and Levite could accuse him of incompetence or negligence, and the man or his heirs could instigate a lawsuit, with the aide of the neighborly lawyer. The innkeeper’s union, in turn, could complain that society had not provided adequate resources or had allocated them unfairly. And someone would surely propose an additional tax on the Samaritan for programs to alleviate the conditions that lead to roadside crime.

In this Utopia, mere love for one’s neighbor could be replaced by concern for all humankind. The new code of social responsibility would supersede the primitive, individualistic Oath of Hippocrates, to the benefit of all, especially priests, Levites, lawyers, and thieves. The obsolescent Good Samaritan and the bankrupt private innkeeper would go the unlamented way of the dinosaur.

Is this Utopia inevitable? Is it the wave of the future? Should AAPS stop trying to “turn back the clock”? Should physicians who feel depressed at the state of medicine see a psychiatrist, so they may once again become vibrant and dynamic persons they once were?

I say no. AAPS has been consistent for 43 years, and I propose that we strive to be consistent for at least 43 more. I hope that someone will address this assembly at the 86<sup>th</sup> annual meeting, and reaffirm our commitment. By then, our ideas may be fashionable. But even if not, they will still be right.

The evidence for the beneficent nature of socialism is as convincing as the case for a Flat Earth. If that seems too obvious to bear repeating, we must remember George Orwell’s admonition: the first duty of the educated person is to point out the obvious. We must remind people that we have heard the term “wave of the future” before. Whether it is called socialism or something else, this modern Zeitgeist is as least as old as the slogan “liberty, equality, fraternity, or death.”

The utopian idea is robust, and seems destined to prevail. Many who agree with our philosophy have given up the battle as a futile one. They are pessimists—as defined by Edward Teller, persons who are always right, but never get any enjoyment out of it. An optimist, Dr. Teller said, is a person who sees the future as uncertain, and therefore may attempt to change it. It is our duty to be optimists.

There are many signs of hope, such as the movement toward privatization in many nations, including France. Jacques Chirac, who was elected prime minister in March, 1986, is said to be determined to overturn the central economic planning that dates back to Louis XIV. The first steps toward freeing the economy are being taken, because “a committed group of free-market revolutionaries—hurling ideas, not bombs—planned and plotted and at the right moment struck.”

French thinkers today are studying Frederic Bastiat, who wrote *The Law* in 1848, when France adopted the socialist ideas that are now sweeping America.

Bastiat said that there were too many great men in the world: too many organizers, legislators, do-gooders, leaders of the people, fathers of nations, and so on, and so on. He compared them with the soothsayers, magicians, and quacks of a tribe of savages. Approaching a newborn child, one said, “He will never smell the perfume of a peace-pipe unless I stretch his nostrils.” Another said: “He will never be able to hear unless I draw his earlobes down to his shoulders.” A third said: “He will never see the sunshine unless I slant his eyes.” Another: “He will never stand upright unless I bend his legs.” A fifth said: “He will never learn to think unless I flatten his skull.”

Bastiat himself joined the ranks of the reformers only to persuade them to leave people alone, a sentiment shared by our own founding fathers. More than a century ago, Bastiat summarized the things that AAPS is *against* and what AAPS is *for*.

Away, then, with quacks and organizers!... Away with their artificial systems! Away with the whims of the governmental administrators, their socialized projects, their centralization, their tariffs, their government schools,... their free credit, their bank monopolies, their regulations, their restrictions, their equalization by taxation, and their pious moralizations!

And now that the legislators and do-gooders have so futilely inflicted so many systems upon society, many they finally end where they should have begun: may they reject all systems and try liberty; for liberty is an acknowledgment of faith in God and His works.

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