

correlated to our current-day state licensing boards and medical specialty colleges.

"The most serious and problematic challenge" is seen by Dr. Pellegrino in the first precept, "I will use treatment to help the sick, according to my ability and judgment . . ." This supposedly represents the origins of medical paternalism and authoritarianism. I would propose that physicians have no other means to help a patient but their abilities and judgments and that an authoritarian attitude in modern physicians is not so much an atavism of Hippocrates as it is a prideful misuse of the power entrusted to them and a misunderstanding of their own limitations.

Further, the admonition for the physician to pursue his life and art in purity and "holiness" (also translated as "innocence") is described as not realistically applicable due to the "impracticality of regulating private morals." Concerning euthanasia, the text of the article implies that if enough voters in California say so, then the medical profession should reject the Hippocratic injunction against this. Likewise, a Supreme Court decision on abortion relieves the physician of any personal, moral questioning in this regard.

The author also seems willing to discard the injunction against a physician using the intimacy of the doctor-patient relationship to satisfy his sexual desires, based on the suggestions by "a small number of psychiatrists . . . that having sexual relations with their patients is morally permissible or even therapeutic."

Finally, the precept of confidentiality, because it cannot be adhered to in an "absolute" manner, invalidates its usefulness in the field of modern medicine.

Each of these criticisms of the *Oath* indicates a superficial, legalistic approach, attempting to establish a verifiable code according to the letter of the law, which could theoretically be embraced by all physicians. This disregard for the spirit of the precepts of the *Oath* does not forebode well any attempts to restructure it.

Dr. Pellegrino states that, "Medical ethics as a formal discipline began seriously only two decades ago when the moral assertions that had sufficed for so many centuries became problematic." This appearance as a separate discipline could also be attributed to the gradual disenfranchisement of ethics from the core of medicine as we became more materialistic as a society and as a profession.

While one cannot deny the obvious effects that technological advances have had on the field of medicine in the past 15 years, I would dare to warn anyone who states that the conditions in which we now live are unique and exceptional that this outer change is all the more reason for one to turn to the moral foundations of ourselves and our profession. Perhaps what is needed is not a new set of precepts, but a way of looking at these precepts in a new light in order to better understand them and the discipline that they were intended to guide.

It is reassuring that Dr. Pellegrino's stated purpose, "is not to deprecate that noble edifice." I believe, how-

ever, that rather than dismantling the *Oath* in order to write a platform statement to be accepted by all factions of a medical party, it should remain as the monument it is under the eaves of which we may examine our consciences and struggle, individually first, and then collectively, to reincorporate the moral into the medical profession.

Philip Heinegg, M.D.  
Larchmont, NY

*To the Editor:* I have some observations to make on Dr. Pellegrino's guest essay on "Medical Ethics" (October-December 1988).

It seems that the basis of his essay on "Medical Ethics" and the Hippocratic *Oath* is "situation ethics" and moral relativism. It might stem from trying to compare a scientific discipline that is constantly changing with that of ethical and moral philosophy that is really unchangeable or immutable. The Hippocratic *Oath* has stood the test of 2000 years and probably can't really be improved upon. It is really based quite well on the natural law and the Ten Commandments, and if one believes in God and believes that He does not change His mind in regard to moral precepts, then we as physicians had better think seriously about our responsibilities to the Almighty and not try to change His precepts to our human ways of thinking.

Dr. Pellegrino attacks one of the first principles of the *Oath*, that of the brotherhood of physicians, which he says is no longer "appropriate in democratic societies." I disagree. I think that the fraternal concept has served patients and physicians well and has increased the quality of medical care. Physicians have traditionally cared for one another gratis, and this example has been followed by giving free care to the poor. The fraternal concept has enhanced the concept of a profession dedicated to high standards, and the physician has been looked upon as being altruistic and not merely interested in money. The American Academy of Family Physicians and the American Board of Family Practice are products of this fraternal spirit.

I do agree with Dr. Pellegrino that we are in a post-Hippocratic era; however, this is not due to medical advances or changes but is the result of decadence in our society, which has affected our profession. According to Robert Louis Stevenson, doctors as a group seem to avoid the horrendous errors of our times. We, therefore, do not need to jettison or change the principles in the *Oath*. We need to rededicate ourselves so we can again practice medicine with "purity and holiness."

George W. Merkle, M.D.  
Carlsbad, CA

#### **Intrathecal Morphine in OB**

*To the Editor:* Safety and utility of intrathecal morphine for labor pain has been reported by Edwards, et al.<sup>1</sup> To mitigate side effects, the authors recommend naloxone 0.8 mg in each 1000 mL intravenous fluids supple-