

## Evolution of Module towards Ancient and Modern Teaching Medical Ethics India

Mr. Madhav Gangaram Bhusnar

Assistant Professor, Pratap College, Amalner, Jalgaon, Maharashtra

### ARTICLE DETAILS

#### Article History

Published Online: 28 February 2018

#### Keywords

Module, ancient, modern, Teaching,  
Medical Ethics, India, human society

### ABSTRACT

*Evolution of the concept of Medical Ethics is the classical example of this poetic expression. Each human society has virtually certain mythical forces to explain the origin of morality. From the very beginning, Indian ethics had been philosophical. Ethics is an important aspect of metaphysical and theological thought in the Vedas (1500B.C.) on the essence of truth. The Vedas states how men will live and is the world's oldest metaphysical literature. It was the first record of human history 's intellectual ethics. Old Indian thought, theory has developed new principles with a logical synthesis. Spiritual was the basis for his spirituality in India's political, dharmza (ethical behavior agreement state) was the most significant principle of Indi. Ry 's background went with ethics. You're a feeling next to the machine. When Europeans arrived, and particularly during colonial rule, it became increasingly common to mimic what the rulers did and practiced. Yet this mass copying of international activities was also opposed. 'Past respect is a universal trait. There is a certain stubborn disposition, an invasive commitment in the long road of the ages to sacrifice nothing. The Indian does not surrender to tentations of the hour when he has encountered a new society or unexpected expansions of knowledge. The path to survival of the Indian culture and society is conservative liberalism. Throughout the Indian sense, medical ethics is closely aligned with the classical and traditional indigenous practices. This article retraces the history, emphasizing on the Hindu tradition, of Indian concepts of ethics and medicine. The basic premises on the body, self and gunas that form the basis for the ethical structure are in traditional ayurvedic texts like Carakasamhita and Susrutasamhita. Karma is a foundation for medical morality, the notion that each action has implications.*

### 1. Introduction

The primary purpose of medicine is to maintain and restore health. Health is indeed, as Daniel Callahan defines, a state of wellbeing. It refers to a state that is "sufficient" physically, mentally, psychologically and spiritually wellbeing not just a lack of sickness. Christian sickness reactions are not just a cure for sickness but a cure for the individual. Healing actually enhances or restores as much as possible the dignity of the individual. As Victor Frankl says, lack of meaning in life is the revolutionary cause of sickness and, therefore, sickness can not be dealt with effectively unless that sense is restored. Similarly, Mower pointed out the importance of coping with moral guilt not just with feelings of psychological remorse, but also with the treatment of disease 5. Even psychosomatic solutions to recovery are incomplete. In this book he says, "A person can lose their worth, but may maintain his dignity. The spiritual area of man 's personality still has a more profound dimension to health and disease. This noble thought would show that physical cure does not make a person healthy on its own.

All the religions, but mainly Hinduism, the main religion (82.64 per cent of the inhabitants), have influenced Indian systems which contribute to the philosophy and ethics of the country's citizens. The cornerstone of the fundamental ethics is the Hindu belief in our being part of the divine Yaranzatman; we have Atmnn, part of Paramatnzan, in each of us. Our

Rtnzm is primarily aimed at working together with Yammatnzan or Brahman. According to the Vedas (4000 RC to 1000 BC), the appeal to love one's neighbor as oneself is 'because your neighbor is truthful yourself and what separates you from him is pure illusion' (maya). The religions proclaim the Dharma of Ahimsa Paramo. Alzinzn, non-violence, is the most important of all our actions. Patanjali described ahimsa as Sarvathasarvabutananzsarvabutananzanabhidroha I, a complete absence of all will. The ancient understanding of creation is Ayurveda. This lays out the principles of health and disease control and the doctor's code of conduct. Charaka defined the aim of medicine as twofold; good health preservation and disease fighting. The need for healthy lifestyles was emphasized by Ayurveda, cleanliness and purity, good diet, proper conduct and mental and physical discipline. The purification and purity of everything was to be observed: jalasuddi (pure water), aharasuddi (clean food), dehasuddi (clean body), nznasuddi (pure mind), and desasuddi (clean surroundings). 'Dividhohjayatevyadih, Sariromanasasthatha, Parasparanztavorjanma, Nirdvadvamnopalahhyate' is a physician's request for the treatment of the patient as a whole. (Each part may be dominating, but it may not be shared) (Diseases occur both physicamente and mentally). Ayurveda is the whole of man – body, mind and beyond it. Ayurvedan. The earliest actors in Indian medicine, such as Atreya, Kashyapa, Bhela, Charaka and Susruta, focused on moral philosophy and ethics.

However, Vagbhata, author of *AstangaHridaya*, was the one Ayurvedian teacher to establish science on the basis of spirituality and ethics. Vagbhata says: Sukartha sarvabutananz, Mata / z sarvahpracvarthayah, Sukhanz ca navinadhrnzat, Thasmaddharnzaparo All human activities are designed to achieve happiness though happiness is never achieved without justice. All human activities are designed for achieving happiness. Man's bound obligation is to be only in his work). A complex code of conduct is prescribed by Charaka Samhita. A pity on living beings (bhuta-daya) must motivate a medical profession ». The humanistic vision of Charaka becomes evident in his advice to the physicians. The greatest of all doctors who practices not for money or for caprice, but out of love for living creatures (bhuta-daya). A doctor who snaps snares of death for his patients is hard to find equivalent to a doctor of religious blessing. The doctor who considers compassion to be the highest religion fulfills his mission (Sidhartah) and achieves the highest happiness.

## 2. Medicine and ethics

Physical wellbeing is supplied by medication and physical pain is alleviated. There are also two basic guiding principles in the healthcare profession: (i) first do no harm and (ii) do well.. The first is preceded if the dual principles of non-malice (do no harm) and beneficence (do well) are at odds. Doctors do not in the first place damage patients. Only if the damage is the only way of treating physical illness is physical harm accepted. What is right and what is wrong is ethics. Civil legislation criminalizes or decriminalizes an act. It does not however indicate whether or not the act is moral or wrong. At the legal level, a law in force in order to regulate medical practice may refer to medical ethics' fidelity. Medical ethics refers to the very issue of the correctness or incorrectness of a practice itself at an ethical level. Therefore, the role of medical ethics is twofold to regulate legal and moral aspects of medical practices. Doctors in India can not commit a crime today by carrying out abortions. In India, abortion was considered immoral and punishable crime until the Surgical Termination of Pregnancy Act was enacted in 1971. Although the immoral act of abortion was legalized and decriminally legalized by civil law for medical reasons<sup>6</sup>, the use of elective abortion as birth control has disrupted many Hindus. Legalization didn't turn the unethical abortion act into a moral act. People are unfortunately inclined to learn civil law morality.

## 3. Medical Ethics: It's Origin

The other name for moral philosophy is Ethics: discipline that concerns good and bad, good and wrong, and so on. The ethics of a medical practitioner includes basic philosophical issues surrounding decision-making in the execution of his professional acts. "Ethics" is a derivative of the Greek term – "Ethics" derived from "customs." This is the discipline of moral responsibility, of the philosophical study of the fundamental standards of human actions and of the principles and laws that should regulate this. The medical ethics includes the right and the duties of the doctor, himself or her, his patients and colleagues and the acts in patient care and in connection with their families. Medical ethics encompasses the concepts of the good and good of professional conduct.

## The Hippocratic Oath

In the last centuries and as such, the Hippocratic Oath (600B.C.-100A.D.) has established the attitude of the generations of medical doctors in modern medicine over 2,500 years. The Oath is also linked, for unexplained reasons, to the name of hippocratic (460-356 B.C.) – "Father of Rational Medicine." It referred, however, to the spiritual and ethical flavor, to Pythagoreans (530-498 B.C.). Other medical philosophers in antiquity may have enriched it from time to time.

## The Indian Oath

The Caraka Samhita, the treatise for Indian Ayurvedic medicine of the first century A.D. Teach doctors to 'suspect patient relief' for all of your heart and soul; for the sake of your life or life, you will not desert or hurt your patient. The early Islamic doctors and the modern document, the Kuwait Declaration, told the doctors, whether near or far, virtuous or immoral, friend or enemy, to concentrate on the poor. In all medical systems in all countries in all ages-modern, medieval and ancient-Compassion is an acknowledged feature of medical practice.

## The English Medical Ethics

In 1772, the Manchester Royal Infirmary in England, Thomas Percival (1740-1804), a physician, drew up a detailed medical practice programme. The debate took ten long years to spread it to his medical colleagues. The revised work with the title "Medical Ethics" was published in 1803, followed by two more editions. The work on this subject is still standard. In order to encourage appreciation, reverence and confidence, Percival urged doctors to "unite tenderness and integrity and authority with authority."

## The Georgetown Mantra

It has been suggested recently that Tom Beauchamp and James Childress of the Kennedy Institute of Ethical Sciences, Georgetown University, Washington , D.C., USA, postular "four principles plus scope" approach, which provides a straightforward, simple and effective approach to the "respect of autonomy , beneficence and justice." Autonomy in ethical history is best known as the second form of the categorical imperative of the German Philosopher Immanuel Kant (1724 – 1804): the moral obligation that each person is treated as a goal and not as a simple means. In the current form it is a necessity to honor reasonable agent decisions and thus provides a basis for informed acceptance, truthfulness and the keeping of promises. Benefit from the obligation to deliver benefits and to balance risks with benefits. The insight behind the Hippocratic maxim captures no harm behind it. The duty to be fair is justice. This principle applies to the allocation of scare resources. This is the notion of Distributional Justice from Aristotle (384-322 B.C.). Such a justice, declared by the Greek philosopher Aristoteles, requires "equal treatment and unequal treatment." It was here that the very idea of egalitarianism was questioned and challenged in a civilized human society. In human society, health is a basic human right, and it is the moral duty of the State, regardless of race, colour, religion , sex, culture and financial means, to provide it for all its citizens. Modern civilization is marked by a burden of serious social and medical well-being. This is a major problem in the contemporary world for developed , developing

and underdeveloped countries. Respect for the consciousness of humanity in every culture lies in its successful application. It's a long way away. The idea of modern medicine has yet to hit the home of the six billion people on this planet.

#### 4. Teaching Ethics In Medical Profession

The application of medical ethics was derived from ancient civilization and even today the hippocratic Oath has to be taken by all medical professionals. Many codes of behavior and laws regulating the medical profession are in place in India, but complaints concerning the ethical practices of doctors are growing largely because of increasing awareness of the public. Not only should physicians have medical knowledge and know-how, they also should be of good character. In the first instance, they should work towards patient welfare and gain patients' confidence. The physician is not appropriate for an aggressive and self-interested person. Doctors should practice their profession in accordance with the ethical guidelines and avoid unethical practices. Medical practice will be hazardous and harmful to the very purpose of medicine without ethics. Not only can unethical practices harm the patient but they also cause medical disgrace. Someone asked an apparently logical question, "What do you expect to be honest when society as a whole is corrupt and ethically unethical "Medical practices are a noble profession and patients are not to be cheated by doctors. The role of doctors in reciprocity to the patients' confidence in doctors should be total honesty. Teaching Ethics in medical schools is extremely important to raise awareness among students of the moral nature of medical art and education and the ethical issues involved. Sadly, the medical code of ethics is new, not just to medical students but also to physicians. Therefore, medical ethics should be a distinct and compulsory medical training discipline in order to make doctors aware of the ethical aspects of medicine. Lack of knowledge can lead to ethics.

#### 5. Ancient Indian Medicine And Medical Ethics

Old cultures had their own medical systems, but ancient Ayurvedic Indian medicine with its theories and curative action is known as the most structured. The Siddha System of Medicine, which is the most prevalent and the oldest known medical system in the world, in the ancient Tamil region. Siddha means truth that has been established. Siddha's medical system comes from B.C 10 000 to B.C 4 000. A major part of the siddha prescriptions uses herbs and leavened medicines.<sup>12</sup> There existed from 600 BCE, a more rational , systematic Indian method known as the Ayurveda (Science of Life). The practitioner was referred to as *vaidya*, which means a person with deep knowledge. In order to take medical practice and monetary penalties for unlawful care of patients, the *vaidyas* had to have state license. The inner and outer nature of medical practitioners, supposed to be honest, modest, moderate, compassionate and hard work, is defined by *Suśruta Samhita*. Caraka, the leading physician of Ancient India and father of Indian (socialist) medicine, stressed that in its delicate situation the pregnant woman should be treated like an oil-burning vessel that should never be stirred even if an illness occurs. *Suśruta*, the most influential surgeon of the early centuries of common age, was also known as the "surgical father" who recognized spontaneous abortion as incomprehensible but severe abortions. The *Suśruta Sa Silhitā* differentiates between miscarriage (*pātanam*, causing the fetus

to fall) which describes the early pregnancy in terms of "fluidity" and the subsequent pregnancy in terms of "falling and dropping." The chapter, entitled "*Cikitsāsthāna*," covers the possibility of abortion of the fetus and contains a section called "*The Foetus Astrāy*" (*mūdahgarbha*). The chapter begins by saying, "There's no difference as there is in the womb when a fetus gets astray because here, work must be done 'by feeling'... by one hand, without mother or fetus injury (if possible)." Continued, "when fetus lives, you should try to take it away from the mother's womb (live). The fetus may be removed by cutting (and decomposing, if necessary: *sūtra* 9) when the fetus is already dead (*m bistegarbhe*). Surgery is prohibited when the fetus cannot be delivered safely, "Because if it (the fetus) is cut, the mother and the offspring are damaged. The best solution is to cause fetus error in an irredeemable situation, because the means must not be ignored which avoids maternal loss. It was appropriate for an abortion induced or removal of the fetal only in extreme circumstances in which the mother's life was in jeopardy and when the mother's life had to be weighed up against the mother's. The king therefore had to be notified in order to avoid further homicide charges.

In the practice of medicine, Indian ancient medical ethic not only maintained a high moral character but trusted the absolute moral value of every human life. Only as a last resort was abortion permitted to save mother's life. In order to save the endangered mothers, *Suśruta* tolerated destruction of fetuses dead or poorly positioned. In cases of disabled function, he performed caesarean operations to save unborn living children. He surgically removed the dead mother 's living unborn child from the womb. All of his work is highly respected and guaranteed top quality of protection for both the mother and the unborn in the womb. *Suśruta* appears to have long before Western ethics applied the principle of the double effect. Sadly, modern western "allopathy" medicine has driven Ayurveda and other traditional medicines into the periphery. In the field of medical practice in India, ethical considerations of an authority such as *Suśruta* should be given due consideration. Sadly, Indian physicians with education in Western science are unaware of the medical ethics of indigenous culture.

#### 6. The Advent of Western Medicine In India

In the 16th century , Western medicine was introduced in India for the first time but its army was leader. In 1600, East India Company's first feet brought medical and medical services to India. In 1822, in Calcutta, the Native Medical Institute was founded to provide Indians with medical training. For the benefit of students, the European anatomical, medical and surgical texts were translated to the local languages. Unani medicine classes were conducted in the Calcutta madrasa in 1826 and Ayurvedic medicine was taught by the Sanskrit university. In 1826 the Indian medical school was launched in Southern Bombay, but it was not later than six years, to offer Indians the opportunity to learn and practice western medicine. In the 1830s, the Anglicizes reversed various cultural education policies begun by indigenous peoples. With the end of government patronage of indigenous medical systems, the two leading eastern institutes in Calcutta have been closed. In 1835, however, a new Medical School was set up in 1835, in order to "train Indian students strictly in line with the methods used in Europe by means of the English language," which led to a new beginning of medical education in India. In 1835 the

courses at Madrasa and Sanskrit college were gradually abandoned. In 1845 the Medical College of Grant Medical College, now known as the Hospital of Sir JJ, was created in Madras to provide the education and services to Indo-British and indigenous young people, and in 1846 the College of Medicine of the Indigenous Peoples of Western Europe was established to "transport medical instruction to natives of Western Europe" In the 1850s, after the initiation of the first three Indigenous universities in Madras, Bombay and Calcutta, university-affiliated medical education became the norm. The Mutiny of 1857 brought the East India Company to a standstill and in India, the British government was founded. The Medical College of Madras was the first in India in 1875 to be opened to female students. However only 450 were trained in Western medicine in 1877 among the 8,000 medical practitioners. The rest were indigenous Ayurvedic or Siddha medical systems. In the June 1928 issue an anonymous article in *The Journal of Ayurveda and the Hindu Medicine method* argued that, in "Medical education should be conceived in India in such a way that not only the medical education today but also medical knowledge of the past should be taken into consideration ... While Ayurveda cannot continue in an old style, allopathy in toto for India should not be accepted. While we have to absorb the 'seed of disease' pathology from allopathy, we have to give modern medicine the pathology of the soil in disease. The two angles are currently different, but should be harmonized." Physicians, Siddhas and Vaidyas were upright people with high moral and character standards. All their lives have been devoted to people's welfare.

### 7. Emerging Modern Medical Ethics In India

In 1992 a panel on the Mumbai Platform of Forum For Medical Ethics (FME) was established by 8 physicians known for their eminence in ethical practices and concern for the public health system. In August 1993, they published their first newsletter, *Medical Ethics*. This was introduced in the area of medical ethics from January 1996. *The Indian Journal of Medical Ethics* was later published in January 2004 with the permission of the Registrar of Newspapers. Your new publisher, Amar Jesani, shares the questions of the FMES: "How do we function ethically? "And" How do we contribute to the Indian health system, allowing us to practice ethically? "The FMES, in partnership with medical institutions and social welfare organisations, conducted national conferences on bioethics in different towns in India in 2005. The 14th World Congress on Bioethics of the International Bioethics Association will be held in Delhi in December 2018, the Forum for Medical Ethics Society and the Sama Resource Group for Women and Health, in collaboration with the other welfare agencies. "Health for all in a disadvantaged world: obligations of global bioethics" is the theme of this international conference. FMES comprises representatives from many parts of Indian, from many religions, from medicine and humanities. The Indian Council of Medical Research has many former and present officials as its members. The FMES, which I join, is deeply involved in medical ethics in India and has a strong role to play in researching, addressing and shaping various questions in India's medical ethics.

However, in India, these problems lie below or have yet to get out of the shelter, despite the great interest and obligation that seem to be shown in medical experts, philosophers and theologians of the west on abortion ethics, in-vitro

fertilization, stem cell research, etc. It is surprising that scholars, (Hindu) thinkers and modern India theologians were not very much outspoken in their views on abortion. The scientific community, at least from a medical standpoint, should be supported to communicate modern scientific knowledge about human embryology. Some<sup>33</sup> may do this, but on a national platform or in literature on medico-ethical matters, not much has been learned. The only institution that offered the structured course of medical education during the undergraduate course, St. John's Medical College and Bangalore, was in India in 1998. Yet over the last decade, bioethics over India have become more conscious and awakened. In the medical schools, educational institutions, and universities there are several bioethics committees and institutes. Many medical and other research institutions have 58 units of the UNESCO Bioethics Chair. Both Catholic and Protestant theological centers and seminaries offer biomedical ethics training courses primarily for their shepherds. It's not sufficient. In every school, colleges and university in India, medical ethics should be taught to pave the way for a new generation to obtain proper information about medical issues and ethics.

### 8. Social Problems Affecting Medical Issues

The problem of informed consent is complicated through many factors, such as illiteracy, poverty, family preference and exploitation. Emotional and social needs are a major factor in the rationality of informed consent. India has various dialects, and is a multi-lingual nation. As Bhata says, the "Forms of social consent must therefore, especially in rural areas where the literacy rates are extremely low, be translated into several languages and dialects. In addition to analphabetism, many languages are major obstacles in India to obtaining properly informed consent. It makes it extremely difficult to access and sign translated documents. Patients in India look like gods at their doctors. "Unquestioned and conventional" knowledge and expertise of doctors and physicians is generally regarded as "advising and unfit to understand information from doctors who have treated the knowledge of patients as mistaken or preformed;" "traditional cultural acknowledgement of medical moral authority." Family also plays a role in informing doctors. This is the traditional cultural approval. In particular, the law play an important role in decision making among the Hindus. Confidentiality and privacy principles are threatened. All this is to suggest that informed consent is a complex question in India that, for the reasons mentioned above, can be discriminatory and easy to obtain. Informed consent has become almost a ritual, not a responsibility, but a formality. This is a mockery of informed consent.

### 9. Conclusion

Indian Catholics should involve in public protests and political lobbying in fighting against medical practices that are unethical. In this way Indian Catholic moral theologians should take the initiative. It helps to raise consciousness among the people by writing short medical articles and pointing out in daily newspapers unethical practices. We must make every attempt to impact the political process with moral truths and must never tire of fighting unethical laws per se. At least it is high time to join with secular and interfaith voices with a similar medical ethics agenda. It is not only medical ethics in the priestly education centres, but also outside the realm of

society and politics that we need to make our voice heard. For schools and universities, medical ethics will be incorporated. In each hospital, ethics committees should be set up. If they want to lead the faithful well, Catholic pastors must also be well informed about the Church's moral teaching and the law of the land. While guiding faith, pastors need to be specific, direct, and consistent. Criticism and disagreement are always possible, but people should not be confused with their own

confused position. Especially in the Indian classic philosophy that values human life highly in medical ethics, it is important to integrate philosophical anthropologies. Indian moral theology has a great deal of scope to reflect Indian philosophy and cultural values to uphold the intrinsic value of human life. Medicine cannot guarantee cure for all diseases, particularly end-stage patients. Palliative care should be provided in such cases. In India palliative care is progressively on the rise.

## REFERENCES

- [1]. Amarakone K, Horton D, Morrie R, Panesar S, Edwards S, Porter M. Crash course: ethics and human sciences. Edinburgh: Elsevier, 2006.
- [2]. American Medical Association. Code of medical ethics: current opinions with annotations. Chicago: American Medical Association, 1994.
- [3]. Beauchamp Tom L, Childress James F. Principles of biomedical ethics. 4th edition. New York: Oxford University Press, 1994.
- [4]. Buckman R, Korsh B, Walter F, Baile WF. A practical guide to communication skills in clinical practice. Texas: CD-ROM, Medical Audio-Visual Communications Inc., 1998.
- [5]. Lloyd D, Widdows H, Dickenson D. Cases in medical ethics and law: an interactive tutorial - CD-ROM. Cambridge: Cambridge University Press, 2005.
- [6]. Consensus Group of Teachers of Medical Ethics and Law in UK Medical Schools. Teaching medical ethics and law within medical education: a model for the UK core curriculum. *Journal of Medical Ethics*. 1998; 24: 188-92.
- [7]. Emanuel, EJ, Wendler D, Killen J, Grady C. What makes clinical research in developing countries ethical?: The benchmarks of ethical research. *Journal of Infectious Diseases*. 2004 Mar 1; 189(5): 930-7.
- [8]. Hebert PC. Doing right: a practical guide to ethics for medical trainees and physicians. Toronto: Oxford University Press, 1996.
- [9]. Hope RA. The oxford practice skills course: ethics, law, and communication skills in health care education. Oxford: Oxford University Press, 1996.
- [10]. Howard P. Lecture notes: medical law and ethics. Oxford: Blackwell Science, 2005.
- [11]. Johnson, AG. Pathways in medical ethics. London: Edward Arnold, 1990.
- [12]. Kasturiaratchi N, Lie R, Seeberg J. Eds.. Health ethics in South-East Asia: health ethics in six SEAR countries. Vol. 1 New Delhi: World Health Organization, Regional Office for South-East Asia, 1999. Document SEA/HSD/225.
- [13]. Lopez AD, Mathers CD, Murray Christopher JL, Salomon JA. Summary measures of population health: concepts, ethics, measurements and applications. Geneva: World Health Organization, 2002.
- [14]. National Human Genetics Research Institute. The ethical, legal and social implications (ELSI) research program. Bethesda: National Human Genetics Research Institute. (<http://www.genome.gov/10001618> - accessed 05 June 2009).