
Medical Ethics: Premodern Negotiations between Medicine and Philosophy edited by Mariacarla Gadebusch Bondio

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Reviewed by
Luke Demaitre
University of Virginia
led6a@virginia.edu

In recent decades, historians have shown a growing interest in early medical ethics while biomedical ethicists see a widening gap between past reflections and present issues—a paradox that is but one manifestation of the pervasive shift from humanist comprehensiveness to scientific focus. It is still possible, however, to find elements of continuity, especially in areas where medicine ‘negotiates’ with philosophy. Some of these areas are elucidated in *Medical Ethics*, together with the exploration of more tangential aspects from humor to vegetarianism. The volume, which originated in a 2010 colloquium, is more collage than mosaic, as is not unusual for such collections. There is limited cohesiveness among the 15 chronologically arranged articles (eight in English, five in German, and two in French). In addition, the contributions vary greatly in content, angle, method, and quality—and they are too disparate to receive equal attention in a manageable review. The editor of the collection remedies the fragmentation, at least partially, by summarizing and framing the articles in a thoughtful introduction. She also highlights the theme of philosophy, which is less constant in the book than one might expect from the title.

The most striking feature of *Medical Ethics* lies in the bookends: two articles in which past and present are linked most expressly, and historical conceptions correlated most methodically with current biomedical ethics. It is worth noting that the catalyst for both essays lies in recent German history. In the first, Christian Schulze opens his discussion of ancient attitudes towards treating hopeless cases with a citation of Paragraph 323c of the German Penal Code (as ‘StGB’, the abbreviation for *Strafgesetzbuch* which will be unfamiliar to most readers). The paragraph on *Unterlassene Hilfeleistung* implies that ‘failure to provide assistance’ is a delinquency that triggers not only legal liability but also moral culpability. This notion did not

have an equivalent in Greek and Roman antiquity. Although the provision of help was a basic obligation in the Hippocratic foundations of medical practice, practitioners were repeatedly advised to take care of themselves by not treating hopeless cases. Schulze proposes that such advice, which he characterizes as most ‘irritating’ to today’s sensitivities [19], should be viewed with awareness of stereotypical reports; it should also be balanced with contradictory injunctions to take care of the incurable in the Hippocratic corpus as well as in the writings of Aristotle. In the volume’s closing article, Mariacarla Gadebusch Bondio introduces her observations on the historical *topos* of the physician’s veracity with the views of German philosopher Karl Jaspers (1883–1969). Jaspers was a leading interpreter of 20th-century moral thought who affirmed the culpability of the Third Reich (*The Question of German Guilt*); he seems too little known to Anglophone readers and there is still no English translation of his seminal work on truth (*Von der Wahrheit*). This treatise guides Gadebusch Bondio through a broad survey of theories to the conclusion that, across centuries and cultures, truthfulness in medicine is secondary to the pursuit of wellbeing, and that it depends on the patient’s receptiveness and disposition, on the art’s forever uncertain knowledge, and on the doctor’s ‘deep human understanding’ [239].

The nexus between knowledge and ethics forms the background for a lucid article (marred, unfortunately, by a poor translation from Italian) in which Chiara Crisciani sketches the ‘delicate but stable balance’ [40] between medicine and philosophy from the 12th to the 14th centuries. Crisciani earlier contributed pathbreaking insights on medieval ethics, for example, as documented in formalized medical consultations (*consilia*). Here, her focus is on epistemology; nevertheless, she still expands our appreciation of the emerging structure and relative autonomy of learned medicine.

Elements and boundaries of professional autonomy are delineated with direct and indirect reference to the moral ramifications, in several articles by eminent luminaries in the history of premodern medicine. Danielle Jacquart shows that medieval physicians rarely acknowledged bonds or tensions with Christian moral teaching; they concentrated, rather, on the paramount requirements of being skilled, prudent, caring, and trustworthy. The patient’s trust, as well as the practitioner’s reputation, would suffer most from the *ignominia* of error. One firm rule for avoiding this disgrace was to refrain from categorical pronouncements, particularly on prognosis. This rule raised

the dilemma between healthful deception and upright truthfulness, which was reiterated from the Hippocratic ἀπάτη to Jaspers on *Wahrheit*; for the medieval physician, the dilemma lay between boosting the patient's hope and preparing her/him for a good death.

Vivian Nutton presents medical ethics from an external viewpoint, that is, as seen by lawyers and magistrates instead of doctors. He examines responses to the plague that were recorded primarily in the 16th century. His essay, like so many of his other studies, stimulates multi-dimensional thinking about the implications for the interaction between medicine, law, community health, public opinion, and moral criteria. In the process, Nutton draws up a broad framework for the development of ethics; moreover, he opens panoramas that risk being ignored in today's tendency to concentrate narrowly on plague as a biological event.

The pivotal article in the collection, I think, is Michael McVaugh's keen analysis of a manuscript that was written in Montpellier in the 1380s. From the 20 or so texts assembled in the manuscript, he selects three, namely, the Hippocratic *On Law* (*De lege*), a brief and apparently unique 'manifesto' (*De commendatione medicine*), and a commentary on the first Hippocratic Aphorism (*Tabula super vita brevis*) attributed to Arnau de Villanova (d. 1311). McVaugh interprets the salient motif of *honestas* as honesty, perhaps too narrowly if we consider the frequent allusions to honor with implications of decorum [84n26]. Compare the account of *ostentatio* in the article by Matthias Roick, 'Der kluge Patient' [103] and note the general application of *honestas* not only to bedside manners but also to cosmetic medicine. Be that as it may, ingenious collation of the three texts and cogent logic lead McVaugh to the crucial conclusion that the late 14th century saw the emergence of 'a self-conscious code of behavior that is distinctive of learned medicine and potentially justifies its status and authority' [85]. This carefully worded conclusion points to a deontology that formulates the practitioner's 'professional' duties or obligations, as formulated in several writings *De officiis* and *De cautelis*. By avoiding the term 'medical ethics', McVaugh's conclusion dovetails with the argument of Joseph Ziegler that the label 'appears dangerously anachronistic' [117]. In his article on the treatise *De cautelis medicorum* by Gabriele Zerbi (1445–1505), Ziegler assesses the combination of Zerbi's dependence on medieval sources and his new perspectives, which ranged

from an emphasis on precise experience to a preference for a plurality of attending or counseling doctors.

Some well-known authors, in addition to Arnau de Villanova and Gabriele Zerbi, recur in several of the articles (these authors, and the number of less known ones, would have made an index useful). Their repeated citation underscores the potential for a more integrated collection. Still, *Medical Ethics* is more than the sum of its parts in illuminating the coexistence of continuity and change, both in the codes of conduct for physicians and in the study of those codes. It is instructive to compare the volume with a collection that was published barely two decades ago, *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*, edited by Andrew Wear, Johanna Geyer-Kordesh, and Roger French [1993]. A comparison confirms the permanence of basic questions about doing harm as inherently opposed to healing but it also reveals the rearrangement of priorities, the refinement of sensitivities, and the shifting sources of authority. On balance, studies of premodern medicine accentuate our appreciation of the leap from 'medical ethics' to 'biomedical ethics' and of the contributing factors in society, science, and technology.

BIBLIOGRAPHY

Wear, A.; Geyer-Kordesh, J.; and French, R. 1993. *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*. *Clio Medica* 24. Amsterdam.