Physicians and the Dying: A Historical Sketch

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The tradition of Western medicine established during the period of classical antiquity and extending through the early modern period encouraged the physician to avoid or to refuse to treat the seriously and/or terminally ill patient. The cultural environment and general attitudes toward death and dying helped to maintain this practice. Since the nineteenth century, however, the physician has increasingly accepted more responsibility, until he has become the central figure in management of the terminally ill patient. This paper examines the evolution of the relationship between the physician and the dying patient with the intention of illuminating various factors which helped to determine that relationship.

In recent years much attention has been directed toward a constellation of death related topics, and a substantial volume of literature, medical and other, has accrued to the subject of treatment of the terminally ill patient. Discussions have a special urgency because of the technological capabilities of modern medicine and the moral pluralism characteristic of contemporary American society. Burdens of decision making and responsibility confront the modern physician which have evolved in recent times and for which tradition has not equipped him well. Thus the proportion of the medical literature of Western civilization which is devoted to the phenomenon of death and management of the dying patient can only be described as miniscule. This paper examines the relationship of the physician to the terminally ill patient since the period of Graeco-Roman antiquity and attempts to delineate some factors in the Western cultural and medical traditions which helped to establish that relationship.

Graeco-Roman Times

The physician of Graeco-Roman antiquity was a craftsman of uncertain status. Most people were not convinced that medicine was an art, and they generally considered it unrelated to the final outcome of any disease process. The social position of medicine and the popular valuation of its powers deeply affected the physician's attitude toward the seriously and/or terminally ill patient. The livelihood of the ancient physician depended directly upon his reputation as a healer, and a dead patient was the worst imaginable advertisement. The death of a patient was clear evidence of the lack of usefulness of medicine and the physician's mediocrity or possible incompetence; it was patently an economic setback. The terminally ill patient and one presenting a disease of potentially fatal outcome thus seriously threatened the

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physician. Not surprisingly, then, the author of the Hippocratic treatise, *The Art*, writes: "I will define what I conceive medicine to be. In general terms, it is to do away with the suffering of the sick, to lessen the violence of their diseases, and to refuse to treat those who are overmastered by their disease, realizing that in such cases medicine is powerless." Later, he defends this position[1]:

> Some too there are who blame medicine because of those who refuse to undertake desperate cases, and say that while physicians undertake cases which would cure themselves, they do not touch those where great help is necessary; whereas, if the art existed, it ought to cure all alike. Now if those who make such statements charged physicians with neglecting them, the makers of the statements, on the ground that they are delirious, they would bring a more plausible charge than the one they do bring. For if a man demand from an art a power over what does not belong to the art, or from nature a power over what does not belong to nature, his ignorance is more allied to madness than to lack of knowledge.

Most ancient physicians refused to treat the terminally ill patient. Yet, they were often advertently involved in the death of individuals. Infanticide and abortion were commonly practiced in antiquity, and suicide and euthanasia were condoned.[2] In Greece and Rome death was often considered a lesser evil than life. Thus Sophocles[3] declared that "Not to be born is, past all prizing, best; but, when a man hath seen the light, this is next best by far, that with all speed he should go thither whence he hath come." Seneca[4] captured the spirit of first-century Rome:

> But one who says [wait for the end decreed by nature] does not see that he is shutting off the path to freedom. The best thing which eternal law ever ordained was that it allowed us one entrance into life, but many exits. Must I await the cruelty either of disease or of man, when I can depart through the midst of torture, and shake off my troubles? This is the one reason why we can't complain of life: it keeps no one against his will. Humanity is well situated, because no man is unhappy except by his own fault. Live, if you so desire; if not, you may return to the place whence you came. . . . a lancet will open the way to that great freedom, and tranquillity can be purchased at the cost of a pin-prick.

Three centuries later Libanius[5] told his listeners, "If your existence is hateful to you, die; if you are overwhelmed by fate, drink the hemlock." With the prevalence of this view it was far from uncommon for the ancient physician to provide or to administer poisons to the hopelessly sick and the potential suicide. This role of the physician is referred to in the *Metamorphoses* of Apuleius[6] and the account by Tacitus[7] of Seneca's difficult suicide. It accounts also for the passage in the Hippocratic Oath,[8] "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." This interdiction and that regarding abortifacients are probably of Pythagorean origin[9] and at variance with prevailing Graeco-Roman thought; but they, especially, made the Oath attractive to later Christians, who maintained equally strong attitudes toward the sanctity of life and the evil of suicide.

Medieval Times

Medieval medical practice derived from Hippocratic and Christian sources. Probably more than his ancient counterpart, the medieval physician was subjected to somewhat divergent influences of idealism and practicality. Subscribing to an ethical code representing a synthesis of Christian and Classical idealism in a culture ostensibly permeated with a pious and other-worldly spirit, the medieval physician engaged in medical practices which were highly practical and thoroughly secular. Thus, despite the privileged position of the sick in Christian society and the special obligations of the physician deriving from the medical covenant in Christianity, the primary thrust of medieval medical literature strongly reflects the specific practical concerns of individuals with their status and economic well-being. This affected directly the role of the physician, reinforcing the ancient tradition of refusing to treat seriously or terminally ill patients. This is clearly indicated in a code for physicians popular between the ninth and fifteenth centuries[10] which advises, "Never become involved knowingly with any who are about to die or who are incurable." Similar admonitions were offered by outstanding physicians like Henri de Mondeville.[11] The physician, he wrote, "should refuse as far as possible all dangerous cases, and he should never accept desperately sick ones." Practicality was the determining factor. Medicine was held in low esteem during the medieval period. Petrarch[12] was not the only humanist who abused medicine, and physicians themselves commented upon it[13]: "Since time

immemorial, it has been an article of faith with the common people that every surgeon is a thief, a murderer, or a swindler." As in antiquity, the physician's livelihood was directly linked to his reputation, and this was most likely to be tarnished by the death of a patient.

Throughout the medieval and early modern periods, physicians were not discouraged from their practice of avoiding terminally ill patients, in part because they really did not have that much to offer, but largely because of the prevailing interpretation of death and the final meaning of the dying process. Other-worldly concerns overshadowed those related to terrestrial existence; to the medieval mind the matter of salvation was of ultimate importance. The naive religious conscience of the multitude precluded the intervention of doubts between the sights of pictures and statues of the Trinity, innumerable saints, and the flames of hell and the belief in their reality. In this context death and dying acquired an incredibly great significance.

The subject of death has never been more popular than during the late Middle Ages, when frequent and devastating plague epidemics made it a commonplace event. In northern Europe the whole fifteenth century was obsessed with death, and all the death motifs enjoyed tremendous vogue, dominating the artistic thought and output of the age. The *Ubi sunt?* originating in Greek poetry and used by the Patristic writers, appeared during this later period in works as widely different as the Anglo-Saxon *Wanderer* and Villon's *The Ballad of Dead Ladies*, with its wistful query, "But where are the snows of yesteryear?" The preoccupation with the fragility of earthly glory was supplemented toward the end of the fourteenth century by a theme emphasizing the decay of human beauty and dwelling upon the grisliest details of postmortem physical decomposition of the body. Such authors as La Marche and Chastellain echoed Villon's[14] notation of the physical aspects of death: "Death makes him shudder, swoon, wax pale,/Nose bend, veins stretch, and breath surrender,/Neck swell, flesh soften, joints that fail/Crack their strained nerves and arteries slender." Words alone were insufficient to express the medieval obsession with the physical havoc wrought by death. Thus tombs of the period are adorned with images of naked corpses with clenched fists, rigid feet, and gaping mouths crawling with worms, and artists like Mathis Gothart-Neithart and Valdés Leal captured similar motifs on canvas. The concrete embodiment of the perishable in these various forms remained popular through the sixteenth century. The macabre submerged the elegiac, and death assumed a spectral and grotesque shape. This was reinforced by yet another contemporary manifestation of the popular frenzy about death, the Dance of Death, illustrating, as in Holbein's engravings, Death leading people of all kinds and social ranks to their common end.

The stress upon the thought of death during the expiring Middle Ages evoked an everlasting call of *memento mori* and elevated to great prominence versions of a treatise entitled *Ars moriendi,* or *The Art of Dying*. These make clear what and who were important to the dying man during the medieval and early modern periods and illumine the role of the physician in the process. The act of dying was conceived to be of supreme importance. Roman Catholics and the later Protestants alike considered the last hours of mortal existence a time for the individual to confront death with steadfast resistance against deathbed temptations to infidelity, despair, vainglory, and attachment to relatives and material possessions. "Near the time of death," wrote Bishop Bayly,[15] "when the children of God are weakest, then Satan makes the greatest flourish of his strength, and assails them with his strongest temptations." The dying man, his family and friends, and, most of all, the clergy dominated the deathbed scene. The presence and prominence of the clergy, it should be noted, was more certain before the fourteenth and after the fifteenth century, when the number of priests was not so reduced as after the Black Death of 1347 and the immediately succeeding epidemics. Indeed, the *Ars moriendi* may have resulted from the need for a guide to the business of dying for those to whom the ministrations of the clergy were not available.

Following the rules of conduct prescribed in the *Ars moriendi*[16] the dying man strove to die gladly and willfully and to defend himself against the certain diabolical temptations. He was given two series of questions, which, when answered correctly, assured his salvation, and he recited prescribed prayers to himself. When he was too enfeebled to act independently, the bystanders prayed for his safe departure and the cleric

attended to the last sacraments. Clearly, in a deathbed scenario of this form and purpose the physician was not only unessential, he was supererogatory. In fact, the attendance of a dying man by a physician was discouraged, and the idea of sending for a "bodily leech" before a "spiritual leech" was actively condemned. The specific warning against giving bodily aid for a sick man precedence over spiritual aid received wide circulation in the Middle Ages, especially after its emphasis in the decretal by Pope Innocent III included in the statutes of the Fourth Lateran Council in 1215. It is one of the most frequently repeated directions in the Protestant books on dying in the sixteenth and seventeenth centuries. To call for a physician before a priest was considered a sign of "this worldliness" and a weakening before Satanic temptation. The art of dying simply did not include medical ministrations, and the differential valuation of physical and spiritual salvation reinforced the physician's traditional avoidance of the terminally ill. Medical writings conform to those of religious content. Thus the seventeenth century physician, de Sorbière, wrote in his *Advice to a young physician*[17] that it is appropriate to give an "elixir to wake people from a deep lethargy, which serves to prepare them for death by putting them into a condition to think of salvation."

Early Modern Times

In de Sorbière's time revolutionary changes were already underway which would culminate in the secularization of Western society, powerfully augmented capabilities of medicine, and a change in the role of the physician in treatment of the terminally ill patient. Some indication of change toward modern conditions and concerns resides in Percival's *Medical Ethics* of 1803. Only about 60 percent of Percival's treatise is devoted to medical matters, and these are more often concerns of etiquette rather than ethics. Approximately 22 percent is devoted to relationships with apothecaries, and 18 percent deals with "cases which may require a knowledge of law." A mere three-hundredths of one percent is devoted to the terminally ill patient. But a change is apparent: Percival argues that the physician should not abandon the terminally ill patient, and writes[18] that "the physician should be the minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which rob the philosopher of fortitude, and the Christian consolation." The physician is now encouraged to be involved with the dying patient, and in a ministerial manner—but not completely, for Percival says that he should not tell the patient or family of impending death "whenever it can be assigned to any other person of sufficient judgment and delicacy." Other related parts of the treatise are terribly secular: Percival advises how to obviate or at least be prepared to combat charges of criminality in cases of fatal outcome, and he stresses the physician's responsibility to ensure the patient has made out a will. The content of Percival's *Ethics* emphasizes the beginning impact of Blackstone's *Commentaries*, published a few years earlier, and it illuminates clearly the increasing concern of physicians in a secular society with the legal aspects of medical practice.

The nineteenth century was an era of remarkable progress and change for the western world. The period 1815–1914 was unmarred by any long or seriously debilitating wars, a century during which the cumulative energies of Europe could be turned to constructive enterprises. Each generation enjoyed an increase in wealth and comfort, a widening economic opportunity, an improvement in the standards of nutrition, health, and sanitation. There was an explosive growth of scientific knowledge, and each decade new technological advances accelerated the mechanization of industry. Industrialization, urbanization, and increasing democratization of society weakened traditional social and intellectual forms, and, *pari passu*, the influence of religious authority waned as scientific authority increased. This had its impact on the relationship of the physician and the dying patient.

The changed relationship of the physician and the terminally ill patient during the nineteenth century is perhaps best illustrated by an 1861 edition of an *Ars moriendi* first published early in the seventeenth century.[19] The edition has an unhappy tone, lamenting especially the fact that the physician and lawyer are sent for when a man is dying, but the "physician of the soul stands outside the door." Secular concerns and values had begun to displace those of traditional religions, and the physician had moved to a central position in the

deathbed scene. He has never relinquished this position; he has become only more important in the management of the dying, assuming, in that twentieth-century Asclepion, the hospital, his most ancient role of priest-physician.

Modern Period

During the modern period the medical literature begins to reflect some concern with the phenomenon of death. It is not concerned so much, however, with the treatment of the terminally ill as sudden death and the criteria for death. During the first decade of the eighteenth century Lancisi published *De subitaneius mortibus*,[20] in which he correlates clinical signs and symptoms with postmortem pathological findings, in the manner of the modern Clinical Pathological Conference. The motives for Lancisi's works are almost medieval: the study was undertaken at the Pope's request in an attempt to allay the fears of the population that the rash of sudden deaths in Rome was an indication of God's displeasure: but the work is modern in its attempt to define reliable criteria for death. Basically, an individual was considered dead when the heart stopped beating and respiration ceased. But many individuals meeting these criteria had been taken to mortuaries or buried prematurely, especially during epidemics, and there was an understandable anxiety about this possibility and a desire to eliminate it. Premature burial remained a major concern well into the nineteenth century, and thus a certain amount of medical literature of the time is devoted to the criteria for death. This receded in volume, however, as the powers of medicine and the authority of the physician increased, and toward the end of the nineteenth century the literature begins to reflect some concern with treatment of the terminally ill and euthanasia.

During most of the nineteenth century, physicians refused to shorten the lives of patients. Napoleon's physician, Desgenettes, refused the Emperor's request that he fatally drug several plague-stricken soldiers to keep them from falling into enemy hands. John Keats, dying of tuberculosis, could not persuade his physician to administer an overdose of laudanum, and Berlioz[21] complained bitterly that after "six months of horrible suffering. . . no doctor dared to have the humanity to put an end to this martyrdom by making my sister inhale a bottle of chloroform." By the 1880s physicians generally approved the opinion expressed in Munk's *Euthanasia*[22]: "the fewer the drugs and the less of medicine we can do with in the treatment of the dying the better," but they consistently opposed legislation regarding active euthanasia. A few agreed with Williams[23] that "it should be the highest triumph of the physician to minister unto the wants of a dying fellow creature by effecting the Euthanasia." Osler,[24] however, summarized the more general sentiment in 1899: "If a life is worth living at all, it is certainly worth living to the very end, a position from which the conscientious physician has no possible escape in the care of the cases which he is called upon to treat," and not long before, an editorial in the JAMA[25] referred to euthanasia as "professional murder."

By the beginning of the twentieth century the physician, previously an unimportant, often uninvited, and usually reluctant attendant to the terminally ill patient, had moved into a position of centrality. The profession and the public had begun to discuss treatment of the terminally ill and euthanasia. The physician's stance was firmly established and the Hippocratic Oath enjoyed a prominence it had seldom known. Within half a century medicine would possess technological powers making the issues more critical. And in a cultural environment in which the traditional values continued to evaporate and death was perceived variously as an extinction, a rape, or simply absurd, but always more fearfully than in centuries before, the twentieth-century physician, *qua* priest-physician, had to concern himself increasingly with matters previously considered outside the realm of medicine. Now dominating the deathbed scene and in possession of previously inconceivable technological powers which subtly expand the proportions and distort the dynamics of related medical, ethical, and religious decisions, the physician has to assume responsibilities previously reserved for others and to fulfill roles which were feebly developed within the tradition of Western medicine. This helps to account for the immense amount of literature surrounding the subject of death and dying since the 1960s and presents an inescapable challenge to medicine during this last quarter of the twentieth century.

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