Heroic Treatment
By James Morrison

Commentary

There is an amusing scene in the television series Scrubs in which J.D., a cheerful hospital doctor, gathers his interns in a huddle at the start of a day’s work. “Hippocratic Oath on three,” he orders, “one, two, three. . . .” In unison, hands atop hands, they exclaim, “first do no harm!”

This expression, or its Latin equivalent primum non nocere, is found neither in the famous oath nor in the Hippocratic corpus. The phrase, coined by Thomas Inman, dates from 1860, around the time of this lithograph. The lithograph, depicting some unfortunate and clearly petrified patient, takes us back to a time when doctors, however benevolent in intent, often caused more harm than good.1 James Simpson, an esteemed professor of surgery at Edinburgh in the mid-19th century, believed surgical patients in hospitals were “exposed to more chances of death than was the English soldier on the field of Waterloo.”

In 1850, a French physician, J. Dupuy, defended his doctoral thesis on limb amputation. He counted all amputations performed in a four-year period in his Bordeaux hospital and noted 94 amputations, 47 deaths, and a mortality rate of 50%.2 Although buzzing with the advent of modern anesthesia (1846), which would redouble their anxiety. Thus, any clinician comment to a depressed friend only to harm them. We cook a sumptuous meal for friends, only to give them injuries and grim their quality of life, or utter a comforting meal to a state-of-the-art hospital suggests that on occasion we treat aggressively because we can rather than because we should.

This lithograph captures the horror of surgery at a time when mortality rates were sky high. It also coincides with a momentous development in medical thought: the realization in the community that medicine helped little and often caused more harm than good. In my medical school, we sometimes ask prospective medical students at interview what they believe is the greatest advance in medicine in the last 150 years. This aforementioned realization, though an ideological rather than a technological or pharmacological breakthrough, would give antibiotics, vaccination, or imaging a run for its money. Although printed over a century and a half ago, the lithograph also prompts us to reflect on, and question, our current practices. Are we really doing more good than harm, and, if harm is inevitable, how can we benefit our patients with minimum harm? These are questions that, unlike the coats and cravats of the surgeons, will remain in fashion.

Daniel K. Sokol, PhD, MSc, MSc, MA

Dr. Sokol is lecturer in medical ethics and law, St. George’s, University of London, London, United Kingdom; e-mail: (daniel.sokol@talk21.com).

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References