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Hippocratic Objection to Killing Human Beings in Medical Practice

"On some positions, cowardice asks the question: Is it safe? Expediency asks the question: Is it politic? Vanity asks the question: Is it popular? But conscience asks the question: Is it right?

And there comes a time when one must take a position that is neither safe, nor politic nor popular, but he must take it, because conscience tells him it is right."[1]

Background

Fundamental to the unique physician-patient relationship is the concept of a fiduciary relationship – the trust that the patient has in her physician, who has greater knowledge, to do the best for her. This trust is based on the patient's belief that her physician will act at all times on her behalf to make professional judgments about treatments and recommendations which will, in the doctor's best judgment, bring her the least harm. That trust stems from the patient's belief that the physician has taken a professional vow, by all that the physician holds sacred, to first do her no harm. That vow, the Hippocratic Oath, is the basis of the doctor-patient relationship.

Recent concerted attempts to use punitive legal coercion to force health care professionals to participate in or perform the killing of their patients has resulted in a need to clearly articulate again fundamental tenets of Hippocratic Medicine, which explicitly separates medical care from the intentional killing of human beings. It is because the health care professional has bound herself or himself to do and not to do certain things prescribed or prohibited in the Hippocratic Oath, that the patient can trust that the professional will at all times act on her behalf. These tenets have formed the foundation of Western medical ethics for over 2000 years.

AAPLOG Committee Opinion. This document was developed by 15 authors on the Research Committee. Committee Opinions summarize best practices that form an important part of pro-life practice.

Hippocratic Oath

Hippocratic medical professionals do not perform certain actions which may be legal in a particular society, but which cause irreparable harm to patients. There are six tenets in the Hippocratic Oath which pertain to physician practice, tenets which set the Hippocratic physician apart from his non-Hippocratic medical colleagues:

1. **To act only for the benefit of the patient.**

   "… I will use those… regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them… Into whatever homes I go, I will enter them for the benefit of the sick…"

2. **Never to assist in suicide or practice euthanasia, nor suggest it.**

   "… I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan…"

3. **Never to perform an abortion.**

   "… and similarly, I will not give a woman a pessary to cause an abortion…"

4. **To refer to physicians of sufficient expertise.**

   "… I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this craft…"

5. **Never to have sex with patients.**

   "… Avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves…"

6. **To maintain patient confidentiality.**

   "… Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private…"

These ethical limitations historically formed the boundaries of the social contract defined in the doctor-patient relationship. Yet, the first three tenets of the Oath are currently being criticized by pro-abortion and pro-euthanasia legal activists, not on the basis of science or medicine, but on the basis of a opposing philosophical framework.

Clinical Questions and Answers

Q What are the relevant philosophical frameworks?

Ryan and Deci[2] describe the two competing ethical frameworks currently colliding in the conflict over Hippocratic conscientious objection:

Hedonism/Utilitarianism (Consequentialism/Teleological Ethics) simplified holds that the morality of an action is contingent on the outcome. "The ends justifies the means." This view is intrinsically utilitarian, and in simplified terms holds that happiness (pleasure) is the chief end and substance of "well-being," and maximizing happiness and minimizing suffering is the end toward which humans should strive.

Eudaimonism (Virtue Ethics) simplified holds that acting in a way consistent with the nature of being human results in "well-being." Happiness (pleasure) is a byproduct of right action for right reasons. Doing the right thing according to virtue and reason is the substance of "well-being," Doing the right thing is the end toward which humans should strive.

Q How do Hippocratic medical ethics compare to Utilitarian ethics?

The Hippocratic Oath assumes that certain actions are intrinsically wrong and that physicians have a duty to act rightly toward their patients (deontological assumption). The oath also assumes that 'acting rightly toward a patient' results in well-being for the patient as well as well-being for the physician (virtue ethics assumption). The Hippocratic Oath becomes incomprehensible when working within a Hedonic/Utilitarian philosophical framework, since a utilitarian philosophical framework denies that any actions are intrinsically right or wrong. Contrasts between Utilitarian and Hippocratic philosophy in medicine can be understood more simply by asking the question, "What is a good physician?"

For a Hippocratic physician, a "good" physician acts out of sacred duty to perform those intrinsically right acts to protect and save the life and functioning of her/his patient(s) and relieve their pain, and avoids doing those acts which are intrinsically wrong.

For a Utilitarian physician, the "good" is determined in relationship to who is in control. In a patient-controlled medical system, a "good" physician is one who does whatever the patient asks her/him to do in order to maximize patient-defined goals. In a state-controlled medical system, a "good" physician is one who acts as an agent of the state to implement state-defined health goals. This, in a utilitarian system, the physician becomes an "agent" of those in control.

Clearly, the crux of the disagreements between Hippocratic and Utilitarian medical philosophies rests not on scientific or medical disagreements, but rather on philosophical disagreements about the purpose of medical care. The disagreements reach a crescendo around the question: "What should a medical professional do when what a patient wants requires a medical professional to perform an action which, in the professional judgment of that health care professional, is intrinsically harmful?"

Q What does the American College of Obstetricians and Gynecologists (ACOG) Ethics Statement #385 say, and what are the consequences?

The American College of Obstetricians and Gynecologists (ACOG) Ethics Statement #385 is a philosophical, not medical, statement which allows only a Utilitarian philosophical position, excluding any other philosophical point of view.

The term "conscience" is defined as "The awareness of a moral or ethical aspect to one's conduct together with the urge to prefer right over wrong."[3]

ACOG's Ethics Statement #385[i] mocks the responsibility of the Hippocratic physician

to care and not to kill, reducing "conscience" to a "personal moral problem." Without any analysis, the statement then calls Hippocratic doctors who will not participate in the killing of their unborn patients "unethical." This impoverished understanding of conscience is what the concept of conscience reduces to in Utilitarian philosophy. ACOG's definition demonstrates both the underlying utilitarian framework of the ACOG Ethics Committee, as well as a remarkable paucity of either respect for, or ethical comprehension of, the medical professional with conscientious objections to killing human beings.

ACOG Ethics Statement #385 is designed to eliminate Hippocratic professionals from medical practice.

In testimony before the President's Council on Bioethics, Professor Robert George made the following critique of ACOG Ethics Statement #385:

> *"The first thing to notice about the ACOG Committee report is that it is an exercise in moral philosophy. It proposes a definition of conscience, something that cannot be supplied by science or medicine. It then proposes to instruct its readers on, '…the limits of conscientious refusals describing how claims of conscience should be weighed in the context of other values critical to the ethical provision of health care.'*
>
> *Again, knowledge of these limits and values, as well as knowledge of what should count as the ethical provision of health care, are not and cannot possibly be the product of scientific inquiry for medicine as such. The proposed instruction offered here by those responsible for the ACOG Committee report represents a philosophical and ethical opinion – their philosophical and ethical opinion.*
>
> *… The special authority the report is supposed to have derives from their standing and expertise as physicians and medical professionals, yet at every point that matters ,the judgments offered reflect their philosophical, ethical, and political judgments, not any expertise they have by virtue of their training and experience in science and medicine.*
>
> *At every key point in the report their judgments are contestable and contested. Indeed, they are contested by the very people on who[se] consciences they seek to impose, the people whom they would, if their report were adopted and made binding, force into line with their philosophical and ethical judgments or drive out of their fields of medical practice. And they are contested, of course, by many others. And in each of these contests a resolution one way or the other cannot be determined by scientific methods; rather, the debate is philosophical, ethical, or political.*
>
> *… The committee report reflects and promotes a particular moral view and vision and understandings of health and medicine shaped in every contested dimension and in every dimension relevant to the report's subject matter, namely the limits of*

conscientious refusal, by that moral view and vision.

The report, in other words in its driving assumptions, reasoning, and conclusions is not morally neutral. Its analysis and recommendations for action do not proceed from a basis of moral neutrality… Indeed,… the partisanship of the report is its most striking feature.

… The assumption here, of course, is the philosophical one that deliberate feticide is morally acceptable and even a woman's right.

… the physician or the pharmacist who declines to dispense coerces no one… He or she, that physician or pharmacist, simply refuses to participate in the destruction of human life or human life in utero.

By contrast, those responsible for the report and its recommendations evidently would use coercion to force physicians and pharmacists who have the temerity to dissent from their philosophical and ethical views to either get in line or go out of business.

… the report proposes to impose its morality, the morality of those responsible for the report, on others if these were accepted as binding norms of ethics in the field.

It won't do… to say that what is being imposed for imposition on dissenters here is not a morality, but merely good medical practice for it is not science or medicine itself that is shaping the report's understanding of what is to count as good medical practice. It is philosophical and ethical judgments, judgments brought to medicine, not judgments derived from it.

Whether an elective abortion or an in vitro procedure… counts as health care as opposed to a decision about what one desires or what lifestyle choices one wishes to make cannot be established or resolved by the methods of science or by any morally or ethically neutral form of inquiry or reasoning. One's view of the matter will reflect one's moral and ethical convictions either way – either way.

So, the report's constant use of the language of health and reproductive health in describing or referring to the key issues giving rise to conflicts of conscience is at best – at best – question begging.

… what justification could there possibly be for the exercise of coercion to require thoughtful, morally sincere physicians who believe that abortion is a homicidal injustice that they either make a referral for it, a procedure that they reasonably regard as the killing of a child in utero, or leave the practice of medicine as the other alternative?

The report's 'my way or the highway' view of the thing is anything but an acknowledgement of the widespread and thoughtful disagreement among physicians and society at large and the moral sincerity of those with one whom disagrees. Indeed, it is a repudiation of it.[4]

Ethical analysis and rebuttal of ACOG Ethics Statement #385 has also been extensively undertaken elsewhere.[5,6,7]

ACOG Ethics Statement #385 in the context of other legal initiatives

ACOG Ethics Statement #385, and recent legal initiatives in Illinois and elsewhere, form part of a concerted legal effort[8,9] to force Hippocratic medical practitioners to participate in the killing of their patients or else be forced out of the practice of medicine altogether. It is interesting that these articles are authored by pro-abortion lawyers, not by physicians.

The legal strong-arming calls for punitive measures against those who refuse to kill patients: *"Conscientious objection should be dealt with like any other failure to perform one's professional duty, through enforcement and disciplinary measures… Counteracting institutional conscientious objection may require governmental or international intervention."*[10]

The prevailing utilitarian view is that when the state issues a license to practice medicine or pharmacy, the practitioner becomes an agent of the state. Charo argues:

> *"In granting [physicians] a monopoly [on the provision of health care], they turn the profession into a kind of public utility, obligated to provide service to all who seek it."*[11]

This "agent of the state" rationale was used by the State of Washington[12] in 2015 to require a privately-owned pharmacy to sell Ella (ulipristal, a second-generation RU-486 with the capacity to kill embryos both before and after implantation). Critics of those Hippocratic medical professionals who refuse to kill their patience cite a "duty" to the state, as though a practitioner's conscience is subject to, and can be controlled by, the state. Such viewpoints may be compared to those promoted in Nazi Germany. This constriction of conscience arises from a utilitarian worldview, which cannot tolerate the assertion of conscience rights by medical professionals, and is seen in the efforts of utilitarian medical associations who attempt to force members to perform acts which are unjust and evil. The claim that a physician or other medical professional is primarily an agent of the state is in direct conflict with the Hippocratic Oath, which places the primary allegiance of the physician to be the patient, not the state. ACOG Ethics Statement #385 mirrors the current forced compliance by the Royal College of Obstetrics and Gynecology in the UK,[13] where Hippocratic physicians cannot become certified in reproductive medicine.

Q Is elective induced abortion essential healthcare?

Most obstetricians and gynecologists do not perform abortions in practice, and do not reflect ACOG's pro-abortion advocacy.

The legal efforts and agenda-driven statements on the part of ACOG and others are a reaction to the reality that most physicians do not want to kill their patients and will not voluntarily participate in elective abortion. In a nationwide representative survey of 1800 practicing obstetricians and gynecologists, "… 97% encountered

patients seeking abortions, while 14% performed them."[14] ACOG's pro-abortion advocacy does not reflect either science or consensus of its membership. ACOG misuses its position as a voluntary physician organization to promote a social and political agenda at odds with its membership, boasting of the top-down imposition of a pro-abortion stance on its membership without open discussion.[15]

Elective induced abortion is not medical care and is not the same as emergency parturition to save the life of the mother.

ACOG's promotion of elective induced abortion is done under the guise that elective induced abortion is primarily a medical procedure. Yet, by definition, there is no medical indication for elective induced abortion, since it cures no medical disease. In fact, there is no medical indication for elective induced abortion.[16] Pregnancy is not a disease, and the killing of human beings in utero is not medical care. In reality, elective induced abortion is an attempt to resolve a perceived social or political problem by killing human beings in utero. Killing human beings as a solution to political and social problems – such as elite eugenic organizations attempting to decrease the population of unwanted racial groups by location of Planned Parenthood clinics in predominantly Black or Hispanic neighborhoods, or the Chinese government enforcing forced abortion to ensure their "one child" or "two child" policy – has no place in Hippocratic medical care.

In their amicus briefs, publications, and public testimony, ACOG purposefully obscures the difference between elective induced abortion procedures – which are designed specifically to produce a dead fetus – and emergency parturition procedures – which are designed to rapidly separate the mother and the fetus in order to preserve the life of both patients, or at least to preserve the life of one, while maximizing the likelihood that the life of the other will be preserved.

Elective induced abortion procedures are fundamentally different in their intent as well as practice from emergency parturition procedures. Since the goal of elective induced abortion is to guarantee a dead fetus, destructive procedures or feticide is used to ensure fetal demise before parturition. And, in order to escape the scrutiny and accountability inherent in hospital-based parturitions, elective abortion procedures are designed to be done in physician offices, in procedures that can involve days of cervical ripening.

In contrast, emergency parturitions are done in hospitals where the medical needs of both the mother and her neonate can be addressed immediately. The procedures themselves are done in a manner to maximize survival of both, and include emergency cesarean section as well as emergency deliveries.

Despite the clear differences in procedures and intent between elective induced abortions and emergency parturitions, ACOG's legal arguments promoting elective induced abortion deceptively center around cases involving emergency parturition, which have nothing to do with elective induced abortion. The reason for this deception is clear: when people clearly

understand that the "choice" involved in elective induced abortion is a choice to electively kill a living human being *in utero* for no medical reason, then the majority of Americans will not support elective induced abortion, and the majority of obstetrician-gynecologists will not perform it.

The medical and scientific reality is that a human being is killed during elective induced abortion. The Supreme Court in Roe v. Wade stated that "abortion is the deliberate destruction of human life." As an indication of the changes in medical professional organizations' positions on abortion, an AMA publication in 1859 stated that abortion was the "unwarrantable destruction of human life."[17] It is clear that those persons who carry out elective induced abortion are using their medical skills to kill human beings. Hippocratic medical professionals recognize that both the pregnant woman and her unborn child are patients, and having vowed not to harm their patients, the Hippocratic medical professional will not use their medical skills to kill the human beings entrusted to their care.

Examples of actions which were legal but heinous crimes against humanity

Proponents of both abortion and euthanasia are currently attempting to use the bludgeon of legal and professional punishment to force Hippocratic medical professionals to kill patients at the behest of the state, or of the patient. But making a procedure legal does not make the procedure right or just. In the United States, freedom of conscience, one of the foundations on which our country was founded, has led to the reformation of serious social evils; evils which were, in their time, legal.

The Nazi physicians were among the best and brightest minds in the West at the time. Under the guise of their professional organizations, they performed abortions on, killed, sterilized, tortured, and experimented upon political dissidents, Jewish persons, and Eastern Europeans.[18] They also expelled, persecuted, and ultimately hunted down and killed (or sent to concentration camps) physicians who opposed these acts. Hippocratic physicians in Germany at the time were systematically eliminated[19] from the medical profession in order to implement "The Final Solution," designed to treat the "cancer" in society.[20] This state-sponsored murder of human beings in the concentration camps in Nazi Germany was perfectly legal, and clearly heinous.

The "execrable practice" of the "peculiar institution" of African slavery is an example of a corrosive social evil, under which humans of African descent were subjected to widespread, horrific experiments during slavery.[21] These experiments were perfectly legal, but clearly unjust. In 1932, the United States Public Health Service conducted the Tuskegee syphilis experiments, which withheld treatment from 399 black men with syphilis for forty years, in order to study the natural history of the disease.[22] This government experiment was perfectly legal, and similarly heinous. The eugenics movement of the early to mid-1900s, which resulted in the sterilization and castration of tens of thousands of Americans, was legal but also unjust.

These abuses, which we regard with revulsion, were done in the full knowledge and complicity of physicians and medical professional societies. Their legality, and whether there was any benefit to an individual or society or to medical knowledge, was and is irrelevant to the fact that these are crimes against humanity. It also follows that the killing of vulnerable human beings in the womb or at the end of life is a similar crime against humanity, regardless of its legality. All of these actions are a direct violation of the Hippocratic Oath.

Notably, the appeal to the legal authority of the state is only invoked by utilitarian medical organizations such as ACOG when the law supports the beliefs of that organization. For example, capital punishment is legal in several states, yet there is no outcry from any of the utilitarian professional organizations to compel physician participation in that legal activity. So, it is not the law, but the underlying agenda which these utilitarian organizations support. Utilitarian organizations lobby intensively for new laws which support their underlying agenda, then attempt to use the procedure's legality to argue for a binding obligation attempting to force medical professionals to perform or refer for such procedures. They ignore the previous examples of legal, but horrendous, actions noted above.

Q *Do ACOG and other voluntary political action medical organizations have the authority to compel physicians to kill human beings?*

Medical organizations such as ACOG began as primarily medical and scientific bodies, but have undergone a metamorphosis into voluntary political action organizations which now serve the interests of their leadership and a small minority of their members. They exist to promote their views in medicine and politics, as illustrated by ACOG's formation of *"The American Congress of Obstetricians and Gynecologists,"* a 501c4 organization,[23] in 2008 to focus on pro-abortion lobbying. ACOG members are *automatically* enrolled, and cannot withdraw from the Congress. Thus, ACOG forces its membership into lobbying, which is not primarily scientific, but rather political.

ACOG admits the political content and lack of scientific foundation in the transformation of ACOG to a pro-abortion position:

> *"A case study of abortion related policymaking by the American College of Obstetricians and Gynecologists (ACOG) from 1951 to 1973 demonstrates that despite the theoretical model of science-driven medical care, science was the ideological veneer for the profession's political position. While its leadership sought to appeal to a familiar, professionally dominant, scientifically justified foundation in support of abortion guidelines for practicing physicians, a close reading of the history demonstrates that the policymaking process was deeply politicized and forced to respond to social demands beyond the medical establishment. The contours and details of ACOG's story regarding abortion*

> *before Roe v. Wade provide guidance for explaining the current framework for health care policymaking. This history challenges the notion that the scientific foundation of the profession can lead to policy decisions that are devoid of political content and points to the profession's political interest in maintaining its autonomy.*[24]

Medical professional organizations such as ACOG cannot make rules binding on medical professionals who are not part of that organization. Even within these organizations, ACOG has no authority to force a medical professional to violate their conscience. ACOG's pro-abortion policies are in practice not even agreed upon by its members, since, as noted in a 2011 study from the journal *Obstetrics and Gynecology*, 86% of obstetrician-gynecologists do not perform abortions.[25] ACOG's pro-abortion policies have resulted in a large number of obstetrician-gynecologists rescinding their ACOG membership.

Physicians and other medical professionals such as midwives, advanced practice nurses, nurses, and pharmacists are not just automatons, or slaves of the state, hospitals, or medical professional organizations. They are human beings who are motivated by a desire to help their fellow man with their time and intellectual talents. Part of this vocational motivation is the integrity of their conscience which causes them to act in ways to help, not harm, their fellow man. To force any human being to violate their conscience – their own integrity, their own knowledge of right and wrong – is to violate their person. To force cooperation or complicity with actions which are considered evil is to enslave the one being forced to perform this action as well as debasing the one who attempts to force it. The end result will not only destroy the physician-patient relationship, but also destroy trust in the healing arts. Ultimately, forcing violation of conscience will transform the profession of medicine (and health professions) into a grotesque caricature of its Hippocratic ideal, as evidenced by the experience in Nazi Germany, when Hippocratic physicians were systematically eliminated from medical practice altogether.

This systematic elimination of Hippocratic physicians from medical practice also does violence to patient autonomy. Most patients do not want a physician who is willing to kill them or to kill their unborn child. Over half the citizens of the United States identify themselves as pro-life. The attempted elimination of Hippocratic medical professionals and practice is morally wrong. It does injustice to the medical profession and also do those patients who do not want to be cared for physicians or other medical professionals whom they cannot trust – physicians who do not adhere to the Hippocratic Oath. It promotes the exploitation of the weak by the strong, and the killing of the most vulnerable members of society. For this reason, the right of conscientious objection and conscientious refusal of medical professional to perform euthanasia or abortion must be upheld and vigorously defended. The conscience of Hippocratic providers may be the final protection against gross violations of patients' rights, autonomy, and bodily integrity.

Summary of Recommendations and Conclusion

The following recommendations are based on good and consistent scientific evidence (Level A):

1. A new human being exists from the time of sperm-egg membrane fusion which forms an embryo. Embryonic and fetal human beings should be afforded the protection and respect given to all members of human society.
2. Utilitarian ethical philosophies are not based in science but rather in philosophy, and are not the sole philosophical approaches in science or medicine.
3. The Hippocratic Oath has formed the basis of medical ethics for over 2000 years and forbids physicians from killing human beings as a therapeutic option. The Hippocratic Oath stands as the only check against abuses of vulnerable patients.

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