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RETHINKING INDIAN MEDICAL SYSTEM AT THE BACKDROP OF ETHICAL PRINCIPLES

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Introduction

The Indian medical system, generally known as Ayurveda is divine in its origin. The roots of Ayurveda lie deep in the Indian philosophies and moral values. Indian thinkers generally believed that every knowledge must lead man to the highest level of being and the science of Ayurveda is also not an exception to this. The term ayur is explained in terms of span of life determined by the period of the contact of the body along with the senses, the mind and the soul consciously seeking the ultimate goal of human life. The science of Ayurveda encompasses the study of matter and spirit in relation to environmental factors which shows its philosophical underpinnings. This paper tries to highlight the significance of the principles of Ayurveda as a medical system in a period when man stands in the midst of the epidemic, COVID -19.

Ethics is to medicine what water is to life. In fact, the field of medicine is one which highly demands lofty professional ethical ideals and practices as it is very much associated with the life, health and longevity of man. In India, from time immemorial, specific codes of behaviour have been laid down for those engaged in medical profession. In the West, the Hippocratic oath of the ancient times and the ethical codes prescribed by different medical associations in the modern times bear testimony to this. Doctor patient relationship is one of the widely discussed themes under western biomedical ethics today which has its counterpart in Indian medical system as well. This paper mainly intends to bring out the ethical principles underlying doctor patient relationship in Ayurveda which receive a lot of attention in the present context.

Unlike Western ethics, Indian ethics does not specify a branch of ethics called bioethics through it is rich with bioethical principles and practices. According to Anant Bhan, Hindu bioethics is centered on the following principles. 1. Transcendent character of human life expressed through principles of sanctity and quality of human life. 2. Duty to preserve and guard individual and communal health. 3. Duty to rectify imbalances in the process of nature and correct and repair states that threaten life and wellbeing.¹ It may be noted that the ayurvedic literature widely discusses about these principles through what is called 'sadvritta', the term used for ethics.²

Ayurveda fundamentally believes in kinship with all forms of life as it considers human beings as part of nature. Ayurveda philosophy rests on the basic truth that both the macrosystem as well as the microcosm are of the panchamahabhautic origin.³ What exists in human body exists in nature also and their interpenetration and interaction is constant and continuous. In this view, life is to be in harmony with nature. Thus, one can say that love of life is the basic dictum of Ayurveda which, in fact is the simplest and most all-encompassing definition of bioethics also. Bioethics involves the balancing of ethical principles, viz, (1) self-love (related to the principle of autonomy) (2) love of others (justice) (3) loving life (non-maleficence) and (4) loving good (beneficence) in expressing our values according to the desire to love life.⁴ Indian medical tradition, though not explicitly stating is rich with these fundamental bioethical principles. These are the concrete principles that need to be highlighted when we are to address the existential crisis of a pandemic which almost reaches community spread.

In biomedical ethics, the ethical principles underlying doctor patient relationship is clearly stated through principles like paternalism (ethics of trust) informed consent (ethics of rights) etc. which appears in Hippocratic oath itself.⁵ The principle of paternalism holding the beneficence of the patient and the principle of informed consent holding the autonomy of the patient find room in Ayurveda also since it exhorts a physician to be first and foremost, a man of virtuous personality (dharma purusa). Therefore, a discussion of the general codes of conduct laid down for an Ayurvedic physician will be helpful in understanding how the above ethical principles get a natural accommodation in Indian medical practices.

Dharma (Ethics): The Aim of Indian Medicine

Ethics is the corner stone of Ayurveda. It is clear from the fact that ethical concepts are ever present and ethical undercurrent runs through all the classical texts of Indian medicine, viz; Charaka Samhitha, Susruta Samhitha and Astanga Hridaya. Sadvritta is the central axis of ayurveda which etymologically means, the right physical, mental and vocal conduct expected of the pious.⁶ Alleviation of pain and suffering or elimination of disease is not the sole aim of Indian medicine but to help the physician and the patient attain



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self-realisation, the highest state of being. The term ‘Ayur’ is explained in terms of ‘span of life determined by the period of the contact of the body along with the senses and mind with the soul consciously seeking the ultimate good of life.

Charaka, the father of Indian medicine advises everyone desiring peace and happiness to observe the rules of right conduct diligently. He says, “He who follows the ethical code gains mastery over the senses and obtains a healthy body⁷. “In his view, ethics is a part of personal hygiene. Freedom of will is wholly admitted by Charaka where the fruits of action if not of a conformed character can be averted or improved by our efforts.⁸ He does not preach the ideal of leaving off all kinds of actions and desires as found in the traditional philosophical thoughts but his is the ideal of living one’s life in a manner that is most conducive to health, long life and proper enjoyment. This unique ethical position of Charaka is clearly proved in the code of conduct, virtues and ways of good living discussed in Charaka Samhita. Vagbhata also exhorts that man can attain long and healthy life, wealth and fame in this life and glory after death by following the ethical code.⁹

Leading a life following the Covid protocols is a question of will that must come from everyone’s part.

All the great teachers of Indian medicine advises that a physician must see that his is a blessed life for he can be the cause for preserving the good life of a person. Charaka says, “No other gift is better than the gift of life”.¹⁰ As a profession medical practice provides a livelihood for the physician but he should never sell his skills to make a business out of it. “These who trade their medical skill for personal livelihood can be considered as collecting a pile of dust, leaving aside the heap of real gold”.¹¹ Again Charaka says, “Medicine must be practised neither for wealth nor for fulfillment of worldly desires but only out of compassion for creatures”.¹²

One can see today that our medical professionals are striving hard to save lives without looking for any personal interests.

A Physician may thus consider himself as making the gifts of health and life as his highest duty. Those benefited by such gifts may either praise the physician or pay him with due remuneration. In this way, his needs of dharma (duty), artha (money) and kama (Desire) are fulfilled.¹³

Virtues of a Good Physician

Susruta, the great Indian surgeon dealt with three essential qualities for a physician. (1) Completion of the medical education. Susruta says that practice can be started only after having read and thoroughly studied the science of medicine: having passed the appropriate tests and hence obtained permission from the governing authority. (2) External appearance. A physician must wear clean white dress, which should not be ostentations. The hairs should be worn short and the nails pared. Personal hygiene and cleanliness should have been taken care of. He should wear white and sober dress. (3). Personal Behaviour. On meeting others, a doctor must accost them first. He must always speak clearly without ambiguity and doubts, sweetly and ingenuously in a simple and ethical tone, avoiding controversies and in accordance with the law of dharma.¹⁴

Kalyana Karaka lays further qualifications of a physician. He must be a speaker of truth, a man of courage, endowed with patience, one who has witnessed and practiced notable methods of treatment and one who does not get upset under any adverse circumstances¹⁵. Charaka advises the physician to carefully assess his ability to treat a particular case before taking it up ¹⁶. This precaution is important especially in the beginning of the career of a physician, not only for the patient but also for the reputation of the physician.

According to Charaka, vast knowledge of medicine, extensive practical experience, dexterity and purity are the four qualifications of a physician ¹⁷. Winning a reputation as unfailing in prescribing appropriate medicines is another qualification. One who possesses the fourfold knowledge regarding cause, diagnosis, cure and prevention of diseases is fit to be considered a royal physician. Again, Charaka insists that the physician must always continue to sharpen his intellect and increase his proficiency ¹⁸.

Charaka enumerates six qualities of a successful physician as follows. Having knowledge, critical approach, insight into allied sciences, sharp memory, promptness and perseverance. To these he adds sharp intellect, practical experience, continued practice, success in treatment and being in consultation with an experienced teacher ¹⁹.

Vagbhata also mentions about the ethical principles needed for a doctor. He says: “friendship with all, sympathy towards the sick, feeling of profound satisfaction upon recovery and overlooking even those who feel ill towards him are sufficient to fulfill the ethical requirements of a doctor” ²⁰. Thus, Vagbhata also stresses kindness to humanity as the supreme ethical quality of a doctor. These are, again virtues that await the attention of everyone when they rush to hospitals seeking solace and cure.



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Academic Ethics Required for a Physician

As an exhortation to enhance the professional quality of a physician thinkers like Charaka have given much importance to the learning and knowledge of ayurveda. “One should increase one’s professional skill by learning from others without being jealous”²¹. Susruta stresses that a physician is to have thorough knowledge of the curability, palliativity, diagnosis and prognosis of the disease.

Again, Susruta is of the view that a physician should try to learn as many related sciences to ayurveda as possible. He says, “In order to be able to understand the related sciences whose reference has to be taken in medical sciences because of necessity, one should listen to the lectures given by specialists of that branch”²².

In view of broadening, one’s knowledge and outlook one should study the subject, regularly take part in scientific debates and discussions, observe the allied sciences and take training from specialists of those branches²³. According to Susruta, study, discussion, perusal of foreign literature and devoted services to the masters of particular techniques are all essential for gaining wider knowledge and improving skills.

Both Charaka and Susruta is of the view that both academic qualifications and practical experience are equally important and essential for a physician. He who knows theory only but is not so good in practical work gets bewildered on being confronted with a patient²⁴. On the other hand, he who is good in practical work because of his boldness, but lacks theoretical knowledge deserves punishment by the government²⁵. Therefore, only he who knows both theory and practical work is capable of obtaining success in the field of his profession.

Social Etiquette needed for a Physician

With a view that a physician should be an ideal citizen, numerous rules of conduct have been laid down for him in the ancient medical literature.

The physician should never harbour ill will towards fellow physicians or get into confrontations with them. If need be, he may join them in treating a case and should not hesitate to consult them in deciding the diagnosis and treatment of a case. Charaka says, “doubts can be cleared by a group of physicians²⁶. Kasyapa also notes: “One should not have ill feeling towards other physicians but the management should be done after consulting them”²⁷.

Advertisement or self-aggrandizement by a physician was poorly esteemed in ancient India. Self-praise was considered not only unpleasant to others but disagreeable also to a really deserving but dignified physician. With a view to decrying such boastful physicians Charaka gives a picturesque description of how such egoistic persons engage in broadcasting their own virtues and abusing others²⁸. Charaka also describes the malpractices of quacks and decries them in uncompromising terms. He considers them murderers in the guise of physicians who introduce and spread diseases rather than curing them. They flourished, in Charaka’s opinion, because the government failed to curb them²⁹.

It may be said that the above rules of moral conduct culled from various sources aimed at making a physician not only a perfect professional but a perfect human being. The qualities required for an ideal physician can be summarized as: steadfastness, dignity, patience, truthfulness, compassion, master of the subject and practical efficiency, A physician, if he fulfills all the above criteria, will in fact, naturally gain the trust and confidence from patients.

A unique feature of Indian medical tradition is that it stresses certain characteristics for a patient also. According to Charaka, good memory, willingness to follow the instructions of the physician, fearlessness and not hiding any relevant information about his symptoms and disease are the four qualities of a good patient³⁰. Charaka gives a long list of virtues which must be cultivated if one wishes to remain free from psychosomatic disorders. Suffice to state that in ancient India, physical and mental health were never considered separate from sane living.

Now a discussion of the ethics of doctor patient relationship in Indian medical tradition in specific terms can be made in the light of the above said facts. It may be unlashd against the codified bioethical principles like paternalism (beneficence) informed consent (autonomy), confidentiality etc.

The Principle of Paternalism

When medical ethics was developed in ancient times in the West as seen in the Hippocratic model of medicine, it was very much a paternalistic one. The good doctor cared his patient just like a father cares his child. He determined what was in his patients’



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best interests and conversely, the patient was also expected to follow the doctor’s recommendations. In India also medical practice has been traditionally paternalistic. Doctors were accustomed to take decisions on behalf of the patient. More or less Indians tend to justify paternalism by the concern of the doctor for the welfare and happiness of the patient. Paternalism is the secret behind the cure of a patient however much his physical condition be.

The doctor – patient relationship is paternalistic in Ayurveda also. It is clear from the following statements. Charaka and Susruta again and again stress that a physician must treat a patient only out of compassion and should be free from other selfish motives. Charaka says, “Medicine must be practiced neither for wealth nor for fulfillment of worldly desires but only out of compassion for creatures”.³¹ The expectation of earning a reward or the acquisition of fame too should not tempt the physician. Only one urge and aim-kindness and mercy should prompt the physician to practice the art of healing.³² Again Charaka says, “He who regards kindness to humanity as his supreme religion and treats his patients accordingly succeeds best in achieving his aims of life and obtains the greatest pleasures.”³³

The Principle of Informed Consent

Compared to a few years before the modern response is to reject paternalism. There is increasing conflict between ethics of trust and ethics of rights from the patients’ side. A patient as a person has the right to be treated with human dignity. A good doctor can explain the situation to the patient. For every procedure the patient should be offered an explanation of the problem and possible solutions and then their consent asked. This is called informed consent. In the medical practice of Ayurveda such a transition from paternalism to informed consent is least noticeable as paternalism or ethics of trust still holds good here. But it is a truism that the ancient Indian medical literature sparingly provide room for consent also. If the life of the patient is threatened, the physician must inform the relatives and friends of the patient and start his treatment after obtaining their consent.³⁴ Susruta also says: “When death is certain by non-operative treatment and surgery offers the only doubtful hope it should be carried out after taking the consent of the guardian in order to justify himself.”³⁵

The Principle of Confidentiality

Every action of the physician should be precise and deliberate. He should be very keen in keeping the words of the patient confidentially. Confidentiality is part of the larger issue of a patient’s privacy. It is more or less informational privacy. Doctors are given confidential information which is not to be passed on to a third party. There is implicit understanding and undertaking as to what the doctor will do with the information to treat fully the patient with the illness.

Both Kasyapa and Susruta hold that a physician must not reveal the secrets of the household or the patient nor spread broadcast the demerits of the family. A patient may not have faith in his father, mother, friend or children but may open his heart to the physician. He must therefore never expose the patient and must honour the confidence the patient has in him.³⁶

The Principle of Truth- Telling

Most people agree that terminal patients have a right to be well informed about their situation. Nevertheless, a value commitment toward openness has not been achieved in the general population. The most common reason for not telling the truth is the intention to protect dying persons from being harmed by knowing.

In Ayurveda, it is generally believed that if the condition of the patient deteriorates, he must not be told directly since it may badly shock him. Instead, the physician may indirectly hint at the prognosis thus; “None is immortal in this transitory world, nor can one escape death. However, disease can be cured and suffering can be alleviated”.³⁷ “The physician is not the master of life. He is the knower of diseases and the reliever of suffering”.³⁸ Charaka also mentions that diminished expectancy of a patient’s life even if known by a patient should not be revealed at such a place, where if so, said would hurt the patient.

Conclusion

One can say beyond doubt that ethics form’s part and parcel of Indian medical system. The very aim of ayurveda includes not merely cure of diseases and alleviation of physical and mental suffering but to help both the physician and the patient reach the highest level of being, namely, spiritual realisation. This is a unique feature of Indian field of medicine which is worth noticing. Since spiritual emancipation is the ultimate aim of one’s life which is but possible only through a dharmic living (ethical life) ethics gets naturally incorporated into ayurveda from the very ancient times. Speaking of the doctor patient relationship in ayurveda spread on a background of western bioethical one, it may be said that ayurveda finds room for the principles of paternalism, informed consent, confidentiality, truth-telling and the like. A physician is one who is very much expected of keeping ethics of trust (beneficence) and ethics of rights (autonomy) of the patient since he is to be a man of virtues (dharmic personality). But as against the Western tradition,



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there seems to be no transition from paternalism to informed consent. It may be either because the patient has full trust in the physician or because the physician keeps well the autonomy of the patient. Whereas autonomy outweighs beneficence in the Western medical system, the Indian physicians give primacy to beneficence and non-maleficence without underrating the significance of autonomy. All these principles are highly relevant in the present-day scenario.

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21. Charaka Samhita.III.14.
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23. *ibid.*, IV.27
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28. Charaka Samhita, 29.9. The oath of Hippocrates also contains the guideline that self-praise is disagreeable to a dignified physician.
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38. Bhaishajya Ratnavali, 3.15. Charaka Samhita III.13 also makes similar remarks.