INTRODUCTION

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> Matters concerned with conduct and questions of what is good for us have no fixity, any more than matters of health. The general account being of this nature, the account of particular cases is yet more lacking in exactness; for they do not fall under any art or precept but the agents themselves must in each case consider what is appropriate to the occasion, as happens also in the art of medicine or of navigation.
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> Aristotle, *Nicomachean Ethics*, II, 2: 1104a[1]

In the long period which comprises the pre-modern era, medicine had always worked on the development of a definition of its professional ethos. The legacy of this ethical awareness is the evidence of reflection on the possibilities, boundaries and the dangers of medical science, and the moral profile of its representatives. Although the efforts towards a codification of medical practices through the establishment of moral standards document the desire for self regulation and self-criticism, this tradition has so far only been explored in a fragmentary way.[2] Seen from the *longue durée* perspective, medico-ethical traditions show that despite the broad spectrum of positions, in addition to performing successful treatment doctors have always endeavoured to obtain their patients' trust and to safeguard the reputation of their profession.

1 Aristotle, *The Nicomachean Ethics*, tr. by D. W. Ross, ed. by L. Brown, Oxford 2009.

2 After the editors of *Doctors and Ethics* 1993 declared the history of medical ethics to be a desideratum of research, a number of studies have appeared. See: A. Wear – J. Geyer-Kordesch – R. French (eds.), *Doctors and Ethics. The Earlier Historical Setting of Medical Ethics*, Amsterdam / Atlanta 1993; R. Baker, "The History of Medical Ethics", in: W.F. Bynum – R. Porter (eds.), *Companion of the History of Medicine*, vol. 2, London / New York 1993, pp. 852-887; W. Schleiner, *Medical Ethics in the Renaissance*, Washington, 1995; E. Seidler, *Ethics in Medicine. Historical Aspects of the Present Debate*, Sheffield 1996; K. Bergdolt, *Das Gewissen der Medizin. Ärztliche Moral von der Antike bis heute*, München. 2004. Still fundamental for medical ethics in antiquity: K. Deichgräber, "Die ärztliche Standesethik des hippokratischen Eides", *Quellen und Studien zur Geschichte der Wissenschaften und der Medizin* 3 (1932), 97-8. K. Deichgräber, *'Medicus gratiosus': Untersuchungen zu einem griechischen Arztbild* (Akademie der Wissenschaften und der Literatur, Abhandlungen der geistes- und sozialwissenschaftlichen Klasse), Mainz 1970; P.Cordes, *Iatros. Das Bild des Arztes in der Griechischen Literatur von Homer bis Aristoteles*, Stuttgart 1991.

For a doctor, the treatment of sick and vulnerable persons represents a great responsibility which does not just end with indicated measures of a diagnostic, therapeutic or palliative nature. If indecision exists, then the risk of acting badly or incorrectly inevitably increases. Thus since antiquity we can find deliberations on the uncertainty, dangers and consequences in medical literature which are associated with medical practice. The expectations of patients and their families can easily lead doctors to make commitments or promises which when disappointed will demonstrate the boundaries of medical knowledge and ability. Such testimonies of critical and self-critical reflection always have pragmatic drawbacks. They reveal dimensions of medical practice and indicate the sphere of action of premodern physicians who, as a rule, had to treat and advise patients from many different social classes: rich, poor, influential, educated or simple people, men and women of all ages and of various backgrounds. Sometimes it might also be simulators, criminals or even enemies who sought the help of doctors. This variety of patients has always demanded that doctors have a strong social awareness, a degree of flexibility, and above all a good knowledge of human nature.

Up until and into the early modern era, moral orientation was still being sought in the philosophical and theological foundations of humanist influenced medicine. This search pertained to the question, for example, of whether and how a doctor should approach a patient with no chance of recovery. Connected to this was the much debated question of whether a doctor may lie or be obliged to tell the truth. These are examples for timeless problem areas of medicine which even today arouse lively discussion.

In times when medical ethics has tended towards adopting the research style and publication culture of biomedicine, a concern with past traditions may seem to be an anachronistic task. However, as Robert B. Baker and Laurence B. McCullough, editors of *The Cambridge World History of Medical Ethics*, stressed in their foreword in 2009, a historical foundation and cultural embedding are today more necessary than ever.[3] In their argumentation they refer to the new generation in bioethics: "old" medical ethicists were an extremely interdisciplinary group with a broad humanist education in history, philosophy, theology and/or jurisprudence, medicine and nursing science. Thanks to this humanist background it was, for example, possible to support the ethical challenges which the development of medical technologies led to in the 1970s, initiating successful negotiations in a pluralistic society. Baker and McCullough's statement that the original broad knowledge base of established bioethics – to which its success is largely due – "is atrophying" provides food for thought.[4] Whilst the tripartite department "History, Theory and Ethics of Medicine" can be found in German universities as an interdisciplinary package or cross-section, the potential of this diversity of disciplines, however, is frequently surrendered in favour of a one-sided focus.

3 R. B. Baker – L. B. McCullough (eds.), *The Cambridge World History of Medical Ethics*, Cambridge 2009, XV-XVIII.

4 Baker – McCullough, *The Cambridge World History*, XV.

Today, in professionalised bioethics a pragmatic, problem-orientated approach can be observed as well as a growing tendency towards the empiricism and production of evidence-based data. In bioethics the expression "empirical turn" is used: through the application of methods of empirical and sociological sciences, the traditional philosophical and normative way of thinking should be both complemented and sustained.[5] In this trend, experimental ethics laboratories ("ethics labs") have emerged with the declared aim of 'objectively' determining the ethical competence or moral values with individuals and groups. Under the slightly confusing label "Ethics in the Laboratory", "experimental examinations of ethically relevant decision-making processes" are aimed at.[6] In the course of this change in the direction of medical thinking, it is not surprising that there is intense debate as to whether and how the performance of ethics committees and ethics councils should be evaluated.[7] Welcome though the establishment of medical ethics and bioethics[8] may be as an integral part of the curriculum of medical training, and as promoter of a culture of discussion and reflection in daily clinical practice, its one-sided "application-orientated" development affecting those who are convinced of the potential of a humanist-oriented ethics is all the more sobering. The cultural and humanistic substance of medical ethics as a perpetual part of a self-reflecting medicine succumbs to the impulse towards assimilation in a biomedical approach to thinking and working: but moral philosophy and medicine – and thus medical ethics – will, as stated in the opening quotation, always have to decide in each individual case what contributes to the 'good' in specific situations.

A concern with the genesis and development of medico-ethical discussions facilitates the understanding of the diversity of discourses from the changing contexts from which they arise, and the ability to deal with the manifold sources in which they were expressed and handed down. This approach to the prime developmental stages of a pre-modern medical ethics which defines its profiles not only within medicine, but also in dialogue with literature, philosophy and theology, shows the cultural and historical specificity of ethical discourse. This ideational

5 S. Salloch – J. Schildmann – J. Vollmann, "Empirical research in medical ethics: How conceptual accounts on normative-empirical collaboration may improve research practice", *Medical Ethics* 13:5 (2012), pp. 1-7. [http://www.biomedcentral.com/1472-6939/13/5 (19.01.14)].

6 This burgeoning tendency in economic ethics is also indicated in medicine [http://www.wirtschaftsethik.edu.tum.de/forschung/ (19.01.14)].

7 The position held by Meinolfus Strätling, who pleads for evidence-based, "measurable" evaluations of the results of the activities of clinical ethics committees, is the cause of discussions in the bioethical community: M. W. M. Strätling – B. Sedemund-Adib, "Ethikberatung: Ethische Kernkompetenzen in die Medizin zurückholen", *Deutsches Ärzteblatt* 110/17 (2013), A-825 / B-713 / C-713. For a critical reaction to this see: C. Wiesemann, "Ethikberatung: Heiße Luft", *Deutsches Ärzteblatt* 110/26 (2013), A-1321 / B-1157 / C-1144.

8 The term bioethics, as with biomedicine, has increasingly established itself in recent years as the so-called life sciences have flourished, and is often used as a synonym for medical ethics. Bioethics has, however, a broader meaning than medical ethics and includes the ethics of life and the disciplines which deal closely with life. I am using "medical ethics" here as the older and more traditional term, whilst I use bioethics as the modern term for "ethics in biomedicine", which also includes medical ethics.

realization can and should serve as a corrective to the operationalising of bioethics.

One further reason for the return of bioethics to its cultural heritage is its so far only fragmentarily explored relationship to philosophy. The thesis supported by Daniel Fox in 1979 of a "segregation" of medical ethics which would have resulted as a consequence of the "curious disconnection" of medical ethics and moral philosophy since the mid 18th century, could be put into perspective, above all on the basis of historical examinations. [9] Hans Jonas[10] and Georg Gadamer[11] can be considered as examples for the emerging "involvement" of philosophy in discussions on the ethical responsibility of medicine.[12]

The influence of philosophy on medicine took place over time. This is apparent from the effects of Platonic and Aristotelian philosophy on pre-modern medico-ethical debate on, for instance, the obligation of a doctor to truthfulness. Ideas and concepts which have proven fruitful in medical ethics, for example the Kantian idea of autonomy had to be adapted so that they might be applied to concrete examples. In order to understand this delayed influence, historical reconstruction work is necessary. The historical analysis of texts which deal with questions of medical ethics shows their philosophical substrates. It allows dialogue between doctors and philosophers, where traces of both the Old and the New Testament can be recognised, to blossom across time.

The 15 articles collected here originated largely as part of a colloquium which took place at Villa Vigoni in November 2010. They place emphasis on different topics and cover the long period from antiquity to the early modern period, together with their reception.

How a doctor should act in hopeless cases and with poor prognoses is a classic question of medical ethics. It is examined and treated differently in Hippocratic and Galenic texts, as well as in the works of authors such as Celsus. The discussion allows us to visualise medicine on the ancient Greco-Roman cultural horizon. The prejudices, platitudes and clichés against medicine which circulated in this

9 D. M. Fox, "The Segregation of Medical Ethics: a Problem in Modern Intellectual History", *Journal of Medicine and Philosophy* 4 (1979), pp. 81-97; For critical comments see: R. B. Baker – L. B. McCullough, "The Discourses of Philosophical Medical Ethics" in: id., *The Cambridge World History*, pp. 281-309; R. M. Veach, *Disrupted Dialogue: Medical Ethics and the Collapse of Physicians-Humanist Communication (1770-1980)*, New York 2005.

10 H. Jonas, *Technik, Medizin und Ethik. Praxis des Prinzips Verantwortung*, Frankfurt am Main 1985, p. 12: in medicine's "completely new instruments of power", which constitute its contributions to scientific and technical progress, Jonas sees the loss of its never questioned "beneficence". Medical "feasibilities", which affect above all the beginning and end of life, raise questions which revolve around the idea of humanity: "these are real questions for philosophers".

11 H.-G. Gadamer, *Über die Verborgenheit der Gesundheit. Aufsätze und Vorträge*, Frankfurt am Main 1993.

12 Habermas speaks about "the interfering" of philosophy in medical ethical matters in his foreword to: J. Habermas: *Die Zukunft der menschlichen Natur. Auf dem Weg zu einer liberalen Eugenik?*, Frankfurt am Main 2001, p. 9.

context nurtured the permanent scepticism of patients and the extreme caution of the attending physicians. This found expression, amongst other things, in the doctor's fear of making mistakes. The decision not to treat the seriously injured belongs in this context to the precautions taken to protect both reputation and profession. (CHRISTIAN SCHULZE)

From late antiquity to early humanism, medicine and philosophy struggled initially to define and demarcate their individual areas of responsibility, and then – with the emergence of universities – to achieve a higher position in the hierarchy of the arts. Testimonies of this rivalry are works such as the *Conciliator differentiarum quae inter philosophos et medicos versantur* by Pietro d'Abano. The situation changed between the 14th and 15th centuries. With invigorated self-confidence, medicine now concerned itself with an increasingly broad range of themes in order to style itself a divine science. (CHIARA CRISCIANI)

A closer look at medical practice in the Middle Ages reveals areas of action in which tension between medicine and Christian morality was unavoidable. Thus a poor prognosis and the notification of impending death belong to the most difficult tasks of a physician. In this context mistakes are considered especially serious and defamatory. Here a doctor must arm himself with virtues. The armamentarium of codes of behaviour and moral attributes, above all prudence and temperance, which physicians such as Pietro d'Abano and Jacques Despars have compiled, were perceived as a remedy for mistakes. (DANIELLE JACQUART)

Compared to Petrarch's brutal criticism of doctors, even the most solid efforts towards good medicine seem predestined to fail. What the well-know *Invectivae* of an apparently somewhat arrogant poet indicate is his "campaign" for those areas of knowledge which today are considered humanities, and which Coluccio Salutati termed *studia humanitatis*. (KLAUS BERGDOLT)

In the second half of the 14th century, learned physicians felt the necessity to clarify the value and benefit of good and true medicine. Such endeavours towards professionalising the discipline pursued, at the same time, the aim of strengthening the image and reputation of the medical profession in years when critical voices had been raised against the supposed ignorance, arrogance, crudeness and bad practice of doctors. They were reflected in translations of classical writings and in their compilation in hand-written codices. One anonymous manuscript from Montpellier, with texts which are devoted to the behaviour and the duties of a physician, reveals precisely this intention (*De lege*, *De commendatione*, *Tabula Arnaldi*). The text *De commendatione medicine*, contained in a codex in the Vatican archives, is edited and made accessible here for the first time. (MICHAEL MCVAUGH)

More than half a century later, in the kingdom of Naples, the correspondence between Ippolita Sforza and her brother Galeazzo Maria attests the concern felt by the duchess for her sick husband Alfonso. Her secretary, the humanist Giovanni Pontano, reports precisely the symptoms of the duke's illness. If we focus on the views of the family, those close to him and of the patient himself regarding his illness, then a completely different picture of humanistic medicine emerges. The doctor-patient relationship in its insurmountable asymmetry can also be seen as a

dynamic interaction between laymen and experts. Mistrust, but also a sense of responsibility and critical potential are the particular weapons of the patient, should he possesses a certain authority and be able to display "cautela" when dealing with his physician. The poet and secretary Pontano was able to write critically about his experiences and (in his *Charon*) allowed topoi of classical and humanistic criticism of physicians – from Pliny to Petrarch – to interact. The genre must have been in great demand as Ariosto also wrote a satire (*Erbolato*) in which ultimately the patient is advised to be prudent and heedful when dealing with a doctor. (MATTIAS ROICK)

As a humanist, doctor, philosopher, astrologist, translator and commentator on Plato, Marsilio Ficino embodied the applied fusion of medicine and philosophy. In platonic philosophy, as well as in hermetic tradition, he recognised the necessary conditions of a medicine which, as "queen of the arts", addressed the body and soul of a person. In his remarks on the plague, Ficino translates his holistic approach into a therapeutic and preventative programme in which moderation and modest luck are declared the most effective medical means of combating epidemics. At the core of this moral lifestyle, the example of Socrates points the direction towards physical and mental equilibrium and to health. (TEODORO KATINIS)

What was really new in medical ethics in the age of Humanism? The question results from an attentive reading of Gabriele Zerbi's *De cautelis medicorum* (1495). The ambivalence of this text shows the author's clinging to standard medieval points of view, as well as his efforts to introduce original reflexions. The novelties of Zerbi's ethical approach are underlined by his explanations concerning a physician's practical experience, and by the way he incorporates the concepts of *humanitas* and *misericordia*. Although Zerbi abundantly copies passages from the works of other authors, his treatise contains a number of his own visions when it comes to stressing the duty to search for new theories, and lastly when he remarks how the plurality of physicians treating the same case under the guidance of a principal doctor contributes to the avoidance of medical errors. (JOSEPH ZIEGLER)

However, Gabriele Zerbi's short treatise not only reflects contemporary conceptions of medical ethics, but also reveals certain aspects of the author's personality and his living environment at the time when he composed his book. Traces of Zerbi's direct encounter with the impact of the Spanish Inquisition on the Iberian Jews, and the beginning of the great European witch-hunt during the time of his service at the Papal court in Rome, can be identified in several passages in which the physician's religious ideas seem to meld with his visions of medical ethics. By taking his turbulent socio-cultural background into consideration, light is shed on new and so far unknown aspects of Zerbi's *medicus cautus* and his negative counterparts. (KAY PETER JANKRIFT)

Man's place in nature and his interaction with other living beings, above all with animals, is one of the core problems of religion and philosophy. Ancient ideas provide the material for a hitherto rarely considered discussion on vegetarianism in the first half of the 16th century. The fascinating, even "polymorphous" reception history of Porphyry's text *De abstinentia* demonstrates a blossoming

interest in the relationship between man and beast, as well as between body and soul in the Renaissance period. Linked to this is not only the topic of meat-based nutrition, but also the ritual sacrifice of animals and violence against animals. This is an excellent example for the fertile interrelationship of philosophical, religious, ethical and medical and hygiene interests in the Renaissance. (CECILIA MURATORI)

Following Galen, the theory commonly held since antiquity that the control of the emotions and their balanced relationship are characteristics of a good, virtuous and healthy person is systematically discussed in the 16th century by the doctor and philosopher Luigi Lusini, and placed upon a (patho-)physiological foundation. In his treatise *De compescendis animi affectibus per moralem philosophiam et medendi artem* published in 1562 and divided into three books, Luisini is able to reveal the integral interconnection of the theories the soul and the emotions, moral philosophy and medicine. This allows two complementary approaches to therapy to be developed which from today's perspective appear almost prophetic: a complete cure for the soul is only possible through the combination of philosophy and medicine. (ROBERTO POMA)

On first sight, humour and laughter appear to have no real claim to medical relevance. However, the French doctor Laurent Joubert dealt with this topic in a monography *Le traité du ris* (1579), and recommended laughter as a proven remedy. This type of humour – the term should be understood explicitly in the modern and not in the humoral pathological sense – results in particular from the mainly asymmetrically connoted doctor-patient communication which might contain both pure situational comedy, as well as ingenious and amusing play with gender, religious or group-specific prejudices. From our present point of view it is obvious that this takes place at the expense of political correctness; the early modern period appears, however, to have regarded hearty laughter at the sickbed to have been healing and liberating – both for the patient and the doctor. (WINFRIED SCHLEINER)

In early modernity, as well as the *optimus medicus*, the ideal of the *optimus chirurgus*, was also developed. The catalogue of the characteristics of such a surgeon had already been developed in antiquity and in the Middle Ages. These included: universal education, longstanding expertise, ingenuity and moral integrity. The numerous early modern descriptions of appalling *errores* provide ample evidence that by no means all surgical activities met the demands of these strict professional ethics – thus it is not surprising that in German surgical literature the ideal of a fully-qualified and experienced surgeon is invoked, although sometimes with a strong focus on surgical practice. Their general tenor, however, is not compatible with the ideals of universities: the best protection against mistakes is offered by medical and surgical competence. (KLARA VANEK)

In difficult times when public health and morals were under threat from epidemics such as the plague, the adoption of security measures came under the jurisdiction of lawyers. The selection of a city doctor, a good Christian with enough experience, moral stature and good character to be able to work effectively in exceptional situations, is vital. The correct behaviour (*condotta*) of a physician in difficult times is described in texts written by legal scholars directed at their col-

leagues. In these recommendations the concept of a 'proper' physician is reflected, and prejudices circulated (for example against Jewish doctors). The treatises show the willingness to compromise of those officials responsible for order in the city during times of crisis who were prepared to abandon their ideals when men, or indeed doctors, were needed: then even simple surgeons or Jewish doctors were good enough to provide medical aid. These forerunners of the "medical police", or of modern public health, show clearly that medicine cannot be reduced to a patient-doctor relationship. As early as the 16th and 17th centuries, officials of the state or of the city felt responsible for health care and its organisation. (VIVIAN NUTTON)

In pre-modern medicine, just as in countries like Japan or Italy today, the doctor's responsibility for honest, accurate disclosure of a hopeless prognosis is far from self-evident. The option of the mild lie produces, however, a sphere for reflection in which philosophical and theological positions are already being discussed. In medicine, sick-bed truth becomes an issue both in view of its consequences for the sick, and in terms of the moral attitude of the doctor. As early as the decades around 1500, the dialogue between doctor and patient in medical texts which deals with professional ethos and medical conduct becomes the subject of normative endeavours. The results of the spreading or withholding of information on the part of the patient or the doctor can be of either therapeutic, moral and religious, or a legal and forensic nature. The increasing sensitivity for the social dimensions of the medical profession – especially in delicate situations when the patient is incurable – characterizes the works of Rodrigo de Castro and Paolo Zacchia. Karl Jaspers' deliberations on the possibility of a doctor being both truthful and maintaining hope show just how this option was and remains a constant challenge to doctors and patients. (MARIACARLA GADEBUSCH BONDIO)

The authors and their works which are presented and analysed, or indeed edited here open up a wide spectrum of problems and questions which have concerned doctors, patients, philosophers and intellectuals over the centuries. Some of these discussions have lost nothing of their fascination even today. The constant search for methods of approach, decision-making procedures and strategies for action, form the core of historical analysis. Centuries-old medical and ethical problems with the traditional discourses which they have triggered can be seen as focal points of critical and self-critical reflection. The ethical concepts of Plato and Aristotle, which do not harmonise well together, are the most striking example for the plight in which physicians interested in ethical questions found themselves. The position of the authorities had continually to be renegotiated and, in view of the casuistic wealth of experience, to be put to the test. The purpose of historical work with old sources and testimonies of medical culture lies in the reconstruction of these negotiations.

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