Bio-Science Research Bulletin
http://www.bpasjournals.com

Review Article

Print version ISSN 0970 0889
Online version ISSN 2320 3161
DOI: 10.5958/2320-3161.2021.00013.4
Volume 37, Number 2
July-December 2021: P.88-91

Rethinking Medical Ethics from Hyppocratic Oath to Nuremberg Code

[1]Victor Christianto*

Author's Affiliation:
[1]Malang Institute of Agriculture (IPM), Malang, Indonesia.
E-mail: victorchristianto@gmail.com.

***Corresponding Author:**
Victor Christianto,
Malang Institute of Agriculture (IPM), Malang, Indonesia.
E-mail: victorchristianto@gmail.com.

Received on 30.08.2021
Accepted on 03.11.2021

ABSTRACT

In this short review, we reconsider how medical ethics based on Hyppocratic Oath since centuries ago, began to decline gradually especially after medicine experiments were introduced by Nazi doctors in camps during WW II. At the end, Nuremberg code is introduced at the Post-WW II era. We also discuss some implications to today medical experiments especially those which involve humans.

KEYWORDS: *Medical ethics, Hyppocratic Oath, Nuremberg Code, Wannsee Conference, medical experiments, Big Pharma.*

How to cite this article: Christianto, V. (2021). Rethinking Medical Ethics from Hyppocratic Oath to Nuremberg Code.*Bio-Science Research Bulletin,* 37(2), 88-91.

INTRODUCTION

The Hippocratic Oath is a "*canonical text of medical ethics*" (Bazylevych, 2015).As the apotheosis of severe moral ideas in medication, it is key both to the patient-doctor relationship and to keeping up with exclusive requirements of expert ethical quality. All through the significant time-frame it has passed on an astonishing moral message; it became inevitable all through meds with a shocking determination after some time, at this point moreover among arranged social orders. This shows the close by interrelationship between clinical ethics and medicine itself as close, worthwhile disciplines (Hanak *et al*, 2019).

In another report, a semantic space survey was done to gauge theimportance of the Hippocratic Oath among contemporary medical professionals. The design covered these research questions:

1. How do physicians perceive the Hippocratic Oath?
2. Are there differences in the perception of the Hippocratic Oath among different groups of physicians?
3. Can a standardized method be developed to determine the perception of the Hippocratic Oath among different groups of physicians in Western medicine? (Hanak *et al.*, 2019).

In this literature survey, we reconsider how the Oath began to decline especially during the practice by Nazi doctors in camps during WW II.

WANNSEE CONFERENCE

According to Gerlach (1998), which can be para-phrased as follows:
"The most significant thing about the get-together at Wannsee (which was not called the 'Wannsee Conference' until after the contention) is that we don't have even the remotest clue why it happened." So formed the noticed German history expert Eberhard Jackel... Many classicists share this view. They wrap up genuinely confused with respect to the social occasion at Wannsee. From one

perspective, the obvious significance of the event is by and large uncontested. The minutes organized by Adolf Eichmann include a file of central importance."No other document from the National Socialist regime," writes Wolfgang Scheffler, "sets out so clearly the complete plan for the extermination of European Jewry."

That document may reveal the starting point of several cruel medicine experimentations in human history.

NAZI DOCTORS

As Carsten Timmermann wrote, which can be paraphrased as follows:

"How is it possible that they would do it? It is presumably the most widely recognized inquiry posed about German specialists in the twentieth century. How is it possible that doctors would have such a major impact in the killing hardware of Auschwitz? How is it possible that they would do it, in view of their Hippocratic Oath? Robert Jay Lifton has proposed that Nazi doctors distorted clinical morals by esteeming the wellbeing of the Volk over that of the person. This 'extreme silliness', he contends, turned healers into executioners. He cites the observer at the Nuremberg preliminaries against Nazi specialists, the doctor Werner Leibbrandt, who alluded to the Nazi embrace of Hippocrates as 'an unexpected joke of world history." (Timmermann & Cantor, 2001).

Moreover, according to Timmermann, even before the WW II began, there was certain consensus of New Medicine Ethics of *Third Reich*:

"The Paul Diepgen, who in 1928 in regards to the dispatch of the diary Hippokrates had fought that his fellow understudies of history of drug should avoid requests of consistently administrative issues, obviously modified his point of view after 1933. In 1934 he proclaimed the dawn of 'one more ethics' for the 'Third Reich' and offered the organizations of clinical savants to the new government." (Timmermann & Cantor, 2001).

NUREMBERG CODE EMERGES

The issue of ethics in regards to clinical experimentation in Germany during the 1930s and 1940s was critical at the Nuremberg fundamentals and related primers of trained professionals and general prosperity specialists. Those drew in with horrendous wrong doings tried to exculpate themselves by battling that there were no unequivocal standards supervising clinical assessment on people in Germany during the period and that investigation practices in Germany were not exactly as old as in related countries. In this setting the Nuremberg code of 1947 is generally seen as the chief document to set out moral rules in human experimentation subject to taught consent. New investigation, regardless, shows that ethical issues of taught consent in rules for human experimentation were seen as exactly on schedule as the nineteenth century. These standards shed light on the still hostile issue of when the thoughts of freedom, taught consent, and helpful and non-medicinal investigation previously emerged. This issue acknowledges restored importance with respect to current undertakings to overview hazard and commitment in regards to the abuse of people in various assessments coordinated since the resulting general struggle in the United States, Canada, Russia, and various nations. (Tribunals under Control Council Law No. 10, 1946-1949).

After WW II, and especially during the Nuremberg Trials, there was a consensus of ethical conduct for medical experiments, as follows:

The Nuremberg Code (1949) [5]

1. The *voluntary consent* of the human subject is absolutely essential.
This means that the person involved should have legal capacity to give consent;should be so situated as to be able to exercise free power of choice, without theintervention of any element of force, fraud, deceit, duress, over-reaching, or otherulterior form of constraint or coercion; and should have sufficient knowledge andcomprehension of the elements of the subject matter involved, as to enable him to make an

understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of theexperiment; the method and means by which it is to be conducted; allinconveniences and hazards reasonably to be expected; and the effects upon hishealth or person, which may possibly come from his participation in theexperiment.

The duty and responsibility for ascertaining the quality of the consent rests uponeach individual who initiates, directs or engages in the experiment. It is a personalduty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random andunnecessary in nature.

3. The experiment should be so designed and based on the results of animalexperimentation and a knowledge of the natural history of the disease or otherproblem under study, that the anticipated results will justify the performance ofthe experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted, where there is a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by thehumanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of theexperiment of those who conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty tobring the experiment to an end, if he has reached the physical or mental state,where continuation of the experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, ordeath to the experimental subject.

Other Ethical Codes After Nuremberg

According to US G.P.O. files (see also Vollmann & Winau, 1996; Dhai, 2014), which can be paraphrased as follows:

Disregarding the NC being given the circumstance with an International Code for the ethical lead of investigation around the completion of the Nuremberg Trial, and regardless of it liberally affecting worldwide files like the UDHR, for quite a while after the introduction of these records, investigators continued with 'business as usual', failing to see that there were substantial avocations for getting human examination members.

Later on, the WMA was set up in London in 1946 and held its first General Assembly in Paris in 1947. During this time, interviews likewise, objectives focused in on bad behaviors executed in the expert patient relationship starting around 1933 by explicit people from the clinical bringing in Germany during World War II.

The Declaration of Geneva, a revived variation of the Hippocratic Oath, and the International Code of Medical Ethics, taken on by the WMA in 1948 and 1949, independently, were heading reports for specialists expressly with respect to clinical thought. These records, regardless, have had a resonating

presence in the Declaration of Helsinki as demonstrated by their usage in the introduction of the Declaration of Helsinki through the sum of its changes. (U.S. G.P.O, 1949–1953)

Doctor scientists are limited by the words: 'The prosperity of my patient will be my first idea' (Declaration of Geneva) and 'Any exhibit then again direction which could incapacitate physical or mental resistance of a person may be used particularly to his most noteworthy benefit' (International Code of Medical Morals). The 1964 Declaration of Helsinki was the essential legitimate attestation by the WMA for specialists doing research and served strangely to perceive biomedical experts as a specific class of specialists. This first structure was taken on after a long term. Since its one of a kind arrangement, the Declaration of Helsinki has gone through seven changes and two clarifications, with the most late adjustment being in October 2013." (U.S. G.P.O, 1949–1953)

CONCLUSION

In this short literature review, we reconsider the ethics of conduct of medical practices especially with respect to human experimentation.

While Nuremberg Code and other ethical codes like WMA in Helsinki have been adopted, nonetheless it shall be noted that various practices seem to neglect those ethical conducts (plausibly because of influence by the so-called Big Pharma, with varying degree from country to country). See Dunn (2012), Keller *et al*. (2016).

Therefore in this occasion, allow us to remind fellow scientists to keep in mind those Nuremberg Code, especially during experimenting with unwarranted medicine products. *Informed consent* by participants shall be given utmost priority.

Version 1.0: 28 Aug. 2021, pk. 20:13
Version 1.1: 13 Sept. 2021, pk. 17:24
Version 1.2: 30 nov. 2021, pk. 21:56
VC

REFERENCES

[1]. Bazylevych MY. (2015). Ukrainian Physicians Reinterpret the Hippocratic Oath: Significance of Remuneration and Class in Bioethics. *Human Organization*. 74(3),197-206

[2]. Premysl B. Hanak, *et al*. (2019). Analyzing the semantic space of the Hippocratic Oath. *Open Med.*14, 683-693

[3]. Gerlach C. (1998). The Wannsee Conference, the Fate of German Jews, and Hitler's Decision in Principle to Exterminate All European Jews. *The Journal of Modern History* 70, 759–812. (Translated by Stephen Duffy).

[4]. Timmermann, C., & Cantor, D. (Ed.) (2001). A Model for the 'New Physician'? Hippocrates in Interwar Germany. In *Reinventing Hippocrates* (pp. 302-324). Ashgate Publishing.

[5]. THE NUREMBERG CODE [from Trials of War Criminals before the Nuremberg Military

[6]. Tribunals under Control Council Law No. 10. Nuremberg, October 1946–April 1949.

[7]. Washington, D.C.: U.S. G.P.O, 1949–1953.

[8]. Vollmann J.& Winau R. (1996). Informed consent in human experimentaton before theNuremberg code. *BMJ*, 313,1445-7

[9]. Dhai A. (2014). The research ethics evolution: From Nuremberg to Helsinki. *S Afr Med J*, 4(3), 178-180. DOI:10.7196/SAMJ.7864.

[10]. Dunn A. The Conversation. url: https://theconversation.com/pharmas-influence-over-published-clinical-evidence-5325

[11]. Keller F. et al. (2016). The relationship between the physician and pharmaceutical industry: background ethics and regulation proposals. *Croat Med J.* 57(4), 398–401. doi: 10.3325/cmj.2016.57.398

****