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2020-5

# The Impact of Ancient Doctor-Patient Relationship Standards on Modern Bedside Manner

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### Recommended Citation

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Dr. Byrne

CPHAB Thesis

The Impact of Ancient Doctor-Patient Relationship Standards on Modern Bedside  
Manner

## Precis

An examination of the oaths surrounding the doctor-patient relationships in the healthcare systems of antiquity, as well as those of the early Medieval period and modernity, reveals that the modern concept of bedside manner is one with roots throughout history, and has changed according to the predominant religion of the time. This is done by comparing the oaths taken by physicians across these periods, and examining how they outline the tenets of the relationship between a patient and their healthcare provider. I also provide examples of religious beliefs and how they interact with medical practice to show how bedside manner has been affected by changes in moral values across cultures.

## Introduction

Modern healthcare operates its doctor-patient relationships under the principle of “bedside manner.” This portion of the medical code covers how healthcare professionals are expected to act around and interact with their patients within a clinical setting. Bedside manner is a massively important part of our modern healthcare system due to its ethical implications. However, despite being a modern concept, bedside manner’s roots can be traced throughout history. Ancient Greece was the home of the first physicians; those foundations of healthcare were built upon in Rome centuries later. The first institution that is analogous to a modern hospital was the Greek temple of Asclepius in Cos. The oath of Hippocrates, as well as other writings within his body of work, establish the standard for healthcare in antiquity. In the Middle Ages, healthcare changed to become aligned with the ideas of Biblical religions. Christian monasteries in Western Europe became sick bays, and the modern concept of a hospital evolved from this practice. In Eastern Europe and the Middle East, medical science continued to evolve, using the treatments outlined by Hippocrates as a foundation.

The Hippocratic Oath has been modernized, so that its tenets are still present in contemporary medical code, although they now include concerns that have arisen as healthcare technologies evolved. Many influences have come about through history that have changed the ideas and oaths surrounding healthcare and the doctor-patient relationship. I seek to show these influences, as well as how they have altered how patients are viewed by medical professionals. An examination of the oaths surrounding the doctor-patient relationships in the healthcare systems of antiquity, as well as those of the early Medieval period and modernity, reveals that

the modern concept of bedside manner is one with roots throughout history, and has changed according to the predominant religion of the time and region.

My argument will follow the major changes in healthcare over time. I will begin with the basics of healthcare as set forth in antiquity. Hippocrates is the primary source for Greek healthcare in the 5th and 4th centuries BCE; I will examine his oath, as well as other works, to outline the tenets of Greek doctor-patient relationships. The Romans built upon the Greek principles, although they preferred a private treatment system within their citizens' homes. Both the Greeks and the Romans held the physician as the authority in their healthcare systems, while also believing in a religious element of medicine.

Once Christianity became prevalent in healthcare, a change in policy can be seen. The Christians placed an emphasis on God's role in the curing of patients, and thus their healthcare systems reflected that ultimately, God cures the sick. Their oaths and ideas also changed from those of antiquity to reflect their own principles, including clauses concerning medical practices that violated the Christian code of ethics. Statements concerning the role of God in healthcare were also amended to place a greater importance on divine intervention. This resulted in a decline in the importance of technique; however, an emphasis on the comfort of patients resulted in a doctor-patient relationship that prioritized the patient more than in antiquity. Thus, changes in bedside manner can be seen during this time. In the East, the courts of Islamic kings, as well as the court of Byzantium, saw great advances in medical techniques. In spite of this, the greatest change in the East to patient care itself was found in the religious influence of both Judaism and Islam.

Many of the changes to doctor-patient relationships as a result of religious influence carried over into modernity. However, the emphasis placed on God as the ultimate healer has been at least partially removed. This is simply due to the secularization of healthcare in recent times. The major advances in medical technology and technique have also resulted in necessary changes to policy that encapsulate the possibilities of the modern clinical setting. These changes have restored the power to the physician that can be seen in antiquity, while also placing many checks and balances on those doctors. These come in the form of institutions such as the American Medical Association, but also in the concept of bioethics, which has risen to prominence as the ethics of medical practice became a concern in the early 20th century. These phenomena have caused the modern concept of “bedside manner” to come about from a long history of policies and oaths that outline the doctor-patient relationship.

## Chapter 1: The Bedside Manner of Antiquity

An examination of the doctor-patient relationships of the ancient world must begin with those of the Greeks. The Hippocratic Oath has become a cornerstone for both modern and ancient health care considerations, and its tenets have not disappeared even in modern policy.<sup>1</sup> Roman physicians also modeled their own practices upon those of the Greeks as part of Hellenization.<sup>2</sup> Therefore, in order to gain the proper context for how patients were viewed and treated at this time, I will start with the Greek thoughts and move onto the Roman. Hippocrates was considered one of the most influential figures in healthcare at this time, and thus his body of writings can be consulted for the common thought on Greek medicine. The Hippocratic tradition did have particular ideas concerning the agency and autonomy of patients in their treatment options.

Greek medicine was placed in the hands of its physicians, although religion did play an important role. It was seen as a skill rather than some gift of healing, and physicians were given primary discretion in the matter of treating patients. This can be seen in the use of the word τέχνη to describe medical science: rather than a divinely inspired art, it was a learned one, that came through experience and mentorship.<sup>3</sup> Hippocrates himself used this term to describe medicine in his oath: ὄρκον μὲν οὖν μοι τόνδε ἐπιτελέα ποιέοντι, καὶ μὴ συγχέοντι, εἴη ἐπαύρασθαι καὶ βίου

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<sup>1</sup> Philips 1953:70.

<sup>2</sup> The term “Hellenization” refers to the process of transporting and integrating aspects of Greek culture across the Middle East and the Mediterranean. The Hellenistic period began with the end of Alexander the Great’s military campaigns, and is considered to have ended with the incorporation of Ptolemaic Egypt into the newly formed Roman Empire. As a result of this, Greek culture was also carried across areas controlled by the Romans, and was a large factor in the formation of Roman culture by the end of this time period.

<sup>3</sup> Harris 2016:203.

καὶ τέχνης δοξαζομένω παρὰ πᾶσιν ἀνθρώποις ἐς τὸν αἰεὶ χρόνον (Hippoc. *OPK.*). “Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art.”<sup>4</sup> Budding physicians learned primarily through an apprenticeship to another older doctor. They participated in certain medical examinations and observed how the experienced man conducted business until they were deemed ready to practice medicine themselves. A large part of the physician’s process includes prognosis, in which they predict the outcome of each patient’s particular ailment and choose treatment options in order to maximize the quality of life during sickness. For Greek doctors, a part of prognosis included how they interacted with the patient, including what they revealed to the patient about their illness and treatment. This was to ensure the best possible quality of life during care, and manage potential fears that would arise during the process.

Chief among the ideas of agency and autonomy is when the patient is to be included in decisions concerning their treatments. For Hippocrates, treatment should not be given to those for whom sickness has become too severe: καὶ πρῶτόν γε διοριεῦμαι ὃ νομίζω ἰητρικὴν εἶναι... καὶ τὸ μὴ ἐγχειρεῖν τοῖσι κεκρατημένοισιν ὑπὸ τῶν νοσημάτων, εἰδότας ὅτι πάντα ταῦτα δύναται ἰητρικὴ (Hippoc. *Art.* 3.6). “And first at any rate I will define what I consider medicine to be... and to not treat those overcome by illnesses, having realized that these are all the powers of medicine.”<sup>5</sup> It was not the goal of Hippocratic medicine to treat each potential patient; rather, those for whom treatment was estimated to be effective, or who had a high chance of survival, would receive a physician’s care. Therefore, if treatment is to be given to those with severe illness, physicians often did not choose to give the patient very much information about their

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<sup>4</sup> Translation from Loeb Classical Library.

<sup>5</sup> Translation performed by the author.

treatment, considering it a futile effort. This included both diseases of the body and of the mind; mental incapacitation rendered a patient incapable of fully understanding their circumstances and thus their physician's orders.<sup>6</sup>

The fact that patients were often either physically or mentally incapacitated meant that it was expected of physicians to provide a constant form of care. Even the diet and sleep habits of patients were placed in the care of physicians: "The main aim was to keep the patient warm and comfortable and to maintain his strength with a suitable diet of drinks and slops given at the right intervals."<sup>7</sup> Care was not simply prescription of treatment and monitoring of symptoms; rather, patients were expected to adopt a different lifestyle as a part of treatment. Whether bound to a bed or following a regimen of exercise, regular life for those under the physician's care was interrupted until the illness was cured. Physicians thus were constantly treating their patients, and acting towards them in a professional, courteous manner, while also monitoring the patient's condition .

The interaction between doctors and their patients focused on alleviating fears and giving appropriate hope of good health. This involved direct interaction with patients, and was considered a part of prognosis.<sup>8</sup> The emotions of those involved in medical care were treated just as seriously as physical symptoms. Patients who feared an untimely death or a worsening condition suffered from stress, which did not help the treatment of their current condition. This came up particularly in cases of mental illness, as calming the patient was a necessary part of effective care. Physicians and their assistants were in charge of this form of bedside manner

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<sup>6</sup> Harris 2016:210.

<sup>7</sup> Philips 1953:78-79.

<sup>8</sup> Harris 2016:209-214.

(προσεδρή), and it was effective in continuing a logical medical practice in the face of illogical fears.<sup>9</sup> Greek physicians saw these fears as the irrationality of sick men, and thus a treatment plan must pay attention to these fears.

As physicians treated their patients, they also treated their mental state. This is primarily where religion may have come into play in medicine at this time: as a way for patients to be hopeful over their prognosis. While matters of diagnosis and treatment were placed entirely in the hands of the physician, there was still a religious aspect to medicine, and often this was used to ensure that the patient remained compliant and mentally stable while treatment was applied to their bodies. As the fears of patients were considered detrimental to a proper prognosis, professionals used rituals and prayers as a method of removing them from the equation so that the patient can focus on recovery rather than a possible worsening of their ailment. In this way, religion provided an element to healthcare that made Greek medicine comprehensive and detailed.

Religion held an important place in Greek medicine, both for the patient and the physician. This is evident in the first sentence of the Hippocratic Oath: Ὁμνυμι Ἀπόλλωνα ἰητρὸν καὶ Ἀσκληπιὸν καὶ Ὑγίαν καὶ Πανάκειαν καὶ θεοὺς πάντας τε καὶ πάσας, ἴστορας ποιεύμενος, ἐπιτελέα ποιήσειν κατὰ δύναμιν καὶ κρίσιν ἐμὴν ὄρκον τόνδε καὶ συγγραφὴν τήνδε (Hippoc. *OPK*). “I swear by Apollo Physician, by Asclepius, by Health, by Panacea and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture.”<sup>10</sup> The invocation of the gods by Hippocrates shows that physicians abided by the religious customs of Athenian culture; their practices also

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<sup>9</sup> Harris 2016:211. The Greek word προσεδρή refers to how doctors treated patients when under that doctor’s care.

<sup>10</sup> Translation from Loeb Classical Library.

incorporated belief in the gods in several ways. Patients believed in rituals as curative, and it was commonplace to believe in religion as a path to good health. In addition, certain rituals accompanied many of the physical treatments administered by physicians.<sup>11</sup> However, there is no evidence that physicians believed that votive offerings or rituals alone would cure a patient, and thus most scholars hold that Greek physicians, especially those under the Hippocratic tradition, used these religious elements of medicine to provide spiritual comfort and ease of mind while a physical medication or treatment worked within the body.<sup>12</sup>

One of the more commonplace rituals in the 4th century BCE was for the sick to sleep in the temple of Asclepius.<sup>13</sup> It was believed that patients could experience a healing dream sent by Asclepius that would aid them in recovery. A cult existed in this temple who would follow the instruction of the god Asclepius to cure the patient. While these physicians did use rituals and cult practices in their medicine, they also took a great amount of influence from Hippocratic medicine. They did not expect the dreams of patients to be a cure, but rather to show the physician which cure would work best.<sup>14</sup> The actual treatments used by the cult of Asclepius consisted of herbal remedies and other physical cures for ailments. In this way, religion did not serve as curative for physicians, but accompanied a medically accurate treatment plan.

Rome used the same formula for medicine as the Greeks, adapting it simply to fit their established culture. Greek medicine did not take root as easily as many other facets of Greek

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<sup>11</sup> Fowler 1995:4. There are several different rituals used, including incantations and offerings to certain gods. Fowler gives an account of how superstition was present throughout Greek and Roman culture, whether it was realized or not.

<sup>12</sup> Harris 2016:200.

<sup>13</sup> Philips 1953:71. Philips does establish that this practice was not common at the time of Hippocrates, as the temple was not finished until after the ancient physician's death.

<sup>14</sup> Pettis 2006:113.

culture during Roman integration of that culture.<sup>15</sup> The Romans considered medicine a more private affair; the *pater familias* was expected to care for all those under his household, and thus outside medical professionals were initially seen as a sign of weakness. In many ways, Roman culture was not conducive to the typical method of Greek healthcare; however, a more private style of a similar system of healthcare did emerge by the time of the Empire.<sup>16</sup> Doctors were not given the same social status that they were in Greece at this time; however, certain physicians could rise to prominence out of social connections unrelated to their medical skills. Those who were able to secure important patients were those who gained notoriety, with the exception of Galen and few others like him, whose medical texts and the practices outlined within them helped define the Roman healthcare system.

The Romans, for the most part, adopted Greek healthcare. Greek physicians during the Roman Empire were found across Europe, and Athens remained a hub for education.<sup>17</sup> However, Roman culture did not immediately adopt all facets of Greek medicine. There was a large amount of distrust for Greek doctors during the time of the Republic, and that distrust did not disappear with the Empire.<sup>18</sup> Before Hellenization spread to medicine in Rome, healthcare practices were largely based in superstition and religious ritual. Cato the Elder gives an example of this tradition that was present in the early Republic.<sup>19</sup> He details a practice for the treatment of a dislocation:

Luxum siquod est, hac cantione sanum fiet. Harundinem prende tibi viridem tetra aut quinque longam, mediam diffinde, et duo homines teneant ad coxendices. Incipe cantare: motas uaeta daries dardares astataries dissunapiter, usque dum coeant. Ferrum insuper

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<sup>15</sup> Nijhuis 1995:50.

<sup>16</sup> Nijhuis 1995:51.

<sup>17</sup> Nijhuis 1995: 50.

<sup>18</sup> Nijhuis 1995:50.

<sup>19</sup> Cato the Elder lived from 234-149 BCE.

iactato. Ubi coierint et altera alteram tetigerint, id manu prehende et dextera sinistra praecide, ad luxum aut ad fracturam alliga, sanum fiet. Et tamen cotidie cantato et luxato vel hoc modo: haut haut haut istasis tarsis ardannabou dannaustra. (Cato, *Agr.* 160)

Any kind of dislocation may be cured by the following charm: Take a green reed four or five feet long and split it down the middle, and let two men hold it to your hips. Begin to chant: “motas uaeta daries dardares astataries dissunapiter” and continue until they meet. Brandish a knife over them, and when the reeds meet so that one touches the other, grasp with the hand and cut right and left. If the pieces are applied to the dislocation or the fracture, it will heal. And none the less chant every day, and, in the case of a dislocation, in this manner, if you wish: “haut haut haut istasis tarsis ardannabou dannaustra.”<sup>20</sup>

There is no aspect of this procedure that involves acting on the affected part of the body.

It is based on the idea that the ritual will cure the body from the outside, and that the recitation of phrases will provide a fix for dislocation. Cato the Elder also believed that cabbage was capable of curing kidney disease and gout, along with many other superstitious medical ideas.<sup>21</sup> This sort of medical practice permeated early Rome; however, once Greek physicians began practicing outside of Greece, and using cures based on their knowledge of the body rather than ritual, practices such as the one described above became much less popular. Hippocrates outlines a procedure for the fixing of a dislocated shoulder, one that is similar to the modern procedure:

τὸν αὐτὸν δὲ τρόπον τοῦτον καὶ ὁ ἰητρὸς ἂν ἐμβάλλοι,  
εἰ αὐτὸς μὲν ὑπὸ τὴν μασχάλην ἐσωτέρω τοῦ ἄρθρου τοῦ  
ἐκπεπωκότος ὑποτείνας τοὺς δακτύλους ἀπαναγκάζει ἀπὸ τῶν  
πλευρέων ἐμβάλλων τὴν ἐνωτοῦ κεφαλὴν ἐς τὸ ἀκρώμιον  
ἀντερείσιος ἔνεκα, τοῖσι δὲ γούνασι παρὰ τὸν ἀγκῶνα ἐς τὸν  
βραχίονα ἐμβάλλων, ἀντωθέοι πρὸς τὰς πλευράς. (Hipp. *Art.* 2.5-10)

And a practitioner would reduce it in the same way if, after putting his fingers under the armpit inside the head of the dislocated bone, he should force it away from the ribs, thrusting his head against the top of the shoulder to get a point of resistance, and with his knees thrusting against the arm at the elbow, should make counter-pressure towards the ribs.<sup>22</sup>

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<sup>20</sup> Trans. Hooper 2014:153.

<sup>21</sup> “Greek Medicine in Rome” 1909:1564.

<sup>22</sup> Trans. Withington 2014:203.

This treatment is based on an understanding of the physics of the joint in question rather than superstition or ritual. It is effective from a medical perspective, and it is easy for us to see why this method would have become popular in Rome when compared to the procedure that the Romans had been used to. When Greek medicine replaced previous Roman methods, however, the superstitious elements of Roman culture did not disappear.

Similar to Greek medicine, Roman physicians used rituals and offerings as a part of their practices. As a medical professional applied a physical treatment, often made of an herbal or otherwise chemical mixture, an incantation was often also recited. Votive offerings and rituals were commonly separate from actual treatments as well. Dreams were commonly used, just as in the cult of Asclepius, to help determine the correct course of treatment.<sup>23</sup> The physician's course of action, however, was once again rooted in Greek, mainly Hippocratic, science.

The constant care that was provided by Greek physicians was also present in the Roman model of healthcare.<sup>24</sup> Doctors provided rest and diet regimens similar to those of the Greek physicians before them. Much of the medically relevant treatments provided by Roman doctors consisted of rest, fluids, and as nutritious food as was available to the patient. However, while this form of treatment was seen as diligent in the East, it was more bothersome in the West.<sup>25</sup> Private life was more important for the Romans due to the nature of the family structure, and thus for physicians to spend more time bedside seemed unnecessary and worrying to the patients.

Pliny the Elder was one such Roman citizen who distrusted Greek medicine.<sup>26</sup> Pliny held his own ideas on healthcare based on the traditional Roman model. As Greek medical theory rose

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<sup>23</sup> Pettis 2006:125.

<sup>24</sup> Huxley 1957:134-135.

<sup>25</sup> Huxley 1957:137.

<sup>26</sup> Nijhuis 1995:61.

to prominence, Pliny saw a discrepancy between the philosophy of medicines used by the Greeks and those that Pliny used himself. For Pliny, treatments should not extend beyond pharmacological and ritualistic methods. These are natural cures for him. In Hippocratic medicine, however, many treatment plans consist of actions taken by the physician, or cures otherwise concocted by medical professionals. Pliny saw a rejection of natural cures and divine intervention in Greek medicine in favor of man-made treatments. This made him uneasy and less willing to adopt Greek practices.<sup>27</sup> Pliny the Elder, just as many Roman citizens, chose to adopt methods of Hippocratic medicine that fit their own ideas of care as a result. Skepticism toward Greek medicine was present, but this was a part of Rome's greater skepticism towards Greek culture.<sup>28</sup>

These factors contributed to how Roman bedside manner may have functioned. Roman physicians included their treatment of a patient's state of mind in their treatment of physical ailments, rather than considering them separately. They treated patients in ways similar to their Greek counterparts, but this did not improve the patient's view of their physicians. The religious aspect of healthcare that Greek doctors used to alleviate fear found itself integrated in the prognosis of Roman physicians. Rituals and offerings were used in combination with curative measures in a treatment plan to produce a healthcare system that treated both body and mind.

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<sup>27</sup> Nijhuis 1995:60-61. Nijhuis cites several non-English sources that examine Pliny's exact themes in *Naturalis historia*, and how those differed from those of Greek medicine.

<sup>28</sup> Roman aristocracy did respect Greek culture, and it influenced almost every aspect of Roman life. Toliver 1954 discusses how Roman drama was influenced by Hellenism, and that skepticism toward Greek culture did not stop it from permeating Rome.

## Chapter 2:Healthcare Systems in the Middle Ages

By the Middle Ages, a transition had occurred in medicine from a basis in Roman religion and tradition to those of biblical religions. Christianity and Islam, as well as Judaism to a certain extent, became the basis for the philosophy concerning patient relationships; in addition, the infrastructures found within those institutions were the settings for clinics and treatment sites. The best source for Medieval-era medical practices is Maimonides, a Jewish physician who worked in the courts of Islamic rulers in the late 12th century. He himself has a sort of oath, which can be compared to that of Hippocrates. In addition, he is the most prolific of the authors who wrote about healthcare at that time, and was a highly regarded doctor. However, he is only useful as far as explaining the medical philosophy of the East at this time; Western kingdoms followed a different tradition that was based in Christianity above anything else. Due to the swell of academics and technological advances in the East in the early Middle Ages, information about the healthcare systems present in that region of the Medieval world are more reliable. However, the West will also be considered, since this is where Christianity made its mark on doctor-patient relationships.

Medieval healthcare was rooted in the authority of its time: religion. In practice, medicine in the Middle Ages is widely considered to have been inferior to that of the ancient world, much less modern medical technique. In the West, this period has earned the title the “Dark Age” of medicine, simply because practices deviated from the treatment of illnesses by physical medicines and science-based treatment options and further towards superstition or religious-based treatment.<sup>29</sup> Most forms of treatment for citizens of European kingdoms came in

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<sup>29</sup> Riddle 1974:157-158.

the form of medicines, administered by a pharmacist, and accompanied by thorough prayer and devotion to God.<sup>30</sup> This was similar to the Roman style of care, which depended on perceived knowledge of the body and contained a religious influence. Medical theory was not important in Western Medieval systems of healthcare; rather, priority was placed on observed phenomena and interactions between certain substances and an ailing body that produced the tradition of cures at this time. For this reason, there is no definitive creed or oath present in this system; however, there are observations to be made about how the system, which carried over from the Romans, changed over time. Healthcare at this time, similar to that of the Romans, was not centralized; rather, physicians in the Middle Ages practiced privately in the West. Despite this, a system developed over time in the West involving Church infrastructure to provide more consistent, if still somewhat ineffective, care.

It is a popular analysis that physicians in the Middle Ages did not have knowledge of the medical theory and practices of ancient Greece, and thus were forced to develop their own form of practice. However, this may not entirely be the case. One of the more interesting arguments on healthcare in this region and time period comes from John M. Riddle. He states that medicine and the practices associated with it were not inferior to the Greco-Roman tradition, but rather simply less known to us.<sup>31</sup> There is evidence that the works of Hippocrates and Galen were present at this time, and that physicians did write their own treatises concerning herbs and other medicines they found to be effective.<sup>32</sup> If it is true that this is the case, it is possible that the analogy between Roman healthcare and Medieval care can be extended to their treatment of

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<sup>30</sup> Riddle 1974:159-161.

<sup>31</sup> Riddle 1974:160.

<sup>32</sup> Riddle 1974:161.

patients and how the patient factored into their own care. However, there is one factor to Western European healthcare that has changed it from the Roman model: Christianity.

The Christian influence on healthcare at this time is where we can see the difference in doctor-patient relationships. Tertullian is the best source for the Christian thought on healthcare. Tertullian was a 2nd and 3rd-century Christian apologist who wrote the first extensive body of works concerning Christian theology and beliefs. He writes that there is a certain solidarity between the Christian physician and the patient, which is rooted in the idea that humanity is in a fallen, dirty, state.<sup>33</sup> Tertullian makes the connection that Christ acts as a divine physician towards humanity by becoming human and entering into the dirt of the world. His becoming human and lowering Himself to man's level raises up mankind so that they might strive to divinity: *Conversabatur deus <humane>, ut homo divine agere doceretur* (Tert. *Adv. Marc.* 2.27.7). "God held converse with man, that man might learn to act as God."<sup>34</sup> Thus, the doctor should act in the same manner as Christ, and use the purification of the flesh as a way of becoming closer to grace.

Tertullian also compares the work of physicians to martyrdom. Martyrs die and often undergo extreme pain in order that God might save them and cure them of their impurity. In this same way, the physician's patient might undergo discomfort or pain, but this brings about good health. This is another comparison between doctors and God, which lifts up the physician as well as the patient as a relationship closer to divinity. Tertullian explains this comparison in his work

*Scorpiace:*

Non tamen secari et inuri et extendi morderique idcirco malum, quia dolores utiles affert... Horrorem operis fructus excusat. Ululans denique ille et gemens et mugiens inter

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<sup>33</sup> Radler 2009:346.

<sup>34</sup> Translation from Holmes 1870.

manus medici postmodum easdem mercede cumulabit et artifices optimas praedicabit et saevas iam negabit. (Tert. *Scorp.* 5, 6-7)

Nevertheless, to be cut and burned and stretched and bitten is not on that account an evil, because it brings beneficial pains... The benefit excuses the horror of this work. Further, the one howling and groaning and bellowing will soon fill up the same hands of the physician with the fee and will proclaim [them] the most skilled and will now deny that they are cruel.<sup>35</sup>

Tertullian here explicitly draws a comparison between the suffering of the martyr and that of the patient. It is thus in suffering that both the doctor and the patient can strive for grace, rather than simply physical health.

Tertullian's philosophy on the role of a doctor has important implications for later Christian healthcare. As Tertullian was one of the first Doctors of the Church, his works became the basis for much of the belief in the early Middle Ages. In fact, the arguments and beliefs stated by Tertullian have continued to influence Christianity to this very day. His thoughts on healthcare, then, represent the basis for much of medical theory as long as Christianity remained prevalent within the infrastructure of healthcare in Europe. This means that as Christianity became powerful in the West, healthcare became more humanitarian and placed more emphasis on charity and mercy towards patients than Romans expected of their physicians. While this philosophy did elevate the physician, it also elevated the patient. This changed the ancient thought that the fears of patients should be prevented with rituals and invocations, so that those fears were incorporated and validated. Medical professionals now worked through a patient's fears while they treated them, providing a more holistic form of care.

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<sup>35</sup> Translation from Radler 2009.

The relationship between doctor and patient thus took on a revered role. Rather than simply considering the patient the object of their care, physicians at this time regarded the role of the patient much more highly, as an equal who is suffering and needs help. This produced a system of care which was much more focused on symptoms and alleviating pain, as well as being focused on the patient's desires during care. Healthcare in this way became more considerate, and more humane. Physicians also considered their profession to be holy; thus they incorporated prayer into their treatments. They were given much more power over the patient, but this did not diminish the view of the role of the patient as holy. This was similar in antiquity, as prayers were a part of the physician's treatment plan.

The East was a very different story than the West. Healthcare remained very similar to that of antiquity, while technology continued to evolve to make medicinal practices more efficient. There was no proverbial "Dark Age" of medicine, which caused healthcare to become quite different. There does exist an oath from this system, composed by the physician Maimonides. His is closer to a prayer rather than the traditional medical oath taken by students of Hippocrates. While Hippocrates mentions the gods in his oath, Maimonides speaks directly to God, which demonstrates how religion at this time played an important role across both the Eastern and Western schools of thought:

May the love for my art actuate me at all time; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.<sup>36</sup>

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<sup>36</sup> Translation provided by McMaster University.

Maimonides here prays to God that he not be forgetful of his goal, doing good. He is wholly focused on doing God's will in medicine while at the same time advancing his practice in technique, but not in renown. An important difference between this oath and that of Hippocrates is that Maimonides focuses on how the glory that might come from his practice does not belong to him, but to God; this is a sentiment found in the Judeo-Christian tradition, while for Hippocrates the physician deserves honor due to his skill. Maimonides goes on to simply describe how he thinks of his patients, in a manner similar to that of the Greeks before him: "May I never see in the patient anything but a fellow creature in pain." Maimonides also seeks to humanize the patient and see them as an individual, rather than a series of symptoms. He seeks no individual glory or renown, offering everything to God.

While Maimonides has some similarities to Hippocrates, there is the major difference of a basis in Biblical religion. This religious context provides a higher level of respect for the patient as a child of God. It also elevates the physician, but only as far as an agent of the Lord. This produces a relationship similar to that of the Western system, in which the physician and patient are both placed secondary to God. This also honors the patient on a similar level as the physician, even though the physician still retains the power during treatment. Treatment then will focus on the patient's symptoms and pain alleviation, as well as seriously considering what would be the best form of care for each individual patient.

### Chapter 3: Modern Medicine as Derived From Prior Healthcare Systems

Modern bedside manner is a concept carried down from both the concepts seen in ancient theory and in Middle-Age practice. If we are using the oaths and creeds of medical professionals as a general statement of the goal of their particular system, then modern oaths taken by students of medicine can be compared to those of the past to see what remains similar. The concept of bedside manner is used both to ensure the best possible care for the patient, while at the same time ensuring that the care of the medical facility in question remains consistent and viable in today's world of standards and regulations. The physician is not to interact with the patient in a non-professional manner, while also displaying kindness and benevolence in their actions and words. This balance can be hard to achieve for some, but this aspect of modern medicine, one which has descended from Hippocrates, is what the patient most immediately experiences, and it can assure them that they are receiving a high quality of care.

In the 17th century, medicine began the transition to its modern form of clinics, hospitals, and other professional institutions that regulated practice and introduced an international standard.<sup>37</sup> However, the practice of individual physicians was only regulated by those physicians and what they deemed moral. It was not until 1847 that the American Medical Association was founded. This was among the first institutions focused on requiring and qualifying doctors to perform care at a higher quality, thus making healthcare a less individual, more unified system. Shortly following this were medical degrees that universities began to offer, which allowed physicians to receive proper training in accordance with the AMA, or other

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<sup>37</sup> Silverman 2012: 59.

organizations internationally, and practice medicine at a similar standard.<sup>38</sup> By 1897 the AMA had been incorporated into the healthcare system of the United States, and remains the largest organization of physicians in the country. This is an incredibly important revolution in healthcare; no longer did physicians follow a certain tradition, such as Hippocrates or Galen, but now could follow systematic regulation and codes of ethics to precisely perform medicine according to the same modern tradition.

One of the modern medical oaths that is most prevalent was written by Dr. Louis Lasagna in 1964.<sup>39</sup> It was modeled after the Hippocratic Oath, and bears the same title, but has been updated so as to be more relevant and cover more aspects of the modern world. One such aspect is that of the economic impact that an ill family member can cause for others beside the person being treated: “I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.”<sup>40</sup> This passage is analogous to others seen in Hippocrates and Maimonides, but contains another clause to denote the modern problem of potentially exorbitant cost. However, the considerations that physicians take under this oath towards the patient are similar to those under preceding systems; the patient is not simply a series of conditions, or numbers on a chart, but a person, one who is experiencing discomfort and often stress. Lasagna also includes a passage that denotes how important bedside manner is to modern healthcare: “I will remember that there is art to medicine

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<sup>38</sup> Prior to this, physicians could only receive training in any formal sense from an older, more experienced physician. Healthcare in this way was not consistent across the country, as a multitude of traditions emerged that did not offer the same quality of care.

<sup>39</sup> There are many different forms of the modern medical oath, as the AMA has not adopted any one. However, the differences between them are minimal, and most medical schools require their students to take one of these oaths.

<sup>40</sup> Lasagna 1964.

as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug." This portion of the oath specifically denotes what bedside manner is considered to be, and that it is not simply a minor aspect that can be ignored in favor of efficient technical treatment. It includes aspects of the philosophy of the patient from the Middle Ages, as one who is as important as the physician. In fact, that the patient is as important as the physician, a sentiment shared by Tertullian, can be seen in the modern oath: "I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm." The physician does not only value the patient, nor do they only value those that can help the patient. It is important for Lasagna that the physician respects both sides of care equally, and works to continue harmony between them while providing effective care.

One of the most important concepts to medicine that has arisen in the 20th and 21st century is that of bioethics. Healthcare professionals and those who study philosophy alike became concerned with the morality of the physician's practice in an unprecedented manner, which has led to the evolution of regulations and guidelines in an attempt to enforce ethical practices. One of the most influential figures in this field is Dr. Leon Kass. Kass served as chairman of the President's Council on Bioethics from 2001-2005, and has published scientific studies, biblical studies, and philosophical works concerning the ethics of patient care. Kass' book *Toward a More Natural Science: Biology and Human Affairs* asks questions concerning some of the largest ethical dilemmas in medicine today, including *in vitro* fertilization and the genetic altering of life. He states that medicine should encompass human concerns as well as scientific, and that there are boundaries to human life according to nature. Kass' philosophy

towards patient care is indicative of bedside manner today, as a concept that concerns itself with all aspects of a patient's life.

An issue that Kass writes about in *Toward a More Natural Science* is whether the physician serves the patient's needs, or the patient's desires. Many ethical issues in medicine concern whether the patient has the right to request a procedure that risks their health, in favor of a desired outcome. This includes cosmetic plastic surgery, as well as administering anti-anxiety medication to a patient before that patient gives a presentation. Modern life's concerns have increased the desire for biomedical techniques that satisfy the wishes of the patient, in addition to those techniques which address the physical needs of the patient.<sup>41</sup> This also extends to the doctor's interactions with patients, as patients have the right to determine the outcome of procedures, as well as the right to refuse or request treatment methods based on their desires. Physicians thus struggle between serving the needs of their patients, and meeting their requests and wishes. Kass argues that there are universalities in medicine that the physician must not violate as part of ethical practice, even if a patient requests so. It is good that patients take part in their own treatment plan according to Kass, and to receive both truthful and respectful interactions with medical professionals. However, it is important that the physician promote the good of the patient while remaining respectful of the patient's desires.<sup>42</sup>

Kass states that there is more to health than a cured disease, and that all aspects of the patient as a human being must be considered.<sup>43</sup> This harkens back to the modern Hippocratic Oath, as well as the ancient Hippocratic Oath and the Oath of Maimonides, and we can see that

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<sup>41</sup> Kass 1985:196.

<sup>42</sup> Kass 1985:199.

<sup>43</sup> Kass 1985:201.

this is an important aspect of proper medical care. Respect for the patient includes respect for their emotional needs as well as their physical needs. The most ethical course of action for a physician includes all of these considerations. This makes medicine and the doctor-patient relationship more human for Kass, and therefore better respects the physician's calling.<sup>44</sup>

Bedside manner as a concept has become a cornerstone of patient care. It is widely considered one of the most important factors in patient satisfaction, no matter what efficiency of care is present. In a study conducted by the University of Memphis, bedside manner is one of the most important factors of healthcare for good reputation, patient satisfaction, and patient loyalty.<sup>45</sup> A concept analysis of bedside manner, which involved the analysis of patient reviews, determined that the highest level of patient satisfaction came from physicians "who were deemed as being good listeners."<sup>46</sup> Similarly, patients who received a high quality of bedside manner were determined to be more compliant with their treatment plan and experience a better quality of mental health during the process.<sup>47</sup> There are certain attributes associated with bedside manner that healthcare providers can assume that will increase these benefits. Such attributes include empathy, good listening skills, friendliness, and respect. Appearance was also found to impact a patient's impression of their provider, as those who dressed neatly and practiced positive body language received higher grades of satisfaction.

The result of this study offers that bedside manner is not a set of personality traits, but rather a skill that can be learned.<sup>48</sup> The authors of this study state that students in medicine or

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<sup>44</sup> Kass 1985:9. Kass considers himself foremost a humanist, and elements of this philosophy are present throughout his works.

<sup>45</sup> Person and Finch, 2008: 1.

<sup>46</sup> Person and Finch, 2008: 2.

<sup>47</sup> Person and Finch 2008: 3.

<sup>48</sup> Person and Finch 2008: 4.

nursing can learn how to provide effective bedside manner, and that training should be incorporated into educational curriculum. This is a familiar idea, one that is in line with Greek thoughts on medicine as an art. Similarly, the attributes associated with well-performed bedside manner aim not at providing medical care, but at another facet of Greek medicine: alleviation of fear. There is, however, departure from Greek medical practices, in that this alleviation of fear is not to discredit those fears. They are not considered detrimental to a treatment plan, but rather are part of it. Empathy is one of the most important factors in modern bedside manner. This is a practice that has come from Tertullian's thoughts on medicine. Validating a patient's emotions places them at the same level of importance as their physical ailment during a bedside encounter. Acting positively towards a patient both gives a sense of ease for the patient, and allows the clinician to make suggestions and prescribe treatments that may otherwise be unpleasant. This gives agency to the physician, while giving respect and hope to patients.

## Conclusion

An important aspect of modern healthcare is bedside manner. Medical professionals are trained to interact with patients in a manner that humanizes the patient and validates their concerns, while at the same time providing efficient care and remaining professional. This concept, while modern, has roots that trace back to the doctor-patient relationships of the ancient Greeks. An examination of these relationships, as well as those found in Roman society and that of the East and West of the Middle Ages reveals that Biblical religion caused a shift in the dynamic between physician and patient, resulting in a more empathetic approach to medicine. However, the foundations of bedside manner lie primarily in the Hippocratic Oath and other works in the Hippocratic *corpus*. Ultimately, this modern concept has been synthesized from centuries of medical practice and theory, as well as philosophy, to form a methodology of treating patients that serves both the needs of the physician as well as the patient.

Bedside manner is then one of the most important facets of healthcare. How patients are treated by those entrusted with their care can impart compassion and relief during an otherwise dark time in a person's life. Those who practice healthcare either without bedside manner or with a poor quality of training thereof are not acting with the full gravity of their position. It is of the utmost importance in a clinical setting that the patient be given respect and autonomy; thus, bedside manner is a precept that should not be forgotten.

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