

## Chapter 2

# Ancient Times

### Imhotep (2655–2600 BC)

The first figure of a physician to stand out clearly from the mists of antiquity.

— Sir William Osler

We must look at many historical figures in order to best understand what it means to be a healer and how to best practice the art of caring. Sir William Osler recommended that we “must come to the land of the Nile for the origin of many of man’s most distinctive and highly cherished beliefs” [1]. Osler urges us to pay attention to the contributions of Imhotep—and I am.

Imhotep, who lived in the twenty-seventh century BC, was an Egyptian polymath considered to be the first architect, engineer, and physician in recorded history. He was also revered as a philosopher and one of only a few commoners ever to be acknowledged by the Egyptian people as having divine status after his death. Imhotep was also deified by the Greeks as Asclepius, the god of healing.

Imhotep stood out from the mists of antiquity in part because his practices were unlike others of his era. They were devoid of magical thinking. The Egyptians of his time thought that most illnesses (aside from trauma) were expressions of hostility by a higher power, e.g., an adversary, a spirit, or a dead person. The Ebers Papyrus, not felt to be authored by Imhotep but reflective of the type of medicine practiced in ancient Egypt, contained primarily magical remedies to help with suffering. An Egyptian might have sought out a magician or a priest



as readily as a physician for a cure. “The border between magic and medicine is a modern invention; such distinction did not exist for ancient healers,” noted Dr. Axel Karenberg, a medical historian, and Dr. C. Leitz, an Egyptologist, both of the University of Cologne, Germany [2].

According to Egyptologist Bob Biers in his book *Ancient Egyptian Magic*, “Some evidence exists that the kind of illness determined the method of treatment. If the cause was known, as in the case of broken bones and such perils as crocodile bites, then the treatment tended to be nonmagical. For instance, for a crocodile bite, a practical suggestion was to sew the wound closed and place raw meat on it. If, however, the illness was something such as a fever, where the cause would be unknown to the Egyptians, then it might be attributed to demons or malicious magic” [3].

There are no known writings of Imhotep, but The Edwin Smith Surgical Papyrus, one of the most important documents describing medicine in the ancient Nile Valley, has been attributed to him. The Smith Papyrus was written around 1700 BC and describes wounds and how to treat them. This 17 page parchment is unique among the remaining papyri of the time (Ebers Papyrus and London-Leiden Medical Papyrus) because of its rational and scientific approach. The other papyri were medical texts based on magic.

Imhotep, who was the architect of the step pyramid at Saqqara, would have seen many cases of broken bones and men injuring themselves by falling while building this large structure. While dealing largely with trauma and surgery, the Smith Papyrus was highly descriptive. Forty-eight specific cases are documented. Examples include: “Instructions Concerning a Wound on the Top of His Eyebrow.” After this follows the details on the examination of the patient and a diagnosis. Bob Brier also notes: “Here the physician is told to state the injury and then whether or not he can treat it” [3]. Actually, there were three things he could say: (1) “An ailment which I will treat”; (2) “An ailment with which I will contend”; and (3) “An ailment not to be treated.” In these writings we see the concept of prognosis as well as treatment. Egyptian physicians also described diseases which were beyond treatment as “an affliction for which nothing can be done.” For example, the surgical portion was the first of its kind revealing a methodical identification of an ailment starting from the top of the head and working downward. The development of methods would be a theme encouraged by Sir William Osler centuries later.



Details on closing wounds with sutures, preventing and curing infection with honey, and recommendations to immobilize those with head and spinal cord injury as well as other lower body fractures are described. Physicians used bandages, splints, plaster, tape, and sutures. They also advised suppositories, herbal dressings, enemas, and castor oil. Gold was used to bind teeth and facial abscesses were incised and drained. Aloe vera was used for skin disease.

The first translation of the Smith Papyrus was by James Henry Breasted. This translation revealed that rational, scientific practices were based on careful observation and examination. While many of the treatments used in ancient Egypt are now considered to be of little benefit, some approaches set the bar for the art of medicine as we know it today. Imhotep's work formed a basis for how to care for the patient. Hippocrates and Galen, both of whom studied Egyptian works, would later acknowledge his contribution.

## Hammurabi

Freedom from disease is the first blessing

—Siddhartha Gotama

Reverence for good health has been documented since the beginning of recorded history. Siddhartha Gotama (563 BCE–483 BCE), the great spiritual leader from India and the founder of Buddhism, inscribed his philosophies on the importance of good health as far back as 500 BCE. Historically, many cultures have allowed the medical practitioner to enjoy a distinguished—even holy—place in society, respected in the same manner as spiritual or religious leaders and philosophers. Medicine is one of the greatest vocations to which a person can devote his or her life. It creates opportunity for individuals to provide service to society as healers, teachers, and respected role models. Many cultures recognize the special and complex part medical practitioners play in directly affecting the health of their people. Physicians are rewarded for a job well done, yet are held responsible when their work is acknowledged or perceived as less than satisfactory. This theme has threaded itself throughout time, with origins as far back as known recorded history.

Societies have held physicians accountable for their conduct since well before the time of sixth Babylonian King Hammurabi (ca. 1795–1750 BCE). The *Code of Hammurabi* represents perhaps



one of the earliest of recorded laws, consisting of a total of 282 edicts carved into a 6-ft tall stone monument for all to see. Prominently displayed is the code of patient care, which reads:

If a physician make a large incision with an operating knife and cure it, or if he open a tumor (over the eye) with an operating knife, and saves the eye, he shall receive ten shekels in money ... If a physician heals the broken bone or diseased soft part of a man, the patient shall pay the physician five shekels in money. [4]

This concept rings true to the modern understanding of the physician–patient interaction. A health service is provided and upon completion the physician is compensated. Today there are many expectations about what constitutes a successful interaction, which stem from both objective rules of proper procedure established by decades of scientific research and subjective ideals, values, and thoughts unique to each patient. Completing an “unsuccessful” health encounter certainly has consequences today; however, if you did harm in the era of the Babylonian empire, you would suffer an extremely severe punishment. Also included in Hammurabi’s rules are the consequences for an unsatisfactory job:

If a physician makes a large incision with an operating knife, and kills him, or opens a tumor with an operating knife, and cuts out the eye, his hands shall be cut off ... [4]

Whether we like it or not, society continues to hold us accountable for all interpretations of unsuccessful care. Of course, avoiding mutilation or reprimand is not why we want to be excellent healers; however, current thoughts about punishment or consequences for a physician who has not fulfilled his or her expectations often echo this sentiment. It is important to remember that we have been granted special rights by the people whom we serve. We are fiduciaries to a wealth of knowledge, services, and information that will directly affect our patients’ health, and because of this we wield an incredible power. How do we harness and channel this power toward the good of our patients?

In this book, we will look at some of the earliest lessons of the art of medicine, handed down by teachers from as far back as more than a century ago. We are privileged to make our way down a road that is well traveled by those who have come before us, those who have learned the intricate and sometimes obscure secrets of patient care. To begin this story, we must start with the Greeks.



## Hippocrates

Medicine is of all the Arts the most noble; but, owing to the ignorance of those who practice it, and of those who, inconsiderately, form a judgment of them, it is at present behind all the arts [5]

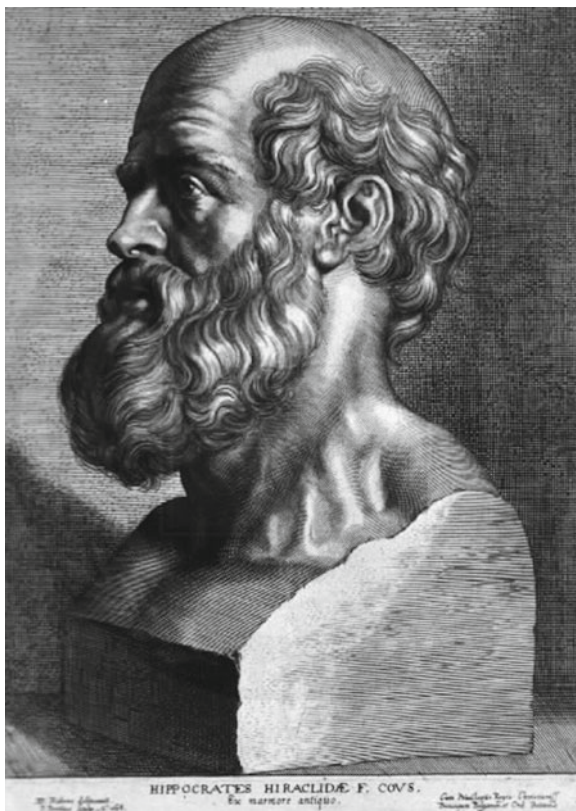
—Hippocrates (460 BCE–ca.370)

Even 2000 years ago, physicians struggled to learn about the *art* of medicine, and philosophers contributed much to its interpretation. Although he is highly recognized as the Father of Medicine, little is known about Hippocrates of Cos, also known as Hippocrates the Great (460 BCE–?356) (see Fig. 2.1). “All we know about Hippocrates is legend,” notes Roy Porter in *The Greatest Benefit to Mankind* [6]. Two hundred years after his death, the Greeks founded the Library of Alexandria with the aim to compile and organize thousands of medical writings provided by many medical, religious, and spiritual philosophers. Works attributed to Hippocrates stood out for the detailed nature in which the author described those suffering from diseases. All writings that seemed to follow this unique style were thereafter noted as having been written by Hippocrates and represent the Corpus Hippocraticum—the bodies of work that followed his distinguished theories about health and humanity. Although all of the texts of the Corpus Hippocraticum follow his spoken philosophies and detailed style of analysis, experts agree that many of the works attributed to this collection were certainly not penned by Hippocrates [5].

One of the most frequently cited English translations of Hippocratic texts was written by the Scottish surgeon Francis Adams in 1849 [5]. The reader is referred to this text to learn more about the veracity of different treatises ascribed to Hippocrates. Suffice it to say that for the remainder of the discussion on Hippocrates I will refer to these writings as being by Hippocrates, with the understanding that it cannot be proven that he actually wrote what has been attributed to him.

Throughout my career, the majority of medical students I have encountered are unable to cite much more about Hippocrates than the famously quoted “Primum non nocere,” or “First do no harm.” If you had to remember only one line attributed to Hippocrates, this is undoubtedly the most important one to remember. It is a theme that spans the entirety of medical practice; yet there is so much more that is learned from Hippocrates as one explores his life, personal experiences, and teachings.





**Fig. 2.1** Hippocrates (Engraving by Peter Paul Rubens, 1638, courtesy of the National Library of Medicine, accessed from <http://www.encyclopedia.com/topic/Hippocrates.aspx>)

Hippocrates was renowned for his power of observation, thought by many to be his greatest skill. His followers were known for practicing bedside medicine. In a collection of his writings entitled *Aphorisms*, there are over 200 observations of medical practice, disease process, and pathological theory [5]. Many of these are still relevant today, and those that are not as applicable to modern medical practice are of great interest as they provide insight into the evolution of medicine. Furthermore, although some of his conclusions have been shown to be made without current standards of scientific validation, it is important to recognize the value Hippocrates placed on the



physician's skill of observation and its application to the patient. This is as important today as it was over two millennia ago. A few of Hippocrates' observations from *Aphorisms* follow:

1. Life is short and the art long, the occasion fleeting, experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself but also to make the patient, the attendants, and externals cooperate.
2. For extreme diseases, extreme methods of cure, as to restrictions, are most suitable.
3. Spontaneous lassitude indicates disease.
4. Persons who are naturally fat are apt to die earlier than those who are slender.
5. In whatever part of the body heat or cold is seated, there is disease.
6. If erysipelas of the womb seizes a woman with child, it will probably prove fatal.
7. Pneumonia coming on pleurisy is bad.
8. Delirium upon division of the cranium, if it penetrates into the cavity of the head, is bad.
9. When bubbles settle on the surface of urine, they indicate disease of the kidneys and that the complaint will be protracted.
10. Sleep and watchfulness, both of them when immoderate, constitute disease.

Some aphorisms may make you laugh, such as

1. Drinking strong wine cures hunger.
2. If you wish to stop the menses in a woman, apply as large a cupping instrument as possible to the breasts.
3. A woman does not become ambidextrous.
4. Eunuchs do not take the gout nor become bald.

The requirement for careful observation was greatly impressed upon me as a medical student. I clearly remember lessons such as whenever you visit a patient in the hospital you should not leave without paying close attention to the surroundings. It is important to notice even such seemingly plain facts as what objects are on the patient's bedside table, which friends and family members have or have not come to visit, or the name of the medication label on the intravenous bag. You just might discover something that will help you understand and know your patient better, shed light on unique attitudes and expectations, or simply enable you to more effectively



care for this patient. The skill of observation is one that I emphasize to my current medical students as much as possible.

I once entered the room of an African-American gentleman who was admitted the previous night suffering from chest pain. At his bedside sat a book describing the inequality that exists in health care delivery to minorities. It reminded me that many members of our society experience health care disparities and, moreover, that this subject was something my patient thought very important. For me to gain the confidence of this particular patient, I knew that I would need to clearly communicate my plan to provide him with the best health care and to follow through on this expectation as well. Sometimes by looking at more than the physical patient you will observe factors which will help you help the patient. This can remind you of something profound: that your patient is a complex individual with a unique cultural, social, and religious background. Or it may be something as simple—but equally as important—as finding out that your patient is not receiving the medication you ordered. Given that a 2006 Institute of Medicine report noted that over 1.5 million adverse drug events occur in the USA each year due to physicians' oversight is an additional reason to be observant [7]. Yogi Berra once said, "You can observe a lot by just watching." All healers do this; some do it better than others.

Some simple but critical observations you do not want to miss include such details as the pack of cigarettes in your patient's pocket, how your patient just crossed her arms as you gave advice she disagrees with and how this may negatively affect her compliance, and the atypical skin lesion which catches your eye as you listen to your patient's posterior thorax. Another subtle observation not to be missed might include the slight change in mental status of an elderly patient, potentially denoting an early sign of sepsis or dementia. When I was a third-year medical student, one professor explained to me, "The organs of the aged do not cry out in pain." I have remembered this throughout my years of clinical practice and it has served me well. Observe all.

Hippocrates cautioned that we evaluate *honestly*. The fact that physicians of his time were observed as being less than honest speaks of the human frailties to which we are all susceptible. We have all heard stories or perhaps been witness to physicians who do not evaluate honestly. The Hippocratic Oath, recited by most medical students prior to graduation, urges physicians to act in a professional manner



and not provide therapy for our patients for personal financial gain. “I will not cut persons laboring under the stone but will leave this to be done by those who are practitioners of this work,” Hippocrates wrote in *The Oath* [5]. Many occupations refer to themselves as “professional,” but this term takes on a very complex meaning when it is used to denote a physician, dentist, nurse, or other health practitioner. Below is a definition of the professional, as described by a rising third-year student in response to her University of Maryland School of Medicine’s application essay prompt:

Entering a profession implies embracing every aspect of a practice through diligence and devotion, that motivates one to develop their skills in an area of academia in order to grow as an individual; moreover, to use this growth as a means to satisfactorily provide a service to their community. A professional is someone who has worked rigorously to learn their craft, and loyally dedicates their time and effort to perfecting it; yet at the same time realizes that perfection is not easily attainable, nor is it guaranteed. Nonetheless, they pursue the goal of professional and self-fulfillment through constant intellectual, spiritual and self-actualizing growth. Their profession is constantly progressing and expanding and is interdisciplinary in the knowledge, social, and communicatory skills needed to effectively impact its seekers. Entering into a profession is not a simple proclamation of what one is going to accomplish. Rather, it is an embarkation that wholly encompasses every aspect of that person. It is a declaration of where one’s future will take them and, most importantly, the efforts to make this possible through important life choices and significant dedication to those choices. Entering into a profession is an exciting journey, a life-changing commitment to service that will better one’s community. Not only this, but it is entry into a greater, more expansive domain of professionals. A profession cannot exist through the efforts of just one person, and entering into one must also convey the professional’s understanding and embracing of the need to work with others in order to have a successful and respected career. Entering a profession is the first step toward one’s fulfilling career in providing a necessary service to society and the greater human good [8].

In the healing arts, the practical and simplified definition of professionalism implies that the professional will follow a course of action that is best for the patient, even at the expense of what may be best financially or personally for him- or herself. The commitment to this notion is symbolically conveyed by recitation of the Hippocratic Oath upon graduation from medical school. Many non-physicians are at least superficially familiar with the Hippocratic Oath, likely because of the great importance it represents not just to physicians but to the public we serve. The Hippocratic Oath follows:



## *The Hippocratic Oath [5]*

I swear by Apollo the physician, and Aesculapius, and Health, and 7All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substances with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brother, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Arts to my own sons, and those of my teacher, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever house I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further, from the seduction of female or males, or freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respectful by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!

The Hippocratic Oath expresses many significant concepts regarding health and health care expectations. It is interesting to reflect upon the issues that were felt to be important over two millennia ago and moreover, to recognize that many of these remain controversial in modern times. Clearly these were considered critical and honorable notions at the time of its creation. Have they evolved to mean something different over the centuries? Or are we, as physicians, still learning them?

The idea that physicians should practice beneficently and do what is best for their patients is truly a recurring theme in medicine and society and it will surface many times in this book. This concept is certainly not contentious, but as we will see it is felt by several teachers in the current century to be in need of reiteration. Euthanasia and abortion were clearly concepts about which Hippocrates felt strongly. Throughout the centuries, these topics evoke strong emotions from



both patient and health care provider and continue to polarize many people in medicine, politics, religion, and society. It is up to physicians to sort through their own values on these controversial subjects and decide their practices accordingly. This is followed in the oath by a declaration that as healers we should live a life of purity and holiness. From this interpretation it almost sounds like we are entering a religious order, yet the fact that the healer's examining room is often likened to a confessional strengthens this notion. It may be a stretch to compare practicing physicians to priests; however, in both instances those seeking service divulge the innermost secrets about their bodies and personal lives to a trustworthy advisor. Both physicians and religious figures are healers of people, and like priests, rabbis, and teachers we share a common vocation to serve society.

Passion follows next in the Hippocratic Oath. While it is important to show compassion for our patients, Hippocrates notes it is not appropriate to be passionate with our patients. Unfortunately throughout the USA and the world of medicine, there continues to be reports of physicians who engage in inappropriate relationships with their patients. It is beyond the scope of this book to discuss in detail what may or may not represent an inappropriate relationship or to impose certain morals or excuse exceptional situations. Suffice it to say that the American Psychiatric Association has decreed that a sexual relationship with any patient, past, present, or future, is not advised. It is important to remember that although both physician and patient are human, protocol and professional expectation creates boundaries that must be followed to provide unbiased and effective care.

Perhaps one of the most important notions emphasized in the oath is that of physician-patient confidentiality. The Hippocratic Oath reminds us that we should not divulge what we have learned from our patients. Our communications and patient interactions must be kept secret in order to maintain patient trust, safety, and dignity, and to uphold the protocol established by past professionals. In the USA, the recently enacted Health Insurance Privacy and Portability Act (HIPPA) governmental laws serve to emphasize this point. HIPPA was enacted by the United States Congress in 1996. The privacy rule took effect on April 14, 2003 and regulates the use and disclosure of protected health information, including the medical record, by health care providers. Someone faithful to the Hippocratic Oath, with goals of maintaining professionalism and upholding the written laws surrounding the consequences of digression, will not divulge any details



of one patient's care to another who did not have consent or the express need to know.

The temptation to break this ethic can be subtle and seemingly innocent. An example that I will never forget occurred when one of my patients let me know that her best friend, also one of my patients, was not doing well. She requested that I contact her friend to check in. After what seemed like a minute or two, I did not reply to her. When she asked me specifically what I was going to do about this situation I told her, "I cannot discuss with you whether I do or do not see Mrs. \_\_\_\_\_. If she were a patient of mine, I would not be at liberty to speak to another person about her care." The concerned friend under my immediate care became livid in the exam room, raised her voice, and stormed out of the office. She angrily pointed a finger at me as she left and threatened, "If anything happens to her, I will hold you responsible." This situation is a dramatic example, but it illustrates the importance of upholding your standards for all patients, even if they are close friends or family. A much less spectacular example of this is the time I bumped into a patient in the grocery store. After a friendly greeting, he told me that his boss, also my patient, spoke with him about a recent visit to my office. I think you can guess my reply. It may seem overprotective, but it is important to keep in mind that even the most innocent or seemingly benign invitations to divulge knowledge about another patient must be respectfully declined. This must be done in such a manner that you do not infer that, yes, you did see this patient. To do so without consent would not be professional or legal.

Porter notes, "The art of diagnosis involved creating a profile of the patient's way of life, habitation, work, and dietary habits" [9]. Hippocrates urged that when it comes to therapeutics we should "assist nature" [5]. He strongly advocated the encouragement of patients to take better care of themselves by changing their lifestyles, particularly when it came to following a prescribed diet: "A slender and restricted diet is always dangerous in chronic diseases." Likewise, Hippocrates advocated exercise or activity for certain ailments: "It should be kept in mind that exercise strengthens, and inactivity weakens" [5]. Although many of his prescriptions would now be viewed as ludicrous by today's standards, his concern for well-being is parallel to current medical practice's mindfulness of the importance of diet, exercise, and activity with regard to patients' health. In recent years, this concept has become more applicable with the overwhelming surge of metabolic syndrome diagnosis, childhood and adult onset



diabetes, obesity, coronary artery disease, hypertension, and many other preventable health problems currently plaguing our country.

According to Hippocrates, one of the important qualities for a physician to cultivate is the ability to prognosticate:

For by foreseeing and foretelling, in the presence of the sick, the present, the past, and the future, and explaining the omissions which patients have been guilty of, he will be the more readily believed to be acquainted with the circumstances of the sick; so that men will have confidence to entrust themselves to such a physician ... He will manage the cure best who has foreseen what is to happen from the present state of matters [5].

In the *Book of Prognostics* (ca. 400 BCE) we also learn one way in which Hippocrates avoided the malpractice of his day—*censure* [5]. This implies that by being aware of the natural history of a disease and whether or not medical intervention will indeed improve a condition, the physician would best be able to counsel a patient about what to expect in the course and outcome of their illness. In the age of Hippocrates, it was recognized that effective communication between physician and patient was one of the best ways to avoid censure, particularly in matters when the prognosis was poor. Honest information about what the patient should or should not expect regarding his or her illness was as important then as it is now. Not only does it base the patient's apprehensions in reality, but it also allows for informed decision-making of both parties involved. Furthermore, it strengthens the physician–patient relationship as the patient's trust in his or her doctor is reaffirmed.

In acute diseases the physician should first observe the “countenance” of the patient. Hippocrates compiled some prognostic indications of a poor patient outcome, which are still recognized as valid. These are listed below:

- Hollow eyes
- Collapsed temple
- Cold ears
- A black, green, livid (black and blue; deathly colored), or lead-colored face

[The above four are part of the *facies hippocratica* or the facial look of dying]

- Seeing the whites of patients' eyes when they are sleeping
- Cold sweats to the head, face, or neck (these in acute fever prognosticate death)



- A swelling in the hypochondria (the area that is just underneath the anterior rib cage, to the left and right of the epigastrium bilaterally) that is hard or painful
- All dropsied (disease with drops, or water, edema, e.g., congestive heart failure) arising from acute diseases is bad
- It is a bad symptom when the head, hands, and feet are cold while the belly and sides are hot
- Strong and continued headaches with fever, if any of the deadly symptoms be joined to them, are very fatal

Others of his prognostics are not as applicable to medical practice today and may be placed under the category of just plain funny, such as

- It is best when wind passes without noise, but it is better that flatulence should pass even thus than it should be retained

Hippocrates' teachings have stood centuries of scrutiny. In this section, we have only briefly reviewed a few of his lessons. Lessons from the Father of Medicine that still are applicable to the physician of today are many. Some of the most important lessons I think the reader should learn from Hippocrates follow: first do no harm, observe all, evaluate honestly, prognosticate when you can and when it comes to therapeutics, and assist nature. Additionally, healers of any era should recognize that we are not in the practice of medicine for money but to serve our fellow man, and that we would be wise to learn from our predecessors in medicine and by carefully studying our patients. Lastly, it is ideal that we should live our life with purity and holiness as we practice our art. Hopefully I have generated an interest in you to read more about the Father of Medicine and the Corpus Hippocraticum. But there are other Greeks we have to discuss!

## Early Greeks

An incredible part of what we have come to understand as being important to the practice of medicine came from an era when not only Hippocrates but also Aristotle, Socrates, and Plato taught their philosophies.<sup>1</sup> Many students complain about the tortuous and

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<sup>1</sup>As with Hippocrates, the mention of these contributors is unfortunately brief and focuses only on illuminating some of the basics of the art of medicine.



unpleasant experience of being asked esoteric questions for which the answers are known largely by a more educated senior group. This ritual has even evolved its own derogatory name: “pimping.” Interestingly, this style of teaching is similar to the Socratic dialogue, attributed to the classical Greek philosopher Socrates (469 BCE–399 BCE). Put simply, it involves teaching a student by asking questions, such that the student’s answers will lead to further questions. This lends itself to understand a greater truth or a more complex lesson.

Much of what is known about Socrates comes from the writings of Plato. From the treatise *The Charmides*, a conversation between Socrates and a young boy, we learn of the importance of temperance. This is a very significant lesson in medicine; in fact, it provides the foundation upon which medicinal practice is built. Medicine is derived from Indo-European *med-*, to take appropriate measures [10]. From the Latin *mederi*—to look after, heal, and cure—stemmed the words *medicine* and *remedy*. Other derivatives led to the words *modern*, *modest*, and *moderate*. Being appropriately moderate may well be one way in which a healer can best practice his or her art. Patients from antiquity to the current day do not always welcome our efforts to look after them. Alexander the Great reportedly exclaimed on his death bed, “I die by the help of too many physicians.” This sentiment is shared by Miquel de Cervantes in *Don Quixote* when the Padre hopes that doctors looking to cure a mad man are successful: “May it not be worse than the disease” [11]. We are urged by Socrates to be temperate, and as healers we can sometimes do the best for our patients by doing the least. As physicians, we become true practitioners of the healing art when we recognize the potential for illness and disease to improve naturally with time and overcome the urge to provide unnecessary physiological therapy. Surgeons in particular are aware of this, the best of whom help their patients by declining an opportunity to operate in instances when they know it will not benefit the patient.

The word *doctor* is derived from the Indo-European root *dek* (to take, to accept) via the Latin *docere*, to teach [10]. It is critical to the physician–patient relationship that we understand the impact and power of our ability to teach our patients. It is too often overlooked. An important lesson for the young healer is to recognize that often it is not “the pill in the hand, but the hand behind the pill” that helps our patients feel better [12]. It is important that we educate our patients about their health so that they may better take care of themselves. A 1998 survey looking at prescription of antimicrobials highlighted this concept. In evaluating attitudes of parents and physicians



concerning the prescribing of antimicrobials to a pediatric population, 65% of patients expected to receive an antibiotic for treatment of an upper respiratory infection [13]. In this study there was no correlation between patient satisfaction and receipt of an antibiotic prescription [13]. Instead, patient satisfaction correlated highest with the quality of the physician–patient interaction. Results from focus groups indicate that patients would be satisfied if an antibiotic was not prescribed as long as the physician explained the reasons for the decision to withhold antibiotics [13]. It has also been shown that patients who are informed have lower anxiety and complication rates compared to those who are uninformed [14–17]. This is *docere* in action!

Another important art we can cultivate in our office visit is to consider asking our patients if there is anything about their illness that particularly concerns them. Many patients fear that the symptom they are experiencing may represent something terrible or fatal, which may in fact not be the case at all. Reassurance that in your experience a certain symptom is not at all likely to cause a certain terrible outcome is sometimes the major agenda our patients have in making an appointment to see us, even if this concern is not clearly communicated. Other patients focus on what may seem to us as mundane or simple worries, but addressing these concerns may make all the difference in the patient’s personal interpretation of the health care encounter, its effectiveness, its success, and your abilities as a physician. Being a good prognosticator is truly valued.

During the office visit, it is our responsibility to teach our patients what they can do to take better care of themselves. This may entail specific and clear recommendations about diet, exercise, social habits, such as smoking and drinking, or other activities. An excellent way to open the discussion toward teaching your patients is to simply ask them at the end of your visit, “Do you have any questions for me?” We should be clear in giving our opinion as to when they should return in follow-up—be it as needed, in 3 months, if condition worsens, etc.—and must strive to set reasonable health goals *with* our patients to emphasize the partnership we are forming to improve their health. Understanding that we are teachers is critical to mastering the healer’s art. From the root *dek-* of the Latin word *docere* also comes the word *discere*, to learn, from which we get the current derivation *disciple* [10]. *Dignity* and *decent* are also derived from the same Indo-European root. As doctors we are our patients’ teachers and must provide them with the environment to learn so as to better their physical and mental



wellness. Hippocrates teaches us to be a student of nature, life, and illness by observing all. Others have described this full circle of education by saying, “A good teacher is a good student first.” [18]

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