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Articoli/*Articles*

JOHN GREGORY (1724 - 1773) AND HIS *LECTURES ON THE DUTIES AND QUALIFICATIONS OF A PHYSICIAN* ESTABLISHING *MODERN* MEDICAL ETHICS ON THE BASE OF THE MORAL PHILOSOPHY AND THE THEORY OF SCIENCE OF THE EMPIRIC BRITISH ENLIGHTENMENT

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SUMMARY

In 1769/70 the Scottish physician and philosopher John Gregory (1724 - 1773) published Lectures On The Duties and Qualifications of a Physician. *Gregory developed a truely ethical - in the sense of (moral)philosophically based - system of conduct in a physician. His concept of practising and teaching ethics in medicine and science is established on a very broad footing: combining Bacon's (1561 - 1626) general philosophy of nature and science with both, the general, likewise empirically based moral philosophy of his personal friend David Hume(1711 - 1776), and with the principles upheld by the so-called Common-Sense Philosophy. His* Lectures *had - particularly viá the famous* Code of Medical Ethics *of Thomas Percival (1740 - 1804) - a decisive influence on our contemporary concepts of ethics in medicine and science. John Gregory is, without doubt, one of the most important and certainly the most comprehensive among the founders of what is known today as modern Bioethics.*

The concept of our contemporary, *modern* ethical codes in medicine is often said to have largely originated from the famous *Code of Medical Ethics* by the english physician Thomas Percival (1740 - 1804). The final edition of this work was first

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published in 1803. In it Percival was the first ever to introduce the term *Medical Ethics*. Despite some obvious weak points[1], his interpretation became the leading concept of what many people (including most physicians) have come to think of as *Medical Ethics*: specific rules of etiquette to regulate professional contacts and interests of physicians.

Since then, a considerable number of - mostly Anglo-American - authors and medical associations have published similar regional, national and (especially since the end of the Second World-War) international codes and declarations on ethical conduct in medicine and bio-medical research [e.g. the declarations of Nueremberg (1947), Geneva (1948), Helsinki (1964), Tokio (1975) and Lissbon (1981)].

When looking more closely at the history of contemporary, *modern* ethics in medicine it becomes clear, however, that not only Percival was decisively influenced by the *Lectures On The Duties And Qualifications of A Physician* by John Gregory (1724 - 1773), which made their first appearance in 1770. Direct or at least indirect influences of Gregory and his *Lectures* can also be traced in the works of practically all early Codifiers of major importance following the empiric traditions of the Anglo-American enlightenment and its pragmatic general ethics.[2] Although Gregory, his *Lectures,* and his comprehensive, liberal and truely *ethical* approach were in the end largely forgotten for more than a century, latest historic research leaves no doubt that his role and position within the history, theory and didactics of ethics in medicine has to be totally reassessed.

The Scottish philosopher and physician John Gregory was born on the 3rd of June 1724 and descended from one of the oldest and most renowned academic dynasties of the *Scottish Enlightenment*. He received his academic education in his hometown Aberdeen and at the universities of Edinburgh and Leiden. After his graduation, Gregory first returned to Aberdeen, where for several years he held a professorship for philosophy (1746 - 1749) and medicine (1756 - 1764). Most of his personal friendships with many of the most famous contemporary philosophers, *literati* and scientists date from this time. Among them were the e.g. the founder of the *Common Sense Philosophy* Tho-

mas Reid (1710 - 1796), his *friendly adversary* on philosophic matters, the moral philosopher and religious sceptic David Hume (1711 - 1776), the theologist Alexander Gerard (1728 -1795), the popular poets James Beattie (1735 - 1790), Mark Akenside (1721 - 1770) and James Boswell, the philanthropist Elisabeth Lady Montague (1720 - 1800), the historian and politician George Lord Lyttelton (1709 - 1773) and the philosopher, physician and pioneer in the development of antiseptics Sir John Pringle (1707-1782), to whom Gregory dedicated his *Lectures*. In 1764 Gregory again moved to Edinburgh, where he started working at the Royal Infirmary of his former *Alma Mater*. Two years later, he succeeded the two famous Edinburgh medical professors Robert Whytt (1714-1766) and John Rutherford (1695-1790). Uniting their posts, Gregory taught the two key-disciplines of the students' clinical curriculum: the *Theory* - and the *Practice of Physic*. His six *Lectures On The Duties And Qualifications of A Physician* originally marked the beginning of his courses on the *Theory of Physic* and are reported to have been as popular among his students as their later publication proved a huge literary success. Gregory died on the 10.2.1773, aged 48.

The philosophy of the founder of the empiric *British Enlightenment*, Francis Bacon (1561 - 1626), exercised without doubt the most important influence on Gregory's theory of ethics and medicine.

Due to this influence, Gregory developed a *system of conduct in a physician*, which based on two foundations. These seem to him not only of equal importance, but - in the end - are not even really seperable from one another.

The first foundation is truly *ethical* in the strict sense of the word. Particularly in his frirst two *Lectures,* the Scottish physician and philanthropist puts forward his ideas concerning the *Duties And Qualifications of A Physician* based specifically on *moral*-philosophy.

Like Bacon, whom he repeatedly quotes, Gregory upholds and maintains most Christian traditions and beliefs, the values, virtues and principles of general ethics, as they have partly been in place and publicly largely accepted since the classical antiquity or the Middle Ages. Very ingeniously and skillfully, howe-

ver, he combines these rather classical and conservative traditions with the two more modern and progressive philosophic mainstream-movements of the British Enlightenment of his time. These two philosophic *schools* share their origin: the Baconian empirism.

Nonetheless, they later differed so widely, that - regardless of all the liberal ideals of enlightenment-philosophy - some champions and scholars of these *schools* allowed an ideologic conflict to escalate in a very open, harsh and sometimes even tasteless way. This did not only happen during Gregory's lifetime. Actually, his circle in Edinburgh and Aberdeen was in the very centre of this debate, with the rift going right through it. As an *enlightened* moral philosopher, an academic medical teacher and practising physician and not least as a personal friend of members of both parties, Gregory found himself caught in a very difficult situation. His *Lectures* clearly seem also to have been intended to find and lead a *sensible* way out of this ideologic crossfire.

The philosophically pretty coherent and really rather penetrating and logical *true system* of *moral* philosophy employed by Gregory to argument in support of his convictions concerning the motivations, duties and virtues of a physician had originally been developed by one of his friends and collegues at Edinburgh University: the famous philosopher on morals and religion David Hume (1711 - 1776). Hume established a very specific concept of the empirically detectable, rather psychologic phenomenon of *sympathy* as the decisive base for human morality.

The second contemporary philosophic movement, which in the end seems to have had an even more important impact on Gregory's reasoning on ethics in medicine, was the so-called *Common-Sense-Philosophy*. This had largely been developed and propagated by his Aberdonian friends Reid and Beattie, but partly also by Gregory himself. The *Common Sense* strived to combine post-medieval progress in the natural sciences and changes in the *humanities* brought about by Renaissance, Humanism and the Enlightenment with the older, *classical* set of morals, values and beliefs of Christian-occidental origin. Moreover, the *Common-Sense-Philosophy* was in particular an ideologic counter-movement against religious scepticism and agnosticism, propagated by Hume (in his role as a philosopher on *religion*, rather than on morals).

Gregory criticized and rejected Hume's scepticism.

However, by combining *general* Humean ethics (as *true philosophic ethics*) with *Common-Sense* morals, etiquette and deontologies, Gregory establishes a philosophically and historically remarkable and effective synthesis.

He unites social-historical conventions of personal ethos, etiquette, religiosity, morality and traditions of customs and law, which originated from Christian-occidental roots, with both, the *new*, progressive, humanistic-enlightened general ideals of his own epoche as well as with the empiric-psychologic and partly already clearly utilitarian moral philosophy of the most prominent and eloquent critic of religion.

Not least by establishing this unique and pragmatic synthesis, Gregory's Medical Ethics provide the chance for a very broad concensus - both, within the medical profession and in society as a whole.

Gregory's first demands concerning the concrete duties and - particularly - the qualifications of a physician are that a future medic should fulfil certain criteria at the outset.

These individual talents or personal skills - if not innate - must at least be acquired and trained from the beginning of their studies and appear to him absolutely essential for any doctor. Regarding these expected abilities of a quasi *born physician*,[3] Gregory distinguishes between intellectual-cognitive skills and psychologic and social intelligence.

Therefore, first and foremost a physician should be expected to distinguish himself by *an enlarged medical genius*, by capacities like mental autonomy, by independent, precise and practical reasoning, the ability to analyse and differentiate critically, by *quickness of apprehension*, a resolute *solidity of judgement* and the determination to decide and act accordingly.[4] In this context Gregory also repeatedly reminds his listeners and readers of the *many imperfections and weaknesses of the art*, of the countless limitations of human knowledge and abilities in medicine, science and life in general. Consequently, modesty, even humbleness, based not least on considerations of the Baconian theory and phi-

losophy of science and enlightenment are virtues that Gregory likewise wishes to promote as very becoming to a physician.[5]

In view of the essentially psychologic, social and even political responsibilities of a medic, Gregory demands a good knowledge of human nature and general experience of life,[6] as well as a critical-introspective knowledge of one's own limitations, self-discipline[7] and constant striving for self-improval.[8]

In addition to these basic criteria of personal aptitude to be or to become a good practising physician, the author discusses certain *cardinal virtues*, which he thinks are of fundamental importance in medicine. With a remarkable and - for his time - extraordinarily uncompromising determination Gregory focuses these basically *ethical* considerations on the primacy of the very specific needs of the physician-patient-relationship.

Particularly *humanity,* the largely Humean philosophic concept of *sympathy,* and a cheerful, empathic and trustful friendliness and kindness towards the sick and their relations appear to him absolutely indispensable:

> *I come now to mention the moral qualities peculiarly required in a physician. The chief of these is humanity; that sensibility of heart which makes us feel for the distresses of our fellow creatures, and which of consequence incites us in the most powerful manner to relieve them. Sympathy produces an anxious attention to a thousand little circumstances that may tend to relieve the patient; an attention which money can never purchase: hence the inexpressable comfort of having a friend for a physician. Sympathy naturally engages the affection and confidence of a patient, which in many cases is of the utmost consequence to his recovery. If the pysician possesses gentleness of manners, ...a compassionate heart, and ...the milk of human kindness, the patient feels his approach like that of a guardian angel ministering to his relief; while every visit of a physician who is unfeeling and rough in his manners, makes his heart sink within him, as at the presence of one, who comes to pronounce his doom.*[9]

Sympathy, however, should not be exaggerated. Gregory demands and warns:

> *Men of the most compassionate tempers, by being daily conversant with scenes of distress, acquire ...that composure and firmness of mind so ne-*

> *cessary in the practice of physic. They can feel whatever is amiable in pity, without suffering it to enervate or unman them.*[10]

For Gregory it is mainly the physician's duty to ensure a pragmatic and bilateral trustful cooperation with the patient. Like Bacon did before him[11] - and very much based on *common-sense*-pragmatism - he recommends to his young colleagues the following compromise:

> *There is a species of good-humour... which is likewise amiable in a physician. It consists in a certain gentleness and flexibility, which makes him suffer with patience, and even apparent cheerfulness, the many contradictions and disappointments he is subjected to in his practice. If he is rigid and too minute in his directions about regimen, he may be assured they will not be strictly followed; and if he is severe in his manners, the deviations from his rules will as certainly be concealed from him. The consequence is, that he is kept in ignorance of the true state of his patient... The errors which in this way he may be led into ...might easily be prevented by a prudent relaxation of rules that could not well be obeyed. ...A prudent physician should therefore prescribe such laws, as, though not the best, are yet the best that will be observed; of different evils he should choose the least, and, at no rate, lose the confidence of his patient...*[12]

According to his experience, the therapeutic relationship is usually - and to a certain extend inevitably has to be - dominated by heteronomy. This attitude, which some might nowadays call *paternalistic*, reflects first and foremost Gregory's extensive experience as a pragmatic, practising physician. Historically it does of course also totally correspond to the general notion of a therapeutic *regime*, which were predominant among doctors, patients and society in general during his time:

> *The government of a physician over his patient should undoubtedly be absolute, but an absolute government very few patients will submit to. ...The indulgence ...which I am pleading for, must be managed with judgement and discretion; as it is very necessary that a physician should support a proper dignity and authority with his patients, for their sakes as well as his own.*[13]

At the same time, however, and for the 18th century still quite extraordinary, Gregory also is of the opinion that, in principle,

the legitimate rights of the patient and his nearest relations to *enlightenment* in every respect, to complete information, autonomy and mature self-determination are under all possible circumstances to be observed. The doctor owes his patients truthfulness and has a duty to give - under certain conditions carefully graduated - information[14] - particulary about the diagnosis, the prognosis and therapeutic options. Medical treatment according to Gregory categorically demands a concensus and depends on the approval of the patient or - in certain situations - at least the approval of his nearest relations. The consent, our author aims for, rests on mutual trust and understanding by free, bilateral information.

This marks a historically early, pragmatic and *common-sense*-based approach towards the very same principle of the so-called *free informed consent*, which also dominates our contemporary concepts of medical ethics and law in the patient-physician-relationship.

The physician is obliged to bow to, accept and respect the fundamental sovereignity of the patient's decision, even if it should be contrary to the doctor's personal opinion and advice or even contrary to his better knowledge and medical expertise. In this case the physician should make his disapproval perfectly clear and comprehensible to the patient. In principle, however, he has no right to comlplain if a patient choses not to follow his advice.[15]

Due to the therefore inevitable compromises in the physician-patient relationship, combined with the narrow boundaries of medical knowledge and treatment, the physician must learn to fully accept the limits of what he can possibly achieve. It also takes courage to accept and tolerate the - in the end - inevitable imperfection of his pragmatic solutions, proposals and therapeutic regimes, which depend first and foremost on the patients' trust, consent and compliance. The physician has to learn to bear the strain and inconsistency between a theoretically possible and desirable (medical and ethical) ideal and the *art* to reach, whatever can be practically achieved and brought about. It is within his personal, practical ethos that a physician has to find a sensible compromise between opposing ideals, values, in-

terests and demands.

For John Gregory the classical hippocratic traditions of the physicians' professional secrecy and confidentiality constitute another important ethical fundament in medicine.[16]

Also general moral strength and a firmness of character and personal set of values seem to Gregory important moral qualities in a physician. He complains that in the course of their careers many doctors show an increasing desillusionment, corruption of their original idealism and a deterioration, even brutalization of their bedside-manners.[17] Therefore the ultimately decisive measure of ethical ideals and moral competence in medicine appears to him not a theoretic knowledge about *good or evil, right or wrong*, but rather something to genuinely strive for and achieve by setting shining good examples of medical assistance to fellow human beings.

For Gregory a physician has to provide or at least promote palliative therapy, *passive* euthanasia and he should support the patient also in spiritual matters. He must not forsake the dying and and should be ready to comfort them and counsel the bereaved.[18] According to Gregory's convictions patients suffering from psychiatric diseases deserve particularly careful, friendly and understanding attention of a physician:

> *Disorders of the imagination may be as properly the object of a physician's attention as those of the body; and surely they are, frequently, of all distresses the greatest, and demand the most tender sympathy; but it requires address and good sense in a physician to manage them properly.*[19]

A doctor should adjust the intensity of his medical care according to the severity and acuteness of the illness first and foremost. *Outward distinctions* of social rank or status of the patient should not play a role. The costs of medical treatment and the physicians' payment have to remain fair, reasonable and appropriate to the economic and social circumstances and resources of the patient.[20]

A physician's behaviour and the actions taken by him should always be governed by a special sense of responsibility, by *temperance and sobriety.* Gregory urgently warns in particular against drinking alcohol while on duty and more generally against an un-

critical and irresponsible overestimation of ones' own capacities.[21]

Apart from such important aspects of a highly patient-centred professional ethos, Gregory also discusses very specific rules and questions of etiquette and law in medicine. The issues he raises here concern not only the rights or duties towards collegues,[22] the members of other *helping professions*[23] and the responsibilities towards the medical *art* and health-care in general. He also examines the legitimate claims towards the single physician and the medical profession as a whole, which result from moral, religious and general social needs and conventions of various societies. Gregory emphasizes that both, the single physician and medicine as a whole do in principle have to submit to the rules and a certain code of behaviour set by their social-historical background, when it comes to what is expected of their professional, public and private conduct.[24] In particular the religious beliefs and the generally accepted moral rules, values, customs and legal traditions of the society they live and work in are to be observed and respected:

> *if motives of humanity, and regard to the peace and happiness of society, cannot restrain a physician from expressing sentiments destructive of religion and morals, it is vain to urge the decency of the profession.*[25]

In dealing with collegues and members of other allied professions,[26] Gregory stresses the duty of *openness and candour* - particularly in difficult or risky cases. He expects consultations and a sincere and candid exchange of experience and knowledge. He warns urgently against any form of arrogance, self-conceit and any harmful or unfair form of *esprit de corps* among physicians. In the sense of the empiric theory of science of the Baconian enlightenment, he insists on the necessity of an *eclectic* openness of medicine, on *laying the art open* not only to an intra- and interprofessional discourse, but also to the public. Repeatedly he declares that medics have a duty to constantly learn from all available sources, to improve and extend their knowledge, experiences and abilities. To reach an inter and intraprofessional solidarity among the allied professions respect for a certain amount of professional autonomy is required as well as pragmatic

teamwork and a broad concensus among the partners in care.

Gregory condemns the tendency to consider the professional or even economic interests of ones'own profession more important than giving priority to the specific needs of a trustful patient-physician relationship.[27] As a matter of fact, this attitude marks a very important difference between Gregory and many other *codifiers*, from Hippocrates to Percival and his followers, whose codes and declarations often aimed at regulating mainly intra- and interprofessional relations and demarcation disputes in medicine - for the benefit of the the physicians first and foremost. Consequently these often resulted in establishing a sort of medical class-distinction between the physicians, surgeons, apothecaries and nurses. They led to elitism and a largely exclusive autocracy of many doctors in their strive to *paternalistically* control all aspects - not least, of course, the economic aspects - of health-care.

Unfortunately Gregory's philosophically much more comprehensive and more liberal approach to ethics in medicine was largely forgotten. After him the history of medical ethics for a long time was that of a strictly physician-oriented and governed, normatized codification of medical morale and etiquette.

Nevertheless, by comparing Gregory's *Lectures* with many passages of particularly Percival's influential work *Code of Medical Ethics* (1803), it can be clearly proved that Gregory´s book had a far more important influence on the largely Anglo-American foundation of modern medical ethics, than it was hitherto generally acknowledged.

The second base of Gregory's medico-ethical arguments - besides the *strictly ethical*, in the sense of a truely *moral*-philosophical one - is that of applied philosophy of science and nature and of the theory of cognition of the empiric *British Enlightenment*. Gregory´s statements on these issues reveal very clearly the influence exercised on his medical ethics by the works of Francis Bacon.

For Bacon as the true founder of the *empiric school* of enlightenment-philosophy, mans' strive for objective knowledge which should simultaneously be applied in practice, poses also a moral-philosophic task and an ethical challenge. Natural

science, empiric research and the philosophy of nature as well as the theory of human cognition appear to him inseparably linked to moral philosophy and practical ethics. Consequently Gregory illustrates that practical clinical expertise and training, theoretical medical knowledge and scientific research, that learning from empiric experiences, studies and experiments and finally also a very broad general knowledge and education are and always should be issues of equal ethical importance to a physician, like typically *idealistic* moral virtues, values and etiquette, which society regularly expects of a professional *helper*.

What Bacon did for the natural sciences in general, Gregory did by developing and propagating ethics of teaching, learning and doing research in medicine. By doing so, Gregory presumably is the first ethicist to be identified in the history of medicine, who extends the field of ethics in medicine from its largely moral-philosophic and sociologic preoccupation to the fields of research and scientific methodology. He is the first author who combines *classical* medical ethics with truely *bioethical* components, as we know them today.

In his eyes lack of knowledge and - even worse - lack of determination to improve knowledge and abilities for the benefit of man in his eyes inevitably compromises the morality of a physician and of any human being in general.[28]

Therefore, in scientific research, the ethical conduct of a medic according to our author reveals itself particularly in a close attention to the following obligations:

- Natural science in medicine must first and foremost be of practical use and beneficial to human health and well-being.
- An impartial empiric or experimental methodology which guarantees correctness in essential results must be strictly observed. The many possible reasons for frequent errors, biases and delusions must be known and carefully avoided. The limits to human reason, knowledge, perception, understanding and abilities should - as far as possible - be improved, in principle, however, be accepted and acknowledged:

> *The more we know, the more we discover the uniformity and simplicity of the laws of Nature, when compared with the vast extent and variety of her works; but still we must not imagine that they are confined within the narrow limits of our knowledge or even perhaps our comprehension. ...It is ...useless labour, when we pierce beyond certain limits into Nature, and attempt the investigation of causes, either beyond ou reach, or such as, if known, could lead us to no useful consequence.*[29]

It seems particularly important to Gregory that religious beliefs and progress in the natural sciences should not exclude one another. On the contrary:

> *The study of medicine, of all others, should be the least suspected of leading to impiety. An intimate acquaintance with the works of Nature raises the mind to the most sublime conceptions of the Supreme Being, and at the same time dilates the heart with the most pleasing views of Providence. The difficulties that necessarily attend all deep inquiries into a subject so disproportionate to the human faculties, should not ...surprise a physician, who, in his practice, is often involved in perplexity, even in subjects exposed to the examination of his senses.*[30]

Whilst the application of scientific research to practical use is to be strictly observed, it is frequently necessary to regard - in the end often hypothetical - scientific doctrines, curricula and teaching methods in relative terms.[31]

Like most philosophers in the age of Enlightenment Gregory also passionately supports the so-called *imperative to do research*. He repeatedly demands scientific eclecticism, impartial exchange of experiences and cooperation regardless of all possible distinctions between the various professions and faculties in order to promote the benefit of both, the individual patient and of society in general:

> *It has been the fate of medicine to suffer, in a particular manner, from ...[having] fallen, at different times, into the hands of Galenists, Chymists, Cartesians, Mathematicans, Stahlians, and some other sects compounded of these; each of whom have moulded the whole science into a form, seemingly complete in all its parts. It has been tinctured with mystical divinity, astrology, and all the subtleties of school philosophy, according to the different attachments of physicians to those studies. But, notwithstanding the disadvantages attending these systems, a physician of genius will be able to draw from them some useful information. ...it is a physician's duty, to search for knowledge from all sources, however im-*

pure and contemptible; and he may avail himself of that expierence, which the empiric himself is neither able nor willing to turn to account.[32]

Again presumably as the first medical ethicist in history, Gregory recommends to institutionalize and professionalize scientific research. Science should be granted a farreaching autonomy. Commitees should assess and control the work of the scientists on behalf of society. Their members should be qualified and openminded enough to objectively evaluate the research done and protect both, the unbiased independence of science and the personal integrity of the scientist against possible unfair or evil-minded attacks and criticism. Finally they should also organize and monitor the intercourse between natural science, clinical, practical medicine and society as a whole. Gregory proposes therefore institutions, that today would be called *ethic- committees.*[33]

Concerning the *ethics of teaching and learning* in medicine, Gregory demands that both, a very broad *general* knowledge and a solid, comprehensive medical competence should be procured and promoted by the academic teachers and diligently acquired and achieved by the students and younger colleagues.

He advocates a practical, *clinical* training and bedside-teaching for the juniors and proposes to modernize outdated medical curricula. Unlike most physicians of his time, Gregory also is in favour of integrating society as a whole into the medical enlightenment, not least by establishing and promoting public health education.[34]

A really competent physician should distinguish himself by solid expertise in the following subjects: anatomy, physiology (including the subdisciplines and basic sciences: physics, chemistry, biology, comparative natural sciences, also psychology and sociology), pathology and, of course, *therapy* (i.e. surgery and *materia medica*: pharmacology, botanics, dietetics, hygiene).[35]

As to *ornamental qualifications* of rather *general* knowledge and education, Gregory regards a good acquaintance with the history of medicine and science as particularly desirable. In his *Lectures* he often discusses critically historic physicians and scientific *schools* and developments.

A thorough knowlege of the history of physic, by discovering the sources of ...maxims and remedies adopted in practice, will naturally make a physician suspicious of those which were introduced by false reasoning and superstition.[36]

Also a sound knowledge of mathematics, a reasonable command of foreign languages and the ability to communicate one's sentiments and experiences verbally and in a literary acceptable style should in his view be expected of a physician.[37]

In addition to all those ideals, tasks and qualifications Gregory expects a physician to live up to, he reminds his young colleagues and students to keep in mind that they also do have and should enjoy certain rights. Even a doctor's life should certainly not consist only of pedantically doing his duty. Enjoying general cultural accomplishments and a personal *ars vivendi* appear to him as integral aspects of the ideal of the enlightened philanthrophist, the *homo universalis* - a comprehensively educated *gentleman* and at the same time a well trained and qualified professional.[38]

As it has been shown, Gregory establishes his *system of conduct in a physician* to an equal degree on both, a classical *ethical* base (in the sense of strict moral philosophy) and on the base of the empiric methodology and theory of science.

These two features seem to him inseperably interconnected: scientific progress and the improvement of human life (as *practical* philosophy of science) appear to him - as to all empirics since Bacon - as an essential ethical obligation. The ethicists of his age, however, (in particular Hume), tried in their turn to introduce the empiric methodology, derived from the natural sciences, into the so-called *humanities*, including moral philosophy.

In addition to this - up to then - quite singular feature of Gregory's true *Bio-Ethics*, his expansive approach impresses due to a variety of further peculiarities: as already mentioned, he distinguishes himself from most of his historic predecessors and successors by not simply restricting himself to mere *codification*, to a comparatively simple formulation and enumeration of rules of *acceptable* behaviour, medical etiquette, law and professional interrelations. Unlike for instance Percival and even most declarations and codes of our time, Gregory also quite deliberately takes the time and trouble to give reasons and carefully differentiated justifications for his proposals, rules and his set of basic moral priorities. In doing so, he puts them to the test in

critical, mature, *enlightened* discussions, forcing his listeners and readers to truly exercise their moral autonomy, by compelling them to make up their own minds and to come to their own conclusions. Gregory has no illusions about the many possible conflicts between contradicting motivations of action, moral values, ideologic theories, scientific, economic and social interests or priorities and viewpoints. He is very aware of the often substantially diversing practical requirements of the different, sometimes even *competing* professions concerned in health-care.

He acknowledges the fundamental legitimacy of sometimes opposing needs of all persons and groups concerned in medicine (patients, relations, physicians, nurses, society as a whole...). Consequently he accepts the inevitably relative and tentative nature of any medico-ethical proposal or *system of conduct*. Gregory's aim therefore is apparently to develop and teach some general and basic guidelines and principles, with the aim to qualify his students for highly autonomous ethical reasoning and acting in medicine.

For him the most important and difficult duty and qualification of a physician is, to acquire a truly professional and ethical competence in practical medicine.

Codified laws, rules and standards of professional etiquette, medical jurisprudence and social convention appear to him to be often tremendously helpful. Nonetheless, the patterns of behaviour of a *gentleman* alone prove sometimes quite insufficient to enable a physician to live up to his ideals and responsibilities. Gregory distinguishes carefully between conventional traditions, manners, habits and - more generally - morals, law, and finally true *ethics* in the sense of a theoretic and philosophically systematic legitimation. *Medical Ethics* for him are definitely not ethics specifically for medicine alone, but general ethics applied to medicine. The teachings of what is good or evil, right or wrong, whether in medicine or in general life, are based on social conventions and to Gregory need to be seen in relative terms according to the situation and the historic and cultural background.

Moreover, Gregory's *Lectures* provide a broadness of range of argumentative approaches towards ethics in medicine, which is

quite stunning and perhaps unique in the history of medicine. In particular his demands (adopted from Bacon) for a fundamental, universal and enlightened reform and modernization of science and education reveal his constant awareness of the tremendous importance of many other fields of knowledge for medicine: Gregory's statements leave no doubt that philosophy, religion, psychology, the natural sciences, the arts, the social-historic background, economic circumstances and legal traditions do indeed play most decisive roles, when moral maxims in medicine are to be defined, agreed on and put into action.

The list of subjects and fields of knowledge he expects a medic to be well versed in are nothing other than an enumeration of all these general cultural influences on medicine and medical ethics. A special awareness for this multitude of influences and interrelations should, according to Gregory, be taught right from the very beginning of a medical student's training, if not even before.

It can also be proved that Gregory's understanding of what we call *Medical Ethics* today was not only that of the practical ethos of a physcian - although the title of his *Lectures* and the special emphasise he puts on *the duties and qualifications of a physician* might suggest otherwise. In his eyes, there are also medical duties, virtues and responsibilities to be expected from the individual, the patient and society in general. They too must take an active part in caring for and preserving health and must provide preventive means of health-education.

Gregory's historic project of a *system of conduct in a physician* consequently provides numerous possibilities and suggestions to critically examine and reconsider our contemporary notions of ethics in medicine and the ways we teach it.

Moreover, appropriate as his *Lectures* still are, they allow and invite critical reflections and public and open discourses of all persons, groups and disciplines involved with the common goal to find and define sensible and pragmatic solutions and acceptable compromises to at least some of the many questions that morally confront people working in medicine.

In *Historia Medicinae* John Gregory is without doubt one of the most outstanding - if not even the most outstanding - author

in the history, theory, systematics and didactics of the enlightened traditions of modern, contemporary medical ethics. The importance of his work and its influence should be acknowledged and reassessed.

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1. *The term* medical ethics, *introduced by Percival, is really a misnomer. ...it refers chiefly to rules of etiquette developed in the profession to regulate the professional contacts of its members with each other... Unfortunately Percival was persuaded that* medical ethics *was the proper title for this system of professional regulations. All similar and subsequent systems of general professional advice, whether official or not, have received the same title. As a result confusion has developed in the minds of many physicians between what may be really a matter of ethics and what may be merely concerned with etiquette. Further, because doctors, as practical men, have generally scorned philosophical inquiry, they are sometimes uncomfortable in the attempt simultaneously to hold two opposing ethical positions. For the average physician, medical ethics ...means only medical etiquette, and actually there is usually as great a penalty attached to a transgression of one as to the other. Medical etiquette is concerned with with the conduct of physicians toward each other, and embodies the tenets of profession courtesy. Medical ethics should be concerned with the ultimate consequences of the conduct of physicians toward their individual patients and toward society as a whole, and it should include a consideration of the will and motive behind this conduct.* LEAKE C. D., *Percival's Medical Ethics*. Williams & Wilkins, Baltimore, 1927 [Original edition]. Reprinted and published by Robert E. Krieger, New York, 1975, pp. 1-2.
2. KALLMAYER K., *Die Medizinische Ethik des Dr. Thomas Percival.* Diss. Med., Tübingen, 1981, pp. 112-123; LEAKE C.D., op. cit. nota 1, pp. 33-57; STRÄTLING M., *John GREGORY (1724 -1773) und seine* Lectures On The Duties And Qualifications Of A Physician - *Die Begründung der medizinischen Ethik der Neuzeit auf der Basis der Moralphilosophie und der empirischen Wissenschaftstheorie der britischen Aufklärung*. Diss. Med., Lübeck, 1996, pp. 176-190.
3. GREGORY J., *The Works Of The Late John GREGORY, M.D. ; Vol. I - IV*. A. Strahan and T. Cadell, London; and W. Creech, Edinburgh, 1788; Vol.III: *Lectures On The Duties And Qualifications Of A Physician*, p. 13, *...what kind of genius, understanding, and temper naturally fit a man for being a physician.*
4. *Ibidem*.
5. *Ibidem*, p. 18, *In the pride of his heart [a student] fancies every disease must fly before him;... It will be unfortunate, however, for his patients, if a little experience does not humble his pride, and satisfy him that in many cases he neither knows the proximate causes nor the indications of cure, nor how to fulfil these indications when he does*

know them; or shew him, what is equally humiliating, that the indications are different and contradictory. In this situation his boasted science must stoop, perhaps, for some time, to be an idle spectator, or to palliate the violence of particular symptoms, or to proceed with the utmost fear and diffidence.

6. *Ibidem*, pp. 19-20, *A physician ...must study the temper, and struggle with the prejudices of his patient, of his relations, and of the world in general; ...Hence appears the necessity of a physician's having a large share of good sense, and knowledge of the world, as well as a medical genius and learning.*
7. *Ibidem*, pp. 20-21.
8. *Ibidem*, pp. 19-20, *A physician has not only for an object, the improvement of his own mind ...but a certain command of the temper and passions, either natural or acquired, must be added, in order to give [the genius and talents required in a physician] their full advantage.*
9. *Ibidem*, pp. 22-23.
10. *Ibidem*, p. 23; also pp. 24-25: *The insinuation that a compassionate and feeling heart is commonly accompanied with a weak understanding and a feeble mind is malignant and false. Experience demonstrates, that a gentle and humane temper, far from being inconsistent with vigour of mind, is its usual attendant; and that rough and blustering manners generally accompany a weak understanding and a mean soul, and are indeed frequently affected by men void of magnanimity and personal courage, in order to conceal their natural defects.*
11. BURGDORF V., *John Gregory über Lernen und Lehren der Medizin* Diss. Med., Christian-Albrechts-Universität zu Kiel, 1970, p. 13.
12. GREGORY J., see. note 3, pp. 25-26.
13. *Ibidem*, pp. 26-27.
14. *Ibidem*, pp. 37-39: *A physician is often at a loss in speaking to his patients of their real situation when it is dangerous. A deviation from truth is sometimes in this case both justifiable and necessary. It often happens that a person is extremely ill; but yet may recover, if he is not informed of his danger. It sometimes happens, on the other hand, that a man is seized with a dangerous illness, who has made no settlement of his affairs; and yet perhaps the future happiness of family may depend on his making such a settlement. In this and other similar cases it may be proper for a physician ...to give a hint to the patient of his real danger, and even solicit him to set about this necessary duty. But, in every case, it behoves a physician never to conceal the real situation of the patient from his relations. Indeed, justice demands this; as it gives them an opportunity of calling for further assistance, if they should think it necessary ...and, if [the patient] dies, it makes the shock more gentle. To a man of a compassionate and feeling heart, this is one of the most disagreeable duties in the profession: but it is indispensible. The matter of doing it, requires equal prudence and humanity;* also pp. 67-72.
15. *Ibidem*, pp. 36-37.*Every man has a right to speak where his life or his health is concerned, and every man may suggest what he thinks tends to save the life of his friend. ...it become [a physician] to hear what [a patient or his friends] have to say with attention, and to examine it with candor. If he really approves, ha should frankly own it, and act accordingly; if he disapproves, he should declare his disapprobation in such a manner, as shews it proceeds form conviction, and not from pique or obstinacy. If a patient is determined to try an improper or dangerous medicine, a physician should refuse his sanction; but he has no right to complain of his advice not being followed.*
16. *Ibidem*, pp. 30-31.
17. *Ibidem*, pp. 29-30.

18. *Ibidem*, pp. 39-40.
19. *Ibidem*, p. 28.
20. *Ibidem*, pp. 64-67.
21. *Ibidem*, pp. 31-32.
22. *Ibidem*, pp. 34-48.
23. *Ibidem*, pp. 48-64.
24. *Ibidem*, pp. 57-80.
25. *Ibidem*, p. 79.
26. *Ibidem*, pp. 34-64.
27. *Ibidem*, pp. 56-57.
28. *Ibidem*, pp. 32-33.
29. *Ibidem*, pp. 174-190.
30. *Ibidem*, p. 77.
31. *Ibidem*, pp. 190-197.
32. *Ibidem*, pp. 219-220; 256-258.
33. *Ibidem*; p. 253 - 274.
34. *Ibidem*, pp. 224-270.
35. *Ibidem*, pp. 82-100.
36. *Ibidem*, p. 102.
37. *Ibidem*, pp. 105-115.
38. *Ibidem*, pp. 115-116.

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