

Medical ethics in the history of medicine. The phenomenon of “holy doctors”: the historical portrayal of Ye.S. Botkin

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The existence of canonized doctors in cultural history allows us to affirm the reality of the “holy doctors” phenomenon in the history of medicine. The main distinguishing feature of this phenomenon is the principle of the physician’s moral relation to the suffering person. The authors examine the logical and ethical connection between the principles of medical ethics of the historically first and last in the succession of holy doctors: St. Luke (the 1st century) and the Righteous Passion-Bearer Yevgeny the Physician (Ye.S. Botkin, the 20th century). Despite the time frame dividing them, the commonality revealed in their positions is regarded as the historical and logical basis for recognizing the practical significance of the moral principles of medical activity, including for modern medicine. These moral principles include: the principle of charity and rendering assistance to the suffering person; willingness to provide medical care in different situations; the principle of justice; unselfishness and gratuitous service; the principle of the dominance of the interests of a sick person. The distinguishing features of these principles are of great theoretical importance for elucidating the position of the Federal Law *On the Fundamentals of Health Care of Citizens of the Russian Federation* (No. 323-FZ of November 21, 2011) on the need to “observe ethical and moral standards” in carrying out activities in the field of protecting the health of Russian citizens.

Keywords: *history of medicine, medical ethics, moral principles, holiness, Ye.S. Botkin*

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The moral attitude towards patients and the professional and deontological ethics of the physician are a crucial component of practical and theoretical medicine and its history. The canonisation of the Russian doctor Yevgeny Sergeevich Botkin in February 2016 confirms the existence of “physician saints” in the history of civilisation.

Ye.S. Botkin¹ is the latest in the line of doctors whose life accounts are preserved in church archives and monastery libraries. The most prominent among them are the apostle Luke the Evangelist; the martyr Antioch of Sebastia,

¹ Yevgeny Sergeevich Botkin (27 May (8 June) 1865, Tsarskoe Selo – 17 July 1918, Ekaterinburg) – Russian doctor, physician-in-ordinary to Tsar Nicholas II, fourth child of Professor Sergey Petrovich Botkin. Having started his education at home, he enrolled at the 2nd Saint Petersburg Classical Gymnasium in the 5th class in 1878. He enrolled at Saint Petersburg University in the faculty of mathematics and physics in 1882, but a year later he transferred to the

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unmercenaries Cosmas and Damian of Rome; Cosmas and Damian of Arabia; Cyrus and John; Saint Pantaleon; martyrs Saint Tryphon, Julian of Emesa, Thalelaeus of Aegea, Diomedes of Tarsus, Orestes of Tyana (Cappadocian), Saint Sampson the Hospitable, Alypius (the 12th century) and Agapitus (the 11th century) of the Caves; Archbishop Luka (Voyno-Yasenetsky) and others [1]. Each of them has his own saint title recognised in Orthodox Christianity. Among them are the righteous, apostles, martyrs, venerables, confessors, unmercenaries, enlighteners, passion-bearers, etc. Despite the difference in their saint titles, nationalities and eras, they are bound together by their profession as physicians and their achievements in their work, as defined by the concepts of “faith healers” and “healing”.

The accomplishments of these physicians, which are documented by Holy Tradition, testify to a unique historical fact – the phenomenon of “physician saints”. The essence of this

phenomenon is not defined by techniques or methods of treatment, which varied according to each physician. Neither was their work characterised by significant discoveries in medical science. The essence of the phenomenon of physician saints depends on three basic factors: the understanding of the spiritual causes of disease, the understanding of the meaning of one’s own calling and unique prayer experience and the moral attitude towards the suffering person.

Investigation into what constitutes the physician’s moral attitude towards a patient, which is of such high ethical and social value as to bear on the canonisation of saints, is particularly relevant for contemporary medical practice, the moral component of which has attracted critical public attention today.

When analysing peculiarities of the phenomenon of physician saints against the background of changing historical contexts, the integrity and consistency of the fundamental moral parameters of the relationship between physician saints and the suffering individual become clear. The consistency of moral principles is a common trait of conservative religious ethical knowledge, whose essence was summed up in the 10th century B.C. in the Judgement of Solomon. “A man shall not be established by wickedness: but the root of the righteous shall not be moved” (Proverbs 12:3). From this perspective, a description of the phenomenon of physician saints based on the gospel of the first Christian physician and apostle Luke (the 1st century A.D.) and the moral experience of Dr. Yevgeny Botkin (the 20th century) is quite revealing. The logical and ethical link between the former and latter in the long line of physician saints, despite the two millennia separating them, reveals the practical meaning of the moral principles of the physician’s profession as shaped by experience, even in modern-day medicine.

Thanks to the first physician saint – the apostle Luke – much of the world is familiar with the parable of the Good Samaritan, in which the moral archetype of the physician’s behaviour is formed, the integral parts of which are mercy, empathy, justice and caring for patients. For many centuries, these principles have shaped the self-consciousness of the physician, as well as helping shape people’s views on the social purpose of medicine and the way a physician

Saint Petersburg Medical and Surgical Academy (now Military Medical Academy), where he graduated with honours in 1889. He began his professional career at the Mariinsky Hospital for the Poor at the age of 25. After practical training in Germany, he wrote a paper titled “On the morphology of blood and the lymph”. In 1893, after returning to Russia, he defended his doctoral dissertation (“On the question of the influence of albumoses and peptones on certain functions of the animal body”) (his opponent was I.P. Pavlov). He was appointed Privatdozent at the Saint Petersburg Medical and Surgical Academy in 1897.

By the order of the Main Department of the Russian Red Cross on 2 February 1904, Ye.S. Botkin was appointed chief representative of the medical department of the field army. “For excellence in action against the Japanese”, he was awarded the second and third degree military officer’s order of St. Vladimir with swords. In 1905, he was given the title of physician-in-ordinary, after which he began teaching work at the Saint Petersburg Medical and Surgical Academy. On 13 April 1908, he was appointed by Empress Alexandra Fedorovna as physician-in-ordinary of the royal family, the same post held by his father. During World War I, he was involved in setting up hospitals and infirmaries for the wounded.

After learning that the royal family was being transferred from Tobolsk, he volunteered to go with them as their physician. On the night of 17 July 1918, he was shot together with the imperial family in Ekaterinburg.

In 1981, he was canonised by the Russian Orthodox Church Abroad as a martyr. In 2016 he was canonised by the Russian Orthodox Church as a passion-bearer. [2, pp. 41–42].

should behave. Practical experience of their effectiveness, passed on from generation to generation, has transformed these “prototypes” of behaviour into ethical values and standards of the profession.

How should a physician behave in the context of this Christian archetype (Luke 10: 25–37)?

First, at a deeper level, the mercy of the Samaritan is associated with the capacity to empathise and the willingness of the physician to help a sick person. The parable says that none of the passers-by came to the aid of the injured man. The Samaritan felt compassion for the man, empathising with the man in his heart.

Second, the prototype of the Samaritan is associated with the physician’s capacity for practical compassion, for providing medical assistance in the most diverse circumstances and conditions. The Samaritan did not stop at compassion. He immediately took action, provided real, practical help and “bound up his wounds”.

Third, a physician has to be just and independent of financial, political and national affiliations. Despite the fact that Samaritans and Jews despised each other the Samaritan still helped the Jew. He did not see an enemy in the Jew, but saw a suffering individual above all.

Fourth, in his relationship with the sick person, the physician must have the capacity for self-sacrifice, for giving up his comforts and personal interests for the sake of helping the patient. The Samaritan denied himself what he needed because the next person needed it more – he “sat him on his donkey” and went on foot himself.

Fifth, the physician must not profit from his help. Not only did the Samaritan not demand material compensation for his efforts, but he, in fact, paid for the care of the injured man. This point is so significant that one of the titles of physicians was called “unmercenary”.

And finally, the physician has to fight for human life. The Samaritan did not stop at offering his help just that one time, but in fact, cared for the man until he had recovered.

Does the professional work of Dr. Ye.S. Botkin relate to this system of ethical values laid out in the gospel? The recognition of Ye.S. Botkin among the community of saints was a subject of detailed discussion within the executive committee of

the Saint Luke (Voino-Yasenetsky) Society of Orthodox Christian Physicians of Russia for many years. Participants at the fifth All-Russian Congress of Orthodox Christian Physicians, held in Saint Petersburg in October 2015, unanimously petitioned the Russian Orthodox Church to this end. Those urging his canonisation at the congress pointed out that the physician, who had refused to leave the royal family when their tragic fate was already sealed, demonstrated self-sacrifice and faithfulness to his professional (physician’s) duty. Yevgeny Sergeevich did not abandon the sick child, Tsarevich Alexei, nor the royal family, whose members might have needed his help at any time.

The decision to remain with the royal family was not easy for Ye.S. Botkin. After all, while caring for his patients, he left his own children without care. He gave detailed reasoning for his decision in his last letter, arguing that this choice, “due to human foible”, never “lost its agonising acuteness” [3, p. 492]. From this unique document, it becomes clear that he understood fulfilling his duty as a physician would inevitably lead to his death, and his children would be orphaned. How did he justify himself, what arguments did he raise, what was the basis for his “last decision”, “when [he] unhesitatingly orphaned [his] own children in order to carry out [his] physician’s duty to the end” [2, p. 88]? This commitment to the physician’s duty was undoubtedly based on his deep-seated faith. He compares it with the faith of Abraham, who “did not hesitate at God’s demand to sacrifice his only son”. Ye.S. Botkin writes: “And I strongly believe that, as God saved Isaac, He will save my children also and He will be their father” [2, p. 88].

Ye.S. Botkin had many opportunities to leave the royal family after their arrest in Tsarskoe Selo and before being exiled to Siberia and Tobolsk. Before his expulsion from Tobolsk to Ekaterinburg, revolutionary authorities strongly urged him to leave the royal family. From February 1917 until the tragic events of July 1918, the threat to the lives of the Tsar and Tsarina and their children increased every day. This threat also pertained to the life of Ye.S. Botkin himself. Nevertheless, he made the decision to stay and remain faithful to them until the end. That this was a conscious choice is supported by a fragment of his letter to his brother Alexander

Sergeevich Botkin, sent 8 days before his death (on 9 July 1918): “I am not indulging myself with hope, I am not lulling myself with illusions and I am staring plain reality right in the eye...” [2, p. 88].

Tatiana, Dr. Botkin’s daughter, later described the death of the prisoners as follows: “The Tsar has been woken up in the middle of the night; the slow path through the courtyard to the house of Ipatyev; my father offered the Tsar to carry the Heir and called him Your Highness for the last time; terrible room in the basement. Nicholas II sat with Alexei in the middle of the room, my father stood behind them...Yurosky’s words: “We have to shoot you...” Father stood in front of the Tsar and fell, as a tree, from the bullet which struck him right in the heart... I imagined Anastasia’s pain, when Chekists, again and again, stabbed her with bayonets...Great princes exchanged last looks and saw the fragile figure of the Heir, killed by a shot from a revolver” [3, pp. 416–418].

By shielding the Tsar and the Heir, Dr. Botkin made his last step on the path towards serving the imperial family and fulfilling his physician’s duty.

This act was the practical embodiment of the gospel’s maxim of self-sacrifice “for your friend” and the fundamental ethical norm of the physician’s duty, which in modern terms is described as the principle of the predominance of the interests of the patient and care for the benefit of the patient. Dr. Ye.S. Botkin’s actions are an example of the embodiment of these principles. The saint title given to him by the church proves that fact. Despite his martyrly end, Yevgeny Botkin was not canonised as a martyr, but as a passion-bearer. Unlike martyrdom, defined as suffering when forced to reject faith in God under persecution, the passion-bearer suffers for his faithfulness to Christian commandments. Ye.S. Botkin accepted death as a consequence of his commitment to Orthodox Christianity and his professional convictions. He belonged to the type of physicians for whom the Christian willingness to sacrifice was a natural manifestation of the understanding of the meaning of life and a fulfillment of professional duty.

For Ye.S. Botkin, the link between medical ethics and Christian morals had special and fundamental significance. “With my hand on

my heart, I can confess that I always tried to care ‘for the things of the Lord’ and for the ‘things of the course’ so as not to shame the class of 1889” [2, pp. 88–89]. His last letter to his brother Aleksandr before his execution, which is kept in the Russian State Archive,² is largely devoted to this link between medical ethics and Christian morals. In the letter, he reminisces about his education at the Saint Petersburg Medical and Surgical Academy and confesses his indifference to religion during his student years. He was led to religion particularly by the principles of medical ethics of the doctors at the academy of “the class of 1889”, which they accepted and vowed to stay true to. Ye.S. Botkin writes that these principles were so close “to Christianity that [their] complete conversion to it... was an entirely natural transition” [2, p. 88]. And this transition occurred. “Since then,” he continues, “my code of conduct has become considerably wider and defined, and in every matter I cared not only about the ‘Course’, but the ‘Lord’ as well” [2, p. 88]. Ye.S. Botkin regularly referred to his commitment to the “principles of the class of 1889”, which became an authentic professional code for him.

So what were these principles? Unfortunately, we could not find an official document in the archives of the Military Medical Academy. The principles were identified through logical analysis of the text of Dr. Botkin’s last letter, in which he describes in detail his medical practice in Tobolsk.

The first principle relates to compassion and willingness to help a sick person (even outside formal duties) to the fullest. Ye.S. Botkin writes that he “worked with all his strength”. This created trust among people, “which creates the atmosphere our souls require” [2, p. 89]. The second principle is offering help in any conditions, without justification by any circumstances. Ye.S. Botkin took in patients in unfavourable conditions: “I was forced to examine in a small room before bath, and a large chest served as a sofa” [2, p. 90]. The third principle is justice. His letter reads: “I have never denied anyone assistance...I was pleased by their³ belief, which

² Ye.S. Botkin’s letter dated 26 June 1918. Russian State Archive. F. 740. Op. 1.

³ Referring to patients.

never betrayed them, that I would accept them with the same attention and affection as any other patient” [2, p. 89]. The fourth principle is respect towards colleagues. Having gained the trust of patients and a reputation as a good doctor, he did not try to denigrate the dignity of local doctors. “I did not want to stand in the way of resident doctors of Tobolsk, with which they were very happy, both quantitatively and, more importantly, qualitatively” [2, p. 89]. The fifth principle is self-neglect and voluntary service. Patients “always tried to pay” but the doctor, following the “old code, understandably, never took anything from them” [2, p. 89].

The main principle for Ye.S. Botkin was commitment to the physician’s duty and its moral religious culture. It is no wonder that in 1897 in the epigraph of his lectures, published in the Newsletter of the Saint Petersburg Mutual Aid Society (1903), he chose the words of his father, Sergey Petrovich Botkin: “The moral development of a practising physician will help him preserve that spiritual balance, which allows him to fulfil his sacred obligation before his neighbours and the motherland...” [4, p. 5].

Ye.S. Botkin’s moral culture was undoubtedly defined by genuine faith in God. However, as is well known, “faith by itself, if it is not accompanied by action, is dead” (James 2:17). Faith in God was the foundation of his commitment to the cause – the physician’s professional duty. Investigating the gospel’s dialectic relationship between works and faith, he agreed that a person can be justified by works and not faith alone (James 2:24). As a doctor, he was undoubtedly aware that the history of medicine is full of heroic examples. Each practising physician can cite hundreds of cases, starting from the doctor abandoning personal plans for the sake of the patient to

various situations which could be considered the “last duty”. This can also apply to the story told among doctors of the feat performed by a fellow doctor, who, himself being handicapped because of a heart disease, responded to a fellow doctor’s request, operated on and saved a gravely ill patient, but coming out of the operating theatre, died of cardiac failure. Irrespective of the doctor’s faith or lack of faith, such situations are abundant in the history of medicine. And this is in line with the essence of Christianity, which is meant for good deeds regardless of the measure of understanding. “Deeds can live without faith”, Ye.S Botkin writes, “...and if anyone of us marries faith with works, then it is only by the grace of God” [2, p. 88]. And this grace was shown to him also: today, in his saint title, he demonstrates the example of following the Christian commandment of loving one’s neighbour, which, according to the professional medical ethics, is transformed into the “principle of the priority of the interests of the patient”, which lies in doing good, helping the needy, preventing evil or harm, and saving human life. In the Federal Law “On the principles of protecting public health in the Russian Federation” (No. 323-FZ of 21 November 2011), this principle is associated with “fundamental principles of public health” (Chapter 2, Article 4, Item 2) and is directly linked with “compliance with ethical and moral norms” (Chapter 2, Article 6, Item 1) in the Russian public health sector [5, p. 871]. Current legislation does not define what constitutes ethical and moral norms. Therefore, that definition based on the example of many centuries of the practice of physicians, who are aware of the value of ethical and moral norms, is of particular historical interest and has informative significance for modern-day medicine.

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