The Development of Medical Ethics in Korea

Dong Chun SHIN,1 Ilhak LEE2

According to Hippocrates, the three elements that embody the field of medicine are sickness, patients and doctors. Medical ethics is formed and developed through the relationships between these three elements of medicine. In particular, through the doctor’s relationship with the patient and the ethics that may arise from that relationship, the study of disorders and their treatments, and the various responsibilities that arise through a doctor’s relationship to the field of medicine and his colleagues. Of course, in today’s world there have been a diverse range of other parties that have become involved in these relationships, such as with government, third party payer or future generations, making the relationships more complicated, but the relationships between the three basic elements remain to be essence and core of medical ethics.

The source of medical ethics is primarily internal, namely through the beliefs that are acknowledged by the doctor and his associates. In particular, the doctor’s oath comprises the basis of his ethics. However, as duties to society, particularly to the patient, became recognized, those beliefs and oaths gradually became promises to the general public that the doctor is “this kind of person” and the approval and granting of authority from society followed and the substance of medical ethics was formed. If that is indeed the case, then a look into the ethics that doctors adhere to can reveal how the doctor’s consciousness of ethics was formed. In particular, if the course of transitions in the declaration of medical ethics is examined, the transitions in consciousness can be tracked as well.

Through the transitions in the declaration of medical ethics, this paper will examine the changes that have taken place in the advice that doctors give. Together with a number of cases that influenced changes in the declaration of medical ethics, this paper will show the changes that society demanded and how doctors were able to cope with these demands. The examination of this process will also reveal the type of ethics-related mindset that a doctor requires.

The Function of the Declaration of Ethics

As a profession, there are various characteristics that a doctor has or requires that sets it apart from other occupations, such as the training required, specialized technical skills, professional self-control, adherence to societal values and ethical rules, particular motives for choosing this line of work, devotion to duties, a sense of collaboration with colleagues, and so on. Doctors accept these features publicly as their own, so that society can expect the manner doctors will show during the medical service. The Latin origin of the word ‘professional’ means “to publicly acknowledge, to make a declaration, to make a promise.” This sort of public promise became widely known through the Hippocratic Oath, which was written between the 4th and 1st Century B.C., as well as through more recent documents such as the World Medical Association’s “Declaration of Geneva.” After 1964, there have been numerous medical ethics-related public declarations adopted and amended in Korea as well.

These ethics declarations commonly make pledges regarding the devotion to the relationships that a doctor makes with his patients and colleagues. Placing the patients’ interests before their own, comradeship with fellow doctors, and the promise to provide care are the basis of those pledges. Medical ethics declarations, particularly

---

1 Executive Board Member, Korean Medical Association, Seoul, Korea. Professor, Department of Preventive Medicine, Yonsei University, Seoul, Korea (intl@kma.org).
2 Department of Medical Law and Bioethics, College of Medicine, Yonsei University, Seoul, Korea.
to those just starting out in the medical profession, are accepted voluntarily and take on a dual role as a promise to fellow medical professionals and to society. This concept of a dual role can be explained further by saying that the primary value of having a grasp of society’s expectations and knowing to what extent they should be accommodated, along with the medical community’s ability to rely on each other to conduct themselves in a medically ethical manner are emphasized and reinforced. Furthermore, if these ethics declarations are looked at from a historical perspective, they have influenced the traditionally accepted roles of doctors, as well as the demands that present-day society places on doctors.

How do these ethics declarations come to have any binding force with doctors? Ethics declarations are made with a backdrop of the considerations of the individuals and the communities that will be affected by them, and this creates an ethical climate. Rather than seeing a doctor’s response to an individual’s ethical dilemma as an isolated event, if it is seen from a perspective that encompasses societal and cultural views, the individual’s own experiences, and ethical norms, then ethics declarations can have the ability to embody these norms.

The Stages of Development in Korea’s Declaration of Ethics

Literature referring to medical ethics can be found in any culture. In case of Korea, one of the oldest documents that refers to the proper conduct of doctors was written in the medical encyclopedia called Ui-Bang-Yu-Chui (醫方類聚; A Collection of Medical Procedures) published in 1445. The following is the list of doctor’s duties compiled in it:

1) A doctor has the duty to study sicknesses and treatments.
2) A doctor exists to treat the patients’ illnesses. Doctors should consider the best interest for patients only, regardless of their social status.
3) All lives including those of plants and animals should be respected and not be harmed senselessly in the process of medicine preparation.
4) A doctor must do everything he can to treat patients.
5) A doctor should not put his or her personal interests over care for patients. He or she must try to keep his or her dignity.
6) A doctor should be satisfied with what patients give him or her as an expression of their gratitude and should not be interested in compensation.¹

The medical ethics presented in this medical encyclopedia stresses that high priority should be placed on the interests of patients. It goes even beyond humans and urges that attention be paid to animals and plants as well. This document emphasizes that a doctor, as a specialist in treating patients, should continually study medicine and goes so far as to say that a doctor is a professional who recognizes that he should ignore his own personal gains and interests. However, this type of thinking from the Chosun era lost significance, as modern Western medical systems began to be introduced. Other medical literature from the Chosun era also refer to some essence of medicine, a doctor’s behaviour, payments, basic mental attitudes, medical taboos, and so on.

Although the traditional writings may not have direct impact thereafter, it can be said that public expectations about doctors and doctors’ own perceptions have not changed so significantly. You can assume that the patient-focused ethics then — alleviating suffering and not considering of their societal conditions — might have been carried on continuously combined by the works of Western medical missionaries to introduce Western medicine in Korea and the government’s poverty relief efforts.

However, sustainable development of medical ethics in Korea was interrupted for a while by the Japanese occupation. During the colonization era, doctors were used by the imperial government as “medical police” to maintain surveillance of the Koreans, as well as for any other means the imperial government deemed necessary.²

Korea’s new declaration of medical ethics was established in 1961, a number of years after regaining independence. Although this new declaration was not totally unrelated to the period of enlightenment, it did not reflect Korea’s particular situation remaining simply as a translation of the Geneva Declaration enacted by the World Medical Association in 1948. This declaration was composed of the general duties of doctors, duties to patients, and doctors’ duties to each other and so forth. Although this declaration failed to reflect the circumstances completely, it was accepted broadly and stands still valuable in that the classification of doctors’ duties presented in it
became a standard for discussions on medical ethics thereafter. The examination and amendments to it began in 1970. At that time, the health insurance system was just introduced in Korea and access to medical services was still hard to get among public. Especially when excessively high health insurance claim fees became a societal problem in 1978, the Korean Medical Association began to review the ethical position of doctors and a new declaration of medical ethics was enacted in the following year as a result of the review. The changes are meaningful in that they reflect contemporary realities and principles in order to truly deal with medical ethics issues and thus promoted a large number of medical communities to join in the process of producing genuine agreement.

From 1980 to 1990, medicine in Korea expanded both quantitatively and qualitatively. It can be attributed to the advances in society and in medical technologies around the globe, increase in efforts of doctors and expand of medical expenditure through health insurance system. During this time of change, patients and doctors became increasingly aware of human rights issues and this further influenced the development of medical ethics. The declaration of medical ethics was amended in February 1997 to reflect these changes. The new declaration held on to the existing ideas of medical training and providing the best treatment to patients (including the ethical duty to do everything possible), but it expanded the scope of guidelines on cooperation among professionals into nurses and other medical staff. However, the most significant amendment was that this declaration shaped the code of medical ethics (1997, 2006) and medical ethics guidelines separately, thus having a more substantial and practical influence. This was truly a turning point in that the medical association recognized the society’s demand for a high level of ethics and made a real effort to meet them. From the code of ethics by the Korean Medical Association, the following can be found:

1) A devotion to human dignity.
2) Self-control in medical treatment and proper conduct.
3) The pursuit of awareness and public health.
4) The protection of the patient’s right to decide for oneself.
5) The protection of the patient’s privacy, rights and interests.
6) Rejecting unnecessary medical actions.
7) Care and medical intervention for dying patients.
8) The protection of safety and autonomy for medical research subjects.

These statements are a positive reflection of the demands of the past 20 years to guarantee patients’ rights and research test subjects’ rights. It can be said that to guarantee patient’s personal rights does not have to be mentioned specifically as it is the very basic in medical conduct, but it shows doctors’ strong resolution towards them by stating it clearly and specifically.

So far, we have examined that Korea’s declaration of medical ethics have been revised to adjust to public demands and changes in doctors’ perception shift towards their mission in community. What needs to be done from now on should be that the declarations be shared and accepted through diversified communication channels to the public, so that they don’t merely remain as one-way declaration of doctors’ own.

Events That Changed the Landscape of Korea’s Medical Ethics

If medical ethics should be developed through communication with society, a chaos brought forth by a medical scandal would be the time, when those communications take place the most. There have been a number of eye-opening scandals in the Korean medical field. Among those, two issues stand out: One is the “Boramae Hospital Case” occurred in 1997, in which the courts called doctors to account regarding their duty on the patient’s discharge, who lost consciousness. The other is “The Separation of Functions between Prescription and Dispensary,” against which doctors went on a general strike as an expression of strong protest. The strike brought forth a lot of controversies over its righteousness.

The Boramae Hospital case

On December 4 in 1997, a 58-year-old-man fell on the floor at his house in a drunken state resulting in an epidural hemorrhage in his head. He was taken to the Boramae Hospital in an emergency situation and received a 6-hour-long operation to remove the hematoma caused by the epidural hemorrhage successfully. Although he was attached to a respirator because of difficulties in breathing resulted from cerebral edema from the brain sur-
surgery, he was recuperating little by little and chances were for further recuperation. The patient’s wife learned from medical staff that the hematoma was removed through surgery and that her husband’s condition would improve. However, she requested her husband to be discharged due to financial burdens. The wife was told that he would die if he were to be discharged without medical staff or a respirator. On December 5, she ignored the advice of the medical staff and requested her husband to be discharged. In less than 5 minutes after leaving the hospital, the patient began to have trouble breathing and died. The wife and the hospital staff in charge of the patient were charged with homicide and were prosecuted as joint offenders in this case.

On June 24, 2004, the Supreme Court sentenced the doctor to 1 year and 6 month in prison and 2 years probation. As grounds, the Court asserted that the doctor still followed the demands of the guardian and permitted the patient to be discharged although he knew that he would die without a respirator. This judgment imposed the responsibility on the doctor. This judgement came as a shock to most Korean doctors, as decisions of patient’s family were generally accepted as an important ground for doctors in making difficult decisions regarding treatment interruption. With this judgement, doctors remind of their duties to treat a patient as an autonomous individual and their best interest should be considered under any circumstances. There is a provision referring to this in the medical ethics guidelines, but no explicit written provisions in laws, causing confusions. Although there formed an implicit ethical consent on the necessity of those provisions, measures for legislation. This shows an aspect of lack of communication between medical professional and the frame of the society.

**The separation of dispensing function from prescribing**

Conflicts among doctors, pharmacists and the government regarding the separation of dispensing function from prescribing provoked doctor’s general strike of 2000 nationwide and became a national issue that roused much conflict and interest. Beginning with a one-day strike, it went on for five rounds, in addition to the nearly 4-months-long specialists’ strike.

Doctors focused on banning alternative filling of prescriptions by pharmacists. However, under the circumstances in the medical field back then, it was hardly possible and they determined to block the implementation of the system itself.

Despite doctors’ strong opposition, the Government the system announced its stance to implement the system in September of 1998, with an exception of hospital in-patients and passed the bill in the following year. This brought forth strike among primary care physicians first and expanded into general strikes by doctors thereafter.

This event stemmed from the different views between the professionals’ interests and the government’s role over implementation of new policy. The fact that physicians, who stand conservative towards social issues, initiated a strong action like general strike came to many people as a shock. It still remains to be seen whether this event will be seen by the society as a fair protest for the justifiable rights of doctors or as an improper exercise of power. This provided a good opportunity to debate society’s values regarding medicine and the medical workers’ role. However, doctors could not receive sympathy from the public and failed to adhere to Article 8 of in the Declaration of Medical Ethics, thus bringing down the level of trust invested in them by the society.

**Conclusion**

We have examined how doctors are recognized and perceived by the society and how changes in the general principles of medical ethics have affected doctors’ own perception. We have also examined the events that increased awareness of the medical field and how that has affected society’s expectations in physicians. Physicians, who doctors, who have the highest professionalism which society grants, must positively accept their role in society and developments in ethics must continually be made so that they can present justifiable views and knowledge.
References

3. From the website, http://kma.org/General/intro/intro_declaration.asp (Korean)
The Function of the Declaration of Ethics

Doctors are professionals...

Various characteristics:
- the training required
- specialized technical skills
- professional self-control
- adherence to societal values and ethical rules, particular motives for choosing this line of work,
- devotion to duties, a sense of collaboration with colleagues, and so on

The Function of the Declaration of Ethics

Doctor’s Profession
- Professional: “to publicly acknowledge, to make a declaration, to make a promise. (Latin)”
- accept these features publicly as their own
- society can expect the manner doctors will show during the medical service.

History of “public promise”
- Hippocratic Oath (BC 4~1c)
- Declaration of Geneva (1948) by the WMA
- Korean doctors also adopted and amended several declarations

The Declaration of Ethics

The devotion to the relationships that a doctor makes
- Placing the patients’ interests before their own
- Comradeship with fellow doctors, and
- The promise to provide care are the basis of those pledges.
- accepted voluntarily and
- a dual role as a promise to fellow medical professionals and to society.
- have influenced the traditionally accepted roles of doctors, as well as the demands that present-day society places on doctors.

The Function of the Declaration of Ethics

Declaration as an ethical climate
- Affects doctor’s moral decision making in every day medical life, but especially in a dilemma situation.

Medical Practice

Development Ethics Declaration in Korea

Duties of doctors in Ui-Bang-Yu-Chui (醫方炮製, 1445)

1. The doctor has a duty to study sicknesses and treatments
2. The doctor exists to treat the patient’s sickness.
   Further, the patient’s social status should not be a consideration, only medical considerations should be taken into account.
3. All lives should be respected and all lives, including

The medical ethics stresses...
1. high priority placed on the interests of the patient
2. it goes beyond just humans... attention be paid to animals and plants as well.
3. the doctor, as a specialist in treating patients, should continually study medicine
4. he should ignore his own personal gains and interests.
Development Ethics Declaration in Korea

1. Korea’s declaration of medical ethics became established in 1961
   a. A translation of the Geneva Declaration
2. The examination and amendments to this declaration of medical ethics began in 1970’s
   a. Reflected the introduction of National Health Insurance system and its implication on medical practice
3. The declaration of medical ethics was amended in February of 1997
   a. Patient’s Rights and medical advances

Development Ethics Declaration in Korea

1. Declaration into codes of ethics: more specified and exerisible ethics developed (1997, 2006) by the KMA
   a. A devotion to human dignity.
   b. Self-control in medical treatment and proper conduct.
   c. The pursuit of awareness and public health.
   d. The guarantee to the patient’s right to decide for oneself.
   e. The protection of the patient’s privacy, rights and interests.
   f. Rejecting unnecessary medical actions.
   g. Care and medical intervention for dying patients.
   h. The guarantee of safety and autonomy for medical research subjects.

Development Ethics Declaration in Korea

1. Korea’s declaration of medical ethics
   a. Changes in doctors’ understanding and acceptance of society’s demand
2. Efforts should be made for strengthening mutual communication and understanding with society

Events That Changed the Landscape

1) The Boramae Hospital Case

a. Self-determination right of unconscious patients exercised by surrogacy. Patient’s wife: patients’ wife insisted on “discharging against medical advice”, patient discharged and expired of brain edema after 5 minutes.

b. The patient’s wife and the hospital staff in charge of the patient were charged with homicide and were prosecuted as joint offenders in this case.

On June 24th, 2004 the Supreme Court asserted that the doctor knew that if treatment was discontinued the patient would die, yet he still followed the demands of the guardian and permitted the patient to be discharged. For this, the doctor was sentenced to one year and six months in prison and two years probation.

2) The Separation of Dispensary from Medical Practice

a. Conflicts between the doctors, pharmacists and government involving the separation of dispensary from medical practice provoked the national doctor’s strike of 2000 and became a national issue that raised much conflict and interest.

b. Beginning on February 17th as a one day strike, it went on for five rounds, up to nearly four month long specialists’ strike.
2) The Separation of Dispensary from Medical Practice

- The different views between the doctors’ interests and the government’s policy came into effect.
- It was surprising to see the main body of protesters was comprised of doctors.
- It still remains to be seen as a fair protest for the justifiable rights of doctors or as an unjust exercise of power for the societal point of view.
- This can be taken as an opportunity to debate society’s values regarding medicine and the medical professionals’ role.

Conclusion

- Professionalism and the doctor’s role in society
- Ethics must be continually discussed so that doctors can present justifiable views and knowledge.