



Volume 3

Article 83

2022

Society, Ethos, and Identity of a Surgeon within the *Suśruta-Samhitā*: A Framework for Redefining the Role of Health Care Professionals

Vidhyasai Annem

University of Texas Austin

Recommended Citation

Annem, Vidhyasai (2022). "Society, Ethos, and Identity of a Surgeon within the *Suśruta-Samhitā*: A Framework for Redefining the Role of Health Care Professionals." *The Macksey Journal*: Volume 3, Article 83.

This article is brought to you for free an open access by the Johns Hopkins University Macksey Journal. It has been accepted for inclusion in the Macksey Journal by an authorized editor of the Johns Hopkins University Macksey Journal

Society, Ethos, and Identity of a Surgeon within the *Suśruta-Samhitā*: A Framework for Redefining the Role of Health Care Professionals

Vidhyasai Annem

University of Texas Austin

Abstract

In the twenty-first century, one of the most dramatic changes to healthcare lies in the segmentation of medical authority from a state of professional sovereignty to one dominated by healthcare conglomerates. With the jurisdiction and autonomy of health practitioners eroding, and the ethos and identity diminishing, the role of health care professionals is fundamentally changing. Historically, medical texts such as Hippocrates's "The Oath" and "Decorum" served as foundations from which the identity and ethos of physicians were constructed and regulated. Similarly, within the *Suśruta-Samhitā*, a holistic treatise on surgery, *Suśruta* describes the best practices of surgeons including characteristics, training, and oaths, often guided by public perception. The *Samhitā* not only constructs the ethos and identity of a surgeon but does so in a manner which highlights the forces used in its conception. As such, it is critical to note the cultural and theological background of the *Suśruta-Samhitā* as it ties to *Ayurveda* and the evolution of medicine in ancient Indian society. Just as *Suśruta* utilizes public perception to define the ethos and decorum of surgeons in ancient society, public perception may be harnessed as a tool to revise medical practice to fit the needs of the people in modern society. By combining public perception alongside consideration of the origin and evolution of medical sciences and practices, it is possible to develop robust recommendations necessary to reclaim the identity and ethos of healthcare professionals in current times. In this proposed framework, a people centered approach is used to redefine the role of medical practitioners, and recommendations are given to train and position professionals to suit the needs of the community.

Keywords: History of Medicine, Ancient India, Medical Training, Ethos, Applied History

In the twenty first century, one of the most dramatic changes to healthcare lay in the segmentation of medical authority from a state of professional sovereignty to one dominated by healthcare conglomerates. An industry previously owned by nonprofits and governmental organizations shifted to one owned by for-profit companies. As pressure had grown for a more efficient management of healthcare, caused by the consolidation of individually owned practices, the growth of health maintenance organizations, the appeal of public financing to investors, and the emergence of businesses selling health adjacent services, a new “medical-industrial complex” has emerged, eroding the authority and autonomy of health practitioners.¹ As a result of such developments, doctors are moving from low- and middle-income countries to resource rich countries, and from rural areas to urban areas to secure better wages, benefits, and working conditions.² By applying a corporate model, large hospitals can secure a salary increase of 37.6% between 2001 and 2017 for physicians, whereas other health care practitioners had a slow or negative growth.³ By concentrating highly paid specialists in urban settings, rural and low-income patients have difficulty accessing health care, and even when utilizing health care systems, experience greater discrimination.⁴ Altogether, the shift in healthcare is fundamentally changing the role and ability of medical practitioners to treat patients. In an industry, previously driven by the strong independent professionalism of physicians, the ethos and identity of a physician is diminishing, if not disappearing in its entirety.⁵ Historically, medical texts such as the Hippocrates’s “The Oath” and “Decorum” served as foundations from which the identity and ethos of physicians were constructed and regulated. In fact, one such text, *Suśruta-Saṃhitā*, written by Suśruta, not only constructs the ethos and identity of a surgeon, but does so in manner which highlights the forces used in its conception. More specifically, he highlights the use of religion and public perception as tools to construct the role of a surgeon in society. In modern times, the role of a health care professional is lost, hidden behind increasingly consolidated business-driven model. Just as Suśruta utilized public perception to define the ethos and decorum of surgeons in ancient society, public perception may be harnessed as a tool to redefine medicine to suit the needs of the people in modern society.

Suśruta, author of the *Suśruta-Saṃhitā*, was the son of the sage Visvamisra and a pupil of Kasiraja Divodasa Dhanvantari. He is believed to have lived around 2nd or 1st century AD and is thought to have resided in Varanasi, India.⁶ While there is little written about his background, Suśruta gains credence through his teacher Divodasa Dhanvantari and through authorship of the *Suśruta-Saṃhitā*, like the circular fame of Hippocrates and his corpus. Suśruta’s teacher, Divodasa Dhanvantari hailed from the line of the original Dhanvantari, the first individual to

¹ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 428.

² Gamal I Serour, “Healthcare workers and the brain drain,” *International Journal of Gynecology & Obstetrics* 106, no. 2 (August 2009): 175, <https://doi.org/10.1016/j.ijgo.2009.03.035>.

³ Janis Barry, “Real wage growth in the U.S. health workforce and the narrowing of the gender pay gap,” *Human Resources for Health* 19, no. 105 (August 2021), <https://doi.org/10.1186/s12960-021-00647-3>.

⁴ Breanne V. Britton, “US Surgeons’ Perceptions of Racial/Ethnic Disparities in Health Care: A Cross-sectional Study,” *JAMA Surgery* 151, no. 6 (June 2016): 583, <https://doi.org/10.1001/jamasurg.2015.4901>.

⁵ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 421.

⁶ Suśruta, *Suśruta-Saṃhitā of Suśruta*, translated and edited by G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chuneekar, L.M. Singh, and K.P. Singh (Delhi: Chaukhamba Sanskrit Pratishtan, 2007), 8.

whom Ayurveda was taught on Earth, according to Hindu scripture. His birth itself is shrouded in legends. One states that he arose from the churning of the oceans between the Devas and Asuras, others state he was born from a blade of grass chanted to life by the Vedas.⁷ As such, Dhanvantari had a holy reputation, like that of a demi-god, one descended from the gods. Divodasa Dhanvantari was said to have learned science from the god Indra, was a king on Earth, and later led an ascetic life, in which he taught his wisdom to disciples. It is here that Suśruta emerges, the spokesman among a group of sages who approached Divodasa Dhanvantari to learn the science of life, Ayurveda. When Divodasa obliged, accounts state the group chose Salyatantra (surgery) as the branch that they wished to learn, and Suśruta was the representative for the discourse that followed.

This discourse is presently known as the *Suśruta-Saṃhitā*, otherwise called “The Compendium of Suśruta”. Written in Sanskrit, modern evidence places the earliest content from the text around 250 BCE, continually edited until 500 CE. However, in 2007, a new manuscript of the *Suśruta-Saṃhitā* emerged, providing textual evidence that dated the text a thousand years earlier than pre-existing evidence.⁸ While a more accurate date is still to be discerned, the *Suśruta-Saṃhitā* is undisputedly a foundational text for Ayurveda. Combined with the *Charaka* and *Ashtanga Hridayam Samhita*, the *Suśruta-Saṃhitā* forms the Bṛhat-Trayī or “The Great Triad” of Ayurvedic texts, serving essentially as an encyclopedia of information for Ayurveda.⁹ Specifically, the *Suśruta-Saṃhitā* is a treatise on surgery, split into five sections: Sutrasthana (Fundamentals, Plastic Surgery, & Pharmaceutical Considerations), Nidanasthana (Disorder and Diagnostic Considerations), Sarirasthana (Creation, Anatomy, Pregnancy), Cikitsasthana (Nervous system, Wounds/Fractures, Preventions of Diseases), Kalpasthana (Poisons), with one-hundred twenty chapters total. There is an additional section, not initially part of the original text, the Uttaratantra, which is attributed to a later editor.¹⁰ Though the text itself is focused on surgery, Suśruta includes guidelines for the training of surgeons and the regulations that they must abide by. In terms of surgery itself, procedures such as incision, excision, probing, extraction, venesection, suturing are noted in detail. Operations such as amputation of limbs, skin grafting, cataract removal, rhinoplasty, among several others were also included.¹¹ In addition, there are one-hundred twenty-five surgical instruments described within the text. The precise and detailed orientated structure of the text, allowed for consolidation for pre-Vedic surgical techniques to be integrated alongside discoveries made in Suśruta’s time. However, the *Suśruta-Saṃhitā* is not simply a detailed compilation of surgical practices, but it is rife with theological systems and explanations as well. For instance, Suśruta writes of Yukti (correlative reasons) Tantras (system), “hidden relationships” known to wiseman including Yoga (arrangement), Apadesa (advancement of reason), Ekanta (categorical

⁷ B.L. Raina, *Health Science in Ancient India* (New Delhi: Commonwealth Publishers, 1990), 137. Devas and Asuras are equally powerful supernatural beings, and in post-Vedic times, Devas are associated with good, whereas Asuras are associated with bad.

⁸ Dominik Wujastyk, “New Manuscript Evidence for the Textual and Cultural History of Early Classical Indian Medicine,” in *Medical Texts and Manuscripts in Indian Cultural History* (New Delhi: Manohar, 2013), 147.

⁹ Suśruta, *Suśruta-Saṃhitā of Suśruta*, translated and edited by G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chuneekar, L.M. Singh, and K.P. Singh (Delhi: Chaukhamba Sanskrit Pratishthan, 2007), 7.

¹⁰ Ibid 65-70.

¹¹ B.L. Raina, *Health Science in Ancient India* (New Delhi: Commonwealth Publishers, 1990), 145.

statement), among 29 other similar fields.¹² Yukti tantras, as described by Suśruta, provide the tools necessary to comprehend and create treatises, a field that would be categorized within a liberal arts discipline rather than associated with surgery. As such, *Suśruta-Saṃhitā* is not only fundamental for guiding the surgical science, but also the complementary cultural and theological practices as well.

To better understand the cultural and theological background of the *Suśruta-Saṃhitā*, the origin of the material, Ayurveda, must be understood. Ayurveda, or the science of life, was said to be descended from the gods. As per legend, Brahma passed the knowledge to Prajapati Daksa, who taught the Asvins, who taught Indra.¹³ Indra then passed his knowledge to the famed sages Bhardvaja, Dhanvantari, Kasyapa, Vasist, Atri, and Brigu.¹⁴ Even though medicine was regarded to be of divine origin, surgeons were not immediately afforded respect. Initially, the roots of medicine in India were based in curative spells and healing mantras, with the first man in medicine being a sage, specifically a Bhisag Atharvan.¹⁵ During the Vedic period, the need for surgeons grew as the Aryans were frequently embroiled in conflict. Yet even with an increased demand for surgeons, they were not allowed to mix with Brahmanic society.¹⁶ This attitude towards surgeons was further entrenched in myth. In fact, the Asvins, twin gods associated with medicine and science, were initially shunned from partaking in drinking soma with the rest of the gods.¹⁷ They were segregated due to their frequent association with humans and for defying divine rules, and thus, they were considered imperfect. According to the legend, it was their good deeds towards Sage Cyavana that resulted in them regaining their rank amongst the gods.¹⁸ Over time, the role of surgeons in society grew beyond the battlefield,

¹² Ibid 149-50.

¹³ B.L. Raina, *Health Science in Ancient India* (New Delhi: Commonwealth Publishers, 1990), 64.

¹⁴ Brahma is part of the triumvirate in Hindu religion, associated with creation and knowledge. Prajapati Daksa is also a god, a mind born child of Brahma. The Asvins are twin gods, sons of the sun god Surya, associated with health and dawn. Indra is the king of heaven and associated with thunder and lightning. After the medical knowledge passed through these gods, it was then taught to mortals, specifically the sages mentioned above, from whom it was further disseminated. To be clear, sages are not immortal, but gain power through penance or meditation.

¹⁵ The Bhisagatharvans were the class of “magic doctors” mainly dealing in fever-demons and love potions and were held with the highest regard, above that of surgeons.

¹⁶ Suśruta, *Suśruta-Saṃhitā*, translated and edited by Kaviraj Kunjalal Bhishagratna (Varanasi: Chowkhamba Sanskrit Series Office, 1963), XXII.

¹⁷ Omesh K. Chopra, *History of Ancient India Revisited, A Vedic-Puranic View* (Blue Rose, 2019), 129-131.

¹⁸ The legend goes that Cyavana was born blind and ugly. He lived an austere life from a young age, going to the forest and meditating without food or sleep until mud and vines grew on him. One day King Saryati and his daughter Sukanya came to the same woods where Cyavana Rishi was meditating, and Sukanya drawn to the mound, poked it with a stick, unintentionally poking Cyavana’s eyes and causing him great pain. Cyavana continued his meditation but soon after the kingdom of Saryati fell in troubled times. King Saryati asked if anyone had disturbed him, to which Sukanya came forward and apologized to Cyavana. In return for pardoning Sukanya, Cyavana Rishi requested Sukanya’s hand in marriage. Later the Asvin twins visited Cyavana Rishi’s dwelling, and were enraptured by Sukanya. They proposed to restore Cyavana’s eyesight and make him as handsome as themselves if she went away with them. Sukanya consulted Cyavana and agreed, informing them she would pick her husband amongst the three identical men. The twins cured Cyavana and Sukanya correctly identified her husband. Cyavana, pleased by the Asvins, asked what they wanted. The Asvins requested to be receive soma (wine) which they were banned from. When Indra saw the Asvins about to drink soma, he became furious and rose to strike Cyavana. Cyavana immobilized him, drew upon his power to raise a demon against Indra. Indra realized

and soon included injured animals and the maternal health of rich ladies. Eventually during the Maurya Dynasty, hospitals were set up under King Ashoka's rule, and as a result, the role and practice of medicine was accepted more widely.¹⁹ As medicine evolved from divine knowledge into more a more secular and holistic science, medical practitioners, be it physicians or surgeons, maintained a lifestyle mimicking that of the Brahmanic lifestyle. In the ethos of a physician described by Suśruta, as described in the *Suśruta-Saṃhitā*, both the characteristics and oaths defined demand high moral conduct akin to those observed by sages, who were highly esteemed by the public, continuing the divine nature of medicine from Vedic tradition.

Suśruta places great importance on several characteristics, both innate and learned, of high moral standards used in selecting budding medical students even at the expense of the traditional caste system. He begins with distinguishing between certain inherent qualities such as caste, age, family, and physical appearance. Regarding caste, surprisingly, a surgeon may belong to any of the four castes being Brahmana, Ksatriya, Vaisya, and Sudra, listed in order of their respective rank. This is extremely liberal for the time, as Vedic society was strictly structured around the traditional caste system. By including those from even the lowest Sudra class, Suśruta emphasizes the importance of the ability of an individual over his lineage.²⁰ Although all were allowed to become surgeons, there were still certain distinctions based on caste. One such example is the initiation ceremony for which a lower-class preceptor could not initiate students belonging to a higher class. Regarding age, Suśruta values youth, and regarding family, he values a reputable parentage, especially those with medical background.²¹ For physical appearance, surgeons should have "thin lips, thin teeth and a thin tongue, and possessed of a straight nose, large, honest, intelligent eyes, with a benign contour of the mouth."²² While these are not particularly unique requirements, what is absent is more significant. The lack of uneven or sensual features limits unwanted attention, both negative or positive, and allows for better pronunciation of the Vedas, which are taught through oral tradition. In addition, surgeons must also, "cut short his nails and hair, having taken care of personal hygiene, having put on a white dress", which keeps in line with maintaining a clean disposition that is necessary for providing a clean environment for surgery.²³ The distinction of having wearing white could have arisen from its association with Brahmanic culture, as all Brahmans wear white thread, or with the association of white with purity. Aside from innate characteristics, Suśruta described learned traits befitting a surgeon such as those necessary to learn, to be just, and to have energy. For instance, in Bhishagratna's translation, "Desire to learn, strength, energy of action, contentment, character, self-control, retentive memory,

his mistake and apologized. Pleased, Cyavana Rishi tore the demon apart. Among many things, this highlights the power of rishis (used interchangeably with sages in this context), even against the gods.

¹⁹ Guido Majno, "The Vaidya," in *The Healing Hand: Man and Wound in the Ancient* (Cambridge, Massachusetts: Harvard University Press, 1975), 264-265.

²⁰ Suśruta, *Suśruta-Saṃhitā of Suśruta*, translated and edited by G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chuneekar, L.M. Singh, and K.P. Singh (Delhi: Chaukhamba Sanskrit Pratishthan, 2007), 24.

²¹ Ibid 22.

²² Suśruta, *Suśruta-Saṃhitā*, translated and edited by Kaviraj Kunjalal Bhishagratna (Varanasi: Chowkhamba Sanskrit Series Office, 1963), 14.

²³ G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chuneekar, L.M. Singh, and K.P. Singh (Delhi: Chaukhamba Sanskrit Pratishthan, 2007), 82.

intellect, courage, purity of mind and body, simple and clear comprehension, command a clear insight into the things studied, contented frame of mind pleasant in his speech and dealings, painstaking in his efforts”, were listed as the traits of a medical student.²⁴ Similar themes of good character, intellect, and energy are echoed by G.D. Singhal’s translation. Interestingly, those who did not possess such attributes were not just at a disadvantage but were barred from the “sacred precincts of medicine.”²⁵ However, in both translations, leadership and empathy were missing. This proves to be foreshadowing for the oaths taken up by surgeons in a subsequent section. Overall, the innate and learned traits of a surgeon were heavily influenced by the Brahmanic tradition, and presumably chosen as standards to elevate the role of surgeons in society while staying true to the roots of medicine.

In addition to characteristics, Suśruta specifies strict oaths that bound students to an austere code establishing a standard of care one may receive from a surgeon. During the initiation process, students must renounce, “lust, anger, greed, ignorance, vanity, egotistic feelings, envy, harshness, niggardliness, falsehood, idleness, nay all acts that soil the good name of a man”, in front of an accomplished assembly of brahmins and physicians.²⁶ Similar traits are included in other translations, and though this may seem a comprehensive list of negative qualities, all translations neglect to mention impatience or subservience as sins. The former trait of impatience is excluded, and rather laziness or idleness is seen as a negative trait. Since medical training was laborious and detailed, perhaps there is a higher emphasis put on wasting time, rather than going too quickly, as memorizing Vedas was an arduous task. In addition, subservience is neglected as students are meant to be obedient to their preceptors, so rather than a negative characteristic, it is firmly a positive attribute. In addition to abstaining from bad acts, medical students were expected to “pair thy nails and clip thy hair and put on the sacred cloth, dyed brownish yellow, live the life of a truthful, self-controlled anchorite and be obedient and respectful towards thy preceptor.”²⁷ Cleanliness is expected as described in the characteristics of a student. But the brownish yellow cloth of the student is unique, separating students from the trained, white-garbed surgeons, ensuring there is no confusion. In terms of social relationships, medical students were expected to lead an austere life with the only female relation being one’s wife, and instead dedicating time to building a respectful and obedient relationship with one’s teacher. This could have been an exercise of self-control, forcing the student to give up some mortal desires, and replace them with a complete devotion to the pursuit of knowledge. In fact, even though a surgeon is trained in maternal health and childcare, he is expected to “abjure the company of women, nor should he speak in private to them or joke with them.”²⁸ This Spartan lifestyle is akin to that observed by Brahmins who took wives, but stricter as they lacked relations beyond that of teacher/disciple or healer/sick. Perhaps by constituting such rigid practices, surgeons would have higher moral ground than

²⁴ Suśruta, *Suśruta-Saṃhitā*, translated and edited by Kaviraj Kunjalal Bhishagratna (Varanasi: Chowkhamba Sanskrit Series Office, 1963), 14.

²⁵ Ibid 15.

²⁶ Ibid 17.

²⁷ Ibid 16.

²⁸ G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chunekar, L.M. Singh, and K.P. Singh (Delhi: Chaukhamba Sanskrit Pratishthan, 2007), 74.

that of the priestly caste, serving as further proof for their rightful place in society. Suśruta goes into further detail of the student's relationship with his teacher, demanding complete obedience of the student in all aspects of his life. The teacher declares during initiation that "thou shalt do what is pleasant and beneficial to me, otherwise thou shalt incur sin and all thy study and knowledge shall fail to bear their wished for fruit and thou shalt gain no fame" and "in sleep, in rest, or while moving about- while at meals of in study, and in all acts thou shalt be guided."²⁹ Failure to comply with the demands of one's teacher results not in corporal punishment, but intangible punishment. This is perhaps a more serious punishment as the effort and time spent over the course of years in medical training would go to waste should one act against his preceptor's instructions. Interestingly, Suśruta includes a system of accountability between the teacher and student, balancing the complete obedience of the pupil with just treatment from the preceptor. Specifically, the preceptor must take the oath stating, "If I, on the other hand, treat thee unjustly even with thy perfect obedience and in full conformity to the terms agreed upon, may I incur equal sin with thee, and may all my knowledge prove futile, and never have any scope of work or display."³⁰ Not only is there a balance between both, but it is equal, enforcing a strict adherence to the oaths taken from both parties, at the pain of losing all one has worked for. Aside from the lack of romantic relationships, and the enduring relationship with one's teacher, are the relationships with the patients. Students were bound by oath to help those who were "good" for free and were forbidden from treating those who were "bad". Those who qualified as "good" included brahmans, elders, preceptors, friends, poor, honest, anchorites, helpless, relations and kinsmen. Those to be avoided included hunters, fowlers, sinners, or those who are degraded.³¹ The reward for doing as such was "the knowledge is brought to light and one acquires friends, fame, virtue, wealth, and pleasure."³² The order of the rewards is of note, as friends are the highest priority, followed by immaterial and material gains. It is possible that strong relationships are seen as the highest reward, as surgeons were not as appreciated in society, so by abiding by the oaths defined above, the surgeon is rewarded with the status he deserves.

Overall, Suśruta defines the mentalities of a surgeon, describing both characteristics and oaths pertinent to the profession that draw strong parallels to the divine origin of medicine. By demanding a highly moral way of life, not only do the requirements laid out maintain the purity of medicine, but helps to reinforce the position of surgeons amongst the varying castes. Amongst gods, the Asvins were not accepted until they had passed certain trials and still required the assistance of a sage to attain their proper status. Similarly, the code and characteristics laid out by Suśruta, if adopted, would position the surgeon to pass any trials placed before him, and receive his due recognition from society, especially Brahmins.

²⁹ Suśruta, *Suśruta-Saṃhitā*, translated and edited by Kaviraj Kunjalal Bhishagratna (Varanasi: Chowkhamba Sanskrit Series Office, 1963), 17.

³⁰ Ibid 17.

³¹ Ibid 17. Hunters are associated with sin as killing is seen as an immoral act. Life is valued, and the taking of life is shunned, hence the associated of medicine with godliness and hunting with sin.

³² G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chunekar, L.M. Singh, and K.P. Singh (Delhi: Chaukhamba Sanskrit Pratishthan, 2007), 25.

Through Suśruta's described ethos of a surgeon, the direct and indirect ties to Vedic society become apparent. The lifestyle of a surgeon was heavily dependent on public perception, a factor that has stayed constant to this day, but rather the narrative has changed in modern times. Modern American society is heavily influenced by massive conglomerates which concentrate wealth and influence in the hands of a few. The lifestyle most attributed to success and prestige is often tied with material wealth, and much of the medical community lives in accordance with these traits. Even though medical training leaves practitioners with significant debt, many continue to pursue an upper middle class to upper class lifestyle.³³ By adhering to such a lifestyle, disparities in health care are aggravated, as those who practice health are accustomed to different living conditions than those they treat. Recent research has identified socioeconomic determinants to be one of the most powerful determinants of primary health care in the United States.³⁴ However, if current practitioners are not taught to provide equitable care irrespective of socioeconomic background, the disparities will persist.

To address such inequalities, attention must be focused on redefining the public's perception of the role of a medical practitioner. One such change could be prioritizing doctors who coexist within their communities rather than those who live away from their constituents. For instance, while there are loan forgiveness programs in more than twenty states nationally, serving as an incentive for medical practitioners to serve in medically underserved communities, these programs are not properly aligned with providing the students with experience needed to best care for patients. Instead, individual communities could provide for the tuition and board for a medical student in exchange for the student to work in their community for certain number of years, providing not just the community but the medical student with invaluable experience. By placing the financial burden on the local community rather than larger denominations of government such as the state or federal level, the student is held accountable to their neighbors who they see in their daily life. In addition, Suśruta describes medical students taking oaths amongst a group of reputable figures from both the medical community and society. In modern times, oaths are merely tradition, recited once as an incoming class during initiation, then left aside. Instead, medical oaths should be personally taken in front of a group of medical practitioners and constituents from the community to afford greater sense of gravity to the medical student. Though medical practitioners pursue an upper-class lifestyle as it is deemed to be highly respected and successful by the general public, if the public perception is altered by prioritizing quality of care and time spent amongst patients as markers of success for a physician, health disparities that arise as a result of irresponsible training can be addressed. The medical practitioner and public share a mutually dependent relationship, where the relevance and importance of the practitioner is determined by the public, but the public is also reliant on the practitioner for care. By educating the medical students within the lived environment of patients, medical practitioners will better understand the various determinants that impact the patients' health, and how to incorporate them into treatment plans. This leads to better patient experience and outcomes. As such it is necessary

³³ Justin Grischkan et al., "Distribution of Medical Education Debt by Specialty, 2010-2016," *JAMA Intern Medicine* 177, no. 10 (October 2017):1532–1535. <https://doi.org/10.1001/jamainternmed.2017.4023>.

³⁴ Paula Braveman et al., "The social determinants of health: it's time to consider the causes of the causes," *Public Health Reports* 129, (2014): 19-31. <https://doi.org/10.1177/003335491412915206>.

to redefine the characteristics and code for medical practitioners by leverage public perception in a model like that described by Suśruta.

Works Cited

- Barry, Janis. "Real wage growth in the U.S. health workforce and the narrowing of the gender pay gap." *Human Resources for Health* 19, no. 105 (August 2021).
<https://doi.org/10.1186/s12960-021-00647-3>.
- Braveman, Paula, and Laura Gottlieb. "The social determinants of health: it's time to consider the causes of the causes." *Public Health Reports* 129 (2014): 19–31.
<https://doi.org/10.1177/003335491412915206>.
- Britton, Breanne V., Neeraja Nagarajan, Cheryl K. Zogg, Shalini Selvarajah, Maya J. Torain, Ali Salim, and Adil H. Haider. "US Surgeons' Perceptions of Racial/Ethnic Disparities in Health Care: A Cross-sectional Study." *JAMA Surgery* 151, no. 6 (June 2016): 582-584.
<https://doi.org/10.1001/jamasurg.2015.4901>.
- Chopra, Omesh K. *History of Ancient India Revisted, A Vedic-Puranic View*. Blue Rose, 2019
- Grischkan, Justin, Benjamin P. George, Krisda Chaiyachati, Ari B. Friedman, E. Ray Dorsey, and David A. Asch. "Distribution of Medical Education Debt by Specialty, 2010-2016." *JAMA Intern Medicine* 177, no. 10 (October 2017):1532–1535.
<https://doi.org/10.1001/jamainternmed.2017.4023>.
- Majno, Guido. "The Vaidya." In *The Healing Hand: Man and Wound in the Ancient*, 261-312. Cambridge, Massachusetts: Harvard University Press, 1975.
- Meulenbeld, G. Jan. *A History of Indian Medical Literature*. Groningen: E. Forsten, 1999.
- Raina, B. L. *Health Science in Ancient India*, 1st ed. New Delhi: Commonwealth Publishers, 1990.
- Serour, Gamal I. "Healthcare workers and the brain drain." *International Journal of Gynecology & Obstetrics* 106, no. 2 (August 2009): 175-178.
<https://doi.org/10.1016/j.ijgo.2009.03.035>.
- Singhal, G.D., and Patterson, T.J.S. *Synopsis of Ayurveda*. Delhi: Oxford University Press, 1993.
- Starr, Paul. *The Social Transformation of American Medicine*, 420-449. New York: Basic Books, 1982.
- Suśruta. *Suśruta-Saṃhitā [Suśruta's Compendium]*, Translated and Edited by Kaviraj Kunjalal Bhishagratna, 2nd. ed. Varanasi: Chowkhamba Sanskrit Series Office, 1963.
- Suśruta. *Suśruta-Saṃhitā of Suśruta [Suśruta's Compendium of Suśruta]*. Translated and Edited by G.D. Singhal, S.N. Tripathi, G. N. Chaturvedi, K.C. Chuneekar, L.M. Singh, and K.P. Singh, 2nd ed. Delhi: Chaukhamba Sanskrit Pratishthan, 2007.
- Wujastyk, Dominik. "New Manuscript Evidence for the Textual and Cultural History of Early Classical Indian Medicine." In *Medical Texts and Manuscripts in Indian Cultural History*, edited by Dominik Wujastyk, Anthony Cerulli, Karin Preisendanz, 141-57. New Delhi: Manohar, 2013.