The Bodhisattva Physician in Tibet: Instituting Professional Medical Ethics at Sakya Monastery

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Abstract: The Hippocratic Oath has long oriented the medical ethics of West Eurasia and North Africa. Is there a parallel source that guides the professional ethics of Tibetan medicine? This essay traces ethical prescriptions for the practice of medicine in Tibet, from advice found in the early scriptures of Tibetan medicine to its institutionalization during the period of Mongol-Sakya hegemony (ca. 1250–1350). According to the *Four Tantras* and other Tibetan medical texts that were composed over the twelfth and thirteenth centuries, physicians should primarily strive to protect their reputations and to ensure professional success. Once Tibetan medicine was instituted at the Buddhist monastery in the fourteenth century, however, the intimacy of the physician-patient relationship was compared to that of a parent and child, and bodhisattva physicians increasingly practiced medicine on the path to Buddhahood. By tracing a historical genealogy of ethical prescriptions in Tibetan medical texts, this study argues that the ethics of Tibetan physicians are intimately tied to the social and institutional contexts of their profession. As such, the establishment of a medical education and practice at Sakya monastery fostered the flourishing of the bodhisattva physician in fourteenth-century Tibet and beyond.

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Do no harm. Better than any other triad of words, this prescription represents the professional ethic of the institutionally unaffiliated physician. Reciting this as an oath, physicians establish a personal concern and professional responsibility for the welfare of patients. Unlike the related enterprise of beneficence, these words of non-maleficence do not necessarily overstate the therapeutic promise of medical intervention; even the most skilled physician must eventually admit when healing is no longer possible. With the famed Hippocratic Oath, in addition to abstaining from 'harming or wronging any man', countless physicians have vowed to honour their teachers as their parents and to practice medicine with chastity and discipline. At the conclusion of the Oath, the physician prays, if 'I observe this Oath and do not violate it, may I prosper both in my life and in my profession, earning good repute among all men for all time'.[1] Taken together, the Oath is a commitment to respecting and repaying the kindness of one's teachers and to cherishing the lives and health of one's patients, all for the sake of ethically practicing medicine and maintaining a good reputation among potential patients. Similar concerns can also be found among the ethical prescriptions for physicians practicing in Tibet.

Despite its seeming universality, the Hippocratic Oath is not a 'message of timeless validity'.[2] Similarly, the ideal of the bodhisattva physician—who studies under an enlightened teacher, relies upon Buddhist medical scriptures, and heals patients on the path to Buddhahood—represents centuries and even millennia of transformation according to practical and institutional contexts. This essay is a brief

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[1] Lloyd, ed., *Hippocractic Writings*, 67. 'First, do no harm' (Lat. *primum non nocere*) is often attributed to the oath of the legendary founder of West Eurasian medicine, Hippocrates, although historical and philological research reveals a more complex provenance. See Nutton, 'Hippocratic Morality and Modern Medicine', *idem*, 'What's in an Oath?'; Smith, 'Origin and Uses of *Primum Non Nocere*'.

[2] Edelstein, 'The Hippocratic Oath', 62. The notion that the Oath primarily derives from a Pythagorean school of medicine has been challenged in Temkin, *'On Second Thought'*.

historical outline of Buddhist medical ethics in Tibet, focusing on the establishment of the bodhisattva physician at Sakya monastery in the fourteenth century. Prior to this time, Tibetan physicians did no harm to protect their individual reputations and to ensure professional success. Following the institution of the bodhisattva physician at Sakya, however, a beneficent approach to medicine became part of an ideal social behaviour in Tibet, an ethical code projected into the legendary past and that is to be upheld by Tibetan physicians and patients alike.

The earliest Tibetan-language reflections on medical ethics derive from the classical Indian triad of duty, success, and pleasure, which came to be recorded in Tibetan medical scriptures. Notably, these three aims of life focus on the social duty, worldly success, and embodied pleasure of the physician, and, beyond a practical utilitarianism, do not entail any explicit responsibility for the patient. In fact, the *Four Tantras* (*Rgyud bzhi*), the central scripture of Tibetan medicine that was composed over the twelfth and thirteenth centuries based on cosmopolitan precedents,[3] explicitly instructs physicians to deceive or even abandon needy patients to maintain their reputation as an effective healer. In contrast to these 'human duties' (*mi chos*), however, early commentaries on the *Four Tantras* also explain that there is a more transcendent set of 'divine duties' (*lha chos*), whereby one practices medicine for the sake of others. In the *Four Tantras*, therefore, are instructions for doing no harm as well as an altruistic form of medicine. These potentially competing aims of non-maleficence and beneficence remained in dialogue over the twelfth and thirteenth centuries but, under the aegis of the Sakya and the Mongols, an altruistic form of Buddhist medicine ultimately gained institutional and communal support, which has remained the ideal form of medical ethics for the rest of Tibetan history.

During their early expansion into Central Asia, even prior to the official founding of the Yuan dynasty (1271–1368), representatives of the Mongol empire established a ruling political relationship with the hierarchs of Sakya monastery, marking the period of Sakya-Mon-

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[3] For the early history of the *Four Tantras*, see Yang Ga, 'Sources for the Writing of the "Rgyud bzhi"'.

gol hegemony (ca. 1250–1350) in Tibet.[4] Daknyi Chenpo Zangpopel (Bdag nyid chen po Bzang po dpal, 1262–1323; r. 1298–1323), one of the last major scions of the Khön clan ('Khon), the ruling family of Sakya, appointed Drangti Jampel Zangpo (Brang ti 'jam dpal bzang po, ca. 1277–1335) as a royal physician, freeing the latter from the taxes that were levied on all physicians within the Mongol tax jurisdiction.[5] Following this appointment, Jampel Zangpo has been remembered as a bodhisattva physician who selflessly cared for the members of his community. These memories were recorded by his son, Drangti Penden Tsojé (Brang ti dpal ldan 'tsho byed, ca. 1310–1380), who also codified the relationship between bodhisattva physicians and their communities in a set of legendary ordinances. As was first noticed by Christopher Beckwith, the ethical instructions of Tibetan legends parallel those of the Hippocratic Oath,[6] leaving open the possibility of historical connection and transmission. In addition to this possibility, the professional medical ethics first established by Drangti Penden Tsojé mirror other legal codes that were recorded at fourteenth-century Sakya. The bodhisattva physician, in other words, began in Tibet as a transcendent ideal but, with political and institutional support, the beneficent practice of Buddhist medicine was instituted at Sakya monastery, throughout Tibet, and beyond.

Non-maleficence and the Reputation of the Physician in Tibet

The *Four Tantras* and other early works of Tibetan medicine developed during a period of intense intellectual activity. Early in the

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[4] On this period, see Petech, *Central Tibet and the Mongols*. For this and other periods in Tibetan history, see Cuevas, 'Some Reflections on the Periodization of Tibetan History'. In the latter, Cuevas suggests 'c. 1249–1354' for the 'Sa-skya Period and Sa-skya-pa Hegemony', which I have rounded to ca. 1250–1350.

[5] Shinno, *The Politics of Chinese Medicine*; McGrath, 'Tibetan Medicine under the Mongols'.

[6] Beckwith, 'The Introduction of Greek Medicine'.

Tibetan Renaissance (ca. 950–1200),[7] the celebrated Tibetan translator Rinchen Zangpo (Rin chen bzang po, 958–1055) is said to have translated the *Compendium of the Essence of the Eight Branches* (*Yan lag brgyad pa'i snying po'i bsdus pa*; Skt. *Aṣṭāṅgahṛdayasaṃhita*) attributed to Vāgbhaṭa (Pha khol),[8] along with several other works of Āyurveda that are still extant in the Tibetan Canon of Translated Treatises (Bstan 'gyur). Although there are records of earlier medical instructions found at Dunhuang, the *Essence of the Eight Branches* is the earliest explicit discussion of medical ethics written in the Tibetan language and that is still extant today. One set of ethics found in the *Essence of the Eight Branches* is the classic three aims of duty (Tib. *chos*; Skt. dharma), success (*nor*; *artha*), and pleasure (*bde*; *kama*), which also features centrally in the *Four Tantras* and other related works of Tibetan medicine. As such, the earliest discernible layers of medical ethics in Tibet derive from those of Āyurveda and other classical works of South Asia. This centrality of these three aims of life, largely outside the transcendent pursuit of liberation, has prompted Janet Gyatso to identify in the *Four Tantras* a 'Human Dharma' that is 'based in a scientistic and worldly mentality'.[9] Drawing upon the polyvalence of the term I translate as 'duty' (*chos*; dharma), however, these 'human duties' or 'human teachings' (*mi chos*) only represent one aspect of medical ethics in Tibet; even in the *Four Tantras*, one finds more recognizably Buddhist ethics in the 'true teachings' (*dam pa'i chos*) of Buddhist medicine.

The religious and ethical orientations of Āyurveda are neither simple nor unchanging. In a series of books and articles, for example, Kenneth Zysk has argued that early Buddhist and other ascetic communities contributed to the separation of an 'empirico-rational' form of medicine from the 'magico-religious' healing traditions that preceded it.[10] Despite a purported distinction between religious and

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[7] Davidson, *Tibetan Renaissance*.

[8] Martin 'An Early Tibetan History of Indian Medicine', *idem*, 'Greek and Islamic Medicines'.

[9] Gyatso, *Being Human in a Buddhist World*, 349.

[10] Zysk, *Asceticism and Healing in Ancient India*.

secular medicine in ancient India, however, he argues that the latter tradition was eventually Brahmanized through the addition of narratives involving the descent of medical knowledge from the gods to the sages and finally on to the rest of humanity.[11] Although scholars might argue that these narratives are superficial additions to the theories and instructions of medical practice, in the opening verses of *Essence of the Eight Branches*, Vāgbhaṭa explicitly orients the subsequent instructions with ethical prescriptions. 'Those who desire long life as a means for fulfilling duty, accumulating wealth, and finding pleasure should engage in the teachings of the Knowledge of Life (Āyurveda) with the utmost sincerity'.[12] Similarly, in both the *Root Tantra* (*Rtsa rgyud*) and the *Explanatory Tantra* (*Bshad rgyud*), the first two of the *Four Tantras*, one learns that, 'those who wish to fulfil their duties, accumulate wealth, and find pleasure should train in the instructions of the Knowledge of Healing (Sowa Rigpa)'.[13] Finally, the same passage also appears in the Bönpo *Four Collections* ('Bum bzhi), except 'duty' has been replaced by 'calling' (*bon*).[14] Across each of these sources, despite their reframing from Āyurvedic to Buddhist and Bönpo traditions of Sowa Rigpa,[15] the aims of duty, success, and pleasure still remain central to the practice of medicine in Tibet.

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[11] Zysk, 'Mythology and the Brāhmaṇization of Indian Medicine'.

[12] Krung go'i bod rig pa zhib 'jug ste gnas, ed., *Yan lag brgyad pa'i snying po bsdus pa*, vol. 111, 143: *tshe ni ring bar 'dod pa yis// chos dang nor dang bde ba bsgrub// tshe yi rig byed lung bshad pa// rab tu gus par bya bar gyis//*. Translated in conversation with Murthy, *Vāgbhaṭa's Aṣṭāṅga Hṛdayam*, vol. 1, 3; and Vogel, *Vāgbhaṭa's Aṣṭāṅgahṛdayasaṃhitā*, 48.

[13] Rje bstan 'dzin don grub, ed., *Dpal ldan rgyud bzhi dpe bsdur ma*, vol. 1, 23: *chos dang nor dang bde ba sgrub par 'dod pa'i gang zag gis gso ba rig pa'i man ngag la bslab par bya'o/*. See also ibid., vol. 1, 55: *'gro drug gtso bor gyur pa mi lus la// mi na gnas dang na ba gso ba dang // tshe ring chos nor bde ba sgrub pa'i phyir// gso ba rig pa'i don rnams mdor bsdu na//*.

[14] A ru ra, ed., *Gso rig 'bum bzhi*, 9: *bon dang nor dang bde skyid 'dod pa'i gang zag gis gso pha* [=*ba*] *rig pa'i man ngag 'di la slab par bya'o//*.

[15] On the modern reformation of Sowa Rigpa as a transnational system, see Kloos, 'How Tibetan Medicine in Exile Became a "Medical System"'.

The three aims of life have a long history in South Asian traditions, and are sometimes contrasted with a fourth aim of liberation (*thar pa*; *mokṣa*).[16] Vāgbhaṭa does not use the term 'liberation' in the passage cited above, but, in the very first verse of the *Essence of the Eight Branches*, Vāgbhaṭa does pay homage to an 'unprecedented physician' who has 'dispelled desire, ignorance, and hostility'.[17] Tibetan canonical editions of the *Essence of the Eight Branches* usually include an added obeisance to the Master of Medicine, King of Beryl Light,[18] removing any doubt about the identity of this unprecedented healer. Similarly expanding upon Vāgbhaṭa's three aims of life, the *Four Tantras* also states, 'those beings who wish to achieve liberation from the sufferings of disease, and those who wish to be held in high esteem by others, should also train in the instructions of the Knowledge of Healing'.[19] Rather than seek a transcendent liberation from cyclic existence, as 'liberation' might be understood,[20] here the *Four Tantras* reinterprets this fourth aim of life as a liberation from a specific type of suffering, the suffering of disease (*nad kyi sdug bsngal*). Although this knowledge can also be shared with others, thereby

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[16] Doniger, *The Hindus*, 199–211.

[17] Krung go'i bod rig pa zhib 'jug ste gnas, ed., *Yan lag brgyad pa'i snying po bsdus pa*, vol. 111, 143: *'dod chags la sogs ma lus pa yi nad// rgyun du 'brel pas lus kun ma lus khyab// 'dod dang gti mug khro ba sel ba yi// sman pa sngon med de la phyag 'tshal lo//*.

[18] Krung go'i bod rig pa zhib 'jug ste gnas, ed., *Yan lag brgyad pa'i snying po bsdus pa*, vol. 111, 143: *rgya gar skad du/ aṣṭ aṃ ga hri da ya/ saṃ hitta nā ma/ bod skad du/ yan lag brgyad pa'i snying po bsdus pa zhes bya ba/ bcom ldan 'das de bzhin gshegs pa sman gyi bla baiḍūrya 'od kyi rgyal po la phyag 'tshal lo//*. This obeisance can be found in Sanskrit editions of the *Essence of the Eight Branches*, just in chapter 18 and not in this opening verse. See Murthy, *Vāgbhaṭa's Aṣṭāṅga Hṛdayam*, vol. 1, 228.

[19] Rje bstan 'dzin don grub, ed., *Dpal ldan rgyud bzhi dpe bsdur ma*, vol. 1, 23: *'gro ba gang zhig nad kyi sdug bsngal thar bar 'dod pa dang // gzhan gyi spyi bos bkur bar 'dod pa'i gang zag gis gso ba rig pa'i man ngag la bslab par bya'o//*.

[20] For a list of methods for reconciling conflicts between duties and liberation, see Doniger, *The Hindus*, 199–211.

gaining the high esteem (*spyi bos bkur ba*; lit. 'revered by the crown of the head') of patients and one's community, liberation from the suffering of disease is primarily promised to the physician.

Even the instructions for diagnosis and prognosis found in the *Four Tantras* focus on the fate of the physician as tied with that of the patient. Highlighting the importance of the physician's reputation for the success of his professional practice, Kurtis Schaeffer has argued that, '[i]n classical Tibetan medical literature, the moment of death is largely discussed not as a profound moment in the patient's life, but rather in that of the physician'.[21] To support this point, Schaeffer explores many of the early sources cited above, including the *Essence of the Eight Branches* and the *Four Tantras*, as well as later commentaries and narratives. The *Four Tantras* emphasizes the physician's reputation to the extent that it includes explicit instructions for 'deceit', 'subterfuge', 'avoiding treatment', and 'running for cover'.[22] Despite this clear emphasis on the career of the physician even at the expense of the patient's wellbeing, however, the *Life of Jetsün Yutok Yönten Gönpo the Elder* (*Rje btsun g.yu thog yon tan mgon po rnying ma'i rnam par thar ba*) by Darmo Menrampa Lozang Chödrak (Dar mo sman rams pa blo bzang chos grags, 1638–1710) exhorts physicians,[23] 'abandon your selfish desires, envy, greed, and malicious deceit, and take up the spirit of enlightenment. Work for the welfare of sick beings. Do not associate with upper class people or engage in making profit. ... Abandon partiality and bias

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[21] Schaeffer, 'Death, Diagnosis, and the Physician's Reputation in Tibet', 159; for parallel instructions in Āyurveda, see Wujastyk, *Well-Mannered Medicine*, 114.

[22] Schaeffer, 'Death, Diagnosis, and the Physician's Reputation in Tibet', 165.

[23] On Darmo Menrampa and the composition of this work in the seventeenth century, see Yang Ga, 'A Preliminary Study on the Biography of Yutok Yönten Gönpo the Elder'. Similarly, as far as I know, there is no evidence for the *Yutok Nyingtik* (*G.yu thog snying thig*) collection prior to the sixteenth century. For the life of Yutok told there, which reflects the memories of sixteenth-century Tibet and later, see Ehrhard, 'A Short History of the g.Yu thog snying thig'.

and become a physician for all'.[24] How can we make sense of these seemingly competing aims of maintaining a good reputation and beneficence in the professional ethics of Tibetan medicine?

Over the long duration that separates the twelfth- and thirteenth-century composition of the *Four Tantras* and the seventeenth-century *Life of Jetsün Yutok Yönten Gönpo the Elder*, many Tibetan physicians and scholars, both named and anonymous, contributed to the clarification of the ethical prescriptions found in the *Four Tantras*. Janet Gyatso has recently summarized and analysed one early commentary on the *Four Tantras* entitled the *Small Collection* (*'Bum chung*; Gyatso's translation: *Small Myriad*), which was probably composed in the thirteenth century, shortly after the *Four Tantras* was itself completed. Building upon the ethical prescriptions of the *Four Tantras*, the *Small Collection* differentiates 'human duties' or 'human teachings' (*mi chos*; Gyatso: 'way of humans' or 'human dharma') from 'divine duties' (*lha chos*) or 'true teachings' (*dam pa'i chos*).[25] 'The fact that a physician must craft his practice in response to the physical and social exigencies of the world around him', Gyatso argues, 'adumbrates some very basic features of human dharma that shape the contours of medicine's epistemic horizon'.[26] Physicians, in other words, are beholden to the corporeal realities of health and disease, life and death, as well as the social and

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[24] A ru ra, ed., *G.yu thog gsar rnying gi rnam thar*, 269: *khyed rnams rang 'dod khog 'gras ser sna ngan g.yo bor la byang chub sems kyi gzhi bzung / 'gro ba nad pa'i bya ba don du gnyer/ mtho 'grogs dang khe tshong ma byed par ngag glod mtha' nas khyongs/ mi ngo zas nog la ma lta bar nad la phan'i sman dpyad mdzod/ phyogs cha nye ring spong la kun la khyab pa'i sman pa mdzod/*. Translated in dialogue with Schaeffer, 'Death, Diagnosis, and the Physician's Reputation in Tibet', 162; Rechung Rinpoche, *Tibetan Medicine*, 303.

[25] As Gyatso points out (*Being Human in a Buddhist World*, 345–51), the 'human teaching' (*mi chos*) vs. 'divine teaching' (*lha chos*) divide has no direct precedent in Indian literature but is featured in extant works from the Tibetan imperial period. The 'true teachings' (Skt. *saddharma*), however, are well attested in Indian Buddhist literature.

[26] Ibid., 378.

institutional networks in which they are embedded. The beneficent prescriptions also found in the *Four Tantras* notwithstanding; human duties were necessary for the physician to address the biological and institutional realities of medical practice in twelfth- and early thirteenth-century Tibet.

What are the duties of a physician? Tibetan practitioners and scholars of medicine engaged with this question over the eleventh, twelfth, and thirteenth centuries, and argued that, at its most basic level, the physician's duty is to do no harm. According to the doctrine of 'human duty', the physician should avoid harming their patients not necessarily out of an altruistic or compassionate motivation, but so that they can maintain a good reputation, continue to treat patients, and achieve a successful and even pleasurable life. As Schaeffer and Gyatso have argued, such an approach to medicine is not disparaged in the *Four Tantras*; instead, the duty of non-maleficence represents the baseline expectation of a professional physician in Tibetan society, especially during this early period of institutional fragmentation. The ethical prescriptions of the *Four Tantras* do not end there, however. Instead, after instructions for the Tantric evocation of the Medicine Buddha, the text explains the difference between the short-term and long-term effects of medical practice. The short-term gains align with the previously discussed benefits of success, pleasure, and perhaps even long life. 'By healing patients and abandoning thoughts of deception', however, the *Four Tantras* explains, 'one will progress to the stage of unsurpassed buddhahood'.[27] To follow the true Buddhist teachings and dedicate oneself to beneficence in the practice of medicine, therefore, the bodhisattva physician must find liberation from economic, social, and other human concerns.

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[27] Rje bstan 'dzin don grub, ed., *Dpal ldan rgyud bzhi dpe bsdur ma*, vol. 1, 274–75: *mthar thug 'bras bu g.yo sgyu 'dod pa rnams// spangs nas nad pa gso ba la 'jug pa// bla med sangs rgyas la bgrod 'gyur zhes// 'tsho mdzad sman pa'i rgyal bos bshad pa yin//*. Translated in dialogue with Gyatso, *Being Human in a Buddhist World*, 359.

Beneficence and the Legendary Ethics of Medical Practice in Tibet

In addition to translating, summarizing, and expanding upon Āyurvedic texts, by the early thirteenth century, Tibetan scholars of medical history also began to tell tales about the arrival of legendary foreign physicians to Tibet during the imperial period (ca. 600–850). As early as 1979, Christopher Beckwith published an important article about the 'Introduction of Greek Medicine into Tibet', wherein he cites Pawo II Tsuklak Trengwa (Dpa' bo gtsug lag phreng ba, 1504–1566) and other later sources to tell the story of a physician named Galenös (Ga le nos) who came to Tibet from Takzik (Stag gzig) in Trom (Khrom).[28] This, of course, is a reference to Galen of Pergamon in Rome, who is said to have arrived along with Bharadhvāja from India and the Yellow Emperor (Xuanyuan Huangdi 軒轅黃帝) from China.[29] Because the work was not available to him,[30] Beckwith was unable to consider an even earlier telling of this tale by Drangti Penden Tsojé (Brang ti dpal ldan 'tsho byed, ca. 1310–1380), which features not Galen of Rome, but Basil (Pa shi la hā), the 'imperial prince of Rome' (*khrom gyi sras tsam* [=*btsan*]),[31] as well

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[28] Beckwith, 'The Introduction of Greek Medicine'.

[29] *Chos 'byung mkhas pa'i dga' ston*, vol. 2, 1518: *de'i tshe rgya gar nas badzra dhwa dza/ rgya nag nas hen weng hang de/ stag gzig gi khrom nas ga le nos ste sman pa gsum spyan drangs/*.

[30] Beckwith, 'The Introduction of Greek Medicine', 312 n. 70: 'If or when original Tibetan materials stored up in the great libraries of Europe and India become more easily available to researchers, no doubt the translation and interpretation of this and of other texts dealt with here (particularly those quoted from the *Mkhaspa'i dgāston*) will have to be revised'. Little did he know that it would be the great libraries of Beijing and Lhasa that would become more easily available.

[31] For a thorough discussion of Emperor Basil (Tsen Pashilahā) and his role in this history of Tibetan medicine, see Martin, 'Greek and Islamic Medicines', 129–31. For similar tales and a reference to 'Zeus, a physician from Rome' (Khrom sman ze'u), see Bod ljongs bod lugs gso rig slob grwa chen mo, ed., *Sngon mo chu 'dren gyi sman dpyad ra mo shel sman gyi gter ma*, vol. 20, text 6, 107 (f. 3a).

as Dhanarāja from India and Heshang Mahākyindha from China.[32] Unlike the Indian and Chinese physicians, who merely translated their legendary medical texts into Tibetan and then returned home, Penden Tsojé explains that Emperor Basil stayed in Tibet, became the royal physician (*bla sman*) at the Tibetan court, had children, and spread the Biji (Be ci > Skt. Vaidya) school of Tibetan medicine.[33] By the early thirteenth century at the latest,[34] therefore, Tibetan scholars had already developed detailed legends about foreign physicians who came from South, East, and West Asia to imperial Tibet and helped establish scholastic medical traditions there.

These narratives of Galen and other foreign physicians in Tibet have already been thoroughly studied by Beckwith and subsequent scholars,[35] but less attention has been paid to the second part of Beckwith's groundbreaking article. In the histories of medicine composed by Drangti Penden Tsojé, Pawo II Tsuklak Trengwa, and others, there are detailed accounts of official ordinances issued by Tibetan emperors regarding the professional practice of medicine, among other ethical concerns. According to Penden Tsojé's *Expanded Elucidation of Knowledge* (*Shes bya rab gsal rgyas pa*, ca. 1372), a figure no less illustrious than Emperor Tri Songdetsen once declared:

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[32] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 27a: *rgya dkar gyi sman pa dha na ra dza/ rgya nag gi ha shang ma hā kyindha/ khrom rgyal mu rje the khrom gyi sras tsam pa shi la hā gsum spyan drangs te ra sa 'phrul snang du phyag phebs/*. I have been unable to definitively identify these references to Dhanarāja and Heshang Mahākyindha but, as Meulenbeld describes, Dhanarāja Śreṣthin was the father of a scholar-physician named Siṃha, and minister for 'Alā-ud-Dīn Khaljī, who captured Ranthambhor in 1301. Although this Dhanarāja is a rather obscure figure, his flourishing in the fourteenth century keeps him a possibility as an inspiration for this reference. See Meulenbeld, *A History of Indian Medical Literature*, vol. 2b, 237–38 n. 1230.

[33] For a detailed summary of this and other related passages regarding Tsen Pashilahā and his conflation with Galen, see Yang Ga, 'Sources for the Writing of the "Rgyud bzhi"', 36–40.

[34] Martin 'An Early Tibetan History of Indian Medicine'.

[35] Beckwith, 'The Introduction of Greek Medicine'; Martin, 'An Early Tibetan

[1.1.] Because the physician is the father, one should aspire to help [patients].
[1.2.] Because the patient is the child, one should not deceive them.
[1.3.] Because it will tarnish one's intelligence and chastity, one should not misbehave.
[1.4.] Because it will ruin one's aristocratic standing, one should not misbehave while eating.
[1.5.] Because it will lead to malpractice, one should not crave alcohol.
[1.6.] Because one will lose the motivation for healing over time, one should not be lazy.
[1.7.] So that profits will not lead to afflictions, one should cultivate the mind of enlightenment.[36]

Apart from the seventh tenet, to which we will return below, these legendary prescriptions for professional medical ethics composed by Penden Tsojé in the late fourteenth century are equivalent with those composed by Pawo II Tsuklak Trengwa approximately two hundred years later. Even more interestingly, as Beckwith argued nearly a half century ago, these prescriptions are 'close enough to the basic tenets of the Hippocratic oath to be called a version of it'.[37] Could this be a Tibetan version of the Hippocratic Oath? Similar though they may be,[38] as is the case for Emperor Basil and Galen, the tenets for

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History of Indian Medicine'; *idem*, 'Greek and Islamic Medicines'; Garrett, 'Critical Methods in Tibetan Medical Histories'; Yoeli-Tlalim, 'Re-visiting "Galen in Tibet"'; *idem*, 'Galen in Asia?'

[36] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 31a: [1.1.] *sman pa pha yin phan pa'i blo bskyed//* [1.2.] *nad pa bu yin* [*pas*] *mtshang mi brjod//* [1.3.] *mdzangs kyis khrel 'chor bas ngan ma byed//* [1.4.] *ya rabs kyi gral 'chor bas zas la ma ngan//* [1.5.] *dpyad la nyes 'ong bas chang la ma sred//* [1.6.] *dus 'das na gzo rgyu 'chor bas le lo ma byed//* [1.7.] *'bras bu nyon mongs su mi 'gyur gyis byang chub tu sems bskyed//*. Numbers in [square brackets] have been added for the sake of clarity and for ease of reference.

[37] Beckwith, 'The Introduction of Greek Medicine', 304.

[38] Compare these tenets with the Hippocratic Oath translated in Lloyd, ed., *Hippocratic Writings*, 67.

professional medical ethics in Tibet are best understood as a fourteenth-century synthesis, developed under the aegis of Sakya-Mongol hegemony and narratively consecrated by their association with the prelapsarian glory of the Tibetan empire.

Penden Tsojé composed the *Expanded Elucidation of Knowledge* at Sakya around the same time that Lama Dampa Sönam Gyentsen (Bla ma dam pa bsod nams rgyal mtshan, 1312–1375) composed the *Mirror Illuminating the Royal Genealogies* (*Rgyal rabs gsal ba'i me long*, 1368).[39] Penden Tsojé even explicitly ties his own historiographic project to the latter, stating that he composed the *Expanded Elucidation of Knowledge* 'in the male water-mouse year [1372 CE] of the system explicated by Sakya Paṇḍita, after the turning of the wheel of doctrine by Chöjé Sönam Gyentsen Pelzangpo in the year 3505'.[40] Here 'turning of the wheel of doctrine' must refer to a teaching given by Sönam Gyentsen toward the end of the latter's life. Like Drangti's history of medicine, Sönam Gyentsen's history of Buddhism also includes laws and other ethical instructions narratively framed as the teachings of past Tibetan emperors. Following the invention of the Tibetan script, Emperor Songtsen Gampo is said to have enacted several sets of laws, such as the 'sixteen pure human duties' (*mi chos gtsang ma bcu drug*).[41]

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[39] On this work, see Sørensen, *Tibetan Buddhist Historiography*. On the life and work of Lama Dampa, see van der Kuijp, 'Fourteenth-century Tibetan Culture III'.

[40] The first nineteen folios of the Beijing manuscript are missing, so here I cite an alternative edition. Bod ljongs bod lugs gso rig slob grwa chen mo, ed., *Khog dbubs shes bya rab gsal rgyas pa*, vol. 20, text 21, 344 (f. 10b): *ston pa sa pho 'brug la bltams/ chu pho stag la sangs rgyas/ me pho phag la mya ngan las 'das par/* sa *skya paṇ ḍi ta chen po bzhed pa'i lugs kyi chu pho byi ba'i lo/ chos rje bsod nams rgyal mtshan dpal bzang po chos 'khor mdzad pa yar spyad la/ lo sum stong lnga brgya dang lnga 'das la/ stong bzhi brgya dang dgu bcu rtsa lnga lhag par gnas* so//. For the system of Sakya Paṇḍita and methods for converting the Tibetan Buddhist calendar to the Gregorian calendar, see Vogel 'Bu-ston on the Date of the Buddha's Nirvana'.

[41] On precedents for these sixteen human duties (or 'human norms'), see

[2.1.] One should go for refuge in the Three Jewels, have faith, and pay respect.
[2.2.] One should be grateful to one's parents and honour them.
[2.3.] One should not forget one's benefactors—one's father, uncles, and elders—and repay them with kindness.
[2.4.] One should not quarrel with aristocrats and noble people, and one should instead yield to them.
[2.5.] One should follow them in all of one's actions and behaviours.
[2.6.] One should fix one's mind on the divine teachings, literacy, and understanding their meaning.
[2.7.] One should trust the law of karmic causation and avoid non-virtuous behaviour altogether.
[2.8.] One should extend help to friends and neighbours and should not nourish mischievous sentiments.
[2.9.] One should act honestly and stand witness.
[2.10.] One should show moderation in food and alcohol and behave chastely....[42]

Read together, the seven tenets of professional medical ethics and the first ten of these sixteen human duties include parallel themes about the maintenance of social hierarchy and importance of disciplined behaviour. These human duties are designed for common people, explaining that one should respect and defer to the monastic

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Roesler, '"16 Human Norms"'; Doney, 'The Glorification of Eighth-Century Imperial Law'; and some of the earlier sources cited therein.

[42] *Rgyal rabs gsal ba'i me long*, vol. 1, 75: [2.1.] *dkon mchog gsum la skyabs su song zhing / dad pa dang mos gus bya ba /* [2.2.] *pha ma la drin du gzo zhing bkur sti bya ba/* [2.3.] *mi drin chen dang pha khu rgan gsum gyi yi mi gcod cing / bzang po'i lan byed pa/* [2.4.] *mi ya rabs dang rigs btsun pa la mi rgol cing dang du len pa/* [2.5.] *las dang spyod pa thams cad ya rabs kyi rjes su 'brang ba/* [2.6.] *lha chos dang yi ge la blo 'jug cing don shes par bya ba/* [2.7.] *las rgyu 'bras la yid ches shing / mi dge ba 'ba' zhig la 'dzem pa/* [2.8.] *mdza' bshes dang khyim mtshes la phan 'dog cing gnod sems mi bya ba/* [2.9.] *gzhi dang por bya zhing blo sems dpang du 'jog pa/* [2.10.] *zas chang la tshod ' dzin cing khrel yod par bya ba/ ... .* Translated in dialogue with Sørensen, *Tibetan Buddhist Historiography*, 183.

community (2.1), one's parents (2.2), elder benefactors (2.3), and noble people (2.4). Similarly, Penden Tsojé writes that one should defer to the physician as if he were one's father and, more directly, physicians should care for patients as if they were their children (1.1–2). Just like the prescriptions for common people to act carefully and behave according to Buddhist understandings of karmic consequences (2.5–10), physicians too should behave and practice medicine with a sense of discipline (1.3–1.6). Finally, adding divine teachings (*lha chos*), which are also mentioned in Sönam Gyentsen's human duties (2.6), Penden Tsojé emphasizes that a physician should cultivate the altruistic intention to achieve enlightenment for the sake of other beings (1.7). The human duties of both Sönam Gyentsen and Penden Tsojé emphasize the maintenance of hierarchical relationships, education, and discipline within the normal functions of human society. Even Drangti's seventh tenet is framed not as some kind of transcendent soteriology; instead, this emphasis on beneficence in the professional practice of medicine is also explicitly stated to be in the interest of the physician, for a compassionate motivation should counteract the potential afflictive consequences of success.

As we have seen, the tenets for the professional practice of medicine in Tibet uncannily resemble those included in the Hippocratic Oath. Rather than demonstrate a traceable historical connection, however, these similarities indicate the general importance of a physician's sense of responsibility, care, discipline, and general cooperation with patients. These seemingly universal virtues take on a new meaning in Tibet, however, for Drangti Penden Tsojé composed the *Expanded Elucidation of Knowledge* based on the long-established ethical values and laws of Tibet, such as those expressed in Lama Dampa Sönam Gyentsen's 'sixteen pure human duties'. Drangti's seven tenets for the professional practice of medicine, therefore, are best understood as the culmination of a larger narrative and ethical project that took place in Tibet over the thirteenth and fourteenth centuries. Despite a lack of obvious historical influence, and legends of Emperor Basil and Galen notwithstanding, the similarities between the Hippocratic Oath and the ethical tenets for professional medicine instituted in fourteenth-century Tibet still deserve our attention. Hippocrates, Penden Tsojé, and the countless other

scholars who have composed scholastic explanations of ethics for physicians share a common concern for their professional behaviour and social standing. Further exploring the status of the physician in fourteenth-century Tibet, one finds one more set of prescriptions. And rather than provide ethical instructions for the physician, this final ordinance is a set of laws for patients and the rest of society to obey, such that a physician will flourish and potentially even uphold the divine duties of the bodhisattva physician.

Instituting the Bodhisattva Physician at Sakya Monastery

One of the clearest and earliest histories of medicine in Tibet was written by Cherjé Zhangtön Zhikpo (Che rje zhang ston zhig po) around the turn of the thirteenth century.[43] In his *Blazing Peak of the Victory Banner: Arranging the Contents of the Origins of Medicine* (*Sman gyi byung tshul khog dbubs rgyal mtshan rtse mo 'bar ba*), in addition to providing the earliest extant history of cosmopolitan medicine in Tibet, he also provides a brief survey of other medical schools (*lugs*) that existed in Tibet around the year 1200. The survey mentions Dawa Zangpo (Zla ba bzang po; Skt. *Candrabhadra? *Varacandra?) from Kashmir, who helped establish the *Essence of the Eight Branches* in Tibet through his teaching and writing. There is a Drawa Sambu Lotsawa (Dra ba sam bu lo tsha ba, fl. early twelfth c.), or 'Sambu, the Translator from Dra (valley)', whom Martin identifies as a teacher of Zhang Yudrakpa (Zhang g.yu brag pa, 1123–1193; aka 'Lama Zhang') before the year of 1146.[44] There also is a third scholar of the *Essence of the Eight Branches*, Geshé Menyak (Dge

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[43] Martin, 'An Early Tibetan History of Indian Medicine', *idem*, 'Greek and Islamic Medicines'.

[44] Martin, 'An Early Tibetan History of Indian Medicine', 319. Leonard van der Kuijp also provides a brief analysis of this figure, but notes that 'A 'Sam bu' Lo tsā ba, or any of the possible variants of 'Sam bu', is not found in the standard listings of Tibetan translators'. Van der Kuijp, 'Fourteenth Century Tibetan Cultural History VI', 920 n. 1.

shes me nyag), the monastic scholar from the Tangut empire of Xia (or Minyak, as it was known in Tibet). Finally, there is the school of Tötön Könkyap (Stod ston dkon skyabs, fl. twelfth c.) and his celebrated student, Yutok Yönten Gönpo (twelfth c.), whom Cherjé calls the 'Teacher from Upper Tsalung' (Tsha lung stod ston) and '*Yutokpa*' (*G.yu tog pa'*). After these brief summaries of scholastic traditions, Cherjé also states that there are countless other lineages that have not proliferated because they are 'afraid of letters' (*yi ge 'jigs*).[45] In contrast to these purportedly fearful oral traditions of healing, therefore, Cherjé explains that there were at least four distinct lineages of scholastic, text-based medicine in Tibet around the year 1200, each of which was focused on studying and explaining the *Essence of the Eight Branches*.

A few decades after Cherjé finished his *Blazing Peak*, another Tibetan scholar composed a history of medicine from within the Yutok school. Rather than focus on the *Essence of the Eight Branches* as a central text of medical scholasticism, however, Sumtön Yeshé Zung (Sum ston ye shes gzungs), to whom many early scholastic summaries and exegetical expansions upon the *Four Tantras* are attributed, shifted the focus to the *Four Tantras* itself. In his *Indispensable Account of Transmission* (*Brgyud pa'i rnam thar med thabs med pa*, ca. 1234), he explains that, after it was hidden during the imperial period, Drapa Ngönshé (Grwa pa mngon shes, 1012–1090) revealed the *Four Tantras* as a treasure text. He transmitted it to an otherwise unknown Üpa Dardrak (Dbus pa dar grags), who passed it on to Tsalung Tötön Könkyap and Yutok Gönpo.[46] Contrary to popular narratives that depict a Yutok Yönten Gönpo as the lone author of the *Four Tantras*, therefore, the early thirteenth century was a time of intellectual flourishing wherein a cosmopolitan network of Kashmiri, Tangut, and Tibetan physicians and scholars of medicine worked to better understand and explicate the *Essence of the Eight Branches* and, eventually, the *Four Tantras*. By the time that Mongol-Sakya hege-

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[45] *Sman gyi byung tshul khog dbubs rgyal mtshan rtse mo 'bar ba*, 28a.

[46] For a full translation and introduction, see McGrath, 'Origin Narratives of the Tibetan Medical Tradition'.

mony had been established in the middle of the thirteenth century, Sakya hierarchs could have chosen to support any number of different medical traditions. Even so, by the end of the thirteenth century, one familial lineage and one Tibetan medical text were instituted as orthodox: the Drangti family and the *Four Tantras*.

In 1282, Qubilai Khan banished one of the last scions of the Khön clan, the ruling family of Sakya, Daknyi Chenpo Zangpo Pel (Bdag nyid chen po bzang po dpal, 1262–1324; r. 1306–1324), to Suzhou, Hangzhou, and finally to an island in the South China Sea. Following the death of the Great Khan, however, Daknyi Chenpo returned to Sakya with the blessings of the new Mongol leader, Temür Khan (r. 1294–1307), and even married the latter's daughter. Zangpopel was enthroned as the Eleventh Sakya Throne Holder (Sa skya khri 'dzin) after his return to Sakya in 1298, and he officially took on the leadership of Sakya in 1306.[47] While there, Daknyi Chenpo invited one of the most skilled physicians active during this time period, Drangti Jampel Zangpo (Brang ti 'jam dpal bzang po, ca. 1276–1335), to come to Sakya and act as his 'royal physician' (*bla sman*). Lama Dampa Sönam Gyentsen was the son of Daknyi Chenpo Zangpopel, and Drangti Penden Tsojé was the son of Jampel Zangpo. Like their parents before them, Sönam Gyentsen and Penden Tosjé worked together to govern the affairs of Sakya monastery and to heal the ailing people of central Tibet. Unlike their parents, however, Sönam Gyentsen and Penden Tosjé were both monks educated at Sakya, perhaps even together. Compared to Sönam Gyentsen, however, very little is known about Penden Tsojé; he wrote extensively about the history and study of medicine in Tibet and even about his own family, but he only composed a few paragraphs about his own education. In the colophon for the *Expanded Elucidation of Knowledge*, however, he does refer to himself as a monk (*dge slong*) and the teacher of students from the Yutok and Jang schools of medicine, among others.[48]

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[47] For details about these and many other political relationships, see Petech, *Central Tibet and the Mongols*, 72–74.

[48] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*,

Although Penden Tsojé wrote very little about himself, he wrote extensively about his father. According to Penden Tsojé, when his father was born, Karma Künkhyen Pakshi (1204–1283), the second reincarnation in the lineage of Karmapas who was supported by Möngke Khan (1209–1259) prior to his own period of exile,[49] prophesied that he would be a 'bodhisattva of benefit to beings'.[50] As a young man, after extensively studying medicine with many different teachers throughout Tibet, he was invited to Sakya by Daknyi Chenpo Zangpopel. While at Sakya, Jampel Zangpo lived up to Karma Pakshi's prophecy; 'in the morning he would generate the mind [of enlightenment] and, not sent by the great and powerful, he would only see the unprivileged and the vulnerable. He would give them medicine and food and, in the evening, he would always dedicate any merit gained from helping others to all sentient beings'.[51] Penden Tsojé also explains that his father was experienced in the generation and perfection phases of esoteric practice, 'teaching the doctrines of seeing and understanding for the sake of others, he would only spend time with a mind of the two phases'.[52] Finally, even

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47b: 'At the request of Yutokpa Geshé Sherap Gyentsen, Jangtöpa Yeshé Lekwang, and Dokhampa Geshé Könchok Drak, the Venerable Penden Tsojé redacted this *Expanded Elucidation of Knowledge* ...' (*shes bya rab gsal rgyas pa* [*zhes bya ba 'di ni/ g.yu thog pa dge bshes shes rab rgyal mtshan*] *dang / byang stod pa ye shes legs dbang / mdo khams pa dge bshes dkon mchog grags rnams kyis bskul nas dge slong dpal ldan mtsho byed kyis sbyar ba dge legs su gyur cig/*). See also Tashi Y. Tashigang, ed., *Rgyud bzhi'i spyi don shes bya rab gsal rgyas pa*, 134.

[49] Manson, *The Second Karmapa Karma Pakshi*.

[50] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 39a: *karma kun mkhyen dpag shis kyang / byang chub sems dpa' 'gro la phan pa 'byung ngo / zhes lung bstan cing /*.

[51] Ibid., 39a–b: *snga dro sems bskyed mdzad nas/ chen po rnams kyi dbang du mi gtong bar phongs pa dang mgon med pa kho na la gzigs shing / sman zas sbyin/ dgongs mo gzhan phan gyi dge ba sems can gyi don du bsngo ba ma chag par mdzad/*.

[52] Ibid., 39b: *gzig rtogs chos gsung ba'i gzhan don rim gnyis kyi thugs dam kho nas dus 'da' la/*.

after announcing his own impending death in the summer of his fifty-ninth year, he continued to selflessly work for the sake of others. 'I am one who will do anything for the sake of sentient beings', he is cited as saying. While practicing guru yoga, Penden Tsojé concludes, Jampel Zangpo 'performed the transference of consciousness and passed on. All the people then praised him by saying in unison, "He was a great bodhisattva"'.[53] From the beginning to the end of his life, therefore, in addition to his great scholastic learning and practical skill, it was Jampel Zangpo's compassionate service to his community, his unwavering dedication to beneficence, that allowed him to integrate his medical practice into the Buddhist path and to demonstrate for his son to record the professional ethics of a bodhisattva physician.

Between the seven tenets of professional medicine and this biography of his father, in his *Expanded Elucidation of Knowledge*, Drangti Penden Tsojé presents ethical instructions for and an exemplary narrative of a bodhisattva physician in Tibet. In contrast with the emphasis on non-maleficence found in the *Four Tantras* and its early commentaries, bodhisattva physicians should cherish and feel responsible for their patients, like parents taking care of their own children. Notably, in the life story of Jampel Zangpo, despite his dedication to discipline and the altruistic practice of medicine, it was always others who deemed him 'bodhisattva'.[54] A physician, in other words, is only a bodhisattva to the extent that their community recognizes and treats them as such. In contrast to the prescriptive duties listed above, therefore, Drangti Penden Tsojé also includes a list of laws that patients and other non-physician community members must follow to ensure the beneficent practice of medicine in Tibet. Again, in the words of Emperor Tri Songdetsen:

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[53] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 39b: *bla ma'i rnal 'byor sgom pa'i skabs la 'pho ba mdzad de gshegs pa de nyid skye bo thams cad kyi mthun par byang chub sems dpa' chen po yin/ zhes bsngags par brjod pa lags so/*.

[54] On the social and performative nature of holy people, see Campany, *Making Transcendents*.

Ministers and subjects of Tibet, please listen to my words without distraction. These healers and physicians deserve the offerings of all the Tibetan people. How so? Because they are masters of healing, I, the emperor, lord of all the black-headed people,

[3.1.] bestow upon each of them the title of 'Divine Lord',
[3.2.] designating each as the father of beings and the centre of society.[55]
[3.3.] One should give them silken seats of badger hides and so forth;
[3.4.] serve them food, tea, and beer in silver cups;
[3.5.] welcome them with horses;
[3.6.] offer them payment in gold;
[3.7.] and offer racks of meat and the tendons pulled from carcasses.[56]
[3.8.] One should measure each of them, and give them fine silken robes and turbans to wear;
[3.9.] have them sit higher than everyone except the royal family;
[3.10.] bring all the beautiful maidens before the eyes of the Divine Lords;
[3.11.] and, even if they eat one hundred portions in one day, one should not consider them greedy.[57]
[3.12.] In cases of malpractice—even if [a physician] takes a human life—one should not seek blood money, and

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[55] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 30a–b: *bod kyi zhang blon 'bangs su bcas pa rnams// nga yi tshig la ma yang* [=*g.yengs*] *gus pas nyon// 'tsho mdzad sman par gyur pa 'di rnams la// bod 'bangs kun gyi mchod pa'i 'os yin pas// ci'i phyir 'di rnams srog 'tsho'i slob dpon yin// mgo nag yongs kyi rje ni btsan po ste//* [3.1.] *nga yis bkur bas mtshan yang lha rjer thogs//* [3.2.] *'gro ba'i pha yin gral gyi dbus su bzhog/*.

[56] Ibid., 30b: [3.3.] *grum ze la sogs dar zab gdan yang thongs//* [3.4.] *zhal zas ja chang dngul skyogs nang du grongs* [=*drongs*]// [3.5.] *skyel bsu rtas kyis zhabs* [3.6.] *gla gser du phul//* [3.7.] *za tshud sha khog drangs la rtsa'i kha dmar zhus//*.

[57] Ibid., 30b: [3.8.] *re 'bri dar zab ber bkon dbu la dar thod chings* [=*bcing*] // [3.9.] *rgyal sras ma gtogs kun gyi zhengs phul//* [3.10.] *bu mo mdzes ma kun gyi lha rje'i spyan yang khrid//* [3.11.] *nyin cig zan brgya zos kyang dro po* [=*grod pa*] *cher ma 'dogs//*.

> [3.13.] whatever medicine is prescribed, one should pay for it in gold.[58]

These thirteen tenets also find some parallels in the duties (*chos*) and laws (*khrims*) articulated in Lama Dampa Sönam Gyentsen's *Mirror Illuminating the Royal Genealogies*,[59] wherein the former is a prescription for virtuous conduct while the latter comes with threats of punishment for non-compliance. In this case, the seven tenets of medical ethics are prescriptions for the professional practice of medicine, whereas these thirteen tenets refer to professional titles for physicians (3.1–2), offerings and etiquette for interacting with physicians (3.3–11, 3.13), and legal and economic immunity for physicians who fail to heal their patients successfully (3.12). Following this list, Emperor Tri Songdetsen threatens punishments for those who transgress any of these laws, and Drangti emphasizes their practical application with further narratives about the cooperation of physicians and patients during the Tibetan imperial period.

> In accordance with the royal ordinances, the physicians were invited in by their neighbours and paid wages. They were called 'Brother Doctor' and were given gifts and presents. Whenever they prescribed medicine, they would be paid and thanked. Helping people and valuing their lives, they would be welcomed when coming and escorted when going.[60]

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[58] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 30b: [3.12.] *bcos nor mi srog bcad kyang stong ma len//* [3.13.] *sman du ci 'dra btang yang sman rin gser du phul// nga'i gnang ba'i bka' tshigs bcu gsum 'di// gang gis 'das na de la chad pas gcod//*.

[59] Sorensen, *Tibetan Buddhist Historiography*, 181–86; *Rgyal rabs gsal ba'i me long*, vol. 1, 74–75. Sørensen arranges this pronouncement according to the 'ten virtues' (*dge ba bcu*), the 'sixteen pure popular rules of conduct' (*mi chos gtsang ma bcu drug*), and the 'twenty laws of Tibet' (*bad khrims nyi shu*), based on the *Mirror Illuminating the Royal Genealogies* and other sources. See Sørensen, *Tibetan Buddhist Historiography*, 183 n. 526.

[60] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*,

> *Even if they came at a bad time, they would be treated as guests. Even if a physician killed a patient through malpractice, there would not be any suit or litigation. The people would listen to whatever the physician said. And even if they desired livestock (as payment), there would be no dispute.*[61]
>
> Even if side effects arose due to negligence, the physician would not be held accountable. Even if medicines and instruments were cast aside, they would not be sued for damages. During the time when these physicians flourished, [patients] sought after them and upheld the thirteen ordinances.[62]

This ideal form of medical practice is presented from the physician's perspective. As these elaborations indicate, Drangti's law concerning therapeutic malpractice and blood money—'in cases of malpractice, even if [a physician] takes a human life, do not seek blood money' (3.12)—was an important and controversial one. Indeed, contradicting the legal prescriptions for blood money delineated in the *Mirror Illuminating the Royal Genealogies*,[63] Drangti tells us that, during this prelapsarian time, '*even if a physician killed a patient*

30b: *de'i sman pa rnams la rgyal po'i bka' tshigs ltar/ khyim tshes* [=*mtshes*] *nas gdan 'dren yang zhabs gla/ sman pa gnyen lags kyang phyag dkar dang zhu rten/ sman du ci btang yang sman rin dang gtang rag_mi gces la srog rin/ tshur 'ong la bsu ma/ phar 'gro la skyel ma/*.

[61] *Gsang ba man ngag gis* [*sic*] *rgyud kyi spyi don shes bya rab gsal rgyas pa*, 30b: *dus min 'ongs kyang mgron/ sman pas nad pa lag nyes la shi yang gyod dang 'khris med pa/ sman pa'i ngag ci zer la nyan pa/ nor la 'dod pa byas kyang cis mi gdags pa/*. This passage is in italics because it is missing from Tashi Y. Tashigang, ed., *Rgyud bzhi'i spyi don shes bya rab gsal rgyas pa*, 83.

[62] Ibid., 30b–31a: *bag g.yeng 'gal ba byung yang skyon mi bzung ba/ sman dang lag cha bor yang god du mi stong pa/ sman pa'i bya ba la dus su snyeg pa dang / rtsigs bcu gsum bzung ngo /*.

[63] *Rgyal rabs gsal ba'i me long*, vol. 1, 74–75: 'The high should be restricted by laws, ... writing should be taught to people, ... variable fines should be imposed upon murderers' (*mtho ba khrims kyis gnon/ ... mi la yi ge bslabs/ ... sad pa la che chung gi stong byed pa/*). Sørensen, *Tibetan Buddhist Historiography*, 182.

through malpractice, there would not be any suit or litigation', but this line was elided from subsequent editions of the *Expanded Elucidation of Knowledge*. As has been described elsewhere, this notion of blood money has a long history in Tibetan legal tradition, and it is supported by early legal documents found at Dunhuang.[64] The unconditional exemption of physicians from this fine appears to have been high on Drangti's agenda, for he challenges the applicability of blood money compensation to physicians in both his prescriptions for and ideological descriptions of imperial Tibet.

Despite Drangti's efforts, the realities of disease and death sometimes resist prescriptions and ideological descriptions. Based on the subsequent elision of Drangti Penden Tsojé's description, evidently the suggestion that a physician need not pay a fine even if one kills a patient due to malpractice was controversial over subsequent generations. With the revival of the bodhisattva physician at the court of the Fifth Dalai Lama (1617–1682), however, the Desi Sanggyé Gyatso (Sde srid sangs rgyas rgya mtsho, 1653–1705) tells a version of the same legend originally composed by Drangti Penden Tsojé. Like the version told by Drangti at Sakya, but unlike those told by other schools told over the fifteenth and sixteenth centuries, the Tibetan emperor proclaims, along with threats of punishment, 'Even through mistaken treatment or surgery may result in death, do not ask for blood money'.[65] Taken together, in sum, Drangti first proposed legal immunity for medical malpractice, perhaps assuming that the bodhisattva physician, like a parent caring for their child, will always provide the best care possible. Subsequent generations may have rejected this idea, but, starting in the seventeenth century, with the reinstitution of medical practice at the Geluk medical colleges,[66] the legacy of the bodhisattva physician spread throughout the Tibetan plateau, into Himalayan valleys, the Mongolian steppe, and beyond.

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[64] See, for example, the description and references in Stein, 'Tibetica Antiqua IV', 219 n. 43. For the so-called 'blood-price' in Dunhuang documents, see Dotson, 'Trial for Homicide'; *idem*, 'Introducing Early Tibetan Law', 273.

[65] Kilty, trans., *Mirror of Beryl*, 165.

[66] Van Vleet, 'Strength, Defence, and Victory in Battle'.

Conclusions: The Professional Ethics of Buddhist Medicine in Tibet

Like the Hippocratic Oath before it, an ethic of medical non-maleficence was first established in the *Four Tantras* to ensure that a physician can maintain a good reputation, successfully fulfil their professional duty, and live a pleasant life. Lacking sufficient institutional support, however, the physician was forced to abandon patients afflicted by intractable diseases, lest their community blame them and damage their reputation by publicly accusing them of malpractice. By the fourteenth century, however, under the aegis of the Sakya, Drangti Jampel Zangpo dared to treat the neediest members of society. From one perspective, following those who knew him, we might simply call Jampel Zangpo a 'great bodhisattva', one who committed his life to attaining awakening for the sake of all sentient beings. In the context of medical practice, more specifically, the bodhisattva physician is someone who simply seeks to heal other beings without concern for monetary success, pleasure, or even reputation. We can still use the word for 'duty' (*chos*; dharma) to describe this altruistic enterprise but, rather than a mere human duty (*mi chos*), the bodhisattva physician seeks to engage in a divine duty (*lha chos*) prescribed by the 'true teachings' (*dam pa'i chos*; *saddharma*) of the Buddha. A bodhisattva physician treats medicine not as a worldly practice outside of transcendent pursuits, therefore, and instead integrates the seemingly worldly practice of medicine into the soteriological path that leads to buddhahood.

Could the Drangti family have acted as bodhisattva physicians without the financial, political, and institutional support of Sakya hierarchs? This question lies at the heart of professional ethics in Tibetan medicine, as well as the institution of reincarnate lineages more generally. Drangti Penden Tsojé emphasizes that his father was prophesied to be a 'bodhisattva of benefit to beings', the fulfilment of which echoed in the communities of central Tibet following his death. Powerful Tibetan leaders at Sakya appointed Jampel Zangpo as an official physician, relieving him of official tax duties and extending to him a revered status that is usually reserved for monks and nuns. Indeed, Penden Tsojé was himself ordained, fusing the iden-

tity of the physician with that of the monk, which would continue throughout the medical colleges of Tibet, the Himalayas, and Central Asia down to the present. Penden Tsojé further transformed the status of the physician in Tibetan society as part of the larger narrative and legal developments that took place at Sakya in the fourteenth century. Following the contributions of the Drangti family at Sakya, patients were to regard physicians with respect, and, in turn, physicians were to treat their patients with the responsible beneficence of a parent who cares for their own child. From this point onward, mere non-maleficence would be an insufficient aim for the bodhisattva physician.

Except for that which is attributed to Hippocrates, none of the ethical prescriptions examined in this essay is an oath. An oath is a promise, a declaration, and a commitment. An oath may be directed toward other people but, to the extent that the deities invoked remain silent, an oath is monological. From their earliest emergence in writing, however, medical ethics in Tibet have been dialogical. Early Tibetan scholars followed Vāgbhaṭa in integrating the famed aims of life into the medical profession, while also placing these human duties in conversation with the divine duties of the true Buddhist teachings. They initially proposed that the primary duty of the physician is to do no harm, to maintain a good reputation, and to be successful in the practice of medicine. Even in the earliest layers of the *Four Tantras*, however, one can also recognize that the ideal physician practices medicine not according to a worldly way of humans, but on the path to buddhahood. In composing his seven tenets, Drangti Penden Tsojé instituted this professional medical ethic of beneficence, discipline, and altruism not with an oath, but through a legend set in the prelapsarian past of the Tibetan empire. The ethics of the bodhisattva physician were narratively coupled with laws and punishments that were spoken by the Tibetan emperor himself. By proposing that Tibetan physicians should not be vulnerable to accusations of malpractice, the Drangti sought to protect physicians from the potential consequences of treating the most vulnerable patients in Tibet, among other potential benefits. The institution of professional ethics for bodhisattva physicians at Sakya monastery in the fourteenth century, therefore, was a watershed moment for the prac-

tice of medicine in Tibet. Indeed, despite his many successes, Drangti Jampel Zangpo was memorialized by his son not just as a scholar and builder of institutions. Above all else, Penden Tsojé wanted him to be remembered as one who practiced medicine for the sake of others, as a bodhisattva.

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