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Western or Eastern principles in globalized bioethics? An Asian perspective view

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ABSTRACT

The principles advocated by Georgetown scholars have become the teachings of medical ethics in recent years. These principles provide good guides in clinical decision-making. But they can turn into a set of regulations that require only external observation. Confucian scholars believe that any principle without compassion as a base cannot endure. The eastern teachings regard internal virtues as the foundation of morality that spontaneously motivate a person to act in an ethical way. Without having this inner drive, any regulations, principles or law are but superficial. Eastern society also regards family as a basic unity therefore, familial autonomy is more important than individual autonomy. How do we bridge this gap between eastern and western ethics when contemplating a global bioethics? This article will argue that a global ethics must not neglect the importance of virtues.

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1. Introduction

There are different ways friends can greet each other when they meet. In the West, two good friends may hug while others just shake hands. In the East, the most common greeting is to bow to each other. Which greeting way is better? Of course, both are good because they are cultural customs that are handed down from generation to generation. In medical ethics, how will the West and East make decisions about similar ethical dilemmas? In Western society, patient autonomy is emphasized, but in the East, especially those regions influenced by Confucian teachings, an individual is regarded as a smaller self within a larger self, specifically the family. Therefore, decisions are often made from the family's perspective because any decision affects not only the patient, but also the whole family, especially in matters of life and death.

Modern advances in medical technology that were introduced to Asia in the early 20th century undoubtedly challenged the family-based decision-making model. However, a century has elapsed, and this familial decision-making model is still soundly in place. Even the four principles of medical ethics that prioritize autonomy during decision-making, which have been taught in medical schools in Asia for the last 20 years or so, cannot shake this model. People still feel that the family is the center of the fabric of

human society and that the well-being of the whole family must be recognized and considered when making a decision. The following two cases may give us some clues regarding how people perceive the notion of autonomy in a Confucian society.

In the first case, an 80-year-old patient fell down, resulting in a cerebral hemorrhage. He had previously expressed a wish that if he ever suffered any injury that a full recovery was doubtful, he wanted to pass on peacefully without any effort made to keep him alive. The family was aware of this wish but his wife, who was 73 years old, refused to give up and said she was still young, healthy, and willing to look after him even if he became severely disabled. She would follow him if he was allowed to die. The family decided that efforts would be made to treat him because his existence gave meaning to his wife and children. This old man was kept alive for the sake of his family.

In the second case, a well-known scientist in Taiwan collected some tissues from volunteers in an aboriginal village for research. After explaining the nature and purpose of the research to the volunteers, the majority of them signed consent forms and donated blood. When the elders of the village heard this news, they opposed the project, saying that unless the aboriginal community consented, this research project must be discontinued. After much discussion, this scientist had to destroy all of the sample tissues that had been collected from the villagers and she apologized. The incident was not about a clinical decision, but about a community that demanded that any research related to the well-being of the community be approved by the community, not only by the individual volunteers themselves.

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These two incidents reveal that individual wishes and consent in a Confucian society cannot be taken for granted. Familial or collective agreement is still needed because an individual is only a smaller self that is a part of a larger self that ultimately makes the decisions.

2. What is the nature of Confucian bioethics?

Family coherence is the most important social system within Confucian society. Of the five traditional Confucian social relationships [1]—between ruler and subject, father and son, elder and younger brother, husband and wife, and between friends—three are family relationships. The remaining two, although not familial relationships, should be understood in terms of the family system, in that the relationship between ruler and the subject is similar to the relationship between father and son, and the relationship between friends is similar to relationship between older and younger brothers. These close relationships eventually developed into a typical Confucian ritual of ancestral worship that provides social coherence [2]. Family is always a part of any decision-making process because any individual cannot exist separately from one's family. Because human relationships are the main concerns of Confucian principals, they are the center of Confucian ethics that is based on the concept of Jen. Confucius made Jen the main theme of his teachings. Jen has been translated as human heartedness, benevolence, love, compassion, kindness, and humanity [3]. Confucius explained the meaning of Jen as “do not do to others what you do not wish yourself... A person with Jen is one who desires to sustain oneself, sustains others, and [desires] to develop oneself [and] develop others.” [4]. This practice of loving and establishing others is called benevolence. Jen, however, is only a potential virtue that still needs to be cultivated and developed. Jen is internal and must be externally manifested in one's daily interactions with the outside world.

Based on this ethical teaching of compassion, or Jen, Sun Szu-Miao, the first Chinese bioethicist, wrote in the seventh century in his book, *A Great Physician's Manual*, “To be compassionate is the first requirement of a physician, who must be devoted to treating the ill and helping whoever is in need” [5]. He also said that a great physician must be free from desires and greed and be accountable for what he does. This is reflected in Confucian teachings:

“The superior man thinks of virtues, the inferior man thinks of possessions. The superior man thinks of sanctions, the inferior man thinks of personal favors. If one's acts are motivated by profit, he will have many enemies” [6].

Sun taught that life is heavier than a thousand pounds of gold; thus, a physician should not refuse any patient who cannot afford to pay. When treating patients, a physician must be skillful and sincere. By further expanding these two requirements of skillfulness and sincerity, Chen Su-Kong in the Ming Dynasty listed the 10 must-have characteristics of physicians as “to be compassionate, well-versed in Confucian teachings, be skillful, master pathology, know the way Qi circulates, understand the moving of a tendon's flow, train in dispensary techniques, be free of zealotry, know pharmacology, and not be covetous” [7]. These are known as the principles of “applying a measuring square” in the *Great Learning of the Book of Rites*, which reads:

“Do not use what you dislike in your superior in the employment of your inferior. Do not use what you dislike in your inferior in the service of your superiors. Do not use what you dislike in those who are behind to follow those who are before. Do not use what you dislike on the right to display toward the left. Do not use what you dislike on the left to display toward the right [8].

3. Virtues and principles

Compassion is more of a virtue than a principle in Confucianism. A principle is a general guide and a basis of reasoning to be observed in order to uphold accepted values, but a virtue is something internal that motivates a person to spontaneously act in order to adhere to recognized norms and must be cultivated in order to reach a higher moral realm. A virtuous person does what he does not because he is forced by law or by someone else. One does what one does simply because it is the virtuously and morally right thing to do it, not by any external consideration to this moral compulsion. Confucius himself explained, “At 15 my mind was set on learning. At 30, my character had been formed. At 40, I had no more perplexities. At 50, I knew the Mandate of Heaven. At 60, I was at ease with whatever I heard. At 70, I could follow my heart's desire without transgressing moral principles” [9]. Confucius believed that only when one has inner virtue can one act and follow what the virtues inspire one to do. Some are born with virtue, while others learn it through study or hard work, but once virtue is acquired, the end result is the same [10]. A principle, however, is like a rule of a game one follows because it is needed to guide or compel someone to do something. Hsu-Tzu, a left-wing scholar of the Confucian school, understood this need to compel a person to behave in the ways expected from the rules of conduct because human nature is basically evil and tends to do bad things. Therefore, external enforcements, such as rules, regulations, and principles, are needed to compel a person to behave in a certain way. Within each person there is intelligence that makes it possible to become good through learning, while a virtuous person, however, will act spontaneously from within as he develops his Te, or his personal moral character, inner strength, or integrity, that motivates him to act in a virtuous way.

4. A truly global ethical model of virtues

Virtue ethics emphasizes the character of the moral agent rather than rules or consequences as the key element of ethical thinking. This is different from both consequential and deontological arguments. The former, consequentialism, regards the consequences of a particular act as the basis of moral judgment, while the latter, deontology, derives the concepts of right and wrong from the character of the act itself rather than the outcome. We can use lying to explain how these three approaches and beliefs vary. A deontologist will not lie because lying is always wrong regardless of any good that might come of it. A consequentialist may allow lying if it will bring good results that satisfy the most people. A virtue ethicist would say that to lie or not to lie depends on a person's character and moral cultivation. A virtuous person will simply not lie because lying is not part of his being. One theory argues on the basis of consequences, another on the action itself, and the other on the person himself. In other words, virtuous ethics places an emphasis on “being” rather than “doing” and regards morality as stemming from the identity and character of the individual rather than from a reflection of the actions and considerations of the consequences of an action. Morality is the result of intrinsic virtues that constantly flow. Virtue ethics, however, is not in conflict with deontology or consequentialism. A virtue ethicist will spontaneously respond to act to a given situation, not because of duty or consequences, but out of an inner moral sense. Therefore, educating people and helping them to cultivate virtues is important because it allows more harmonious relationships in society, including medical settings such as the patient-physician relationship.

In the West, virtue ethics takes its inspiration from Aristotle who declared that a virtuous person is someone who has ideal character traits. These traits derive from natural internal tendencies but need

to be nurtured. However, once established, they become stable. For instance, a virtuous person is someone who is kind in many situations over a lifetime because that is his character, not because he wants to maximize utility, gain favors, or simply do his duty. Virtue ethics is not aimed at identifying universal principles that can be applied to any moral situation. Instead it asks wider questions, such as “How should I live?” and “What are proper family and social values?” These values are then promoted to help create a moral society and make ethical decisions.

In short, virtue ethics is about the person rather than the action because a person of moral character will spontaneously do a good act rather than be forced by the duties, rules, or consequences of particular actions. This suggests that as long as the qualities associated with good character are developed, a good society that is not dependent on laws or punishments to prevent or deter bad actions can be expected. The modern virtue ethicist Alistair MacIntyre [11] proposed the following three questions as the heart of moral thinking: Who am I? Who should I become? How should I get there? All of these questions point to personal character cultivation that allows a person to act ethically as long as virtues are developed. Virtues can be cultivated and they are the foundation of good ethical relationships.

There are similarities between Western virtue ethics and Confucian teachings. In fact, Confucianism and other Eastern religions, such as Hinduism and Buddhism, form the basis of Eastern bioethics and recognize the importance of morality in life. In Hinduism, dharma (the path of righteousness or responsibility) is the chief aim of human life, and one must cultivate this good virtue and do good deeds in order to be liberated from the chain of karma. Bhagavad Gita states: “O Arjuna, there never exists destruction for one in this life nor in the next life, since, dear friend, anyone who is engaged in virtuous acts never comes to evil” [12]. Buddha teaches the Eightfold Path as a course of virtuous living that leads to the cessation of suffering and the achievement of enlightenment. These eight aspects include right understanding, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration [13].

5. An attempt at global bioethics

Biomedical ethics deals with issues pertaining to health and life, and it should be globalized because life must not be discriminated against because of gender, race, religious beliefs, or age. In other words, biomedical ethics that is regarded as good in one area should also be regarded as good in another. We, however, recognize different cultural traditions in our world, and, therefore, when attempting to develop globalized bioethics we must look at the common foundation of the moral values that are shared by the world. The cultural diversity of the world is here to stay, but human beings, regardless of what cultural tradition they come from, do share some universal values, such as love and compassion, do no harm (ahimsa), and help the young. These values serve as the foundation for global bioethics that should be independent of the norms of any particular culture because foundational moral values transcend particular cultural values [14].

In this sense, should the norms or principles of medicine and research be the same across cultures, as asked by Ronald M Green in his book, *Global ethics - issues of conscience for the 21 century?* Green pinpointed that cultures and religions all play important roles in decision-making [15]. As long as common values are established, each culture should be free to develop its own ethical applications. Because this foundation is universal, there cannot be any discrepancies, although this does not preclude legitimate disagreement in bioethical applications. Universality pertains

exclusively to foundational values, not to the derivation of applications. Therefore, respect for individual autonomy as we know it in the West is an example of good bioethics and the familial collective approach to decision-making in the East should also be recognized as good. This understanding of global bioethics echoes the words of Alastair Campbell, who wrote that global bioethics has to be based on a respect for the richness of human cultures and the fragility of the physical and social environments that sustain human life. As he stated, “This does not mean that rational discourse about ethics across cultures is ruled out, but it does require a critical reexamination of the assumptions on which the ‘-isms’ of bioethics rely” [16].

6. Conclusion

The Western principles of bioethics advocated by Beauchamp and Childress regarding nonmaleficence, beneficence, autonomy, and justice are important. However, because Asians base their ethical considerations on compassion, regard the family as the center of their lives, and assume that virtues will spontaneously motivate a person to act according to his morality in a given situation, globalized bioethics should respect this Asian way of following the heart to do things. When one has developed appropriate moral virtues, one will naturally act in a certain good way. The first virtue surely is compassion, but righteousness, propriety, dharma (responsibility, wisdom), and ahimsa (do no harm or do not do to others what one does not want others to do to oneself) are also the main virtues in Asia. In practice, showing love, doing the right thing, respecting others, and being responsible are the manifestations of virtues.

The World Medical Association (WMA) has listed three ethical values for all medical professionals: compassion, competence, and autonomy [17]. It may look different from Eastern virtues, but in reality competence is the expression of righteousness that upholds doing the right thing without any intention of gaining personal favor. It is also the result of the virtue of respect out of filial piety because in showing respect to one’s parents, one has to make sure one is able and competent to bring well-being to others. Autonomy to Asians is collectively understood as seeing oneself as a smaller self within the larger self of family. Confucian ethics encourages the development of virtues in each person in the context of one’s smaller self within one’s family. The human relationships that are described within the Five Relationships described by Confucius are always dynamic. Its harmonious development must begin by practicing compassion and be reflected through respect of filial piety.

These three principles advocated by WMA can be the foundation of a global form of bioethics that Asians can apply through their own understanding of ethics. Surely, if respect can be added to these three principles, it would most ideally reflect the universal foundation of values. Therefore, global bioethics should be contextualized.

The question remains: Western or Eastern principles? Principles are no longer important if virtues can be cultivated. Yet, principles will assist those who do not know what to do in a dilemma. In the West, the Western principles are considered good. In Asia, the Eastern bioethical method is also considered good. Therefore, we must learn both the Western and Eastern methods of bioethics because there are Asians in North America, Europe, and Africa and Westerners in Asia and Africa. Perhaps it is time that we return to virtue-based ethics. Without the foundation of individual character to motivate action, we always need principles, medical laws, regulations, and guidelines to force or encourage proper actions.

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