

# BIOETHICAL HERMENEUTICS OF MAHATMA GANDHI'S SATYAGRAHA

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## Abstract

Mahatma Gandhi's Satyagraha is more forthrightly known in the social and political language. Yet, Gandhi himself said that his politics is but an expression of his religion, of his ethics. Ergo, Satyagraha, though more known to be used in the socio-political arena, is essentially ethical. As such, Satyagraha can therefore be also woven into the Bioethical fabric. For both the western and eastern frontiers of Bioethics to have a real, enriching, and empowering interphase or melding, they should also learn to primarily understand and discourse with each other. Ergo, this research is a means of integrating Mahatma Gandhi's **Satyagraha** into contemporary Bioethics. More specifically, this study on Gandhi's Satyagraha is a deliberate attempt of Eastern philosophy to weave into the fabric of the extant Western bioethical literature.

There is no question that Bioethics in the western world, specifically, in Europe and North America, has already achieved a certain robustness. So we can even say that it has in a sense already developed into a culture of its own, at least since its formal inception during the later part of the past century.

Yet, though Bioethics was born in the western world, its ethical and epistemological foundations weren't something unique to the western world. Eastern/oriental cultures already had, definitely even before the ancient Greeks (as earliest representatives of western thinking), coherent and systematic notions about sickness, diseases, healing, handicaps, aging, mores, ethics and other related ideas used by Bioethics. However, because the contemporary medicine and science where Bioethics emerged are largely products of western civilization, so eastern or oriental thinking hasn't yet significantly informed Bioethics as western thinking does. Nonetheless, specially with the impetus given by factors like the eastern/oriental countries: a)gaining global geopolitical and economic clout; b) having their citizens continually migrating to the west; c)attaining higher levels of education; d)getting access into western science and technology (including the medical field); e)making breakthrough into the information highway of the internet, and the like, it was but inevitable that the proverbial east-meets-west phenomenon happened, and is still bound to grow more rapidly once it

reaches the state of proper momentum. But before this state of proper momentum is reached, a lot of groundwork has to be done, maybe, more specially from the eastern/oriental side, or maybe, ideally from both sides.

**Satyagraha** has several tenets. However, we shall only deal with the two most important ones, namely **Satya** and **Ahimsa**. **Satya**: according to Mahatma Gandhi, posits spirituality and centrality in one's life, is multi-faceted and what one has is but a glimpse of it. It should also be a product of consistent self-examen. It has also a certain sociality and should be something communicable to people. **Ahimsa**: is non-violence and the **co-principle** of **Satya**, and also means goodwill. It also means patience. It makes **Satyagraha** not passive but an active creative power. It implies courage and moral strength. It is non-discriminating and, though non-violent, it is conflict-born and can thus be conflict-spawning.

**Key Terms:** Mahatma Gandhi, *Satyagraha*, *Satya*, *Ahimsa*, *Satyagrahi*.

## Background

Unknown to many, before he became the moral-political-social force of India, Mohandas Karamchand "Mahatma" Gandhi made some significant contribution along the line of public health in South Africa.

Mahatma Gandhi's **Satyagraha** had its foundational event, not in India, but in South Africa. **Satyagraha** -though it was not yet given such a name, nor recognized as such- formally came into being at a meeting of Indians of Johannesburg and of other areas of the Transvaal on 11 September 1906. The meeting was presaged by some ominous events.

The Transvaal Government Gazette dated August 22, 1906 bore the draft of a new ordinance which is to be passed for approval to the Transvaal legislature. The said draft compelled Asians, both male and female above eight years of age to register to proper authorities, be fingerprinted, and accept a certificate which they subsequently should have with them at all times. Failure to follow the requirements would make one subject to the loss of the right of residence in Transvaal, and one would consequently face imprisonment, pecuniary fine, deportation, and economic or business curtailments (even if one is then a big owner of properties, or had major business transactions in Transvaal). Furthermore, the draft proved to be repugnant to the Indians for it permitted any police officer to accost anybody, even **women and children**, in the streets or enter his/her home and demand for the certificate "anytime, anywhere, without any warning, and without giving reason." Aside from the fact that the draft would apply to women and children, what further enraged the Indians upon closer scrutiny of the draft was the issue of fingerprinting. Fingerprinting, prior to the introduction of the draft, was only required of criminals. Ergo, the draft, by requiring Asiatics to fingerprinting, was implying, behind the veil of law, that Asiatics, particularly Indians, are criminals. On the other hand, when the draft becomes law, and the Indians resist it, then they would become

outlaws. In other words, still criminals. What makes the said provision of the draft undoubtedly and doubly malicious is that there is no way out: whether they subscribe to the law or not, Asiatics, specifically, Indians, would still be criminals. Thus according to Ashe, "The Government's aim was to establish the principle that Indians were second-class people, living in the Transvaal on sufferance and not by right."<sup>1</sup>

This explains the genesis of *Satyagraha*. It was not even named yet as *Satyagraha*. Without yet finding a more apt term, it was then called Passive Resistance. It was only two years further that the term *Satyagraha* came into use. A cousin of Mohandas, Manilal Gandhi, suggested the term *sadagraha*, a combination of two Sanskrit words *sada*, from the root word *sat* -meaning, truth-, and *agraha* -which means, force-. According to Gandhi, the phrase Passive Resistance needs to be changed for the reason that "The term does not fit the activity of the Indian community during the past eight years. Its equivalent in the vernacular, rendered into English, means Truth-Force."<sup>2</sup> *Satyagraha*, which Gandhi will use to fight, either for the rights, or for peace, or welfare of India and its people whom he deeply loved till the day he died.

## Discussion

### The Major Tenets of Satyagraha

#### A. Satya

The term *Satyagraha* according to Mahatma Gandhi could be translated into English as "Truth-Force". The "*satya*" in the term *Satyagraha* comes from the Sanskrit word "*sada*", which in turn is derived from the root word "*sat*". "*Satya/sada/sat*", are Sanskrit terms referring to the English term "truth". Now, according to Gandhi:

... I have often said,... Truth is God. My uniform experience has convinced me that there is no other God than Truth. '*Sat*' or Truth is perhaps the most important name of God. In fact it is more correct to say that Truth is God.<sup>3</sup> In "God is Truth," *is* certainly does not mean "equal to" nor does it merely mean, "is truthful." Truth is not a mere attribute of God, But He is That. <sup>4</sup>

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1 Geoffrey Ashe, Gandhi. New York: Stein and Day, 1968. p. 97.

2 M. K. Gandhi, in Raghavan Iyer, Ed., The Moral and Political Writings of Mahatma Gandhi, Vol. 3, Theory and Practice of Passive Resistance (Before 11 July 1914, sailing from South Africa en route to India), p. 21.

3 Ronald Duncan, The Selected Writings of Mahatma Gandhi (Boston: Beacon Press, 1957), p.54.

4 Joan Valerie Bondurant, Conquest of Violence, The Gandhian Philosophy of Conflict

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"The word *satya* comes from *sat*<sup>1</sup>. "Truth is eternal *Brahman*"<sup>2</sup>. What I want to achieve -what I have been striving and pining to achieve all these thirty years- is self-realization, to see God face-to-face, to attain Moksha. I live and move and have my being in pursuit of this goal. All that I do by way of speaking and writing, and all my ventures in the political field, are directed to this same end.<sup>3</sup>

The citations show two things. Firstly, that the *Satya/Truth* of *Satyagraha* is of a spiritual nature. Secondly, that the citations of Gandhi make clear that the *Satya/Truth* of *Satyagraha* is of a spiritual nature and therefore indicates that *Satyagraha* isn't just any movement, but specially a movement started by a man who has faith in a God. If so, then this Truth is the central existential motive for Gandhi, his *raison d'etre*, his "sovereign principle,"<sup>4</sup> and pursuing it is a duty which one should take upon one's self to fulfil, a categorical imperative. This point was confirmed by Gandhi when he said:

I am an humble seeker after Truth. I am impatient to realize myself, to attain *moksha* in this very existence. My national service is part of my training for freeing my soul from the bondage of flesh. I have no desire for the kingdom of earth. I am striving for the Kingdom of Heaven which is *moksha*... For me the road to salvation lies through incessant toil in the service of my country and there through of humanity... So my patriotism is for me a stage in my journey to the land of eternal freedom and peace.<sup>5</sup>

These statements are important for Bioethics for three reasons. Firstly, in this day of pervasive secularism, *Satyagraha* provides something in Bioethical life which even the World Health Organization considered important as exemplified by its definition of Palliative Care: *spirituality*<sup>6</sup>. In line with this, according to Daniel Sulmasy "Increasingly, good *spiritual* care

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(Berkeley: University of California Press, 1971), p. 19.

1 Gandhi, in Iyer, Vol. 2, 'What is Truth?' (Navajivan, 20 Nov. 1921), p.157.

2 Ibid., p. 151.

3 Mohandas Karamchand Gandhi, An Autobiography: Or The Story of My experiments with Truth, (Ahmedabad: Navajivan Publishing House, 1927), p.x.

4 R.K. Prabhu, The Mind of Mahatma Gandhi (Ahmedabad: Navajivan Publishing Press, 1967), p.21.

5 Gandhi, in Iyer, Vol. 1, My Mission (Young India, 3 Apr. 1924), pp. 18-19.

6 WHO definition of Palliative Care: Palliative care is an approach improving the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief from suffering by early detection and impeccable assessment and treatment of pain and other problems, physical, psychosocial, spiritual.

is recognized as an important part of high-quality care.”<sup>1</sup> What Sulmasy said was even bolstered by empirical studies.<sup>2</sup>

Despite increasing evidence that patients would like their physicians to do so, spiritual issues are rarely addressed by 21-century Western physicians. In one survey of outpatients, 52% believed that a physician had a right to inquire about a patient's religious beliefs, but a majority could not recall any physician having inquired about religious beliefs. In a survey of inpatients, 77% believed physicians should consider their spiritual needs and 48% wanted their physicians to pray with them, but 68% said no physician had ever inquired about their spiritual or religious needs. In another survey of outpatients, 94% thought it appropriate for physicians to inquire about their spiritual beliefs were they to become gravely ill... in one survey, even 45% of patients who professed no religious beliefs thought that physicians should inquire about their spiritual needs. In another survey, conducted at a nNew York City hospital, regression analysis showed that patients' expressions of spiritual needs were independent of religious denomination, including those who reported no religious affiliation.

Secondly, as Satya should ultimately lead one to a goal, Moksa, then Satyagraha is therefore ethically teleological. Thus, *satyagraha* isn't just an arbitrary or wishful conundrum, but in fact something that provides one with a Final Cause, a *telos*, for one's actions or circumstances whether one be a clinician, or a patient, or a scientist, or a policy maker. Thirdly, the centrality of *Satya/Truth* is salient because it also touches something central in Bioethics, that is the issue of *informed consent*. Truthfulness is a requirement for consent to be considered essentially or fully informed. With the absence, whether partial of full, of truth, then the information required in any Bioethical situation becomes at least questionable, and thus eventually ethically problematic or egregious because it consequently violates the autonomy of the party concerned, and as a consequence also inflicts maleficence on the concerned party. And by so doing, one also even violates the principles of justice and solidarity.

According to Gandhi, his said “experiments with truth” are *moral* in nature, thus his “...experiments have not been conducted in the closet but in the open.”<sup>3</sup> Thus, the Truth of

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1 Daniel Sulmasy, *Spiritual Issues in the Care of Dying Patients*, (JAMA, September 20, 2006- Vol. 296, No. 11, pp 1385-1391), p. 139, Carlo Leget, Coordinator, in *Class Notes in “Palliative Care”*, Erasmus Mundus Master of Bioethics 2006-2007, (Radboud Universiteit Nijmegen, Netherlands: January-April 2007).

2 Ibid., Sulmasy, pp. 1386-1388.

3 Gandhi., *An Autobiography...*, p. 14.

*Satyagraha* is a Truth *lived* and also *realized with and in* the presence of other people. But how is this moral Truth to be lived with others? The world is one vast agora of ideas. Indubitably, there are cases where people can easily come to agreement: they are talking exactly of the same things, understand exactly the same things in exactly the same way, come to the same exact conclusion about exactly the same things, and exactly the same way. There also are times when people think they mean and understand the same thing, yet only to find out that though they exactly mean the same thing, yet they don't understand it in exactly the same way. Or there might also be times when the only mutually clear thing for parties concerned are that they exactly agree that they are in disagreement. And there may even be cases when people even disagree that they disagree, and eventually find out in exactly the same manner that in the end, there is actually no end to their disagreement. If only, solely the first case is our lot, then there is no problem. But in the marketplace of ideas, the usual case is that there are contending vendors, thus, no one has the hegemony of Truth (even though usually the marketplace is not wanting of those who would want or even attempt to monopolize), not even the *satyagrahi*<sup>1</sup>. Gandhi therefore spoke of a familiar and simple parable to drive home the point of the perennial problematic of contending veracity claims:

You know the story of the elephant and the seven blind men who actually touched him. They all touched him at different parts. Their descriptions therefore differed from one another. Yet they were all true from their own points of view and yet each appeared untrue from the points of view from the rest.<sup>2</sup>

Gandhi offered a solution to the problem regarding the analogy of the elephant and the seven blind men -and simultaneously to the problem of the above immediate quotation when he said that "The truth was beyond all the seven. We are all, you will perhaps agree, in the position of these seven sincere observers. And we are blind as they are blind. We must therefore be content with the truth as it appears to us."<sup>3</sup> This implies that though each of us may be so committed to "the truth as it appears to us," yet we should also have the sense to accept the possibility that what we know might only be partially true, or if not totally untrue, or if considered true incumbently, could still be proven untrue in the future.

When we try to apply these writings to Bioethics, we can observe that this matter of contending claims is an important corpus of discussion in Bioethics specially as it calls into question the oftentimes recalcitrance, or worse, cold indifference of medical practice/practitioners or maybe of science in general vis-à-vis other pertinent parties like

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1 Follower of *Satyagraha*.

2 Gandhi, in Iyer, Vol.2, Letter to Mrs. R. Armstrong and Mrs. P. R. Howard (The Ashram, Sabarmati, July 9,1926), p. 160.

3 Ibid., Letter to Mrs R. Armstrong....

patients, research subjects, fellow health/science practitioners. This means that despite the so-called democratization of medicine and science, it cannot be denied that –though not universally applicable- there is still the hovering possibility of doctors/health care professionals lording it over their patients or the other medical denizens or of scientists or researchers condescending on the lay knowledge of their research subjects, or other co-workers. *Satyagraha's* Truth thus presents the Bioethical field a portal of level ethical discourse in the midst of such paternalistic bind. As Diego Gracia resonates, "We are looking, therefore, to an ethics in which all human beings, due to their condition of human beings, will be taken into account. Nobody will be rejected or marginalized."<sup>1</sup>

More specifically, *Satyagraha's* Truth in relation to the said matter of contending claims also becomes important in narrative medicine. Whereas in paternalistic medicine or science there is usually one central monolithic entity from where all seemingly sacrosanct edicts emanate, contrastingly, as Gandhi's analysis of the parable of the blind men and elephant showed, *Satya/Truth* sets out a platform for discourse where everyone can actively participate, be heard, and seriously considered. Something which narrative medicine also advocates.

Narrative considerations probe the intersubjective domains of human knowledge and activity, that is to say, those aspects of life that are enacted in the relationship between 2 persons...The narratively competent reader or listener realizes that the meaning of any narrative –a novel, a textbook, a joke- must be judged in the light of its narrative situation: Who tells it? Who hears it? Why and how is it told?... With narrative competence, multiple sources of local –and possibly contradicting- authority replace master authorities; instead of being monolithic and hierarchically given, meaning is apprehended collaboratively, by the reader and the writer, the observer and the observed, the physician and the patient.<sup>2</sup>

The narrative or discursive element of *Satya/Truth* thus offers a more humane,

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- 1 Diego Gracia, *The Foundation of Medical Ethics in the Democratic Evolution of Modern Society*, Corrado Viafora & Renzo Zanotti, Coordinators, in *Class Notes in Clinical Bioethics*, Erasmus Mundus Master of Bioethics 2006-2007 (Padova: Universita Degli Studi di Padova, Padova, Italy, April 2007), p. 26.
  - 2 Rita Charon, *Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust*, (Netherlands: Reprinted- JAMA, October 17, 2001, Vol. 286, No. 15, December 17, 2006, p. 1898), Wim Dekkers, Coordinator, *Class Notes in "Introduction into Bioethics," Erasmus Mundus Master of Bioethics Programme 2006-2007*, (Nijmegen: Radboud Universiteit Nijmegen, The Netherlands, January-April 2007).

enlivened, engaging alternative to the at times antiseptic, distant, cold, or even dehumanizing, demeanor and practice that physicians, scientists, other health care professionals may show towards their patients, research subjects, each other and even their own selves, and vice-versa.

The abovementioned narrativity of **Satya/Truth** however isn't a warrant for thoughtless, whimsical, or chaotic exchanges (though at times, people concerned can become indeed quite impassioned and too engaged). To address the problematic of contending claims, one very important norm is consistent vigilant introspection, or, for a religious person, a consistent prayerfulness on the Truth.

However, to follow truth as one sees it is like walking on the razor's edge. Anyone who tries to do so ought to remain wide awake and rightly follow all the rules and restrictions. The lazy, the indolent and the hypocrites can claim no right to act according to their view of truth.<sup>1</sup>

It would be fair to say that from the time that the **Satyagraha** campaign commenced in South Africa till that day he died, Mahatma Gandhi consistently designated a certain moment of a day as a time of prayer either with a congregation or individually. This he shows when one time, he spoke of the regular activities in the **satyagrahi ashram**<sup>2</sup>:

If insistence on Truth constitutes the root of the Ashram, prayer is the principal feeder of that root. The activities of the Ashram commence everyday with the congregational morning worship at 4.15 to 4.45 a.m. and close with the evening prayer at 7 to 7.30 p.m.<sup>3</sup>

By constant prayerfulness is not meant mere recitations of mantras, or mindless repetitions of memorized verses or litanies. By constant prayerfulness is meant one's capacity to daily have a time for vigilant introspection, for discernment, for self-examen. Through this examen, one conscientiously and consciously probes how one conducted him/herself throughout the day. One is therefore able to make resolutions how to conduct one's life, also on a daily basis. The consistency for such prayerful examen isn't easy. It isn't just a never-ending series of "highs" but specially one of regular, tranquil lucidity and sobriety. People at times may find the regularity of prayerful examen vapid. And it can really be so. This illustrates the need for commitment to it. Not only that, but it can even be frightening and burdensome because in the examen one should confront oneself unguised, for

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1 Gandhi, in Iyer, Vol. 2, Letter to Narayan M..., p. 171.

2 Communities founded by Gandhi which served as home of the satyagrahis even as way back in South Africa, and later in India.

3 Gandhi, in Iyer, Vol. 2, Ashram Observances, p. 569.



anything and everything that one is, in stark self-scrutiny. Thus according to Gandhi "the lazy and the indolent" have no rightful claim to Truth. Through such prayerful comportment, the *satyagrahi* thus lives, in Socratic language, an examined life.

Such introspection is important specially in the biomedical field. The daily routine of very hectic schedules, with at times an endless number of patients may lead a physician, nurse, midwife, intern, resident, etc. to simply be ensconced in self-sustaining "auto-drive". Resultantly, one may tend to act usually out of automatic habit than of deliberation. Thus, patients, colleagues, and other people may just become faceless blurs, or filled-out charts, or worse, necessary annoyances for one's professional advancement. This is not to say of course that one should really take in everything that one goes through, lest one also ends up either a burn-out or a nervous wreck. Surely, one should also be carefully selective of what one allows to sink in on one hand, and what to simply let go on the other hand. However, in such, the important point is that one is self-aware in making the choices or decisions and not simply acting like an unthinking heartless automaton.

Another observable standard that Gandhi has set is that, in any *Satyagraha* campaign that he went into, there is that uniform practice of exhaustively gathering all the facts and details of the issues. He never went into issues for which matters weren't sufficiently clear for him. Maybe, we can say that such demeanor can be credited to a large extent to the training of the Mahatma as a barrister. Such gathering of facts has also been one of the cornerstones of Bioethical debate and reflection. Ergo, every ethics review board, or ethics review committee, or institutional review board has among its standard protocols the stage of identifying or setting out the medical, or clinical, or scientific facts. For such, productive bioethical debates are thus clear about what they want to discuss, where the discussion should lead, how to go about the discussion, and eventually, are able to come to a coherent consensual conclusion. As Gracia prescribes:

The deliberation process requires careful listening (anxiety prevents a person from listening to another, precisely because they are afraid of what the other might say), an effort to understand the situation at hand, analysis of the values involved, rational argument of the possible courses of action and of the most appropriate one.<sup>1</sup>

Another very important character of *Satya*/Truth is its prodigious communicability. An author said that "It is estimated that during his lifetime Gandhi wrote more than 10 million words. That translates into 500 words every day for 50 years!"<sup>2</sup> Gandhi made sure that the

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1 Diego Gracia, Ethical case deliberation and decision making, *Medicine Health Care and Philosophy*, 6,(Netherlands:Kluwer Academic Publishers, 2003, p. 230), Corrado Viafora and Renzo Zanotti, Coordinators, *Class Notes...*, p. 94.

2 Dr. Shall Sinha, [ssinha.com/journalist.htm](http://ssinha.com/journalist.htm).

message of **Satyagraha** reached even the most unlettered. This aspect of dissemination is in accordance with the existing practice in the Bioethical world: of Bioethicists from all corners of the globe continuously putting their ideas into the public sphere, ideally properly refereed, via either the print, or the television, or the radio, or the ubiquitous internet. Truth has a social dimension, in that the more it is subjected to scrutiny the more robust it becomes, or it may need to be amended, or it may need to be totally eliminated. Whatever the outcome may be, putting one's ideas before the platform of public space in the end will still lead to more knowledge. In terms of patient-doctor/researcher-subject relationship, open lines of communication again redounds to narrativity, which in turn will lead to concerned quarters having a better understanding of each other.

### **B. Ahimsa**

We have earlier pointed out that in the word **Satyagraha**, "**Sat/satya/sada**," of Sanskrit origin, would refer to Truth. The other half of the term, **agraha**, also of Sanskrit origin, literally means "force". Thus, **Satyagraha**, literally means "Truth-Force," or, as Gandhi would also say "Force of Truth". However, the "Force" of **Satyagraha** doesn't connote coercion, nor inflicting of violence. Rather, the "**agraha/force**" in the context of **Satyagraha** is in fact similar to the Greek term "**dynamis**", which could be translated as "power" connoting action, capability, activity. However, this **agraha/force/dynamis/power**, rather than being destructive is in fact creative, i.e., life-giving, life nurturing. And for Gandhi the most apt Sanskrit term for such life-giving, life-nurturing power is **Ahimsa**.

**Ahimsa** is a combination of the Sanskrit negative prefix "**a**", which is equivalent to the English "non," or "no", and the Sanskrit word "**himsa**" which literally in English means "to kill," "to injure," "to harm," "to do violence". Thus etymologically, **Ahimsa** could be translated as "non-killing", "non-injury", "non-harming", "non-violence". Inasmuch as "to do violence" is more comprehensive than the terms "to kill", "to injure", "to harm", ergo, "non-violence", being a derivative of "violence", is also more comprehensive than the terms "non-killing", "non-injury", "non-harming". Ergo, the most preferred translation of **Ahimsa** used by Gandhi was also "non-violence". Thus, if Gandhi literally translates **Satyagraha** as "Truth-Force," and if "force" refers to **Ahimsa**, ergo, we can also say that another possible translation for **Satyagraha** is "Non-violent-Force-of-Truth".

In addition, inasmuch as "**agraha**" is one half of the term **Satyagraha**, and inasmuch as "**agraha**" means "force," and the said "force" is "**Ahimsa**," ergo, for Gandhi, it also implies that the other half of **Satyagraha** is **Ahimsa**. As such therefore, **Satyagraha** is the **essential** combination of **Satya**-Truth and **Ahimsa**-non-violence, or that, **Satya** and **Ahimsa** are necessarily **co-principles**. **Thus the Truth of Satyagraha consists of the Truth being necessarily coupled with Ahimsa or non-violence**. Thus Gandhi in several instances said:

The only means for the realization of the Truth is *Ahimsa*,<sup>1</sup> ... a vision of Truth can only follow a realization of *Ahimsa*,<sup>2</sup> ... Truth itself is God, and non-violence is just a synonym for truth.<sup>3</sup> ... Absolute truth alone is God. It is beyond reach. The truth that we see is relative, many-sided... There is no scope for vanity in it and the only way for reaching it is through *ahimsa*.<sup>4</sup> I found that the nearest approach to Truth is through love... And when you want to find Truth as God, the only inevitable means is love, non-violence...<sup>5</sup> It is impossible to reach Him, that is, Truth, except through Love.<sup>6</sup> ... Love which I have translated as non-violence.<sup>7</sup>

Why should *Satya* necessarily be coupled with *Ahimsa*? Gandhi knew too well that many times, for the sake of their claims or ideas, people kill, mug, maim, torture, and the like. And, more often than not, once a maelstrom commences, a blackhole of bloodshed or conflict is unleashed where no one seems to escape, or escape unscathed at all. By such, Gandhi means that his holding on to Truth necessarily means that the *satyagrahi* is not in any way willing to kill, nor maim, nor torture, nor mug, nor hate, now resort to arms, and the like. Thus, a *satyagrahi*, in holding on to the Truth, would rather be the one killed, or mugged, or maimed, or tortured, etc., than be the one doing the killing, mugging, maiming, torturing, and the like.

When we apply all this again to the field of Bioethics, the above points about the *Ahimsa* of *Satyagraha* are significant for several reasons. Firstly, it affirms the value and centrality that life has in Bioethics, specifically the medical field. As earlier said, *Ahimsa* nurtures and cares for life. As such, it also thus affirms the principles of beneficence and non-maleficence. Secondly, *Ahimsa* is also important because it creates an atmosphere of goodwill which is very crucial specially in contentious or controversial issues. *Ahimsa* thus always keeps the door of dialogue open. Thirdly, because of such goodwill and openness for dialogue among interested parties, thus the path for medical narrativity or hermeneutics which we discussed earlier in *Satya*/Truth is also paved. This point has another significance. Violence needs not only be something physical. One also does violence to the other by not letting the other be. That is, when one intimidates, stymies, or blocks the capacity of the

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<sup>1</sup> Gandhi, *An Autobiography*...pp. 452-453.

<sup>2</sup> Ibid., p. 453.

<sup>3</sup> Gandhi, in Iyer, Vol. 2, *Speech at Prayer Meeting, Bombay* (*Bombay Chronicle*, 14 March 1946).

<sup>4</sup> Ibid., *Letter to Vamanrao Joshi* (*Pyarelal Papers*, November 7, 1945), p. 176.

<sup>5</sup> Ibid., 165-166.

<sup>6</sup> Ibid., *Letter to Basil Mathews* (At the Ashram, Sabarmati, June 8, 1927), p. 190.

<sup>7</sup> Ibid., *Letter to Roy Walker* (*Pyarelal Papers*, 'Dilkhusha', Panchgani, July 18, 1944), p. 192.

other to express his/her mind. One thus imposes oneself on the other, and so the other (either a patient, the patient's family members, a colleague) is either prohibited, or inhibited, or obstructed from fully disclosing one's actual pains, worries, anxieties, hopes, despairs, joys, sorrows. Through **Ahimsa**, then one is able to authentically listen to the narratives of the other, or even of oneself.

Fourthly, thus, even if by **Ahimsa**, Gandhi would most decidedly be a pro-lifer, yet, surely, he will be against the pro-lifers and animal rights activists who bomb clinics and kill people. Yet, despite being pro-lifer, it is quite also ironic that at one point, he also decided to put a terminally-ill cow to mortal sleep because he deemed that **Ahimsa** dictates that he should rescue the said cow from futile misery. At another, he also allowed that monkeys which have become pests to the cornfields of a group of poor farmers be driven away. Despite these said ironies, however, consistently, the Mahatma's stance for those taking positions opposite to his would still be one of **Ahimsa**. That is, he will earnestly convince those who are in opposition with his views, non-violently, but if they still won't be convinced, then he will also respect them and their views. And someday, earnestly convince them again, still with **Ahimsa**. And so, this fourth point shows another important facet of Satyagraha: that, just like any human or Bioethical idea, it is not a cure-all magic bullet. Surely, it has facets which will be put into question, and it will also have facets which will can also be easily assimilated by any quarter in the Bioethical marketplace.

Another feature of the **Ahimsa** of **Satyagraha**, contrary to what some people think, is that it is **not** passive. By passive, is meant stasis, as if the **satyagrahi** is just one who simply waits there in a corner, doing nothing. During its early days, **Satyagraha** was first designated the nomenclature Passive Resistance. However, as also noted earlier, Gandhi saw the inadequacy of the term Passive Resistance.

It is said of 'passive resistance' that it is the weapon of the weak, but the power which is the subject of this article can be used only by the strong. This power is not 'passive' resistance; indeed it calls for intense activity.<sup>1</sup>... It is the greatest and activist force in the world... one cannot passively be non-violent. At the centre of non-violence is a force which is self-acting. In spite of the negative particle 'non', it is no negative force.<sup>2</sup>

This aspect of being active if applied to the medical field or health care profession means that the people involved in such field or profession should positively show what their field or profession is all about: care and nurturance. And one can only do this if one is willing to go beyond the protective veil of hectic schedules, routine, anonymity, antiseptic environment,

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<sup>1</sup> Ibid., Vol. 3, **Satyagraha –Not Passive Resistance** (Ramchandra Varma, *Mahatma Gandhi*, about Sept. 2, 1917), p. 45.

<sup>2</sup> Gandhi, **Non-violence in Peace and War**, pp. 121-122.

sterile instruments and thus begin to see that in front of them are human beings of flesh and blood who need not only technical dexterity but also intersubjective relationality.

Another important implication of the activeness of the **Ahimsa** of **Satyagraha** is that it also requires a lot of courage. Thus the Mahatma said:

The word 'fear' can have no place in the dictionary of **Ahimsa**....<sup>1</sup>  
Non-violence is not a cover for cowardice, but is the supreme virtue of the brave. Exercise of non-violence requires far greater bravery than swordsmanship. Cowardice is wholly inconsistent with non-violence.<sup>2</sup>

Courage is indeed of great weight in Bioethical decisions because what one deals with are matters of life and death. Courage to decide and to face the consequences specially when things are so greyish that even the most predictive instruments prove inutile. Courage to make a stand even if one is alone in such a stand. And such courage is something which not only caregivers but even care-receivers should also have in whatever circumstance there may be.

The **Ahimsa** of **Satyagraha** is also not passive but active, because a **satyagrahi** should be one who has a considerable amount of patience. Of patience to courageously face the difficult decisions one has to make in whatever medical predicament one is in. And this patience is also very vital in allowing a reluctant patient to open up and eventually be able to share with his/her caregivers how he/she really is; what pain she/he is going through; what are his/her fears, doubts, and hopes given his/her medical condition. Patience especially for the sake of patients who are devoid of the capacity to clearly articulate or narrate their conditions like the demented, or those on PVS, or very young children, those with other articulation-inhibiting disabilities. Yes, it is only in patience that parties involved in medical situations (and more specially so the care-giver) can thus establish the very important situation of dialogical communication, communication where as Paul Schotsmans said:

All creatures that can speak therefore have to be introduced into the conversation – the ultimate justification of thinking can exclude neither a partner nor any potential contributions from participants to the discussion. The coexistence of humankind is thus always an in existence in communication. The ethical norm behind all this demands that not only assertions but also the claims of people over people must be justified in dialogue.<sup>3</sup>

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<sup>1</sup> Ibid., Vol. I, p. 319.

<sup>2</sup> Ibid., p. 64.

<sup>3</sup> Paul Schotsmans, ***Personalism in Medical Ethics***, in "Ethical Theories and Methods of Ethics," Chris Gastmans, Course Coordinator, Erasmus Mundus Master of Bioethics Programme 2006-2007 (Katholieke Universiteit Leuven, Leuven, Belgium, 2006).

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According to Gandhi, *Ahimsa* urges the *satyagrahi* to unhesitatingly trust the opponent and so he said that “Even if the opponent plays him false twenty times, the *satyagrahi* is ready to trust him for the twenty-first time -for an implicit trust in human nature is the very essence of his creed.”<sup>1</sup> By this citation’s use of the word “opponent” we don’t mean that a medical situation where people find themselves being adversarial. Though at times a situation can indeed be adversarial among parties involved (caregivers, patient, family, etc), but the citation’s point is not that. It is about *trust*. Trust, which at times is taken for granted specially by health care professionals. At times, health care professionals see a patient only as a sick body like an impersonal mechanic sees an inanimate broken machine. As such, they tend to miss the important point that a patient isn’t just presenting to them a broken machine but most especially entrusting his/her own life, or even quality of life to the health care professional. And having been bequeathed such trust, the health care professional should be always conscious of the responsibility and the duty that such inherent and implicit trust entails. A responsibility which can be best expressed by way of caring which, as expressed by Chris Gastmans, is:

...worrying about someone or something, being troubled, paying attention to. Concern about the state in which a fellow human being finds himself or herself. The corresponding ethical attitude is “attentiveness”. Attentive nurses take up a receptive position with respect to the patient; they are challenged to step out of their own personal reference system to take up that of the patient, so that they can better understand the patient’s real-life situation.<sup>2</sup>

*Ahimsa* of *Satyagraha* is expansive and not a xenophobic Hindu, nor even Indian, entity. Gandhi himself said that “*Ahimsa* includes the whole creation, and not only human.”<sup>3</sup> This isn’t just a hyperbole. It doesn’t discriminate against anyone, nor any living creature for that matter. This is the reason why as a *satyagrahi*, Gandhi was able to magnanimously deal with people even beyond the gamut of Hinduism, or even beyond the confines of Indian patriotism. He opened himself even to Muslims, Christians, non-believers, practically to every person regardless of age, nationality, creed, gender, social status, ideology. This expansiveness and magnanimity is also very important in the biomedical field for it highlights

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<sup>1</sup>Louis Fischer, *The Life of Mahatma Gandhi*. ( New York: Harper and Row Publishers, Inc., 1950), pp. 80-81.

<sup>2</sup> Chris Gastmans, “*The Care Perspective in Health Care Ethics*,” in A. Davis & L. Le Raeve (Eds.), *Essentials of Teaching and Learning Nursing Ethics. Perspectives and Methods* (Elsevier, Edinburgh, 2006).

<sup>3</sup> Mohandas Karamchand Gandhi, *Non-violence in Peace and War*, (Ahmedabad: Navajivan Publishing House, 1962), pp. 121-122.

a very fundamental point: that care-giving should have no boundaries whether by creed, age, gender, race, culture, class, etc. As life is a fundamental value shared by every human being, thus care-giving should also be universally extended.

Lastly, let it be explicitly noted that even if **Ahimsa** urges the **satyagrahi** to be non-violent, or maybe non-adversarial, it doesn't follow that **Satyagraha's** context is also devoid of **conflict**. Let it be noted that a **Satyagraha** struggle is **always a conceptus of conflict**. Meaning, there has been a very clear and concrete contentious issue which the **satyagrahi** deems to be properly addressed or redressed only through **Satyagraha**. What kind of issue? If we would examine it more deeply, the said issues taken up by Gandhi the **satyagrahi** during his lifetime were actually cases against **Ahimsa** itself, or in reverse, of **himsa**, violence. In other words, **Ahimsa** has been called for, so as to counteract the prior havoc—ergo, the conflict- wreaked by **himsa**. And this is a very essential point. Bioethics, (though rarely violent in terms of suicide bombings, terroristic attacks, rape, muggings) itself is a spawn of conflicts in the biomedical field. Bioethics is in the vast sea of the biomedical, and its waters aren't crystal clear and placid. It's a sea of at least choppy waters, or worse, of gales and tsunamis. And whether one is the physician, or the scientist, or the nurse, or the dentist, or the midwife, or the patient, or the patient's family, or the ethicist, or the pastor, one can't avoid taking the voyage into that sea of conflict. Bioethics deals with matters of human life even before the cradle (e.g., stem cell technology, cloning, PGD, designer babies, abortion, savior babies, supernumerary fertilized gametes, etc.) and even beyond the grave (e.g., life prolongation, stored gametes of the deceased, organ donations from the dead), and those in between (e.g., end-of-life issues, disabilities, diseases, health). And the **Ahimsa** of **Satyagraha** provides a port of at least a temporary respite from all the buffetings of the Bioethical vortex. Temporary respite to re-energize oneself so as to be able to sail again into the stormy Bioethical sea ever looming over the horizon. And also respite, because all who sail the Bioethical sea, whether healed or healer, need the respite so that they don't lose sight of their humanity (or their soul) in the process.

### Conclusion

There is no question that Bioethics in the western world, specifically, in Europe and North America, has already achieved a certain robustness. So we can even say that it has in a sense already developed into a culture of its own, at least since its formal inception during the later part of the past century.

Yet, though Bioethics was born in the western world, its ethical and epistemological foundations weren't something unique to the western world. Eastern/oriental cultures already had, definitely even before the ancient Greeks (as earliest representatives of western thinking), coherent and systematic notions about sickness, diseases, healing, handicaps, aging, mores, ethics and other related ideas being used by Bioethics. However, because the contemporary

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medicine and science where Bioethics emerged are very largely products of western civilization, so eastern or oriental thinking hasn't yet significantly informed Bioethics as western thinking does. Nonetheless, specially with the impetus given by factors like the eastern/oriental countries: a)gaining global geopolitical and economic clout; b) having their citizens continually migrating to the west; c)attaining higher levels of education; d)getting access into western science and technology (including the medical field); e)making breakthrough into the information highway of the internet, and the like, it was but inevitable that the proverbial east-meets-west phenomenon happened, and is still bound to grow more rapidly once it reaches the state of proper momentum. But before this state of proper momentum is reached, a lot of groundwork has to be done, maybe, more specially from the eastern/oriental side, or maybe, ideally from both sides.

And utilizing Mahatma Gandhi's *Satyagraha* in this paper has the said purpose in mind. That is, this paper is another initiative of pushing for eastern/oriental thought to get into the mainstream of Bioethical thought. And why? Definitely the reason is not for cultural or intellectual pride. But rather, because *ultimately* if Bioethics is indeed another agora (among many) of human endeavors, it is always in the best interest of the buyers (in the Bioethical case, meaning concerned parties like the patients, their families, health care and scientific professionals, society at large) to have as many choices as there can be, given the specific kind of situation that they have. Because *ultimately*, having more choices would usually mean that one would have a better chance of finding the choice which really suits him/her, compared to simply "making-do" with a limited number of choices. As Mahatma Gandhi earlier said that what we have are but glimpses of the many facets of Truth, then it is but logical that it is more desirable to be able to view as many facets of Truth as possible, and thus be nearer to grasping the Truth than when we have only a few glimpses of its facets. But then of course keeping in mind that even with such greater glimpses of the Truth, we are still all the more enjoined to ever be guided by the gentleness of *Ahimsa*.



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