ASIAN AND OTHER WAYS OF BIOETHICS
Community, Compassion, Competence, Cultivation.

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BIOETHICS: RESPECT FOR LIFE

It is widely assumed that the concept Bioethics first was developed 1971 in the USA by van Rensellaer Potter and Andre Hellegers at a time when new developments in biomedical research and its application required a new framework of value references or moral principles to steward the direction and application of modern biomedical sciences. But the concept of bioethics is much older than those new positions, as the new 2008 book 'Way of Asian Bioethics' by Michael Cheng-tek Tai demonstrates. The United States of America's Belmont Report 'Ethical Principles and Guidelines for the Protection of Human Subjects of Research' (1978) defined four principles to guide medical experimentation on humans in an open society, having a plurality of worldviews and moralities: 'the autonomy of the subject, nonmaleficence, beneficence, justice'. These four principles were summarized by the maxim 'respect for the person' and since have become the basic platform for biomedical research ethics around the globe.

While nonmaleficence and beneficence are treated as different principles, they had been the moral foundation of all cultures of physicians irrespectively of their religious, philosophical or cultural background as a request to balance the 'first do no harm' with the 'do good' to the patient. Respect for the individual person rather than respect for the person within her or his family or community has been an outgrown of European individualist concepts in post-enlightment times criticizing the domination of the individual subject by church or political authorities, also by paternalistic family or community cultures. But such an individualist concept of the person has not been and is not shared by all cultures and communities even today and has caused difficulties when introduced in other then European and North American research settings. The principle of

'justice', in general a vision of equal dignity of all fellow humans, has its specific roots in Anglo American cultural tradition. Continental European tradition would rather use the term 'solidarity' among all citizens, in particular with the poor and weak and sick, while Asian traditions from Buddhism to Confucianism have a strong moral and cultural tradition associated with the term 'compassion'. Nevertheless, the bioethical principles of 'autonomy, nonmaleficence, beneficence, justice', also called the Georgetown Mantra because of their prominence in biomedical ethics teaching at the Kennedy Institute of Ethics at Georgetown University and the prominent supporting book by Beauchamp and Childress 'Principles of Biomedical Ethics', now in its fifth edition, are still the foundation of research ethics and have made their way into clinical ethics and patient care, nowadays called common morality.

BIOETHICS TERMINOLOGY:

Even the modern concept and term 'bioethics' are much older and much wider than the 1971 version of the Georgetown Mantra. In 1927 Fritz Jahr, a Protestant theologian in Halle an der Saale in Germany, strongly influenced by 19th century comparative studies in physiology and psychology of humans, animals and plants and by Buddhist thought, which came to Europe via the writings of widely read Arthur Schopenhauer, defined 'bioethics' as the philosophical and cultural reflection on methods, attitudes, and results of the new science of 'biopsychics', as being different from traditional 'biophysics' and 'biochemistry'. Against the stream of strongly anthropocentric ethics following Immanuel Kant Jahr defines a biocentric ethics formulating a 'bioethical' imperative: 'Respect every living being on principle as an end in itself, and treat it, if possible, as such'. Of course, the addressee of Jahr is similar to the addressee of Kant, i.e. the human person as a bearer of values and as a responsible prudent and moral actor. Jahr would define bioethics as the systematic study and practice of human conduct towards all forms of life and the personal, professional and public commitment and conduct as far as such a conduct and commitment is examined in the light of traditions, moral values and principles. Of course, Jahr's concept of commitment to fellow humans, in particular towards those who suffer, is a concept understood and shared more easily by Asian reasoning than Kant's Categorical Imperative, accepted in particular by Buddhist medical ethics and by Chinese family ethics based on the virtue and principle of filial piety and 'ren', i.e. compassion.

While Fritz Jahr's original concept and vision of bioethics may widen the view on traditions, methods, visions, and commitments from the perspective of Western thought, Michael Cheng-tek Tai's 'Way of Asian Bioethics' opens the rich traditions of Asian philosophies, ethics, personal cultivation, and professional responsibilities into the

developing global discourse on visions, cultures, and responsibilities of bioethics in the future. Tai, a highly respected scholar in Western as well as in Asian philosophy, ethics and culture, and an experienced and successful teacher in American and Chinese academic settings, intends to provide a 'culturally relevant bioethics for Asian people'. But his book is more than a new publication for Asian people; it opens a new page and a new and necessary global discourse on the shortcomings of modern bioethics and on the richness of Asian and other cultural traditions for the development of a future bioethics on a global scale.

In this regard, Tai could very well have used two titles of Potter from 1970 and 1971 for this seminal book: 'Bioethics: The Science of Survival' and 'Bioethics: Bridge to the Future'. Indeed, bioethics will have to serve both purposes, the survival of culture and humanity stewarding modern technologies in particular in the life sciences and the winning of the future in developing a more humane, a more civilized, and a more cultivated future by using the powers of the life sciences for the protection and improvement of human life and of the life of animals, plants, environments and the globe as fellow forms of life.

THE 4 C's IN BIOETHICS

If I see it correctly, four issues discussed by Tai, in particular will have to have an input on future global dialogues within and about bioethics: (1) the role of the community for the individual person and the community's role in supporting values, persons, life, and institutions, including stewarding community within and towards fellow life of plants, animals and living environment (2) the role of compassion in personal and professional life, (3) the role of technical, professional and moral competence in professional ethics, (4) the role of cultivation and self-cultivation in ethics and culture in general.

COMMUNITY:

Western concepts of the person have been shaped by monotheistic religions and understandings of prime personal responsibilities of the individual to the commandments of God and secondary only to humans and human rules, also by the Roman concept of law protecting the individual citizen from domination and exploitation by family, community and state. These concepts of the person make individual autonomy and self determination the prime moral principle in Western ethics and law; they define the individual as independent and free from service to others; they are individualistic, not relational. Community in Western worldviews sometimes is a problem rather than a solution. Traditional Asian cultures define the individual person in relations and her or his moral obligations within relational responsibilities towards the family, the community,

the state, - filial piety being the blueprint of all other obligations and of the definition of a moral and cultivated person. Persons basically are not independent but in relations with other persons; they are not independent from other forms of life, which they cultivate, on which they feed and from and with they live and form all forms of culture, agriculture and husbandry of animals and plants being the most basic culture of all human cultures. Mencius describe\s community relations as different and specific depending on the relation and the situation: 'Between father and son, there should be affection, between ruler and minister, there should be righteousness, between husband and wife there should be attention in their separate functions, between old and young, there should be a proper order, and between friends there should be faithfulness'. Of course, there has been and will be abuse of these and other relational interactions; but that would not be a call to disbanding them. How would we nowadays have to define and to implement personal and professional interactions between health care professionals and their patients in hospitals, nursing homes, hospices?

But community in the Buddhist or Taoist sense is not just community with other people; it is community and solidarity with other forms of life. Community with other forms of life, suffering, thriving, struggling, cultivating and cultivated, is compassion for life, love of life, responsibility for life, - bioethics. The Asian concept of community goes far beyond the responsibility structures for parents or off-springs; it includes the wider family and community, also other forms of life and living environments, not at last the globe as a living being having her own seasons, ages, developments and risks to health and harmony, threatened by more than environmental pollution or genetic disharmonies. Francesco of Assisi, Albert Schweitzer, Arthur Schopenhauer, Fritz Jahr are examples for European traditions in respecting compassionately non-human forms of life.

Bioethics as the ethics of life and the compassion and responsibility to all forms of life needs to broaden its focus by including issues addressed in Asian reasoning as presented by Tai. Not at least, the relational interaction with patients in hospitals and with their families, the holistic approach of healing diseases or alleviating pain and suffering could and should be reviewed in a medical approach which rests too much on the technicalities of prescribing pills, on surgery, radiation, and chemotherapy, which sometimes unsuccessfully even fights death of an individual as a disease in the *narrowness* of medicine based on natural science and not balanced by medical humanities and interrelational community. Hospitals, nursing homes, and other institutions of healing, caring, research, and working-together are communities developed within our modern culture and in need to apply traditional concepts of community and relational responsibility, communication and cooperation towards these new form of community, -

a goal which could be achieved by making use of traditional community-based virtues and principles. This will be along way to go in institutional ethics and in clinical ethics.

COMPASSION:

Compassion comes from the heart, compassion is natural, and compassion needs to be cultivated by individuals and communities. Compassion in Buddhism is the most basic human character trait and obligation. The need for empirically it is based on the limits of all forms of life, mortality, suffering, struggle, pain, disease, despair. In modern Western medical ethics compassion does not play a prime role and cannot be found among basic principles of biomedical ethics or in seminal books on the foundation of bioethics. On the contrary, quite often compassion with a suffering patient has been questioned as to reduce the 'objectivity' of scientific medicine by interference of feelings and role models of clinicians displaying such an objectivity are nor rare and of essential influence in educating successor generations of physicians and nurses. Widespread undertherapy in palliative care and overtherapy in isolated causal treatment are additional examples that compassion does not play a prominent role in medical education and medical treatment based on principles and concepts of modern biomedical ethics. Accepting another person's visions and values, even though they seem to be strange and unfounded or even crazy, does not mean to be value-neutral, rather it could be an expression of respect for the dignity of the conscience of others, which forms the base of human dignity even in error and mistake. Buddhist monks treating dying AIDS victims do not raise questions about sinful life or self inflicted risk to health; they alleviate pain as they would do with everyone else.

Being a vegetarian is a compassionate virtue towards animal life, not shared by all, but certainly an expression of personal values beyond the religious boundaries of Buddhism. Prolonging biological life by all possible technical means also seems to be associated with a lack of compassion and a lack of respect of life which is essential mortal and finite, an indication of escaping into the details of additional medical technical possibilities away from compassion and respect for life. My own experience is that the virtue and principle of compassion is rarely mentioned in clinical case discussion on the ward, in consultation by expert physicians, and even more rarely in medical and medical-ethics teaching. Checklists for integrating the value status into the medical status in diagnosis, prognosis, and therapy will need to incorporate issues of compassion as well and respect for different concepts of life and quality of life, of filial piety and of professional responsibility. Jahr's Bioethical Imperative is already on its way to open and to deepen the dialogue with Asian traditions and moral obligations.

COMPETENCE:

Highest levels of professional expertise and striving for continuously improving knowledge and quality treatment had been in the center of physician's ethics everywhere in medical traditions. Unfortunately, modern biomedical ethics seems to take professionalism as a given property which does not need to be strengthened and required ethically. Lists of modern principles of bioethics do not contain any of these indispensable principles and character traits of a good physician, nurse, and any kind of health care professional. Ethics without expertise is impotent, expertise without ethics is blind, - they both belong together and will have to form the virtue character of health care professionals. The Confucian physician Yang Chuan, 1700 years ago, reminded potential patients to trust or rely on those physicians only 'who have the heart of humaneness and compassion, are clever and wise, sincere and honest'. Contemporary Indian physician Kishore presents from a Buddhist perspective the virtues which constitute 'dharma' for the physician: love, trust, righteousness, compassion, tolerance, fairness, forgiveness, beneficence, sacrifice, and concern for the weak. Tai focuses on the five principles in Asian tradition: ahimsa or nonmaleficence, compassion, respect, righteousness, dharma or responsibility. Dharma, meaning the pattern and destiny of 'living right', is not only a Buddhist maxim, but also known in Confucian traditions of self-responsibility and specific situational responsibility in the private and professional setting.

Modern medicine knows more than ever about the origin of health risks from lifestyle, work, and genetic heritage; therefore public health and, in particular health literacy of the lay person become even more important. Already Western Han Dynasty health care expert Huang Di Nei Jing said: 'The sages do not wait until the sickness is there, to cure the sickness, they cure it before it takes place. If one only waits until the sickness is there and then uses medicine to cure it, that is no different from waiting until one is thirsty and then starting to dig a well'. And physician Sun Simiao underlines the importance of public health, health education and preventive medicine this way: 'A superior doctor takes care of the state, an average doctor takes care of the person, an inferior doctor takes care of the disease'.

Confucian physician Gong Tingxian used his medical expertise and ethics to develop an interactive catalogue of maxims for health care experts and for lay people; such an interactive list of virtues could be developed for our times, not only including health care experts and citizens, but also institutions of health care as corporate persons with character and ethics, as I have done elsewhere. Interactive virtues and principles for the patient and citizen would be the balance of self-determination versus compliance and of quality of life versus length of life, additionally health care competence and trust; for the health care expert there would be the balance of nonmaleficence versus beneficence

in treatment decisions, the balance of professional responsibility versus respect for the patient's autonomy, additionally truthfulness and protection of privacy of the patient; both sides and health care institutions would be bund by principles of compassion, trust and teamwork in communication and cooperation. Modern technologies such as e-health providing free and easy to understand health care information and lifestyle advice on the internet provide not yet fully used opportunities to increase health literacy and health care competence of the individual citizen.

CULTIVATION:

The virtues discussed by Yang Chuan, Kishore, Tai and others in the Asian tradition are not just principles on the way to become a good physician; they are character traits for each and every person of dignity and culture. The improvement and education of health competence of lay citizens and their families and friends using the internet and other means of communication will contribute towards a new health care culture for all, reducing inequalities and differences of social and family background. The traditional Asian physician's ethics can and will be a model for everyone to achieve highest levels of personal culture and education, of a dignity based in moral attitude and moral deeds rather than in words, in respectful relations with other fellow humans and with other forms of life. Thus, the way of bioethics may not only lead to better medical treatment and health care, but also to becoming a better, a more cultivated and dignified person, more healthy and happy people, more healthy and more harmonious societies.

As this might be the strongest promise of traditional roots of Asian bioethics for the future, Michael Cheng-tek Tai's book sketching the ways of bioethics in Asia is of relevance not just for Asian people but for all of us. In the meantime, there are uncontroversial traditions in all traditions of physician's ethics, such as Sun Simiao said: 'A great physician should not pay attention to status, wealth or age; neither should he question whether the particular person is attractive or unattractive, whether he is an enemy or fried, whether he is a Chinese or a foreigner, or finally, whether he is uneducated or educated. He should meet everyone on equal grounds. He should always act as if he were thinking of his close relatives'. Hippocrates, the father of European medicine and bioethics definitely would agree. But Hippocrates and Sun Simiao, both would hold, that teaching bioethics and health care ethics and expertise is a never-ending obligation from one generation to the next in the cultivation of health care, healthy and happy people, and healthy and harmonious societies.

As important and essential as professional competence and compassionate character are in each and every professional activity serving the community, hard work and self-cultivation are the base of growing and achieving as an expert and as a person.

The Lao Zi way made it very clear 2500 years ago as an ever valid recipe not just for bioethics and medical ethics, but for each and every cultivated and civilized human activity: 'Cultivate virtue in your own person, and it becomes a genuine part of you; cultivate it in the family and it will abide; cultivate it in the community and it will live and grow; cultivate it in the state and it will flourish abundantly; cultivate it in the world and it will become universal. This should be the way of ethics and bioethics and of civilization everywhere.

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