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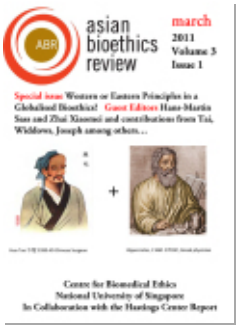
Hans-Martin Sass, Zhai Xiaomei



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Global Bioethics: Eastern or Western Principles?

"Eastern or Western Principles in a Globalised World?" asked a special symposium at the 10th Congress of the International Association of Bioethics (IAB) held in July 2010, Singapore. The speakers of the well-attended symposium argued that bioethics and healthcare ethics do not have the easy option to simply choose between those two alternatives. Rather, traditions and attitudes in the West and in the East must learn from each other. Much has been made of the fact that the so-called Western principles of "autonomy, nonmaleficience, beneficence, justice" do not address "compassion" and professional "competence" as has been the case in all healing traditions for centuries. It has also been mentioned that quite often, communities and families make decisions on behalf of their members, particularly in traditional Asian cultures, thus factually or potentially harming individual wishes and visions. Joseph presents a case of "harm from cultural sensitivity" at the cost of professional responsibility and scientific knowledge.

The authors in this issue agree that there is not an easy "either-or", but that traditions and positions need to be harmonised and integrated. Western doctors, nurses, other healthcare experts and ethicists better take note that compassion and competence are indispensable virtues and principles in each and every service. Eastern doctors, nurses, other healthcare experts and ethicists should also be mindful that decisions made by family consent or community consent might harm an individual patient and his or her personal values and wishes. Joseph discusses the case of a woman letting her husband speak and decide on her behalf; and Zhai suggests the term "family supported individual consent". Widdows points out that "relationalism", i.e., the concept and vision of communal values and visions has been represented in the "West", such as

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in feminist ethics, and that there are other principles and virtues shared by both cultures. "Autonomy has different faces," says Joseph and describes how special and individualised treatment can be provided in large hospitals serving patients of different religious and cultural backgrounds. Patients who do not want to be "told" and who are content with family decisions do so out of their free and autonomous will established within their own culture; Joseph calls it "beneficence of nondisclosure".

Tai presents "Compassion, Righteousness, Propriety, Dharma (responsibility, wisdom), Ahimsa (do not harm)" as traditional virtues, which could and should be recognised in non-Asian cultures as well, i.e., in globalised healthcare ethics. Sass introduces a Global Bioethics Positioning System (GBPS), "Compassion, Competence, Communication, Cooperation, Cultivation", for better personal and professional orientation in general, not just for cross-cultural situations.

Where would global bioethics be today if the Tang Dynasty's Confucian physician Sun Simioa's vision would have been implemented globally: "A superior doctor takes care of the state, an average doctor takes care of the person, an inferior doctor takes care of the disease"? Would our modern healthcare systems look different and not be represented primarily by disease-care and symptom-care? Would we rather treat the patient as a fellow-person, not just his or her symptoms? Would we have made public health an ethical, educational, cultural and political priority; would we have a more health-educated and health-responsible population, healthier environments, healthier communities, less differences between rural and urban medicine?

Would there be more public healthcare, more personal health competence, more preventive care, if modern medicine would follow doctor Huang Di's of the Western Han Dynasty insight: the sages did not wait until the sickness is there to cure the sickness; they cure the sickness before it takes place, similarly as one does not start to dig a well after one becomes thirsty.

Widdows correctly points out that global bioethics already "exists" and that we are the ones who "are responsible to make it just". In hospital centres in Berlin and Beijing, in Moscow and Mumbai, in Sydney and Singapore, we find patients of different cultural backgrounds and different individual wishes and visions. Discourse, understanding, modification and harmonisation need to continue. This collection of essays is only one of many more steps in appreciating and promoting healthcare and healthcare ethics among partners who are different but in harmony. 和而不同: harmonised but not identical; harmonised as well as diversified.

Hans-Martin Sass and Zhai Xiaomei
Guest Editors