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Deadline for the September 2008 issue is 27 August, 2008.

Editorial: Culture and Bioethics

This issue of *EJAIB* includes 6 papers which are linked around the theme of culture and bioethics, providing illustration of the diversity of views of what bioethics is, and what principles are important in bioethical discourse.

The first article is a substantive and detailed response to an earlier article published in *EJAIB*. No doubt in a future issue we can see the conversation continue, and we welcome others to the discourse over biocosmology. It is illustrative of philosophical diversity.

The second item is a reminder of the debates that occurred 150 years ago as the theory of evolution was published in 1858, and the understanding between Darwin and Wallace that emerged when they had both been developing the same idea. The message of cooperation is important today in academic endeavours to develop any field.

The next two articles discuss the universality of bioethics, and how individuals and communities are both important. There is a different emphasis in each of the articles, with the first calling upon Western bioethics to realize that there are other approaches to bioethics, and the second looking at the implications of the Universal Declaration of Bioethics and Human Rights in application. The authors call for ethics education at all levels.

The article by Becchi reveals how the discussion of brain death and organ transplantation that featured so highly in the bioethics agendas of the past 40 years in Japan, Korea, and some other Asian cultures, is also a matter of debate in papal policy. The final paper, by Simonstein, reveals how in an educated community like Israel a pronatalistic policy can influence the moral choices that people make. We may not be so free as we like to think in determining informed choices. It reveals anthropological diversity in the way bioethics and lifestyle choices linked to provision of advanced science and medicine are adopted.

At the end is the draft program of the Ninth Asian Bioethics Conference, to be held, 3-7 November in Indonesia. It promises to be a significant meeting, with all themes being discussed and with many original presentations on research in Asian bioethics. We are still open to more papers, and there will be associated meetings on ethics of energy technologies, among other events.

-Darryl Macer

Biocosmology – Rehabilitating Aristotle’s Realistic Organicism and Recommencing Russian Universal Cosmism: Response To Arthur Saniotis

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Philosophy is a science and therefore, like every other science, it seeks to establish truths that have been strictly proved and are therefore binding for every thinking being and not only for a particular people or nation. - N.O. Lossky (1951, p. 402).

Introduction

At the very beginning, responding to the article of Arthur Saniotis (“A Reconnaissance of the Cosmos: A Critical Response to Konstantin S. Khroutski’s BioCosmology”; *EJAIB* 18, March 2008, pp. 52–56) I would like to thank the author and underline a high quality of his critical analysis of BioCosmology. Saniotis has carried out really a substantive, interesting, thoughtful and productive analysis that yield the results of new original propositions, as well as the elucidation of further possible areas for future discussion in the realm of holistic thinking. At the same time, Saniotis chiefly concentrates his attention on my first (of the year 2006) article, published in the section BioCosmology, of the on-line journal *E-Logos: Electronic Journal for Philosophy* (<http://nb.vse.cz/kfil/elogos/>). The title of this article is “BioCosmology – Science of the Universal Future” and, of course, it has a basic significance.

However, my second article (also published in the section BioCosmology) – “Arousing a Dispute over BioCosmology. A Reply to Stephen Modell” – likewise should be read carefully, moreover, this is precisely the work that originates the discussion over BioCosmology. The main peculiarity of this text is that it establishes a vector of comparative analysis of BioCosmology with the philosophy of Aristotle. Crudely speaking, the essence of BioCosmology is the rehabilitation of Aristotelian “bio-” (organic, whole, hierarchical) cosmos, in which every (living) entity has its inherent place and destination in the one whole organic self-evolving cosmic world. Substantially, the perspective of comparative relation to Aristotle’s philosophy (pertaining to the critical analysis and development of BioCosmology) was set by Stephen Modell in his previous critical response (Modell, 2006).

In fact, Modell has grasped the substantial point – the true trajectory of the discussion on BioCosmology lies in the realm of rehabilitation and reconsideration (while

addressing to the state-of-the-art empirical and theoretical achievements of the world scientific progress) of the realistic philosophy of Aristotle. One more valuable contribution in this perspective (likewise published in the *E-LOGOS*), that ought to be mentioned, – is the work by Anna Makolkin “BioCosmology as a New Sign and its Possible Meanings”, in which she discloses the great value of Aristotle’s ideas in our time. In truth, for instance, Arthur Saniotis, while exemplifying the basic law of autopoiesis by Maturana and Varela, brings about their substantial assertion: “Further, the organism is not a whole by itself, rather it results as a whole in the relational space in which it is considered as an autopoietic system through its interactions in its niche” (Saniotis, 2008:52). That is clearly the Aristotelian approach, inasmuch as it relates to the world as a heterogeneously (harmoniously, organically) self-evolving whole, with the natural position of an entity in its(her/his) place (“niche”). This approach categorically withstands with a modern dominating scientific standpoint that divides the world and establishes the dualism of Mind and Matter, as well as treats cosmos as the material unified (homogenous) space.

Current substantial misinterpretation of Aristotle’s philosophy

On the whole, in Aristotle’s approach, – a realistic exploration (physical and metaphysical, scientific and philosophical) is the integrity of rational and empirical knowledge, of noumena and phenomena, of *aposteriori* and *apriori* data. He defined philosophy as the science of the universal essence of that which is real or actual. Hence, Aristotelian philosophy has the irreplaceable significance, inasmuch as the world of our living is actually universal (which is an *aposteriori* truth, i.e. is confirmed and not rejected by natural sciences data). Instead, in the present reality, we are witnessing the situation, that “reflections on the meaning of the complex dynamical nature of living systems show an overwhelming multiplicity in approaches, descriptions, definitions and methodologies” (Van de Vijver 2003:101). At the same time, agreeing with the accurate conclusion by Anna Makolkin: “The post-Christian man misinterpreted Aristotle, who had come back to Europe via Byzantium, Moslem Spain and Papal Rome during the Renaissance. Aristotelian texts had been read in the light of the post-Christian analytical categories, tinged with Judeo-Christian and Islamic theology.” (Makolkin 2008:5). Hence, the actual task of-today is the urgent rehabilitation and development (due to the challenges of the current epoch) of Aristotle’s realistic (universal) philosophy.

First of all, we might confess that Aristotle of-today is substantially misinterpreted. For example, if to take into consideration Aristotle’s cornerstone notion “form”, which originally signifies those inherent ideas that substantively determine the origination, existence and development of any entity, – in contradistinction, a

contemporary meaning of “form” has rather the opposite sense, signifying the external superficial features of a thing, like its shape (or configuration, contour, figure, outline, etc.). The same is with Aristotle’s “cosmos” (not only in astrophysical, but precisely in ontological meaning) which is substantially more than a planetary model and is quite distinct from the modern concept of Universe (infinite, quantitative and homogeneous, where space, time, matter, and cause are absolute and uniform). On the contrary, Aristotle’s Cosmos is finite, qualitative, and hierarchically differentiated. In this Cosmos there is no space (only place), and everything is ever the combination of matter and form, while any change is based on the Four Causes (*material, formal, efficient, final*). In this order, *causa finalis* has the decisive significance – all entities in the world are basically moved and are (self)evolving due to their inner immanent (natural) goals. Thus, Aristotle has made teleological explanation the most fundamental of the four complementary ways of explaining nature.

At the present time, however, *causa finalis* (as the inner universal essence) has been deleted from the sphere of modern science, philosophy and (bio)ethics. Our actual task is to return it back, thus paving the way for the universal understanding and interrelation with the world. In this perspective, the achievements of Russian philosophy and science (which were and are badly suppressed or passed over in silence during nearly the last century) are the matter of great importance.

Cruel fate of Russian biocosmology

“All new is the well forgotten old”. In relation to Russian philosophy and science the formula is pertinent: “All new is the well annihilated «subjected to repression» old”. In other words, the disappearance of the achievements of Russian philosophers and scientists from the world scene of cultural evolution has not occurred due to natural causes (owing to a free competition of ideas and their further embodiment in personalist and public life), but this historical disaster emerged exclusively because of the “artificial” man-made causes (not programmed by the nature, but which were planned and realized by the certain persons and their public structures). To put it differently, Russian philosophers and scientists (as well as writers, poets, painters, musicians, artists) who formed the so-called stream of Russian cosmism and analogous currents, and who just realized and substantially developed Aristotelian ideas of real perception and universal cognition of the world (treated as the one common organic whole, but, now, on the contemporary higher level and stage of the world evolution) – these cultural workers have been shot, banished in concentration camps, or exiled from the country, and their major achievements have been basically withdrawn from cultural sphere and up to now totally are not admitted

into the processes (in the main cultural spheres) of public institutes building and development, including education and science.

To the point, forcible westernization of Russian civilizational evolution has been carried out since the reign of Peter the Great (i.e., since the beginning of the XVIII century) and continued during the further monarchical reigns, and this “general perspective” seriously reduced possibilities of the realization of Russian inherent civilizational potential. However, in the XXth century (since the 1917, during the Bolshevik dictatorship), the essential conditions have been worsened dramatically, inasmuch as Russian civilizational evolution has been broken by the violent total suppression of its inalienable cultural potentials (as well as by non-admission of the other world-wide cultural achievements). The suppression of true inherent Russian culture (and, hence, the breaking of the world evolutionary development of Aristotle’s basic philosophical principles) has been fulfilled in favor of Western Marxism, executed in the name of Marxism-Leninism and within the dogmatic principles of Soviet Marxist Philosophy (dialectical materialism). To implement this, there were framed the punitive social institutions that repressed opposition to Soviet ideology, including GULAG (the government agency that administered the penal labor camps), GLAVLIT (Soviet censorship organ), the forcible “psychiatric treatment” of dissidents (otherwise-minded), etc. Herein, the conclusion of Nicolai Lossky is relevant (made by a prominent Russian philosopher in the 1951, already in the emigration, for, Lossky was exiled from Russia): “Dialectical materialism is the only philosophy allowed by the Soviet Government. A philosopher who attempted to write a book or an article in a different line of thought could not have his work published and moreover would be in danger of being sent to a concentration camp. As soon as Russia becomes free of the communist dictatorship and has freedom of thought, there will at once appear many different schools of philosophy just as in any other free and civilized country” (Lossky 1951:408).

Only since the late 1980s and early 1990s, during the periods of “Glasnost” and “Perestroyka” and the further “democratic reforms”, – there appeared (in Russia) the conditions for the free development of philosophical ideas, both Russian and World (chiefly, Western). However, again the balance has run into the unfavorable condition for the development of Russian cultural heritage, including the development of Russian scientific achievements, realized in the conceptions of Sechenov, Mendeleev, Danilevsky, Ukhtomsky, Bogdanov, Vernadsky, Kholodny, Sorokin, Anokhin, Chizhevsky, Ugolev, Gumilev, Simonov and many other (which bear the essence of neo-Aristotelism). The reason is that the current sources of Western philosophy and science is enormously more influential (in financial aspect, first of all) than the surviving sources of

Russian culture. Therefore, in outcome, in current Russian reality (cultural life) we have, of course, the overwhelming predominance of Western civilizational ideas and dispositions over the natural inherent Russian position and perspective in the world development. Not surprisingly, therefore, that Arthur Saniotis, as well as any other scientist in the world (including a major part of Russian philosophers and scientist themselves), – have not any other chance for the exploration of organic wholeness of the world but the use of a Western standpoint (world outlook), inasmuch as the achievements of Russian philosophy and science, which develop Aristotelian ideas of realist and rational (universal) approach to the world (i.e., which deal with and develop Aristotle's immanent teleological essentialism), – these ideas and conceptions still are unavailable for a explorer and, thus, – for the world cultural development on the whole.

Indeed, for more than 300 years Russian civilization undergoes the crudely unfavorable conditions for the natural origin and development of its inherent cultural potentials, including the horrific period of the Bolshevik dictatorship in the XXth century, since the 1917 (that caused, in brutish manner, the artificial break of the evolution of Russian civilization and its influence on the world development). To my strong opinion, the lack of the harmonizing influence of Russian culture on the world evolution in the XXth century is one of the main factors of the occurrences of two brutal world wars and the entire world confrontation in the XXth century, as well as the appearance of the 11 global paradoxes (crises), the characterization of which is given in my previous works (Khroutski, 2007–2008).

The important negative result (in this course of world affairs) is that still the account of the significance of Russian civilization for the world culture is realized exclusively from the Western standpoint that treats Russian culture as the peculiar (queer) phenomenon (which is chiefly explained by its specific religiosity or mysticism), but which has strongly emerged in the general way of the world cultural development and movement to the “omega” point of mature Western civilization (with its cultural achievements: technological progress, free market, liberal democracy, etc.) – the “end of history” (“end of philosophy”). This is a typical *presentist* point of view, which is, metaphorically, – a kind of sleep (of “dream” or “hallucination”). In reality (in the cycle of ‘wakefulness’), we might always remember that a human life and human life activity is ever the product (creation) of natural (cosmic) evolution, but not vice versa. In fact, we (every living subject) are the constituents of the evident (due to the natural sciences data) one common whole cosmic evolutionary process of the life on Earth (EvoProcess, briefly). Within EvoProcess, substantially, a man is ever an organ (like a cell in the organism), which naturally has its self-dependent functionalist evolution. Therefore, in the realistic dimension, a human mind (consciousness), as

well as any other living entity is ever a functional means (but never – the end) and, thus, – ever being (and functioning) in the triadic process (micro- and macro-evolutionary) of the realization of its/her/his inherent emergent past, present and the future stages of autonomous evolution.

Likewise, Russian civilization is a natural autonomous organ (but which still is artificially suppressed) within the one common whole world organism (which might be treated as Cosmos, or Godmanhood, or World, or Universe, etc.). The cornerstone point is that the natural (healthy, self-sufficient) functioning of this organ (of Russian culture) is the essential condition for the universal well-being of the entire world, for, nobody else at present (in the modern times) is concerned with the rehabilitation and practical implementation (on the due evolutionary level) of Aristotle's true physical and metaphysical principles, aimed at the realistic universal cognition of the world.

Biocomological unity of Russian philosophy and science

Substantially, there is no fundamental difference between Russian religious and secular philosophy. I defend in my works that Russian culture has basically the *organicistic (biocosmological)* essence, which roots are taken in the World (Ancient, Eastern) cosmism (holism). In turn, the stem of Russian biocosmology is constituted by the fundamental ontological, gnoseological and axiological principles: of ontological *organicism (cosmism, universalism, holism, pan-unity or all-unity* – of treating any actual entity as the *microcosm* in the one common whole universal organic *macrocosm* or Cosmos); *anthropologism* or *personalism* (stating that, at present, every man is the crucial agent of the one self-evolving world or Cosmos); and *triadic futurologism* or three-stage emergent futurology (of studying the autonomous (in their organization) Past, Present and the emergent, sought for – naturally required, desired, needed – Future).

Likewise, the gnoseological (core, fundamental) foundation of Russian biocosmology is the principle of “*zhivoznanie*” – *epistemological realism* – in the various forms of *integral knowledge* (“tsel'noe znanie” – the term, for the first time coined by VI.Solovyov) or of *intuitivism* (the notion of Lossky) that integrates “the subrational aspect of the world (sense qualities), its rational (or ideal) aspect, and the superrational principles”, thus combining “sensuous, intellectual and mystical intuition” (Lossky 1951:404). (In turn, “*zhivoznanie*” – ‘LifeCognition’ – is the term of Slavophiles who urged that our knowledge of reality is immediate. “*Zhivo-znanie*” (‘LifeCognition’) is represented in Russian gnoseology in the different forms, all of which “discard the Western belief that sense data are subjective mental states of the observer,

and admitted their transsubjective character” (Lossky 1951:404).

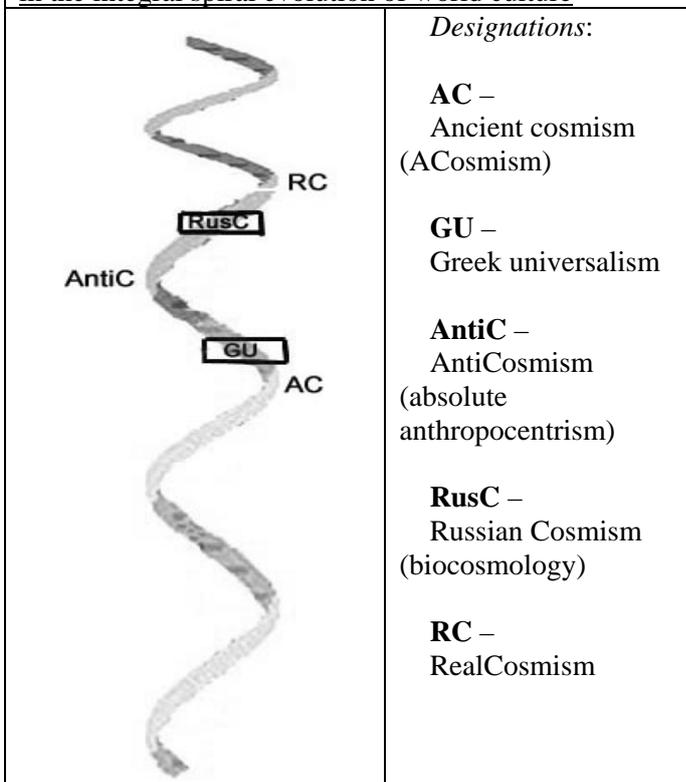
Finally, we have the axiological cornerstone (biocosmological) principle of *anthropocosmism* (the conception with this name was basically developed in the middle of the XXth century by N. Kholodny) – a person is the decisive active-evolutionary functionalist element of the one actual self-evolving world (Cosmos). This essence was clearly disclosed by an eminent Russian scientist and philosopher Nicolai G. Kholodny: “A man, despite the essential features of the vital environment created by him himself, continues to remain an integral part of cosmos, completely subordinated to its laws. A person is not *above* the nature, but *inside* the nature.” (Kholodny 1982:44). This judgment reflects a cornerstone of Aristotelian (as well as of Russian biocosmological) approach: a person is *within* (but *not without*) the cosmic evolutionary process of the life on Earth, hence, s/he is really the *microcosm* (similarly to the views of Eastern or Ancient philosophers) but, distinctly, in biocosmological realm, – a man is the personality who is not only integrated, but, likewise, is the decisive (creative) element of *macrocosm* – self-(macro)evolving Evolutionary Process (EvoProcess).

Hence, having taken roots in the ancient cosmism and centered over the stem of basic cosmist – ontological, gnoseological and axiological – fundamental principles (of pan-unity, anthropologism (personalism), triadic futurologism, integral knowledge (zhivoznanie) and anthropocosmism) – the branches and fruits (of the ‘tree’ of Russian biocosmology) have sprung up in the forms of various achievements of Russian culture, both “religious” and secular. The former are represented at least by the conception of Sobornost and “zhivoznanie” by Slavophiles (A. Khomyakov and I. Kireevsky, first of all); “pan-unity”, “Godmanhood” and “integral knowledge” by Vl. Solovyov; cosmology of N.Pirogov; Sophiology of S. Bulgakov; “Soil Conservatism” of F. Dostoevsky; original philosophy of L. Tolstoy; “The common task” of N. Fedorov; Personalism of N. Berdyaev, L. Shestov, L. Lopatin, and others; Ontologism of S. Frank; Intuitivism of N. Lossky; the “metaphysics of all-unity” of brothers Trubetskoi, L. Karsavin, P. Florensky; and many others. The latter (biocosmological essence of Russian secular philosophy) is brightly expressed in the “organicism” of D. Vellansky and A. Galich; “cosmism” of D. Mendeleev and I. Sechenov; “revolutionary-democratic” conceptions of the so-called “westernizers” – A. Herzen and N. Chernyshevskij; the “subjective school in sociology”, created by the so-called “narodniki” (Russian populists) – P. Lavrov and N. Michailovsky; the philosophy and theory of “cultural-historical types” by N. Danilevsky and K. Leontiev; Anarchism of M. Bakunin and P. Kropotkin; philosophical conceptions of nature – “ortobios” of I. Mechnikov and “nomogenesis” of L. Berg; “tectology”

of A. Bogdanov; “cosmic philosophy” of K. Tsiolkovsky; philosophy of social sciences of P. Sorokin; L. Gumilev’s “theory of passionarity”; Biosphere and Noosphere of V. Vernadsky; Heliobiology of A. Tchizhevsky; ecological conceptions of N. Moiseev and others; and, eventually, the conceptions of modern (Russian, universal, biocosmological) functionalism – of A. Ukhtomsky, P. Anokhin, A. Ugolev, P. Simonov – which are the matter of special interest and study from the standpoint of author’s BioCosmology (this issue is characterized below).

The scheme shown in Figure 1 shows similar positions of Greek universalism (firstly, of Aristotle’s philosophy) and Russian cosmism (biocosmology) in relation to “the general ascending – Cosmist – axis (vector)” of world evolution. At the same time, these cultural eras (cycles of world cultural development) clearly have the opposite axiological directions – of “theocosmism” or “cosmobiology” (paving the way ultimately for the sphere of modern anthropocentrism or AntiCosmism) and, in turn, – of “biocosmology”, naturally required for the Future anthropocosmism – the essential foundation of the sphere and era of RealCosmism.

Figure 1: Positions of Greek universalism (cosmobiology) and Russian cosmism (biocosmology) in the integral spiral evolution of world culture



Meanwhile, in the conclusion of this part and with reference to cosmological substantiation, the idea of a (macro)evolutionary spiral (as a metaphor of the one

common world cultural process) is advanced. Substantially, this 'evolutionary spiral' transcends (during its ascending movement) the polar cycles of human basic world-viewing and relation to Cosmos – from ancient cosmism (or ACosmism) to modern anthropocentrism (or AntiCosmism) and, further and again, to present and future cosmism (RealCosmism). The given below scheme strives to simplify the perception of this thesis. To the point, herein, the compression of the turns in the current and future times reflects the apparent acceleration of cultural processes. As Ervin Laszlo asserts, "in the past, a more adapted civilization evolved over several generations; the rhythm of change was relatively slow. This is no longer the case. The critical period for change today is compressed within a lifetime of a single generation" (Laszlo 2001: 46).

Modern (Russian, biocosmological, universal) functionalism

Russian psychologist and historian of sciences M.G. Yaroshevsky substantiated the "Russian way" in the world science, which brought about the emergence of *behavioral science* that is radically different "from psychology of consciousness, on the one hand, and from neurophysiology, on the other hand" (Yaroshevsky 1995, 5). Really, Sechenov had revealed the phenomenon of "central inhibition" that showed clearly the integration of central nervous activity (including the qualities of "soul") into the whole behavioral activity of a person. Further, I.P. Pavlov elaborated the theory of conditioned reflexes ("conditioned", i.e. centrally organized). However, the cornerstone moment is the origination of the notion of "*functional organ*" by A.A. Ukhtomsky, the forerunner of his famous *theory of dominantia*. The Russian scientist gave a strict definition to his concept of a *mobile, whole functional organ*: "we used to bind the notion «organ» with the representation of a morphologically developed, static and constant formation. It is absolutely not obligatory. Organ can represent any temporary combination of the forces, capable to carry out the certain achievement" (Ukhtomsky 1978:95).

The revelation of the physiological mechanisms of "central inhibition" (by I.M. Sechenov) and the following conception of "functional organ" (by A.A. Ukhtomsky) unraveled the integrated nature of an organism's behavior in the environment (world) and worked the way to the other functionalist achievements in the Russian physiology and psychology (the *general theory of functional systems* by P.K. Anokhin, the *conception of modern functionalism* by A.M. Ugolev, the *need-informational theory of higher nervous activity* by P.V. Simonov and the other). For the purpose of more detailed characteristic, we are to decide in favor of Petr Anokhin's scientific work, inasmuch as his theory, probably, is the most elaborated conception in the area of modern (biocosmological)

functionalism. Characterizing a distinguished contribution of P.K. Anokhin to the world science, Professor K.V. Sudakov, a leading specialist in the area of functional systems approach in contemporary Russia, highlights "universality, constructivity, and practical usefulness of the principal scheme of the functional system... According to this theory, a functional system is an elementary integrative unit of any activity ending with a *useful result*. It makes the functional system an isomorphic (i.e. – universal. – K.K.) principle for systems of different classes which end with a useful result." (Sudakov 1998:171).

The definition of a functional system is the following: "Functional systems are dynamic, self-organizing and autoregulatory central-peripheral organizations the activity of which is aimed at achieving adaptive results useful for the system and the organism as a whole." (Sudakov 1995). A cornerstone point is that Anokhin's notion of a functional system differs radically from the notion of a classical system. In his time, P.K. Anokhin emphasized that "overwhelming majority of researchers do not attempt to penetrate into the internal architectonics of a system – to make a comparative estimation of the specific properties of its *internal* (italics mine. – K.K.) mechanisms» (Anokhin 1973:31). K.V. Sudakov sets out the essence of this issue: "Just the being (entity) of a system-formative factor – the result of activity – radically distinguishes functional systems from the system organizations of the classical type formulated by L. Bertalanffy" (Sudakov 1997:48). It is clear that we have herein the direct analogy (and the development) of Aristotle's conceptions of *causa finalis* and *entelecheia*. (Aristotle's entelecheia – from *en* (in), *telos* (end, or purpose) and *echein* (to have) – denotes "having one's end within" and signifies something's essential potential that is capable of and determining its own spontaneous (but in the due time and condition) full self-actualization).

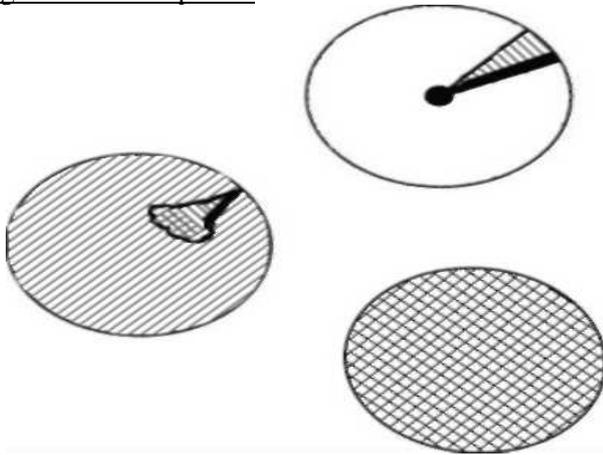
Three autonomous, constantly active spheres of human cognitive and practical activity

On the basis of aforementioned conceptions, we might advance the idea of the three autonomous (emergent) spheres of human cultural activity, which are forever required and active for a personalist (societal, ethical) cognitive and practical agency. This metaphor is expressed in the scheme given in Figure 2.

These three spheres likewise designate (in relation to the fundamental ontological, gnoseological and axiological bases of Russian biocosmology) the three evolutionary levels of modern scientific activity. The First (bottom) level and sphere pertain to Ancient (Eastern) holism (cosmism) that conducts a *realistic* (treating the world as a universal whole) but *irrational* approach (lacking the reduction of knowledge to a rational substance). In the expression of Prof. Sakamoto, the cognitive activity of a man in this sphere is driven by "the *Asian ethos and wisdom*" (Sakamoto

2004:489). As regards bioethics, this area is brightly exemplified by the original conceptions of “bargain consensus” and the “social tuning technology”, which were created by Prof. Sakamoto and presented by him at the Fifth Asian Bioethics Conference in Tsukuba (2004), and which are aimed at the resolution of conflicts of any type and realisation of the harmony in (future) global bioethics.

Figure 2: Three spheres



With respect to biomedicine, this is the sphere of activity of the so-called ‘organismic’ medicine (in the forms of Hippocratic, neohippocratic, post-neohippocratic, and the current forms of alternative medicine – Homeopathy, Acupuncture, Osteopathy, Vitamin Supplements, etc.), which treats a patient as a whole (as organism – *microcosm*, integrated into the given environment – *macrocosm*), whose disease is generally considered as the imbalance of her internal harmony. The humoral theory of Hippocrates himself – Father of medicine – is a bright example of the ‘first – organismic’ medicine. Significantly, Hippocratic medicine shows general agreement with Traditional Chinese Medicine. The substantial quality of Hippocratic medicine (and the derived modern complementary forms) is its holistic (organismic) and health-centric essence, which is realized, however, within the *presentist* world outlook – within ‘the given’, thus denying the ‘the evolving’ substance of a person. Noteworthy, Hippocratic principles in medicine, including biotypology, survived more than 25 centuries (and continue to develop) in the world history, having presented the remarkable achievements in integrative constituting of human organism – from Hippocrates, Galen, and Paracelsus up to Pavlov, Jung, Kretschmer, and Sheldon.

At the second level and in the second sphere – of (post)modern philosophy and science activity (which clearly dominates in the world since the XVIII century) – the cosmology of anthropocentrism (i.e. – of AntiCosmism) has the absolutely dominating significance, thus generating the entire spectrum and grand scale of the current technological progress, which

is not in a need of extra comments. Substantially, the achievements of Russian functionalists (Sechenov, Ukhtomsky, Bogdanov, Anokhin, Ugolev, Simonov), as well as the advances of systems and hierarchy theorists and the progress of complexity scientists, including the promising position of A. Saniotis himself (of all, who study the non-linear processes of integral natural and life phenomena, and whose proposals are based on the theories of chaos, fractals, catastrophes, etc.), – might be treated as marginal and non-determinative (counting at the best on interdisciplinary interaction with the generally recognized – mainstream, anthropocentric – paradigms and theories), but which have the essential transitive character and role (for the future holistic philosophy and science) in the integral development of world culture. Substantially, the Second sphere enables the *rational* (subdued to the empirical evidence and logical reasonableness), but *unrealistic* approaches in philosophical and scientific domains, inasmuch as it establishes (due to its fundamental anthropocentrism) the dualistic separation of a man’s mind (consciousness) from the world’s reality (which is *a posteriori* holistic – all-in-one) and, thus, legalizing the enormous pluralism of human idealistic interpretations of the world.

Characterization of the bioethical issues, as concerns this Second sphere, was given in my previous work for the *EJAIB* (Khroutski 2007). As regards biomedicine, the ‘Second – Western’ (‘organic-pathological’), modern scientific medicine is based on the *subject-object* exploration of Aristotle’s *causa materialis*, *causa formalis* and *causa efficiens*, and the rejection of *causa finalis*, i.e. – on the basic studying of extrinsic factors, thus being *bio-* and *morpho-*centric, as well as *socio-* and *environment-centric*, and, ultimately, bearing the *pathocentric* essence in relation to a human being. In contradistinction (to holistic medicine), a person is viewed here as an average patient – a *statistical* (bio- or social) *norm* (without any peculiar intrinsic and organismic peculiarities). The primary significance is placed on the external factors which cause a disease – infectious, traumatic, other environmental causes. Hence, this is precisely the medicine of disease (which, of course, is absolutely necessary), but not the medicine of individual’s health, of her/his ontogenetic well-being. A vivid example, herein, is the definition of blood types in humans, unnecessary to a healthy person, but absolutely necessary in the certain pathological situations. Another relevant example is the modern pharmacogenomics and the knowledge of the genetic basis (with respect to the diseased person) – her/his genetic profiles – of a drug response, that allow specification of drug prescriptions instead of trial and error.

Ultimately, at the Third level and sphere, biocosmological fundamentals (the basic ontological, gnoseological and axiological principles – of pan-unity, personalism, triadic futurologism, integral (of the unity

of empirical, intuitive and rational) knowledge, anthropocosmism – i.e. of *realistic* and *rational* relation to the world) – take on the status of a central nuclear core of the entire life (including cognitive and practical) activity. Henceforth, RealCosmism acquires the ‘legal’ determinative significance, thus opening the colossal realm (yet unexplored – “white area” in the “map” of scientific discoveries) and prodigious perspective for the growth of any cultural trend, including firstly the philosophical and scientific domains. Naturally, the already existing functionalist (of integral knowledge) scientific achievements (methodologies) of Russian scientists (Ukhtomsky, Bogdanov, Anokhin, Ugolev, Simonov) will take on a special significance, serving as the primary point of reference.

As well as author's BioCosmology might pretend to be useful in the realization of this global perspective (of general turning to the realistic and rational – *universal* – cognition of the world). Substantially, BioCosmological approach cardinaly transforms the ethical preferences. Indeed, anthropocosmism means the ‘*ethics of love*’ – the basic significance of “reasonable (judicious, sane) egoism” (in the term of N.Chernyshevskij – of satisfying (accompanied by positive, gratifying emotions and feelings) realization by a person (during the entire ontogenesis) of her/his Basic Cosmist Functionality (‘ontogenetic entelecheia’). This is the radical opposition to current (Kantian) “(bio)ethics of duty”, which is the reflection to the requirements ‘*from without*’ (like Kantian “categorical imperative”), while the ‘(bio)ethics of love’ is the expression of natural life impulses ‘*from within*’ (thus, in turn, we are dealing herein with the types of transcendent and immanent essentialism). In this approach, we are to refer and reconsider the significance of Darryl Macer's conception of the “Bioethics is love of life”, wherein “key to life is love of life” (Macer 1998:5).

As regards biomedicine, the Third (biocosmological) sphere opens the real perspective for the realization of a true medicine of individual's health (personalist medicine); firstly by bringing forward the fundamental principle of *CosmoBiotypology*, another cornerstone of the whole Cosmist theoretical edifice. *CosmoBiotypology* may be treated as a concrete biocosmological law, which states that each living subject on Earth is a natural (more accurately, *cosmic*) *function* of the higher-level congenerous subject and ultimately of EvoProcess itself. Therefore, every living subject on Earth naturally bears the biotypological traits of this intrinsic basic functionality and naturally relates to the appropriate ecological-social environment (the analogy to Aristotle's notion of “place”). In other words, this principle establishes the functionalist identity and, thus, the universal meaning of the three macro-orders of man's entire wellness: satisfying subjective feelings and perceptions; adequate position in the social-ecological environment; and biological constitution or biotype. The latter precisely serves to the fulfilment of a person's BCF – *basic cosmist*

functionality (which is the first basic inherent need – *entelecheia*, and the self-realization of which is the basic condition for the entire healthy ontogenesis of a person). Thus, the CosmoBiotypological principle aspires to universalize biomedical, social, and human knowledge – to rationally unite a person's subjective knowledge with the objective knowledge about her/him, hence – to unite previously incompatible scientific and humanistic paradigms.

Conclusion

The substantial point is that Russian biocosmological culture on the whole and author's BioCosmological conception, particularly, – fully correspond (in ontological and gnoseological aspects but substantially differ in axiological perspectives) to Aristotle's realism, practically carrying out the rehabilitation of his philosophy that perceives the world (cosmos) as “bio” (organic) whole, and wherein *teleological causality* (immanent essentialism, fundamental functionalism) occupies the primary positions. Therefore, Russian biocosmological culture (with its core principles of *organicism*, *personalism*, *triadic futurologism*, *integral intuitive knowledge* and *anthropocosmism*) represents a world evolutionary phenomenon and cultural process that is essential (as author strives to reveal in his works) for the future well-being evolution of the global world. The gist of the issue, however, lies not in the nationality, but precisely in the need of effective rehabilitation (in line with the contemporary tremendous scientific achievements) of Aristotle's universal consideration of the Earth's world with all its (living) entities and processes.

The author attempted to disclose in this work that the long epoch of the “westernization” of Russia has eventually brought about the unfavorable results of cultural stagnation in Russia (and in the whole world, accordingly). Hence, nowadays, the task of the rehabilitation of Russian inherent civilizational (biocosmological) potential (and, thus, the restoration and development of the evolutionary potential of Aristotle's philosophy) becomes the urgent task for the global culture. At any rate, however, this grand task is a matter for a special – thorough and substantive – exploration (and discussion). Meanwhile, in this response to A. Saniotis's interesting contribution to the discussion over BioCosmology, I chiefly tried to focus attention on the cosmological bases (primary dispositions – Cosmist and AntiCosmist, that determine the essence and results of scientific activity), as well as to shed light on the evolutionary ‘logic’ of their natural evolutionary emergence. To author's firm belief, at present and henceforward, the exploration and understanding of these issues take on special significance for resolution of the issues of integral (universal, rational) cognition of the living world on Earth, firstly of a person's well-being ontogenesis.

References

- Anokhin, P.K. 1973. Fundamental issues of the general theory of functional systems. In: *Principles of the systemic organization of functions*. Moscow, Nauka: pp. 5–61. (In Russian).
- Khroutski, K.S. 2007. “Arousing a Dispute over BioCosmology. A Reply to Stephen Modell” *E-Logos: Electronic Journal for Philosophy* URL: <http://nb.vse.cz/kfil/elogos/>
- Khroutski, K.S. 2007. “BioCosmological Approach in World Bioethics” *Eubios Journal of Asian and International Bioethics* 17(6): pp. 167–171. (Available at: <http://eubios.info/EJAIB112007.pdf>)
- Khroutski, K.S. 2008. The Evolutionary Time of Awakening: Do We Need a Third (neither Eastern, nor Western) Way in the World Evolution? // *Journal of Futures Studies*. 12(3): pp. 101–109. (Available at: <http://www.jfs.tku.edu.tw/sarticles.html>)
- Laszlo, E. 2001. *Macrosift: Navigating the Transformation to a Sustainable World*. San Francisco: Berrett-Koehler Publishers, Inc.
- Lossky, N.O. 1951. *History of Russian Philosophy*. New-York, International Universities Press, Inc.
- Macer, D. R.J. 1998. *Bioethics is Love of Life: An Alternative Textbook* Christchurch, Eubios Ethics Institute.
- Makolkin, A. 2008. “BioCosmology as a New Sign and its Possible Meanings” *E-Logos: Electronic Journal for Philosophy* URL: <http://nb.vse.cz/kfil/elogos/>
- Modell, S. 2006. “The Two Arrows of Efficiency: A Commentary on Konstantin S. Khroutski’s BioCosmology – Science of the Universal Future” *E-Logos: Electronic Journal for Philosophy* URL: <http://nb.vse.cz/kfil/elogos/>
- Sakamoto, H. 2004. “Globalisation of Bioethics – from the Asian perspective.” In: Macer, D. R.J., ed. *Challenges for Bioethics in Asia. The Proceedings of the Fifth Asian Bioethics Conference (ABC5), 13–16 February, 2004, in Tsukuba Science City, Japan*. Christchurch, Eubios Ethics Institute: pp. 487–493.
- Saniotis, A. 2008. “A Reconnaissance of the Cosmos: A Critical Response to Konstantin S. Khroutski’s BioCosmology – Science of the Universal Future” *Eubios Journal of Asian and International Bioethics* 18(2): pp. 51–56.
- Sudakov, K.V. 1995. “The Theory of Functional Systems as a Basis of Scientific Ways to Cope with Emotional Stress” URL: <http://www.rsias.ru/eng/scientificdivision>
- Sudakov, K.V. 1997. *Reflex and the Functional system*. Novgorod, Novgorod University Press. (In Russian).
- Sudakov, K.V. 1998. “To the Centenary of P.K.Anokhin, a Great Russian Physiologist.” *Integrative Physiological and Behavioral Science* 33(2): pp. 171–175.
- Ukhtomsky, A.A. 1978. *The selected works*. Leningrad, Nauka. (In Russian).
- Van de Vijver, G., Van Speybroeck, L., Vandevyvere, W. 2003. Reflecting on Complexity of Biological Systems: Kant and Beyond? *Acta Biotheoretica* 51 (2): pp. 101–140.
- Yaroshevsky, M.G. 1995. “The science of behavior: Russian way” *Voprosy psichologii* 4: pp. 5–7. (In Russian).

Darwin – Wallace Saga: Ethics in Research

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Some significant celebrations are quite close now. In 2009 biologists will be celebrating the bicentennial anniversary of Charles Darwin’s birth (date of Darwin’s birth: 12th Feb. 1809) and 150th anniversary of publication of Darwin’s “Origin of Species” (the book was published in Nov. 1859). Establishment of the natural selection theory of evolution as a scientific theory has proved to be a turning point and a revolutionary step in the history of biology. Hewett Watson, a noted botanist of that period, wrote to Darwin soon after the publication of “Origin of Species”, “Your leading idea will assuredly become recognized as an established truth in science, i.e. ‘Natural Selection’ ... You are the greatest revolutionist in natural history of this century, if not of all centuries”. The optimism, expressed by Watson, has not only survived through one and a half centuries, but also it has been much strengthened by cogently explaining all biological observations and phenomena. Moreover the concept of natural selection is entering the realm of molecular biology (Yuan et al., 2005; Joyce, 2004; Paegel et al., 2008).

Recently Beccaloni and Smith (2008) have pointed out that, when we plan next year Darwin’s anniversaries, we shall be downplaying Wallace’s role in formulation of the Natural Selection Principle.

The Darwin-Wallace saga has something very relevant to the present scenario in the field of research. Hence it would be useful to recall the history of development of the Natural History concept.

When Darwin returned from his famous scientific voyage on HMS Beagle in 1838, he had a load of interesting observations in the various parts of the world, visited. He got his experiences published in his book “Journal of Researches” in 1839. After sometime in London he moved to his country residence in 1842. Escaping the excitement and bustle of London and having a restful time in his country home, he pondered over his recorded observations and reached his Natural Selection concept. While he was diligently and analytically arranging evidences supporting the concept and was preparing a voluminous manuscript of a proposed book, he received the script of an essay from Alfred Russell Wallace on his concept of mutability of form through selection.

Wallace was a zoogeographer, and had extensively traveled in the Malay Archipelago. When he was lying

with fever in an island of the archipelago, he was pondering over his various observations, and suddenly he realized the role of natural selection in producing the diverse organisms. He prepared a short essay on this new concept, and sent the script to Darwin, saying in a letter that, if he considered his manuscript worthwhile, he may send it to Lyell for criticism. Charles Lyell was a leading geologist and Darwin's lifelong confidant.

Darwin, on going through the Wallace's essay, at once realized that his notion of natural selection, on which he was developing his large proposed book, had already been conceived by Wallace. On this realization Darwin "felt that he ought to withhold his own publication in favor of Wallace" (Dodson, 1964). Eiseley (1956) quotes the following words of Darwin, "I would rather burn my whole book than that he or any other man should think that I had behaved in a paltry spirit". Darwin sought advice of the famous botanist Hooker and his close friend Lyell in this context, who were well aware of the views of Darwin and of the pains he was taking in preparing his large book. They advised him to prepare an abstract of his proposed book, and got Wallace's paper and Darwin's abstract published together by the Linnean Society of London in Aug. 1858. Though these publications could not catch much attention of people, but, as the Natural Selection Principle was first published in 1858, it would be a fitting tribute to the event to celebrate the 150th anniversary of this, one of the greatest discoveries of science, in the current year, as suggested by Beccaloni and Smith (2008).

The magnanimity of heart, shown by Darwin, was reciprocated by Wallace, who gave the title "Darwinism" to his book on natural selection published in 1889.

Both Darwin and Wallace were not only good field workers and observers, but they were also keen thinkers and had a well developed capacity to analyze and align their observations to see the meaning underlying them. As Eiseley (1956) has said about the thinking and synthesizing capacity of these founders of the Natural Selection Theory, "Such synthesis represents the scientific mind at its highest point of achievement".

There is an ethical message in this oft repeated and well known story of Darwin and Wallace for the present workers in the field of scientific research. Most significant scientific papers are being published under authorship of two or more names; some have even more than ten names, e.g. Macaulay et al. (2005) and Sahoo et al. (2006). Importance of team work is being realized. Several workers, working in collaboration, are able to reach valuable results. Besides different aspects of the research project, chosen, may be worked upon by specialists of related areas, and thus important results and inferences may be reached. The generosity and ethical attitude, seen in the Darwin-Wallace saga is indispensable for team work. Every member of the

team should give to every other member his/her due credit.

References

- Beccaloni, G.W., and Smith, V.S., 2008. Celebrations for Darwin downplay Wallace's role. *Nature*, 451: 1050. (doi: 10.1038/4511050d2008).
- Dodson, E.O., 1964. *Evolution: Process and Product*. Reinhold Publishing Corporation, New York. pp. 352.
- Eiseley, L.C., 1956. Charles Darwin. *Scientific American*, 194: 62 – 72.
- Joyce, G.F., 2004. Directed evolution of nucleic acid enzymes. *Annual Review of Biochemistry*, 73: 791 – 836.
- Macaulay, V., Hill, C., Achilli, A., Rengo, C., Clarke, D., Meehan, W., Blackburn, J., Semino, O., Scozzari, R., Cruciani, F., Taha, A., Shaari, N.K., Raja, J.M., Ismail, P., Zainuddin, Z., Goodwin, W., Bulbeck, D., Bandett, H.-J., Oppenheimer, S., Torroni, A., and Richards, M., 2005. Single, rapid coastal settlement of Asia revealed by analysis of complete mitochondrial genomes. *Science*, 308: 1034 – 1036.
- Paegel, B.M., and Joyce, G.F., 2008. Darwinian evolution on a chip. *PLoS Biol.*, 6(4): e85. (doi: 10.1371/journal.pbio.0060085).
- Sahoo, S., Singh, A., Himabindu, G., Banerjee, J., Sitalaximi, T., Gaikwad, S., Trivedi, R., Endicott, P., Kivisild, T., Metspalu, M., Villems, R., and Kashyap, V.K., 2006. A pre-history of Indian Y-chromosomes: evaluating demic diffusion scenarios. *PNAS*, 103(4): 843 – 848.
- Yuan, Y., Karek, I., English, J., and Keenan, R., 2005. Laboratory directed protein evolution. *Microbial Molecular Biological Reviews*, 69: 373 – 392.

Bioethical concerns are global, bioethics is Western

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Abstract

Modern bioethics was born in the West and thus reflects, not surprisingly, the traditions of Western moral philosophy and political and social theory. When the work of bioethics was confined to the West, this background of socio-political theory and moral tradition posed few problems, but as bioethics has moved into other cultures – inside and outside of the Western world – it has become an agent of moral imperialism. We describe the moral imperialism of bioethics, discuss its dangers, and suggest that global bioethics will succeed only to the extent that it is local.

Keywords: Bioethics, Western bioethics, Medical Ethics, Culture, Research ethics.

Is bioethics a Western phenomenon?

The issues that fall under the purview of bioethics – doing good, avoiding harm, respecting people and their communities, justice – are of concern to all those who share life on the earth, but their articulation – in research institutions, health care centers, corporate boardrooms, and governmental policy – has the strong accent of the West. While a Western-accented bioethics has its uses – for example, it simplifies the globalization of medical research and drug development – it ignores moral traditions whose roots and ways of thinking lie outside of the Western philosophy and political and social theory. There is an interesting irony here: in order to make bioethics *global*, it must be *local*.

Bioethics and diverse moral traditions

After their research trip to China in 1984, Renée Fox and Judith Swazey returned to the United States and declared, ‘Medical morality is not bioethics.’ Their observation – that bioethics as developed in the United States was simply one among many possible incarnations of medical morality – was not warmly received (see, e.g., Gorowitz, 1986). In the intervening years, however, there has been a gradual but growing recognition that the discipline of bioethics, assembled in the North American and European cultural context from the raw materials of Western moral philosophy, may not fit all of the world’s cultures. And yet today, most, if not all, of the efforts to make bioethics more ‘culturally appropriate’ amount to little more than adapting Western bioethics to varied cultural settings.

We are aware of the danger of putting a determinative adjective ‘Western’ to an area of systematic study or knowledge. After all, there is nothing called ‘American anatomy’ or ‘British biochemistry’ or ‘Western pathology’. Why then should we, or anyone else, think of bioethics as Western? Bioethics, as conceived of in most discussions, is Western not because it originated in the United States or has its roots in the West, but because of the way it is theorized, structured, formulated, and practiced. We are not alone in this view of bioethics. Alora and Lumitao (2001) declared that we should move ‘Beyond Western Bioethics’ and Myser (2003) described the ‘normativity of whiteness’ present in mainstream bioethics discourse. Further testimony to the ‘color-blind’ bias in bioethics is found in what Arekapudi and Wynia (2003) call the ‘unbearable whiteness’ of mainstream bioethics and in Burton’s (2007) concern that [‘bioethics cannot figure out what to do with race.’](#) Taken together, these critics confirm that the dominant socio-cultural-moral construct known as bioethics does not encompass the belief-systems, cultural norms and moral values of people who are located outside of the moral tradition that evolved in white Western societies.

Diversity is undeniable reality – and an asset – of contemporary life. We share the planet with more than

6 billion people who speak over 6000 languages, live in about 200 countries, and belong to a number of religious and/or spiritual traditions. The technologies of communication, the global nature of market economy, and increased opportunity and ability to travel have made multi-faith, multi-lingual, multi-cultural societies commonplace. Given that the purview of bioethics extends from personal issues (e.g., how should one live *ethically* as a healthcare professional?) to global concerns (e.g., what should our governments and international organizations do to combat bio-terrorism?), one would expect this field to be characterized by a broad moral vision, extensive intercultural dialogue, and a rich variety of perspectives.

This is, however, clearly not the case. For many scholars, Bioethics is a blinkered discipline, seeing the world - its issues, problems, and solutions - through eyes coloured by the noble, but limited, philosophical traditions of the West. Cases in point are many; a few may suffice.

Most histories of medical ethics – and especially those that are foundational for bioethical thought – begin with the Oath of Hippocrates. How many bioethicists are aware that the Oath in *Charaka Samhita* in *Ayurveda* surpasses the Hippocratic Oath in both ‘eloquence and moral idealism’ (Jonsen, 2000)? Where are the references to the two most ancient but living systems of medicine – Hindu medicine of *Ayurveda* and ancient Chinese medicine – and their medical ethics in bioethics discourse? Interestingly, although bioethics emerged as a check on value-free, objective Western medical science, it is itself a product of modern Western medicine and thus pays scant, if any, attention to other healing traditions. Complimentary and alternative medicine (CAM) or traditional indigenous systems of medicine are practiced in vast areas of the world and, to be sure, have gained popular recognition even in the West in recent years, but are seldom discussed in the bioethics literature (Turner, 2004). It is no surprise then, given this limited worldview, that mainstream bioethics does not know what to do and how to deal with *Ayurveda* or acupuncture or other traditional systems of medicine, aside from using them as esoteric puzzles. Having no place for these non-Western traditions, the discourse of bioethics is impoverished indeed.

Consider too the role of moral, political, and social philosophy in bioethics. Unless stated otherwise, philosophy for most scholars means *Western philosophical systems of thought* in bioethics. It is not surprising then, that bioethics discourse is replete with Socrates, Plato, Aristotle, Augustine, Aquinas, Kant, Locke, Mills, Bentham, Heidegger, Levinas, Sartre, and Foucault. Most mainstream bioethicists would be baffled if Buddha, Confucius, Charaka, Sushruta, Shankara, Ramanuja, Chaitanya, Ramakrishna, Vivekananda, Gandhi, Gibrán, Radhakrishnan, Tagore,

Aurobindo, or Sri Anukulachandra were introduced into the philosophical conversation that grounds bioethics. Most of these thinkers will, in fact, be unfamiliar to Western bioethicists.

Putting moral traditions in their place

Please do not misunderstand us: we are not jumping on the ‘anything-Western-is-evil’ bandwagon. We deeply value and appreciate the contribution of Western philosophy to bioethics. Our question is simply: why do bioethicists coming from Western theology, philosophy, and ethics ignore the significant religious/spiritual and philosophical systems that developed in other places and cultures? Is it ignorance or is it ethnocentrism? Have bioethicists unconsciously divided the world into the “Western” and the “Oriental” (Said, 1978) or “Western” and “abnormal” (Hern et al. 1998)? Ignoring non-Western moral ideas can perhaps be justified for those whose work is intended only for others who sit squarely in the Western tradition, but in an increasingly pluralized world, this is less and less common. It is an interesting paradox that popular culture in the West is flooded with literature regarding Eastern religion and spirituality while the discourse of mainstream bioethics is conspicuous by its near-exclusion of Eastern worldviews. Furthermore, the educational programs created to train non-Western health care workers and researchers in bioethics (‘medical morality’?) rarely make the effort to discover, teach, and integrate these other moral traditions, raising the question of the ‘colonizing’ nature of otherwise well-meaning ethics training programs (Coward and Ratanakul, 1999).

The Western approach to bioethics gives rise to a ‘one-size-fits-all’ set of ‘principles.’ Distinguished professors seek to train the future bioethicists of the (so-called) developing world in the acrobatic art of balancing the ‘principles’ (in either their American or European version) to conquer the most troubling of ethical dilemmas. While the ‘principles’ are often framed as meta-cultural, they derive from Western secular belief-systems that are not responsive to either the cultural ethos and moral sensibilities of ethnic minorities of the West or the emotional needs and religious/spiritual worldviews of people in the non-Western world. It is important to remember that the moralities of both Western and non-Western cultures are born out of the interplay of values, cultural norms, belief-systems, and moral traditions that evolved in a variety of historical settings. Application of a set of ‘principles’ – even when those principles are ‘adjusted’ to the recipient culture – fails to engage with the moral ideas and with the medical systems in non-Western cultures (Stonington and Ratanakul, 2006) and thus fails as a strategy for promoting more ethical care.

Consider autonomy, the dominant principle of bioethics in the United States (Wolpe 1998). It is difficult for some Western bioethicists to realize that the principle of individual autonomy – even when

tweaked to fit in non-United States settings by relocating autonomy in the family, or the clan, or an elder – is an assault on the tradition and values of non-Western societies who believe in the matrix of relationships in dynamic equilibrium of the cosmos. Or, consider the language commonly used in bioethics such as ‘end-of-life’. This term, so widely accepted in the West is heard and apprehended much differently by a traditional Hindu who believes in ‘life after death’. The complex and rich realities of cross-cultural bioethics discourse are blurred by uncritical application of the language, methods, and ‘universal principles’ of the modern Western philosophical framework. Furthermore, it is inappropriate, and yes, *unethical* to impose, either consciously or unconsciously, the dominant Western socio-cultural-moral construct to ethnic minorities in the West and the vast non-Western world. Our criticism may sound exaggerated, but there are bioethicists who defend their ‘moral imperialism’ (Dawson and Garrard 2006), failing to see this cultural invasion as *unethical*.

The blindness to the cultural diversity and other religious/spiritual/moral/philosophical traditions of the world extends to the well-intentioned efforts of those who seek to serve those in the ‘developing’ countries. The ‘Universal Declaration on Bioethics and Human Rights’ promulgated by UNESCO offers an example. One of its articles says, ‘The interests and welfare of the individual should have priority over the sole interest of science or society’ (UNESCO, 2005). We respect the intent of this proclamation but question its ‘universality’. This ‘universal’ declaration could be read to contradict the cultural norms and moral values of a major part of the world and question the foundations of several Eastern religious and spiritual traditions. From the perspective of billions of people in the non-Western world, the idea that ‘the interests and welfare of the individual should have priority over the sole interest of science or society’ is not just absurd, it is dangerous. Taken at face value, it makes the whole public health enterprise untenable on ethical grounds. The Declaration does also include articles on solidarity, and on respect for cultural diversity and pluralism, which can be read to balance the individual focus. The elaboration of the framework principles needs a lot of further work in different cultures and communities.

Part of the problem here is that bioethics – coming from the Western humanist tradition – is focused on ‘rights.’ Underemphasized in bioethics is the fact that a ‘right’ unaccompanied by a ‘duty’ makes little, if any, sense. Moreover, in many non-Western societies, the notion of duty is historically held in high regard making rights-based bioethics something distant, alien, and discordant with the local ethos. It is interesting that in the Eastern world-view, there are no segregated, airtight compartments of religion, philosophy, spirituality, ethics, politics, and science. Knowledge is whole, Truth is One, and in the relational nature of life, the goal is synthesis and harmony rather than analysis and

division. In the Eastern tradition, there is no divergent dichotomy between faith and reason in the pursuit of knowledge and in the quest for truth. The rigid division between 'religious' and 'secular' is also artificial: in Eastern philosophy, human beings are on a continuous journey of inner realization from a lower level to a higher level of truth.

Bioethics and justice

Bioethics loves to talk about distributive justice, but ironically bioethics is part and parcel of the injustices of the Western health care industry. At present the bioethics market in the West is so full of different varieties of colourful 'cakes' for its wealthy customers (pre-implantation genetic diagnosis, neural enhancement, genethics, nanotechnology, etc.), that few notice the lack of 'bread' (i.e., issues of social inequality in health, poverty, basic health care, AIDS, violence, etc.) for the vast majority of the poor and needy. Given its comfort with institutionalized medicine and its occupation with procedures, rules, rights, and legal frameworks, armchair bioethics now faces the danger of being reduced to *bio-etiquette* with philosophy as its feel-good companion.

Mainstream Western bioethics is occupied with the obsessive pleasure solving esoteric ethical dilemmas and conflicts and with categorizing the priority of 'rights'. While deriving solutions to enigmatic puzzles can be intellectually satisfying, it is an emphasis that turns the field inward. Bioethics – in the West and the East, the North and the South – will flourish if it makes room for the moral traditions of other cultures. Imagine the possibilities if bioethics could be shaken from its Western view of reality to consider the perspective on reality found in *dharma*. This ideal-centric way of life focuses on 'being and becoming' and sees human beings interacting with their environment in a cosmos guided by the principle of 'live and let live'. This approach offers a way to get beyond the apparent irreconcilable rift between the 'religious' and the 'secular' in the West. It describes a harmonious way of life help where we human beings – all of us driven by a similar urge to love and be loved – are deeply embedded in a matrix of interdependent relationships that tie us together.

In an international roundtable meeting on Bioethics, one of us asked delegates from different Asian and European countries how they felt about the current Western-model and its limited vision of bioethics. The response of one Asian delegate still haunts us. She confided, "You know, they have the power, they have money, they set the agenda!" It is time to stop and ponder this.

Modern bioethics is largely conceived of as Western, but bioethical concerns are global, as shown in the discussions of regional associations such as the Asian Bioethics Association. It is better to accept this reality now, rather than deluding ourselves with wishful

thinking and exporting a modern Western philosophical framework to fit in all non-Western cultures. Our view, a voice from the margins of the main stage of bioethics, is shared with the hope that some day bioethics will come out of its self-imposed confinement of 'the Western-view-is-the-only-credible-one' mind-set to see the much bigger, more colourful and rich global arena where global bioethics must first be local.

Bioethics needs to expand its vision and to open its way of thinking to the whole of humanity. Only then can we face the challenge of finding the common ground of morality across different cultures that acknowledges and *respects* other faiths and other philosophical and moral traditions.

Are we prepared to face this challenge?

References

- Alora, A. T. and J.M. Lumitao, (eds.): 2001, *Beyond a Western Bioethics: Voices from the Developing World*. Washington: Georgetown University Press.
- [Arekapudi S, Wynia MK: 2003](#), 'The unbearable whiteness of the mainstream: should we eliminate, or celebrate, bias in bioethics?' *American Journal of Bioethics* 3:18-9.
- Coward, H. and P. Ratanakul, (eds.): 1999, *Cross-cultural dialogue on health care ethics*. Ontario: Wilfrid Laurier University Press.
- Dawson A, Garrard E: 2006, 'In defence of moral imperialism: four equal and universal prima facie principles' *Journal of Medical Ethics* 32: 200 - 204.
- Gorovitz S: 1986, 'Baiting Bioethicists' *Ethics* 96: 356-374.
- Hern, H.E. Jr., B.A. Koenig, L.J. Moore, and P.A. Marshall: 1998, 'The difference that culture can make in end-of-life decisionmaking', *Cambridge Quarterly of Healthcare Ethics* 7: 27-40.
- Jonsen A.R.: 2000, *A Short History of Medical Ethics*. Oxford: Oxford University Press.
- Myser, C.: 2003, 'Differences from somewhere: the normativity of whiteness in bioethics in the United States', *American Journal of Bioethics* 3: 1-11.
- Said, E.: 1978, *Orientalism*. New York: Vintage.
- Stonington, S. Ratanakul P. 'Is there a global bioethics? End-of-life in Thailand and the case for local difference', *PLoS Medicine* Oct; 3(10): e439.
- Turner, L.: 2004, 'Bioethics in pluralistic societies,' *Medicine, Health Care and Philosophy* 7: 201-8.
- UNESCO, 2005, [Universal Declaration on Bioethics and Human Rights](#). Paris: UNESCO.
- Wolpe. P.: 1998, "The Triumph of Autonomy in American Bioethics: A Sociological Perspective", in R. De Vries and J. Subedi, (eds.) *Bioethics and Society: Constructing the Ethical Enterprise*. Englewood Cliffs, NJ: Prentice Hall.

How can we make the best use of the Universal Declaration on Bioethics and Human Rights?

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Our world today must undergo dramatic changes if we are to put an end to the unacceptable living conditions and tragic events experienced by humankind. We should not complacently accept the current state of the world we have created. A quick glance around the world reveals many wars of aggression, territorial disputes, acts of discrimination against the weak, crimes that bring suffering to innocent people, and evasions of social responsibility (1). For instance, British journalist Jessica Williams reports in her book, *50 Facts That Should Change the World*, that 2 million girls and women are subjected to female genital mutilation each year. Furthermore, she reports that there are 27 million slaves in the world today and there have been more than 120,000 acts of violence and disruption at abortion clinics throughout the United States. In more than 70 countries, same-sex relationships are considered illegal and even punishable by death in 9 of these countries (2). Many factors have contributed to these grave realities, including local and religious traditions, ignorance, misunderstandings, authoritarian attitudes, and intolerance, which have all played a significant role in allowing these tragic events to continue.

In the modern history of our nation, tragic events have continued to repeat themselves. For over 90 years, many Japanese living with Hansen's disease, commonly known as leprosy, were quarantined without justifiable medical or scientific reasons. Sterilization operations, forced abortions, and solitary confinement as punishment for attempted escape from detention hospitals were not uncommon. At the same time, the leprosy prevention law has engendered harsh prejudice against these patients and "legal" isolation has further aggravated social discrimination against them (3). Furthermore, clinical research on chemotherapy for ovarian cancer was conducted in the late 1990's in one of the national university-affiliated hospitals without participants' consent and some patients were not even

informed of their diagnosis (4). Even today, truth-telling has yet to become the norm and unwanted life-sustaining treatments continue to be imposed on many dying patients. It is nearly impossible for many of the elderly to die with dignity and peace in Japanese hospitals.

Under these conditions, Japan and the rest of the world need a set of guidelines with which to educate people from an ethical point of view. We believe that the Universal Declaration on Bioethics and Human Rights (UDBHR) should be considered the most up-to-date and comprehensive compendium of bioethical knowledge in the world today. The Declaration draws attention to all points of moral worth – ethically preferable attitudes, behaviors, and states of things – that must be considered for humans to take into account the bioethical point of view (1).

There are many valuable things worth protecting around us, including human rights, freedom, dignity, solidarity, tradition, cultural diversity, respect for family life, and moral development. Different people have different ideas about what is a matter of the greatest importance. It may be unrealistic for us to pursue a perfect set of ethical guidelines that can satisfy everyone and that is free of any internal inconsistency. However, disparaging the UDBHR because of its limitations may be short-sided. For those who regard the UDBHR as incomplete, we recommend that they think of it as a starting point for further discussion and revision. Instead of dismissing the UDBHR, they should, instead, attempt to improve it.

Article 12 of the UDBHR clearly declares that the importance of cultural diversity and pluralism should be given due regard, but that such considerations are not to be invoked to infringe upon human dignity, human rights and fundamental freedoms, nor upon the principles set out in this Declaration, nor to limit their scope. The authors agree with this position without reservation, with the understanding that the reliance on individual human rights may be criticized as inappropriate. Those who do not recognize the universality of human rights, including certain cultures that do not perceive human beings as individuals but rather as part of a larger social fabric, as well as those communities in which the majority of people do not recognize the existence of human rights as such, will undoubtedly reject the Declaration (1).

Nevertheless, the authors believe that protecting human rights should always be prioritized over the preservation of traditional cultural practices when the two are in conflict. We are strongly convinced that no one should suffer for the sake of cultural traditions, such as female genital mutilation and infanticide of female babies. Attempting to preserve cultural or religious traditions at the sacrifice of individual happiness mistakes the means for the end and gets their priorities wrong. Cultural practices requiring human sacrifice must be abolished immediately.

A philosopher and writer, Umberto Eco argues that respecting individual human rights should be a norm of human society. Eco argues that there certainly are notions common to all cultures and writes:

“(E)very human being has notions about the meaning of perceiving, recalling, feeling desire, fear, sorrow, relief, pleasure or pain, and of emitting sounds that express these things. Therefore (and we are already in the sphere of rights) there are universal concepts regarding constriction: we do not want anyone to prevent us from talking, seeing, listening, sleeping, swallowing, or excreting, or from going where we wish; we suffer if someone binds or segregate us, beats, wounds, or kills us, or subjects us to physical or psychological torture that diminishes or annuls our capacity to think (5).”

He quickly goes on adding sexual relations, the pleasure of dialogue, love for his offspring, or the pain of losing a loved one to the list of things of which we would seriously suffer if someone deprive and continues:

“(F)irst and foremost we respect the rights of the corporeality of others, which also include the right to talk and think. If our fellows had respect these “rights of the body,” we would never have had the Slaughter of the Innocents, the Christians I the circus, Saint Bartholomew’s Night, the burning of heretics, the death camps, censorship, child labor in mines, or the rapes in Bosnia (5).”

In his argument, Eco outlines why we must respect individual human rights, fundamental freedoms, and human dignity and that, in our opinion, further justification from philosophy, religion, or psychology is not needed.

Up to here we believe that the UDBHR represents a comprehensive and meaningful set of moral values that should be understood as a whole (Article 26). There are no serious problems with the Declaration, nor any statements that need to be removed. The moral authority of any guideline or declaration is determined by its content and not by its authors, as we are most concerned with the impact of its message. For example, the Declaration of Helsinki has a strong moral authority not because it was created by the World Medical Association, but because it contains a comprehensive set of ethical statements concerning clinical research.

Article 23 of the UDBHR explicitly states that “in order to promote the principles set out in this Declaration and to achieve a better understanding of the ethical implications of scientific and technological developments, in particular for young people, States should endeavour to foster bioethics education and training at all levels as well as to encourage information and knowledge dissemination programmes about bioethics.” We believe that this article is particularly important and both bioethics educators and scholars

should deliberate on what must be accomplished in terms of bioethics education worldwide. Our belief is that the UDBHR can be used as an educational tool and that education must be the very first task to be undertaken to help people comprehend the significance of the UDBHR. In spite of its importance, laws and regulations have made limited impact. People might try to elude the watchful eyes of the police and law and we need internal spontaneous motivation to be ethical inside ourselves. Only through education will we be able to change the deeply entrenched social attitudes and nurture both tolerance and patience toward others with different values, ideologies, and religious backgrounds.

We are most concerned with how best to use the UDBHR and how to prevent repeating tragic events in history. Specifically, we seek to successfully utilize the UDBHR as a tool in bioethics education for healthcare students and professionals because of the fact that the authors are both health care professionals who engage ourselves in educating bioethics, nursing and medicine for healthcare students/professionals. In order to help healthcare learners develop ethical sensitivity and to appreciate the implications of the UDBHR, bioethics education must strike a chord with this group. Knowledge and reasoning are not enough, as healthcare students and professionals are not either easily influenced or impressed by guidelines, philosophical works, or bioethics textbooks. Therefore, it is important that the ethical issues resonate deeply within the healthcare learner to spur them into action. In order to produce ethical healthcare practitioners, we must present issues using intellectually and emotionally stimulating materials and foster opportunities for productive discussions (6).

One plan is to present the UDBHR together with a case book, such as Williams’ aforementioned text, which successfully describes the ongoing infringements of fundamental human rights throughout the world and what must be changed. Personal encounters with human rights victims may also help healthcare learners to think about what can and should be done locally. In addition, both fiction and nonfiction films can provide realistic materials that can supplement bioethics teaching. These films include *Nuit et Brouillard* (1955, France), *One Flew Over the Cuckoo’s Nest* (1975, USA), *Philadelphia* (1993, USA), *Southern Comfort* (2000, USA), *No man’s Land* (2001, France, Italy, Belgium, and Slovakia), *Rabbit-Proof Fence* (2002, Australia), *Vera Drake* (2004, France, UK, and New Zealand), *Moolaade* (2004, France and Senegal), *Hotel Rwanda* (2004, South Africa, UK, and Italy), and *Das Leben Der Anderen* (2006, Germany), to name only a few.

Furthermore, bioethics education using the UDBHR should begin in elementary school and continue into high school. Children must be taught about the content and implications of the UDBHR starting at a young age, so that they do not learn to discriminate based on

race, sex, culture, religion, sexual orientation, or ideology. Complicated textbooks on bioethics or human rights will not be useful and, instead, we need to devise a special plan, such as the use of videos and picture books.

In conclusion, the ultimate aim of bioethics is to protect human rights and, thereby, reduce human suffering and tragedy throughout the world. Utilizing the UDBHR in bioethics education may help people, including healthcare professionals, become more sensitive to ethical problems and work towards making the world a better place to live for everyone. If we were wise enough, bioethics education with the UDBHR would work to realize the world where no one will be killed or suffered.

References

1 Asai and Oe. A valuable up-to-date compendium of bioethical knowledge. *Developing World Bioethics* 2005; 5: 216-220.

2 Jessica Williams, *50 facts that should change the world*. Revised and updated edition. Icon Books Ltd., 2007.

3 Fumiyo Hataya, *Discrimination and Hansen's disease*. Heubonsha, 2006, Tokyo, in Japanese.

4 Masaki Nakamasa, Kiyoshi Uchide, Tsuneo Niki, "Human Experiments" and Patient's Jinkaku-Ken, Ochanomizu Shobou, 2003, Tokyo. in Japanese.

5 Umberto Eco, *When the other appears on the scene*. In *Five moral piece*. Translated from the Italian by Alastair McEwen, Harcourt, INC, San Diego, 1997, 19-30.

6 Atsushi Asai and Miki Fukuyama, *Toward Successful Bioethics Education*. In Darryl Macer editor, *Asia-Pacific Perspectives on Bioethics Education*. UNESCO Bangkok, 2008, in press.

The Roman Catholic Church on organ transplantation¹

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In Italy some of the most authoritative Roman Catholic thinkers² seem – in my opinion – not well

¹ Translated by Drs. Lenny Pittaluga e Rosangela Barcaro: firstly published in the Italian theological review *Asprenas*, vol. 52, 2005, p.389-401.

² We consider for example Cardinal Tettamanzi and Monsignor Sgreccia. Dionigi Tettamanzi identifies death with *come dépassé* "in which there is no more hope of a restart of social and conscious life (even if the organic functions, like breathing and heart-beat, still going)" see: D.TETTAMANZI, *Nuova bioetica cristiana*, Casale

informed on the notion of brain death, and they encourage the organ donation in the name of the Christian charity. There are opposition groups to this way of thinking above all among associations with a "traditional" background like *Famiglia Domani* and *Fiducia* or with a dated background like the Centre for Studies "San Pius X", which is referred to the fortnightly *si si no no* or, again, to catholic associations like *Famiglia e civiltà*³

The most authoritative opinion, opposite to the acceptance of a cerebral criterion of death, is the one by Joachim Meisner, Cardinal of Cologne (Germany), who, both on official pronouncements to the press, and on an article published on an important German newspaper declares his opposition to the equivalence between brain death and human death.⁴ These are without a doubt minority opinions, which seem to be in

Monferrato (Alessandria) 2000, p.496; this definition itself is quite audacious, even though it can be realized from the context that Tettamanzi confines himself to adopt the total brain death one. He reminds Elio Sgreccia, who, even if aware of the voices of dissent regarding that definition, goes on declaring that the subject whose cerebral activity definitively stopped, is clinically dead, even though „the introduction of methods of reanimation let breathing and cardiac activity go on working for a while.“ see: E.SGRECCIA, *Manuale di bioetica*, Milano 2000, vol. I, p. 692.

³ It's not accidental that just the associations *Famiglia Domani* e *Fiducia* have organized an international convention - I was invited to attend with a communication - which has been held in Rome on the 25th -26th October 2002, on the subject *Ai confini della vita: scienza, morale e diritto a confronto*. Among the speakers there were Robert Spaemann and Joseph Seifert. Spaemann's paper has been published and is entitled *La morte della persona e la morte dell'essere umano*, in *Lepanto* 162/2002. The catholic "antimodern" fortnightly of the Center Study "San Pius X" has recently published one of my tributes on the subject see P:BECCHI, *I morti cerebrali sono veramente morti quando preleviamo i loro organi ?*, in *si si no no*, XXX (June 2004) p. 1-6 (for the same newspaper the tribute has been published in Spanish, Portuguese and in French). An English edition of this article has been published with the title *Are the dead really departed when we remove their Organs?*, in: *EJAIB*, 15, 2005, p.25-29. In Italy the most documented criticism on equivalence between brain death and actual death from catholic point is in the book of the Benedictine oblate U.TOZZINI, *Mors tua vita mea. Espianto di organi umani: la morte è un' opinione?*, Napoli, 2000. The paper by Don G. ROTTOLI, *La predazione di organi e le ambiguità di Giovanni Paolo II*, in *La tradizione cattolica*, p. 34-41. The text has been recently published in French in a little volume which moves from the same point: F KNITTEL, G. ROTTOLI, MARIE-DOMINIQUE, *Que penser des dons organs ? La "morte cérébrale". Les prélèvement d' organs*, Avrillè 2005.

⁴ See: J. MEISNER, *Erklärung des Erzbischofs von Köln zum beabsichtigen Transplantationsgesetz*, Presseamt des Erzbistums Köln, n. 316, 27 September 1996, see also: *Wann trennen sich Seele und Leib?*, in *Frankfurter Allgemeine Zeitung*, on 25th January 1997.

hard conflict with the official ones. However, if some, besides quite limited, documents of Magisterium are examined, the position of Roman Catholic Church is much more complicated than it appears at first sight. This is what I am trying to demonstrate with this paper. It's impossible not to begin with the famous Pope Pius XII's speech:

*"The natural reason and the Christian morality show that man (and anyone who has the function to help the others) have the right and the obligation, in case of a serious illness, to resort to the essential treatments to preserve life and health. This obligation, that he has towards himself, towards God and the human society, and more often than not, towards certain persons, derives from a good ordered charity, from the submission to the Creator, from the social justice and from the justice in the strict sense of the word, and also from the pity towards his family. But generally it doesn't oblige to use extraordinary treatments (according to the circumstances of persons, places, age and culture) and this is to say those remedies that don't impose extraordinary obligation towards themselves and the others."*⁵

Essentially this means that in a situation where, on the basis of medical knowledge, any recovery of the patient to conscious life is definitively impossible, (the problem of the persistent vegetative state didn't yet occur), the physician can "remove the ventilation appliance to let the patient, already practically dead, die in peace."⁶

"Practically dead" means that in fact the patient isn't actually dead, but the physician can remove the respirator because it's an extraordinary mean.

I'm not going to expand on the widely discussed and criticized difference between ordinary and extraordinary treatments, (it's however indicative that ordinary means are not defined once and for all, but they depend on place, time and culture).

I would like to draw the attention to another aspect that seems to remain completely unprepared. Among the questions put to Pope, the most important one is the following one: when the ventilation is still on, might the patient be considered already dead? It's a crucial question, because thereafter the Roman Catholic Church has legitimated organ transplantation on the basis of the assumption that they are removed from corpses. But the Pope then, regardless of the subject of transplantation, seems to have a completely different opinion. By answering the question, he states: "we generally believe that human life goes on till its vital functions – unlike the simple life of organs – show itself spontaneously or with the help of artificial

treatments, too."⁷ So it could be concluded that the patient *is still alive* (or at least he might be) when his vital functions are kept still long by life support system.⁸ However, switching it off doesn't mean to kill him, as with this act it is only avoided delaying patient's death. "On this case there is no direct arrangement of patient's life, and neither euthanasia which could never be legitimate, even though it causes the end of blood circulation; the stoppage of the reanimation attempts is only the indirect cause of the ceasing of life, and in that case double acting principle must be applied."⁹

We can omit here to debate even though there isn't (for sure) direct disposition for life, there is not even euthanasia, (it depends on the idea of euthanasia we want to take); and we don't want to dwell on double effect doctrine (widely discussed as the previous one regarding the difference between ordinary and extraordinary means). The crucial passage in Pope's speech is another one: the patients, whose brain stopped completely working (or as Pius XII says patients that are "in a deep unconsciousness"¹⁰) are still alive, but it's possible to disconnect them from the respirator, even before the definitive stoppage of circulation voluntarily occurs, when the physician can exclude their recovery to conscious life. The Pope is perfectly aware that just the removal of the life support-machine will provoke on this case the ceasing of blood circulation and then death within few minutes, however he thinks that it's not opposed to the principles of catholic Church, when the physician is sure of the fatal prognosis of his patient. In a doubtful case, the Pope wrote: "In the event that an insoluble doubt occurs, you can resort to presumptions of law and fact. Generally, we'll have to dwell on the vital permanence one, because it's a fundamental right received by the Creator whose non-existence has to be proved."¹¹ In a doubtful case, then, we have to be inclined to presumptive life: *in dubio pro vita*.

The Pope's answer seems, apparently, clear; however it is open to quite different interpretations. The "insoluble doubt" refers only to those cases when the diagnosis is uncertain and a return to conscious life may not be completely excluded, or does it concern the

⁵ See PIUS XII, *Risposte ad alcuni importanti quesiti sulla "rianimazione"*, in *Discorsi ai medici*, Roma, 1959, p. 608-618. quotation on p. 612. I quote from the Italian translation reported in smaller body at the foot of the page.

⁶ Ibidem, p.611.

⁷ Ibidem p. 617-618.

⁸ To prove this interpretation it can be mentioned that Pope, with respect to the validity of administration of extreme anointing, declares: "if extreme anointing hasn't been given, it must be tried to protract the respiration in order to confer the sacraments". As the sacraments can only be conferred on living human being, obviously, what the Pope declares, means implicitly that till the ventilation is on, the person is still alive.

⁹ See PIUS XII, *Risposte ad alcuni importanti quesiti sulla "rianimazione"*, p. 615-616.

¹⁰ Ibidem, p. 609.

¹¹ Ibidem, p. 614.

simple and pure continuance of human life also irreversible conscious?

In order that the basic right to life isn't brought into question it must be certainly demonstrated that did conscious human life or human life as such faint? Now, it seems clear that the whole papal speech turns towards the first choice, however there is a chance also for the second one, when – after recalling that we can't leave out that patients who subjected to ventilation, even though completely unconscious, go on living – just in the conclusion of the speech he declares: "A great deal of such cases shape the object of an insoluble doubt and they have to be considered on the basis of those presumptions of law and fact we talked about".¹² That is to say, also on this case, in favour of life. Here, in fact, the "insoluble doubt" is clearly concerned with those individuals, who connected to a ventilator, even being in an irreversible coma, we can't manifestly declare them already dead. And for them also the principle *in dubio pro vita* seems to be valid, and then, in doubt, in defence of that life, too. Such a conclusion is contrasting the whole previous argument, which is not established on the need to prove undoubtedly the end of human life before switching the ventilator off. Quite the contrary, it is based on the legitimacy to switch it off, regardless of this proof exists. Nevertheless, a gap had been opened and then, when many years later the attention wasn't drawn by the question about the legitimacy of ventilation ceasing any more but by the problem regarding organs transplantation, that gap turned into a completely opened door: the transplantations could be considered legitimate, on the condition that it could be for sure demonstrated that organs transplant was done from corpses.

In December 1989, the Pontifical Academy of Sciences called a working party, already founded in 1985¹³, to approach just this matter. If you read the address referred to it by John Paul II, you can soon realize how the change of emphasis - from the problem of legitimacy of ventilation stoppage, in each case where it wasn't useful to keep it on according to the physician, to the organ transplantation one – has radically changed the viewpoint adopted by Pius XII in his famous speech. Critical it's no more what we have to do with patients, who, connected to the ventilation, are not excluded to be still alive, but whose fate is, however, irremediably decided, on the contrary we have to establish in which precise moment their death

occurs, so as the removal of their organs *post mortem* can be allowed. "In which moment does it happen what people call death? Here is the key of the speech."¹⁴ Only if patients are corpses their organs can be removed, however are they already dead when the life support machine is still on?

According to Pius XII, we can't be sure they are dead; but what did John Paul II say about? The answer isn't clear. In his speech, above all, John Paul II underlines the fact that, in a doubtful case, it's necessary to stop the transplantation programme because life as such must be protected from its beginning to the end: "this apparently promising track must be left, when you go through human being destruction or the voluntarily stoppage of his earthly existence."¹⁵

John Paul II remembers the tragic dilemma opened by technical possibility of organ transplantation; he explains it an exemplary way:

*"On the one hand there is the urgent need to find substitutive organs for ill people, who, in the absence of these, would die or at least they wouldn't heal. That is to say, it's believable that in order to escape certain and forthcoming death, an ill person needs to get an organ that could be provided by another ill person, perhaps his neighbour at the hospital. In this situation there is the chance to put an end to a human life, to break the person's psychosomatic unit definitively. More exactly, there is the real possibility that the life, whose continuance is made impossible by the removal of a vital organ, is a human being's life. On the contrary, the respect due to human life prohibits us completely to sacrifice it in a direct and positive way, even though it would happen for the benefit of another human being that he is with good reason considered to be privileged."*¹⁶

How to find a solution to the quandary? According to John Paul II, there is no other way but "to determine as exactly as possible the precise moment and the hopeless sign of death. Once got this, the seeming conflict between the duty to respect the person's life and to heal or even to save another person's life disappears."¹⁷ The problem, however, is if it will be possible to define that moment as exactly as possible. John Paul II seems to think this way. Death "turns up when the spirituality which governs the unity of the individual can't any more carry on its functions in the living body and on it, whose elements, left alone, dissociate themselves."¹⁸

To note, it's not a case that in the whole speech, the Pope doesn't talk about brain as that spiritual principle, but just the Working Group of the Pontifical Academy

¹² Ibidem, p. 618.

¹³ Already in 1985, the Working Group gathered by the Pontifical Academy of Sciences had reached the acceptance of the new definition of death, declaring – with a incredible argument – that "brain death is the actual criterion of death, as the complete stopping of cardio-respiratory functions leads very rapidly to brain death." The Declaration held by the scientists, and from where the quoted passage is taken, is entirely quoted by *L' Osservatore romano*, 31 October 1985, p. 5.

¹⁴ We are quoting the text of pope's speech published with the title *In quale momento avviene la morte?*, in *La Traccia*, X, (1989), 11, p. 1349-1350 (1349).

¹⁵ Ibidem.

¹⁶ Ibidem, p. 1350.

¹⁷ Ibidem.

¹⁸ Ibidem, p. 1349.

of Sciences came to the conclusions that spirituality, responsible for the integration of different bodily parts, couldn't be other than brain and that the new definition of death at a brain level could be accepted.¹⁹ The patients with the ventilation still on, but who didn't show any sign of recovery, weren't any more patients whose fate was decided, but corpses. On this way, the Roman Catholic Church went as far as to legitimate transplantation on the basis of the death of the human being.

Certainly, even in the future voices of dissent within the Roman Catholic Church would rise, but the line was just drawn. Among the voices of dissent (other than the one by Cardinal of Cologne, already mentioned) the most important one is Cardinal Joseph Ratzinger's, already vicar of the assembly for doctrine of faith and nowadays Pontiff under the name of Benedetto XVI. On the occasion of extraordinary consistory works on 1991, dedicated to the subject *La Chiesa di fronte alle attuali minacce contro la vita*, in his speech cardinal Ratzinger approached also the question of organ transplantation in hard words:

We are now witness of a real war between the potent and the weak, a war which aims to erase the disabled, those who bother and even those who are simply poor and "not useful", in every moment of their life. In concert with the nations, huge means are used against persons at the dawn of their life, or when their life becomes vulnerable by an illness or when it's going to die down.²⁰

After condemning abortion, the usage of additional embryos and the prenatal diagnosis, he says: "Afterwards, those whom the illness or an accident will cause an irreversible coma will be often led to death to come up to the requests for organ transplantation or they will be also used for the medical research ("warm corpses")",²¹

These words instead of causing a second thought on Roman Catholic Church, or at least a pause for reflection, would operate as a fire. In conclusion, much ado about nothing. As much as still "warm", the brain dead was already a corpse and this was enough to exclude him from that defence of human life from the beginning till its natural end stated by the encyclical *Evangelium vitae*. In front of the "new threats to human life" the Magisterium of the Church intensifies its

actions in defence of sanctity and inviolability of human life:

Today this proclamation is especially pressing because of the extraordinary increase and gravity of threats to the life of individuals and peoples, especially where life is weak and defenceless. In addition to the ancient scourges of poverty, hunger, endemic diseases, violence and war, new threats are emerging on an alarmingly vast scale.²²

The Pope refers clearly to the case of erasing of several infant human lives or of lives on the way out, the question of transplantation is not mentioned. Afterwards, however, the Pope perceives the danger that could be "when, in order to increase the availability of organs for transplants, organs are removed without respecting objective and adequate criteria which verify the death of the donor."²³ and afterwards he reminds: "the direct and voluntary killing of an innocent human being is always gravely immoral".²⁴ Certainly, the Pope confirms, but if the brain dead patients are already corpses there's no problem: a person already dead can't be killed. So the battle in defence of human life could be led without bringing into question the removal of organs from brain dead individuals.²⁵

In his discourse to the Transplantation Society, held in Rome on August 29th 2000 in occasion of its XVIII International Congress, John Paul II demonstrates this position and he even comes to a clear legitimating of brain death. Talking expressly about the "neurological" criterion of death, the Pontiff confirms that the Church does not make technical decisions. She limits herself to the Gospel duty of comparing the data offered by medical science with the Christian understanding of the unity of the person, bringing out the similarities and the possible conflicts capable of endangering respect for human dignity.²⁶

From the speech, however, it might be concluded that John Paul II considers that prospect compatible with new definition of death:

Here it can be said that the criterion adopted in more recent times for ascertaining the fact of death, namely the *complete* and *irreversible* cessation of all brain

¹⁹ The only voice of dissent of Papal Academy of Science was represented by Josef Seifert, already at the time he was critical towards the definition of brain death. The results of Academy's works are published on the book R.J. WHITE H.ANGSTWURM, - I.CARRASCO, DE PAULA (eds.), *Working Group on the Determination of Brain Death and its Relationship to Human Death*, Città del Vaticano, 1992.

²⁰ J. RATZINGER, *Il problema delle minacce alla vita umana*, in *L'Osservatore Romano*, April 5th, 1991, p. 1 and 4 (quotation at p. 4).

²¹ *Ibidem*, p. 4.

²² See JOHN PAUL II; Encyclical letter, *Evangelium vitae* (25-3-1995), n. 3: *EV* 14, 2173. (English translation can be found at: http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html)

²³ *Ibidem*, n. 15.

²⁴ *Ibidem*, n. 57.

²⁵ And rather, afterwards, the Pope could underline that "the donation of organs, performed in an ethically acceptable manner, with a view to offering a chance of health and even of life itself to the sick who sometimes have no other hope."

²⁶ The English text may be found at: http://www.vatican.va/holy_father/john_paul_ii/speeches/2000/jul-sep/documents/hf_jp-ii_spe_20000829_transplants_en.html

activity, if rigorously applied, does not seem to conflict with the essential elements of a sound anthropology. Therefore a health-worker is professionally responsible for ascertaining death can use these criteria in each individual case as the basis for arriving at that degree of assurance in ethical judgement which moral teaching describes as "moral certainty". This moral certainty is considered the necessary and sufficient basis for an ethically correct course of action.²⁷

This speech represented that clear legitimacy of the new concept of death that the transplant surgeons had been expecting for a long time.²⁸

John Paul II, in a speech held on March 22nd 2004, confirmed the position of Roman Catholic Church with reference to the "persistent vegetative state" reverting once again to the ethical principle *in dubio pro vita*:

"The moral principle is well known, according to which even the simple doubt of being in the presence of a living person already imposes the obligation of full respect and of abstaining from any act that aims at anticipating the person's death.

Considerations about the "quality of life", often actually dictated by psychological, social and economic pressures, cannot take precedence over general principles.

First of all, no evaluation of costs can outweigh the value of the fundamental good which we are trying to protect, that of human life. Moreover, to admit that decisions regarding man's life can be based on the external acknowledgment of its quality, is the same as acknowledging that increasing and decreasing levels of quality of life, and therefore of human dignity, can be attributed from an external perspective to any subject, thus introducing into social relations a discriminatory and eugenic principle."²⁹

²⁷ Ibidem.

²⁸ Ibidem. If nothing else, Pope besides, on that occasion, underlined a very important point regarding "*the need for informed consent*": "The human "authenticity" of such a decisive gesture requires that individuals be properly informed about the processes involved, in order to be in a position to consent or decline in a free and conscientious manner. The consent of relatives has its own ethical validity in the absence of a decision on the part of the donor." This statement states an opinion opposing not only to the criterion of silent-assent (even though informed), adopted as a rule by the Italian law on organ transplantation (even though not yet applied in the transient phase, see on the subject P. BECCHI, *La morte nell'età della tecnica. Lineamenti di tanatologia etica e giuridica*, Genova 2002, pp. 99-149), but also to the direct defence of that criterion expressed by the cardinal Tettamanzi in *Nuova bioetica cristiana*, p. 503: "The removal of organs is tolerated by Italian law, if the individual hasn't expressed an opposite opinion. We agree with how the state has acted."

²⁹ See JOHN PAUL II, *Un uomo, anche se gravemente impedito non diventerà mai un "vegetale"*, in *L'Osservatore Romano*, 20-21 March 2004, p. 5. The speech has been held on the occasion of the audience for the participants to the Congress promoted by the International Federation of the

The Pope's considerations refer directly to the clinical condition of so called "permanent vegetative state", which is different from brain death, but even though this final clinical condition is such that we can't exclude that when the artificial ventilation is still on, there is still a remaining of life, then for analogy those considerations should be valid also for the brain dead. In conclusion, the acceptance by Roman Catholic Church of removal of organs from brain dead subjects, even in presence of a whole and absolute defence of human life, revolves itself about the scientific certainty that they are actually corpses.

Perhaps a reconsideration process has begun: the Pontifical Academy of Sciences has newly decided to reconsider the whole matter: on February 3-4, 2005 an international meeting on "The Signs of Death" was held in Vatican City. On that occasion John Paul II sent a letter to the participants, one of his last writings. In this document the Pope doesn't consider the neurological criteria of death as a fact any more – in opposition by what it resulted from the speech held on August 29th, 2000.³⁰ Pope appeals to the physicians – recalling Pius XII's learning - asking them to provide a certainty about death moment that, even though prudently in 2000, the pope himself identified death with the "total and irreversible stoppage of each brain activity". It's not possible to state what results are emerged from the 2005 meeting, as official declarations weren't issued.³¹ We think, however, that already the pure doubt in that regard and the fact that Roman Catholic Church considered to have to approach the question once again, is at least symptom of uneasiness. It should let the principle of respect for human life intervene and, consequently, the need to stop of organ transplantation, or it should make us think carefully of the message the cardinal Meisner would give.

A fact is hardly disputable today: there exists more than one simple doubt regarding the scientifically foundation of the determination of death by neurological criteria. Some scholar has thus proposed to

Catholic Medical Doctors' Association and the Pontifical Academy for Life; the English translation may be found at: http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_en.html.

³⁰ The English text, with the Italian translation of Pope's letter, is published by *L' Osservatore Romano*, February 4th 2005, p.4 (See also http://www.vatican.va/holy_father/john_paul_ii/speeches/2005/february/documents/hf_jp-ii_spe_20050201_p-acad-sciences_en.html). We quote a meaningful sentence: "From the clinical point of view, however, the only correct way - and also the only possible way - to address the problem of ascertaining the death of a human being is by devoting attention and research to the individuation of adequate "signs of death", known through their physical manifestation in the individual subject."

³¹ Some important (and critical) contributions from the mentioned symposium are in the book: *Finis Vitae. Is Brain Death Still Life?*, R. de Mattei (ed.), Soveria Manelli 2006.

leave that notion of death.³² At this point you can wonder as long as Roman Catholic Church will be able to sustain the sacred value of human life from the first beginning till its natural end, and at the same time, to legitimate the removal of organs from brain dead individuals.

In the end I'd like to show some statements in the different versions of Catechism of Roman Catholic Church.³³ In the Italian text, published in 1992, the relating article is formulated in a very unsatisfying way. Here is the whole text:

"The organ transplantation is morally unacceptable if the donor or those who have claims on haven't given their explicit assent. Organ transplantation conforms to moral law and it can be well-deserving if the physical and psychic damages the donor incurs is proportionate to the sake that you are seeking for the receiver. It's ethically unacceptable to cause directly the disabling mutilation or a human being's death, even though to delay other persons' decease."

Apart from the first phrase – completely formulated in the negative – that, however, even though implicitly it refers to transplantation from cadaver, the following phrases refers to, in an implicit as much as clear way, to the organ donation from leaving people. With reference to organ transplantation from corpses the position seems quite defensive and misleading: it's accepted by putting as principle the expressed consent-assent one, but the clinical condition as from which the removal is legitimate is never mentioned. The Latin version of the quoted article is of some years later, of 1997 precisely, but it's not the literal translation of the Italian text:

*"Organorum transplanatio legi morali est conformis, si pericula et discrimina physica atque psychica quae donans subit, bono sunt proportionate quod pro eo quaeritur cui illa destinatur. Donatio organorum post mortem est actus nobilis et meritorius atque allicendus tamquam generosae solidaritatis manifestation. Moraliter acceptabilis non est, si donnas vel eius propinqui ius ad id admitti, mutilationem, quae invalidum reddit, vel mortem directe provocare, etiamsi id fiat pro aliarum personarum retardanda morte."*³⁴

³² See on this respect the collection of studies edited by us in cooperation with R. BARCARO, *Questioni mortali. L'attuale dibattito sulla morte cerebrale e il problema dei trapianti*, Napoli 2004.

³³ The following quotations are taken from *Catechismo della Chiesa Cattolica*, Città del Vaticano 1992, p. 586; *Catechismo della Chiesa Cattolica*, Città del Vaticano 2005, p. 129.

³⁴ *Catechismus Catholicae Ecclesiae*, Vatican 1997, p. 586: "Organ transplants are in conformity with the moral law if the physical and psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient. Donation of organs after death is a noble and meritorious act and is to be encouraged as a manifestation of generous solidarity. It is not morally acceptable if the donor or those who legitimately speak for him have not given their

As you can see the reasoning concerning the removal of organs from corpses is surely more complex: the recall to the expressed consent criterion remains, but it's preceded by a sentence, whose scrap is not present in the Italian version at all, where organs donation after death is represented as a noble and honourable action, to encourage. The recent summary, prepared by Pope Ratzinger, is much shorter but in some ways surprising: the removal of organs is ethically acceptable with the donor's permission and without excessive risks for him/her. For the noble action of organ donation after death, the donor's actual death must be completely determined. The donation *post mortem* is still a noble action, but however, for the first time, the concept that it occurs as from the donor's actual (and not clinical) death, is introduced. And as nowadays there are good matters to challenge the equivalence between brain death and actual death; the consequences could be really disruptive and you could wonder why the Pope has made an anonymous attack.

Annex: Declaration of Cologne Archbishop regarding the predicted law on transplantation

Press office of Cologne Archbishop, September 27th, 2006.*

Who knows the need of the persons that are waiting for organ donation will accept with favour the efforts to increase the disposition to donation. We hope that also the predicted law on transplantation helps, increasing the certainty of the right and preventing abuses.

Without expanding here on the details of the project of law - this is mostly politicians' particular duty – because of the debates held till now, and considering the deep discussion of the last years, whose results go beyond the corresponding declaration of churches of 1990**, I have to declare with serious worry and on the given occasion as follows:

At the present state of debate the identification of brain death with the individual's death is no more acceptable from a Christian point. The human being can't be reduced to its brain functions. It can't be said

explicit consent. It is furthermore morally inadmissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons."

* This declarations refers to the discussions regarding the German law on the transplantations, which went into effect on 1st December, 1997 (*Gesetz über die Spende, Entnahme und Übertragung von Organe – Transplantationsgesetz*). As it's known, the German law, even subordinating the removal of organs to the ascertainment of total brain death, doesn't incorporate a definition of death; For comment cp. *Transplantationsgesetz*, W. Höfling (ed.), Berlin 2003.

** Here the cardinal refers to the joined declaration made by the catholic and the evangelic churches in Germany in 1990: *Organstransplantationen. Erklärung der Deutschen Bischofskonferenz und des Rates der Evangelischen Kirche in Deutschland*, 2nd July, 1990.

that brain death means death, neither that it's a death sign. It is not even the moment of death.

All the considerations regarding the donation of organs have to move from the idea that a human being, for whom brain death only has been determined according to the medicine rules, is still alive. However – and this is basically important for a further valuation – the brain dead individual is a dying person in an irreversible way, that for sure won't return conscious any more and he won't breathe by himself any more. For this reason it's not compulsory to prolong artificially this dying with all technician means - unless the interested person expressed the will that organs would be removed even before switching the ventilators off. Death as consequence of brain death takes over late. At no moment then here someone is killed. Organ donations is possible and it can be an act of supreme Christian love towards fellow men. If you asked on which conditions organs can be removed, it must be considered that a brain death isn't a corpse.

Defining by law brain death like individual death would prevent from joining the efforts to increase the disposition to donation. Such a law would be counter-productive.

On Cultural Narratives, Fertility Medicine and Women's Agency

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Abstract

A recent article, explores the issues of choice, agency and gender as they relate to assisted reproductive technologies (RTs). The author of that article claims that counter-stories as 'narratives of resistance' may help see how women can reconcile a strong desire to have children with the desire 'to remain authentic and whole'. While the narratives proposal may help to understand women's choices, this approach becomes unhelpful where there is one cultural perception of women – the view of pro-natalism or mandatory motherhood – that reigns absolute; where *all* narratives influencing a woman's decisions are exclusively 'narratives of hope'; and where a pro-natalist culture has fully embraced IVF and has further entrenched it by legislation. In this setting, the societal *and* medical pressure on women is so high that resistance becomes almost impossible. In this context, it would be more

effective to challenge present pro-natalist reproductive policies *and* medical reproductive advice.

Key words: assisted reproduction, cultural perceptions of women, medical counselling, reproductive policies.

In a recent article, Aline Kalbian explores the issues of choice, agency and gender as they relate to assisted reproductive technologies (RTs). She observes that the powerful desires and expectations common to encounters with fertility medicine, combined with the ambivalence about the proper characterization of infertility, make questions regarding choice, agency and gender difficult to answer. She proposes, therefore, two broad narrative categories that help capture the experience of encounters with fertility medicine: 'narratives of hope' and 'narratives of resistance'. Kalbian believes that counter-stories as narratives of resistance may help us see how women can reconcile the experience of a strong desire to have children with the desire to remain 'authentic and whole' (Kalbian 2005). This paper examines this proposal from the perspective of Israeli policies in reproductive matters; and from the perspective of a patriarchal society that has fully embraced and promoted these policies.

Listening To Narratives I: A Catholic Scenario

Freedom of choice is a phrase commonly invoked in debates about reproductive ethics. Some argue that women are freely choosing what they desperately want – a baby. Others argue that this desire is socially constructed – and therefore this is not exactly a choice. Since social influences may affect and shape our desires and values, Kalbian suggests using a narrative framework in order to understand the complexity of choices concerning the RTs. She describes a scenario of a devoutly Catholic woman:

After undergoing a battery of tests, [a woman] is told by her doctor that *in vitro* fertilization (IVF) is the best option available if she wants to get pregnant. She is familiar with her tradition's narrative about the inherent evils associated with ARTs; she knows that IVF is absolutely prohibited by the Church. The pull of her faith is powerful; yet there is a conflict between her strong desire to have a child (narrative *a*) and the Catholic narrative that prohibits ART (narrative *b*). Nevertheless, her desire for children emerges from her deep grounding in Catholic tradition and its very powerful narrative (narrative *c*) about gender roles, feminine fulfilment, and maternity. According to this narrative the desire to have children is natural, and a woman who does not have children will not experience her essential womanhood as fully as a woman who does have children. A fourth narrative (narrative *d*) might also exert some influence on this woman. It is the story of scientific progress and the wide array of technologies that can enable almost any woman who wants children to have them (Kalbian 2005, 94).

Kalbian points out that in this environment rejecting these technologies when they are so readily available is equivalent to choosing not to have children; or it can be seen as equivalent to refusing medical treatment. In order to advance the focus on particularity, Kalbian proposes two narrative categories that may help capture the experiences of encounters with fertility medicine: 'narratives of hope' and 'narratives of resistance'. Both hope and resistance, she observes, require an exercise of agency; and the agency required for resistance in the RTs often entails redefinition of one's self and one's goals, and requires a reliance and trust in one's ability to make an informed decision.

Listening To Narratives II: A Jewish Scenario

Kalbian's proposal clarifies problems concerning autonomous choice in fertility medicine when different narratives conflict one with the other. However, her proposal does not cover the difficulties for redefining one's self and one's goals when *all* narratives coincide. Suppose now that the woman in Kalbian's story is Jewish. Are the narratives of the Jewish woman equivalent to those of the Catholic woman? There are no inherent evils associated with RTs in the Jewish tradition; on the contrary, IVF (and RTs generally) have been fully embraced by the Jewish faith. For this woman there are no conflicts between a strong desire to have a child (narrative *a* in Kalbian's story) and the Jewish narrative that generally encourages the use of RTs (narrative *b*). Moreover, the Jewish woman's desire for children emerges from her deep grounding in Jewish tradition, which has a very powerful narrative about gender roles, feminine fulfilment and maternity. Equally, according to the Jewish narrative, the desire to have children is natural, and a woman who does not have children will not experience her essential womanhood as fully as a woman who does have children (narrative *c*). It follows that the fourth narrative (narrative *d*), which is the story of scientific progress and the wide array of technologies that can enable almost any woman who wants children to have them, and which may exert *some* influence on the Catholic woman, exerts *huge* influence on the Jewish woman. For the Jewish woman, *all* narratives – without exemption – favour the RTs; it follows that Jewish women's consent to the RTs is consistent with their identity. Unlike the case of the Catholic woman above, for a Jewish woman *all* narratives coincide; they reflect the same goal: *reproduction*, which is also considered a sacred goal that transcends all other goals any woman may have. Where in these narratives do one's self and one's goals end and the goals of others begin? Kalbian suggests listening to women's narratives in order to understand the complexity of their choices; it follows from her proposal, however, that when counter-stories are non-existent, women's choice of RTs is unambiguous.

IVF in Israel

The situation for women regarding fertility treatment could be said to be 'ideal' in Israel. To begin with, the question of justice does not exist, since assisted reproduction in Israel is subsidized as a standard part of the basic basket of health services by the Israeli national insurance. Every Israeli (regardless of religion and marital status) is eligible for *unlimited* rounds of IVF treatment free of charge, up to the birth of two children – even if the woman already has children. These exceptional regulations for IVF in Israel permit us to focus on the question of whether women in Israel are necessarily better off, because of this generosity with regard to RTs. Since women consent autonomously to the treatment, and since all women's narratives coincide, to ask this question seems unnecessary in the first place. Moreover, since the policy for the RTs in Israel is presented as protecting women's rights to become mothers, this generosity towards women's rights might be seen as an exemplary policy.

A closer examination, however, reveals that in contrast to the extraordinary situation of support for assisted reproduction, treatments that limit family size in Israel remain unsubsidized. Family planning services do not receive state support and are funded only on a charitable basis. Contraceptives are generally not part of the basic basket of medical services covered by Israeli health insurance, and abortion is illegal (Unless the pregnancy threatens the woman's life, it results from rape or adultery, the mother is under age or the foetus has a major malformation or illness). These policies reflect a strong pro-natalist society. As in other such societies, the dominant social discourse in Israel is essentialist, thus presenting motherhood as imminent, natural and universally expected of all women (Remennick 2000).

Every Israeli schoolchild learns from the age of six that barrenness is a tragic condition for a woman; childbirth is a woman's way of achieving success. Childlessness is also considered tragic for a Jewish man who is commanded to procreate according to Jewish tradition (Kahn 2000). The norm and expectation from women in Israel is to get married and/or to have children. Jewish women are under extraordinary pressure to reproduce, whether they are married or not, since in Israeli society not to have children is largely repudiated by societal conventions and *punished* by exclusion and other means (this is true also for other women in Israel, but I am focusing here particularly on the Jewish population). Most infertile women in Israel fully internalize the dominant ideology. Rejecting assisted reproduction when it is available and completely free of charge is considered as refusing treatment; and it is equivalent to choosing not to have children. Women in IVF emphasize that rejecting the available treatment is not a viable option for an infertile woman. In Israel, neither a non-familial lifestyle in

general, nor a rejection of parenthood in particular, is an acceptable option and women may regard IVF treatment as the only moral choice (Remennick 2000). It follows that while a woman's choice for the RTs in Israel is certainly for herself, we can hardly regard this choice as completely free.

Other Narratives

Listening to narratives is not unproblematic, since these may be highly influenced by subjectivity - yet stories may let us see an additional dimension of a problem. This is the case with a study in Israel that focuses on women who did not succeed in having babies with IVF. In this study, a senior surgical nurse who had to stop working because of the treatments observes that she is paying dearly for her 'desperate wish to mother'. Firstly, she had to abandon her career, so that her 10 years of study and experience were a waste; and secondly, she is only 'half-alive' since she became 'a slave' of her body's reactions to fertility drugs. She continues, 'no one ever explained to me (or to other women under treatment) what we were up against and what the costs will be' (Remennick 2000, 834).

Women in this study remark that their expectations from the treatment were unrealistic from the outset, but they also share the feeling that their doctors induced false hopes. As another woman comments, if she had to start all over again, she would press her doc to give her the full picture in advance, including the success rates, the costs and the risks involved. She claims that no one explained her the whole truth. She continues, 'they just show you the pictures of the IVF babies "produced" in the Unit and their happy mothers'. Most women after years of IVF treatment may find themselves worse off.

As a third woman in that study reflects, 'I have wasted six years of my life on these treatments, and look where I am now. Unemployed, disfigured and still childless. My husband stays with me purely out of habit; our relationship was lost to these treatments too' (Remennick 2000, 835).

Are the narratives of these women narratives of resistance? Hardly. These are more likely narratives of chaos. Women feel confused, defeated, lost. Yet they still think it is a woman's moral duty to do whatever it takes to have a child. This narrative correlates with the Franklin's observation that 'IVF is something women would recommend but wish they had not undergone; that IVF is described as a wonderful opportunity, but as making life more difficult' (1997, 192). What becomes clear from these narratives is that the price these women paid in personal losses was higher than they thought; and, most worryingly, that this eventuality was hidden from them. Since these women were not treated specifically in one clinic, this indicates a pattern of disinformation concerning RTs.

Narratives of Hope or Inaccurate Information?

There would be little disagreement that autonomous choice is based primarily on informed choice (Beauchamp & Childress 2001) i.e. fully acknowledging the risks that a medical procedure entails. We do respect women's autonomy when choosing the RTs, but we seem reluctant to admit that the information women get might be manipulative. We would say that physicians use narratives of hope, and that hope is an important component for the recovery of health in general. Yet where do narratives of hope end, and where does inaccurate information begin? The lack of accurate information reflects common feelings amongst women who did not succeed in having babies with IVF. Women say that their expectations from the treatment were unrealistic from the outset, and blame their doctors for inducing false hopes. Some may underestimate and/or override these feelings, while others would say that women are taking revenge on their doctors because of their frustrations. This might be the case, yet a scene recorded in an ethnography on IVF clinics in Israel reflects a strong paternalistic atmosphere:

On one slow Friday, Dr Benjamin brought a patient clad in her surgical gown into the lab before the embryo transfer and said, 'Devorah wants to see her children.' So one of the lab workers opened up the incubator, pulled out a few Petri dishes with the patient's name on them, and showed them to her. Then Devorah walked into the operation room, lay down on the operating table, and waited to have her 'children' inserted into her uterus (Kahn 2000, 84).

Certainly, Dr Benjamin is condescendingly nice to Devorah; but he also clearly misleads her. While embryos may have the 'potentiality' of becoming children, this potentiality, even in nature, is low; with IVF it is even lower. Dr Benjamin knows that the chance Devorah has for getting a 'take-home baby' from these embryos is a tiny 14 per cent. Making her believe that these embryos are already her 'children' is outrageous. By this account, instead of lamenting a lost pregnancy (which happens in 86 per cent of the IVF cycles!) a woman will mourn a dead child. The difference might be subtle but it is very significant; this may explain why women in IVF live in permanent mourning. This is not an isolated case; the potentiality of embryos to become children is inherent in IVF. For instance, Prof. Shlomo Mashiah, (considered 'the father' of IVF in Israel), defends present IVF policies with the argument that 'every child who has not been brought to life is a child who has been killed.'³⁵ This is also the ideology of anti-abortionists, but regressed to the potentiality of gametes.

³⁵ Prof. Shlomo Mashiah advising the Israeli Committee for the Promotion of Women. Protocol 48 of Israeli Knesset, 18 September 2003.

Informed Consent To What?

Assisted reproduction has been paternalistic and has hidden information from women from the outset. Leslie Brown did not know she was the first woman ever to become pregnant with IVF until she understood this from the interest journalists showed in her pregnancy (Marantz Henig 2004). Today, many believe this is unlikely to happen since women sign a document of informed consent for IVF. This is, many would say, the best proof of women's agency and autonomous choice. But is it? Kalbian rightly asserts that judging women's approach to IVF by means of this document is not enough - hence, her proposals of a narrative framework that may better understand women's choices.

Still, I believe, the document of informed consent deserves some more attention. Firstly, it is remarkable how the redaction of this document is open to interpretation. Secondly, there are issues the document does not mention. I have translated the document for IVF informed consent in Israel at some length for the sake of discussion. One paragraph of this document reads as follows: The chances of success of the hormonal treatment are different and depend on the age of the couple, the conditions of the ovaries, the fallopian tubes, pathology of the womb and/or the pelvis pathologies, the quality of the sperm and other factors. This is true, but then it means that IVF clinics and physicians are not responsible for any possible failure of IVF! The document also explains that the chances of getting pregnant from one cycle of treatment are up to 20 per cent. This means that 'success' of IVF in Israel is still rated by a pregnancy and not by a take-home baby. The logic behind this is that miscarriages occur normally; so if it happens after a successful implant this would not be considered the clinic's fault. Yet, because women seek to get pregnant, many may not notice the huge difference between what they expect (a baby) and what they are actually offered (a pregnancy). The rate of success of a take-home baby in Israel is only 14 per cent. However, the *real* percentage of success per each cycle of IVF (i.e. the rate of live births) is *not* mentioned in the document; and anywhere else: one must *deduct* this from other (disperse) sources.

The 'Culture of Perseverance'

Several studies have also observed that a culture of perseverance develops in IVF clinics; women become 'addicted' to the treatments. Yet this 'culture' is encouraged by the way IVF clinics promote their treatments. If we return to the informed consent document in Israel, it remarks that 'the chance of getting pregnant after a set of 3–6 cycles of treatments is up to 50–60 percent.' Statistically, however, this is untrue, since *each cycle starts from the same starting point* (i.e. the second cycle and the third – as any – has exactly the same probabilities as the first!), unless something has been changed in the procedures. But

then, if this is a different procedure, it cannot be counted as part of the same statistical batch. Some would say that trying again and again would do the trick, since IVF treatment becomes more personalised. This is also true, but then the statistics would apply only for *some* women. For most, these numbers are far from reality. Moreover, IVF medicine still works mostly in the dark (i.e. the cause of failure – or success – in most cases remain unknown). Some women may conceive spontaneously; others may conceive more than once with IVF; but most women, will *never* conceive, regardless of any statistics. It follows that the culture of perseverance, so warmly advocated in IVF clinics, may work for some women; but it won't work for most. As a result, many women may get trapped in IVF fertility clinics for too many years. Reportedly, this happens worldwide; however, in Israel, because the number of IVF cycles covered by the Health Funds is unlimited, there are no financial disincentives affecting the continuation of treatment, and this further deepens the trap of endless infertility treatments.

Health Risks

Long-term effects do not appear in the informed consent document. This is not because there are none, but because of the lack of research in this area (Check 2004). However, this is not mentioned either. Moreover, IVF is considered routine and safe. Yet short-term side effects may include allergy to chemicals: disruption or bleeding of the ovaries, ovarian cysts, ovary cancer, stomach pain, swollen ovaries, and accumulation of liquid in the stomach. Medium and high over-stimuli of the ovaries may occur. This includes accumulation of liquid in the stomach cavity and in the chest, over-concentration of the blood, while other complications might be heart and/or kidney failure, amputation of limbs and in some cases even death.³⁶

What can we learn from this document? Firstly, one should be really 'desperate' to sign it. The possible side effects of IVF are bad enough to make a rational, healthy person stay away from this treatment. Of course, not all women will undergo the entire ordeal: some will feel better than others. Yet a woman signing this document does not know where *she* might end up. Side effects exist in almost every medical treatment, but in this case even the consequences of *low* stimuli of the ovaries are not particularly encouraging. Secondly, a pregnancy has always been dangerous for women (in the developing world, pregnancies are still a major cause of women's natural death), but the RTs make an otherwise healthy woman ill. Moreover, a modest estimate of one million women may have suffered from complications that require hospitalization. Why would any healthy person agree to sign such a document? It is

³⁶ Informed consent form: Hormonal treatment due to infertility. November 2004/OBYGYN (Hebrew).

impossible to understand this - unless we recognize that there is a forceful ideology, which considers that the person in question is very sick. Since almost all women facing infertility in Israel sign this document voluntarily, we must conclude that childless women in Israel (and other places) regard themselves as being very ill.

A Resistance Narrative of Refusal In Israel?

To be a childless woman in Israel (and many other countries) is still regarded as a social stigma that needs massive medical intervention. Will more education resolve the stigma of childlessness in Israel, as some optimistically want to believe? This depends on the contents of this education. At present, pro-natalist education conditions women towards motherhood and societal punishments further educate women towards believing that their main task in life, with or without higher education, is to have children. Moreover, if a renowned fertility specialist in Israel declares straight-faced that 'women who do not want to have children are subnormal' (Mashiach 2003),³⁷ it is hardly surprising that in Israel, many women who do not have children of their own do feel like 'a failure', 'not complete', and 'less women'. In this atmosphere, women who do not want to become mothers hide this preference from friends, family and employers. They would choose to say that they cannot have children, rather than that they do not want to mother (Shalitha 2005).

Some believe that narratives of resistance may allow oppressed people to refuse the identities imposed on them and to re-identify themselves in more respectable terms. Yet pro-natalist narratives in Israel are unlikely to change, unless other narratives, aiming at educating women towards voluntary, intentional and fully informed motherhood, emerge. Only a few cases that have led women to refuse have been reported, and these are based on other convictions such as religion's moral arguments against RTs (Cussings 1998). In this context, Matty Häyry's proposal in a recent article is timely. Häyry suggests that those who seek help before conceiving could be advised that it is acceptable not to have children. As he puts it, 'if prospective parents are told that it would be all right not to reproduce at all, this could empower people to make the rational choice to remain childless' (Häyry 2004, 378).³⁸ His proposal has not been particularly popular (Bennet 2004, Aksoy 2004, Holm 2004); however, as I have noted elsewhere (Simonstein 2005), I find Häyry's suggestion appropriate (and refreshing!) in view of the Israeli pro-

nality narratives and policies now strongly enforced by the advent of RTs.

Some Conclusions

While the narratives proposal may help to understand women's choices, this approach becomes unhelpful where there is one cultural perception of women – the view of pro-natalism or mandatory motherhood – that reigns absolute; where *all* narratives influencing a woman's decisions are exclusively narratives of hope. Where a pro-natalist culture has fully embraced IVF and has further entrenched it by legislation, the societal *and* medical pressure on women is so high that resistance becomes almost impossible. It follows that while assisted reproduction may be a valuable asset, IVF in a pro-natalist society is not genuinely a free choice.

Moreover, self-worth and self-trust are qualities central to authentic autonomy; yet, infertility in these societies undermines the self-worth and self-trust of women. This clearly limits the choices available in the context of women's narratives, obstructs the activity of choosing and the act of resisting. Is higher education the solution for women's self-worth and self-trust? Yes, in principle. Currently, however, the educational status of women in Israel is high, but this does not correlate with narratives of resistance to RTs, since pro-natalism is fully integrated into the education of women.

It would seem more effective to challenge the pro-natalist reproductive policies and the medical reproductive advice currently offered in Israel. This means that IVF should be presented to couples as *one* option amongst others; and the advice to remain childless should be incorporated as part of reproductive counselling. *Real* choice can be achieved only when other options are presented to couples; thus, trying to empower people to remain childless should be on a par with convincing people to reproduce. Presenting both alternatives as *valid* options would ensure that women's right to become mothers in Israel and their choice to reproduce – or not – are fully protected.

References

- Aksoy, S. 2004. 'Response to: A rational cure for pre-reproductive stress syndrome.' *J Med Ethics*, 30:382–3.
- Beauchamp, T. & Childress, J. 2001. *Principles of Medical Ethics*. New York: Oxford University Press.
- Bennet, R. 2004. 'Human reproduction: Irrational but in most cases morally defensible.' *J Med Ethics*, 30:379–80.
- Check, E. 2004. 'Ethics Council calls for probe into assisted reproduction.' *Nature* 428:580.
- Cussings C. 1998. 'Producing reproduction: Techniques of normalization and naturalization in infertility clinics.' In Franklin, S. & Ragone, H (eds), *Reproducing Reproduction: Kinship, Power and Technological Innovation*. Philadelphia: University of Pennsylvania Press.
- Franklin, S. 1997. *Embodied Progress: A Cultural Account of Assisted Conception*. London: Routledge, pp. 192.
- Häyry, M. 2004. 'A rational cure for pre-reproductive stress syndrome.' *J Med Ethics* 30:377–8.

³⁷ Prof Mashiach adds in an interview for an Israeli newspaper: 'nine out of ten women who may not want to have a child are "distorted", "narcissists", "extremely selfish" and something is certainly "wrong" with them' Levy-Barzilay, V. 2005. 'Have six, have seven, have eight kids.' *Haaretz Newspaper* (Hebrew), 25 January.

- Holm, S. 2004. 'Why it is not strongly irrational to have children.' *J Med Ethics*, 30:381.
- Ibid.
- Kahn, S.M. 2000. *Reproducing Jews: A Cultural Account of Assisted Conception in Israel*. Durham, NC: Duke University Press.
- Kalbman, A. 2005. 'Narrative ARTifice and women's agency.' *Bioethics* 19:93-111.
- Marantz Henig, R. 2004, *Pandora's Baby*. New York: Houghton Mifflin.
- Levy-Barzilay, V. 2005. 'Have six, have seven, have eight kids.' *Haaretz Newspaper* (Hebrew), 25 January.
- Remennick, L. 2000 Childless in the Land of Imperative Motherhood: Stigma and Coping Among Infertile Israeli Women. *Sex Roles* 43:821-841.
- Shalitah, H. 2005. 'Children are happiness, but not for me.' *Seven Days Yedihot Hahronot Newspaper* (Hebrew), 19 August, pp. 50-44.
- Simonstein F. 2005 'A rational cure for pre-reproductive stress syndrome - A perspective from Israel. A rejoinder to Häyry, Bennet, Holm and Aksoy *J Med Ethics* 2004, 30:377-83' *J Med Ethics* 31 557.
- Protocol 48 of Israeli Knesset, 18 September 2003. <http://www.keneset.gov.il/AllSite/mark02/h0201390.html> (Hebrew).
- Informed consent form: Hormonal treatment due to infertility. November 2004/OBYGYN (Hebrew).

Asian Bioethics Association (ABA)

The website for ABA is <eubios.info/ABA.htm>

Please note that membership for 2008 is now due, and members of ABA will receive a discount to register for ABC9.

The time or day of the General Meeting of Asian Bioethics Association has not been decided yet.

Please register to ABC2008 now to: Dr. Amru Nazif, amru96@cbn.net.id

Ninth Asian Bioethics Conference Draft Program (as of 15 July 2008)

**To be held on 3 - 7 November 2008
in Yogyakarta, Indonesia**

Request for speakers replies

This agenda does not imply financial support for the presenters of the papers, nor does it preclude submission of further papers for any session. It is for information purposes only. All speakers are asked to confirm their attendance to the conference as early as possible and revised programs will be developed. Because we could not provide financial assistance to a number of applicants who applied, we would especially like them to confirm their willingness to participate at their own expenses. We also will maintain the general ABA policy that one person gives only one formal presentation at the conference, although they may be a coauthor on more than one paper.

This agenda does not include social events.

Day 1

Monday, 3 November 2008

1. Opening Session

08.50 - 09.00

Opening Remarks

Umar A. Jenie, PhD, Chairman, Indonesian Institute of Sciences cum Chairman, Indonesian National Bioethics Commission

09.00 - 09.10

Welcome to the Ninth Asian Bioethics Conference

Jayapaul Azariah, PhD, President, Asian Bioethics Association

09.10 - 09.20

Message from Founding President, Asian Bioethics Association

Hyakudai Sakamoto, Founding President, Asian Bioethics Association

09.20 - 09.30

Welcome to the Third UNESCO Asia-Pacific School of Ethics Bioethics Roundtable

Darryl Macer, PhD, Regional Adviser in Social and Human Sciences in Asia and the Pacific, UNESCO

Session 2. Bioethics and Global Policy

Chair: Umar A. Jenie, Chairman, Indonesian Institute of Sciences cum Chairman, Indonesian National Bioethics Commission

09.30 - 09.50

Bioethics in Asia: healthy and productive life in harmony with nature

Sahin Aksoy, PhD, MD, Harran University, Turkey

10.20 - 10.50

Bioethics in Science and Technology Development

Minister of Research and Technology of Indonesia

10.50 - 11.15 General discussion

11.15 - 11.30 Break

Session 3. Bioethics and inclusion of moral agents

Chair: Prof. Darryl Macer and Prof. Amin Abdullah

11.30 - 11.45

1 The bioethical imperative: responsible harmony with all forms of life

Hans-Martin Sass, Ph.D; Kennedy Institute of Ethics, Georgetown University, Washington DC, 20057, USA; Institute of Philosophy, Ruhr University, 44780 Bochum, Germany; Research Center for Bioethics, Peking Union Medical College, Beijing 100005,

11.45 - 12.00

2 Healthy and productive life in harmony with Cosmos

Konstantin S. Khroustki, PhD; Institute of Medical Education, Novgorod State University after Yaroslav-the-Wise, Novgorod Velikiy, Russia

12.00 - 13.00 Lunch

13.00 - 13.15

3 Bioethical concerns are global, bioethics is Western

Subrata Chattopadhyay¹ MD, PhD, and Raymond De Vries², PhD

¹Department of Physiology, Kalinga Institute of Medical Sciences, Orissa, India, and ²Bioethics Program, University of Michigan, USA,

13.15 - 13.30

4 Bioethics ... the Shepherd of life

Evangeline Joy U. Ramos, PhD; Philippines

13.30 - 13.45

5 Is Bio-Ethics Possible Without The Morality of Right?: The Priority of De-Ontologism and the Limits of Bio-Ethics Discourse

Abdul Wahab Suri, MD, Asst. Prof., Dept. of Philosophy, University Of Karachi, Pakistan

13.45 - 14.00

6. Positioning Asian Bioethics in Transnational Eco-Advocacies Networking: Any Learning From Animal Rights Movement?

On-Kwok Lai, PhD, Professor, School of Policy Studies, Kwansai Gakuin University, Japan

14.00 - 14.15

6 Ethics of Common Good

D. Nesy, PhD, University of Kerala, India

14.15 - 14.30

7 Wu Wei of Tao and Buddhist Ethics to Save Nature in the 21st Century

Chutatip Umavijani, PhD, Thailand

14.30 - 14.45 *General Discussion*

14.45 - 15.00 *Break*

Session 4. Enhancement and Neuroethics

Chair: ...

15.00 - 15.15

1 The Significance and Possibility of Teaching Virtues

V. Balambal, M.A.B.T., PhD FRAS (London), Professor (Retd) of History, University of Madras, India

15.15 - 15.30

2 Human enhancement and body re-construction: prospects from the East

Natallia Aniskovich, Interdisciplinary Center BRAIN, Department of Physiology and Pathology, University of Trieste, Via Fleming 22 -34127 Trieste, Italy;

Oleg Artemenko, Department of Japanese and Korean Studies, Faculty of Foreign Relations, Belarusian State University, Belarus

15.30 - 15.45

3. Neuroethics of deep brain stimulation

Mihoko Takagi-Okada, PhD, Japan

15.45 - 16.00

4 Neuroethics: A Welfarist Perspective On Brain-Machine Interfaces In The Context Of Japanese Health Care Culture

Michio Miyasaka, MD, Associate Professor at School of Health Sciences, Faculty of Medicine, Niigata University, Japan

16.00 - 16.15

5 Neuroethics: The Pros and Cons

Priya Chatterjee, Vellore Institute of Technology, Vellore, Tamil Nadu, India

16.15 - 16.30

6 Assessing the impact of brain enhancement technologies on the concept of self

Shuhei Taguchi, Kumamoto University, Japan

16.30 - 16.45 *General Discussion*

Session 5. Descriptive Bioethics Research

Chair: ...

16.45 - 17.00 *Discussion*

1 Knowledge, Attitude and Safety Practices of Paramedical Staff about Modes of Transmission of HIV/AIDS in a Public Sector Teaching Hospital of Karachi

Nabila Khan, MBBS, DCPS (Health Care Systems Management)

17.00 - 17.15

2 Survey Research and Ethics

Noriko Kataoka, Kumamoto University, Japan

17.15 - 17.30

3 The ethical aspect in distance learning: how to assure quality

T. Basarudin, Faculty of Computer Sciences, University of Indonesia

17.30 - 17.45

To be decided later

17.45 - 18.00 *General Discussion*

Day 2

Tuesday, November 4, 2008

Session 6. Public health ethics

Chair: ...

08.30 - 08.45

1. Mass Public Health Interventions in the Developing World: Some Ethical Issues

Angus Dawson, Keele University, UK and University of Toronto, Canada

08.45 - 09.00

2. Public Health can not be Integrated in the Classical Approaches to Medicine

Elangovan Thiruvalluvan, health researcher (HIV/AIDS/TB) in Tuberculosis Research Centre, Chennai, India, Elangovan Thiruvalluvan, 40/5, Vignesh Avenue, Karupayoorani, Madurai-625020, India

09.00 - 09.15

3. The Causes of China's Abnormal Sex Ratio and Improved Approaches

Yanguang Wang, Ph.D, Professor, Center for Applied Ethics, Chinese Academy of Social Sciences, Beijing, China

09.15 - 09.30

4. Ethics in Indian Health care for all Systems - an micro level analysis.

N. Lakshmanan, Programme Coordinator ARFI, and

P. Ilango, PhD, Reader in Social work.

09.30 - 09.45 *General Discussion*

Session 7. Stored Samples and Patients Informational Self Determination

09.45 - 10.45

Panel on Stored Samples and Patients Informational Self Determination

Convenor and *Chairs*: Brigitte Jansen, University of Madras (India), Bioethicslaw e.V.;

Jürgen Simon, Professor, Leuphana University of Lueneburg, Bioethicslaw e.V.

10.45 - 11.00 *Break*

Session 8. Health and Bioethics*Chair: Prof. Agus Purwadianto*

11.00 - 11.30

Keynote speech by the Minister of Health of Indonesia

11.30 - 12.00 Discussion

12.00 - 13.00 Lunch

Session 9. Protection of Women and Vulnerable Persons*Chair: Yanguang Wang, China*

13.00 - 13.15

1. The Legal and Ethical Aspects of Human Experimentation in Malaysia**Anisah Che Ngah**, PhD, Faculty of Law, Universiti Kebangsaan Malaysia 43600, Bangi Selangor, Darul Ehsan, Malaysia; and**Yuhanif Yusof**, Kolej Undang-undang, Kerajaan & Pengajian Antarabangsa, Universiti Utara Malaysia, Sintok 06010 Kedah, Darul Aman, Malaysia

13.15 - 13.30

2. How to Safeguard Vulnerable Patients in Biomedical Research in Case of Lacking of Funding in Developing Countries**Di Xiao**¹, Institute of Pharmacology, Institutes of Biomedicine, Tsinghua University, Beijing 100084, China; and;**Paola Arslan**² Department of Medical-diagnostic Science and Special Therapies, University of Padua, Italy

13.30 - 13.45

3. Factors For Gender Discrepancy in Kidney Transplantation and Ethical Issues**Shamima Parvin Lasker**, Professor of Anatomy, Associate Professor, Moulana Bhasani Medical College, Dhaka, Bangladesh

13.45 - 14.00

4. Gender Discrepancy in Kidney Donation vs Reception Globally**Shamima Parvin Lasker**, Associate Professor of Anatomy, Moulana Bhasani Medical College, Bangladesh; and**Rishad Raihan**, Junior Research Assistant, World University, Bangladesh.

14.00 - 14.15 General Discussion

Session 10. Organ Transplant Ethics*Chair: ...*

14.15 - 14.30

1. Womb Transplants: The Next Radical Breakthrough in the Arena Of Artificial Reproductive Technologies?**Amel Alghrani**, Centre for Social Ethics and Policy, University of Manchester, UK.

14.30 - 14.45

2. Kidney Transplantation in Bangladesh: Opportunities and Challenges**Chanda Sanchoy Kumar**, Institute of Social Science and Public Health, Dhaka, Bangladesh, and **Chowdhury Sajeda**, Holy Family Red Crescent Medical College, Dhaka, Bangladesh; **Molla Musaraf Husain**, Rajshahi University, Rajshahi

14.45 - 15.00

3. Global Efforts Against Organ Trafficking**Alireza Bagheri MD, PhD**, Medical Ethics Center, Tehran, Iran

15.00 - 15.15

4. Trade in kidneys and human dignity**Nir Eyal**, Division of Medical Ethics, Harvard Medical School, Harvard University, USA

15.15 - 15.30 General Discussion

15.30 - 15.45 Break

15.45 - 16.45

Session 11. Panel on Regulating Organ Transplantation: Experiences from Pakistan*Contact persons:* **Anant Bhan**, MD, Independent Researcher, Bioethics & Public Health, Pune, India; and **Aamir Jafarey**, MD, PhD, Centre for Biomedical Ethics & Culture, Sindh Institute of Urology & Transplantation, Karachi, Pakistan**Session 12. Ethics, Energy and Environment***Chair: ...*

16.45 - 17.00

1. Ethics of Energy Technologies**Darryl Macer**, PhD, UNESCO Bangkok

17.00 - 17.15

2. Environment and Health: From Ethical Perspective**Xiao Wei**, PhD, Professor, Philosophy Department, School of Humanities and Social Sciences, Tsinghua University, Beijing 100084, China

17.15 - 17.30

3. Universalism and Ethical Values Affecting the Environment**Jasdev Rai**, MD, Sikh Human Rights Group, UK

17.30 - 17.45

4. Updates by Chairs of Working Groups of the Project on report progress

Working group chairs who are present

17.45 - 18.00 General Discussion of UNESCO Project on Ethics of Energy Technologies

Day 3**Wednesday, 5 November 2008****Session 13. Environmental Ethics***Chair: ...*

08.30 - 08.45

1. Arsenic contamination of groundwater in Asia: health implications and ethical perspectives**Abhik Gupta**, PhD, Dept. of Ecology & Environmental Science, Assam University, Silchar - 788011, India

08.35 - 09.00

2. Saving endangered species: who owes a duty to whom and why?**Sarah Chan**, Institute for Science, Ethics and Innovation, School of Law, University of Manchester, United Kingdom; and **Daniela Cutas**, Department of Philosophy, University of Gothenburg, Sweden

09.00 - 09.15

3. Environmental ethics - a foundation for sustainable development**Endang Sukara**, Indonesian Institute of Sciences (LIPI), Jakarta, Indonesia

09.15 - 09.30

4. Spiritual dimension for Indonesian inland water management: case from resolution of conflict in Lake Maninjau

Dede Irving Hartoto, Research Center for Limnology, LIPI, LIPI Life Science Center, Indonesia

09.30 – 09.45

5. Building Environmental Ethics for School Students with an Economical Life-Style

Ngo Thi Tuyen, PhD, Deputy-Director, Centre for Education Technology, Hanoi, Vietnam

09.45 – 10.00 *General Discussion*

Session 14. Ethics of using animals

Chair: ...

10.00 - 10.15

1. Ethical Issues in Biomedical Research: The Primate Research Center - IPB Experiences.

Joko Pamungkas and **Yasmina A. Paramastri**, Primate Research Center at Bogor Agricultural University, Indonesia

10.15 - 10.30

2. Ethics in animal production

Kusumo Diwyanto

10.30 - 10.45

3. Ethics in animal trade

Tjeppy D. Soedjana, Indonesia

10.45 - 11.00

4. Constructing “Humans” and “Animals”: an ethnographic study of meaning creation in biomedical ethics and law

W. Calvin Ho, JSD Candidate, Cornell University (USA), Senior Research Association, Secretariat of the Singapore Bioethics Advisory Committee

11.00 - 11.15

5. Ethical Considerations in the use of Laboratory Animals for Biomedical and Bioscience Research

Dondin Sajuthi, Ikin Mansjoer, Primate Research Center of Bogor Agricultural University

11.15 - 11.30 *Break*

Session 15. Agriculture and Ethics

Chair: Endang Sukara

11.30 – 12.00

Keynote speech by the Minister of Agriculture of Indonesia

12.00 - 12.30 *Discussion*

12.30 - 13.30 *Lunch*

13.30 - 14.30

Session 16. Panel on The Implementation of ELSI Policy in Biobank Development and Ethical Governance of Innovative Medical Research

Chairs: Prof. Fan, Chien Te and Prof. Tsai, Duu Jian

Session 17. Ethics and biotechnology

Chair: ...

14.30 - 14.45

1. Ethical Concerns and Risk Perception Associated with Different Applications of Modern Biotechnology Applications in Malaysia

Latifah Amin¹, **Jamaluddin Md. Jahi**², **Abd Rahim Md. Nor**², **Mohamad Osman**³ and **Nor Muhammad Mahadi**⁴

¹Centre for General Studies, ²Faculty of Social Sciences & Humanities, ³Faculty of Science and Technology, Universiti Kebangsaan Malaysi, 43600 UKM, Bangi, Selangor Darul Ehsan, Malaysia, ⁴Malaysia Genome Institute, Heliks Emas Block, UKM-MTDC, Smart Technology Centre, 43600 UKM, Bangi, Selangor Darul Ehsan, Malaysia

14.45 - 15.00

2. Intellectual Property Rights in Biotechnology: Iranian Scholars' Viewpoints

Mansoorah Saniei^{a*}, and **Ladan Naz Zahedi**^a, **Saeed Shahraz**^a, **Ala Melati Rad**^a, **Elnaz Jafari Mehr**^a, **Saye Sayar**^a, **Roya Sherafat Kazemzade**^a, **Ahmad Shekarchi**^b, and **Mohammad Reza Zali**^a

a. Shaheed Beheshti University of Medical Sciences, Iran

b. Department of Sociology, Shaheed Beheshti University, Iran

15.00 - 15.15

3. Ethics of commercialisation of individualism and public health in genomics: some reflections on nutrigenomics

Mina Bhardwaj, Cesagen, Cardiff University, UK

15.15 - 15.30

4. Waste Disposal as Environmental Problem: Different methods of Composting Bio-degradable Waste

P. Malligeswari, S.R.M. University, Kattankolathur, Chennai, India

15.30 – 15.45

6. Technology and Culture

S. Panneerselvam, PhD, Professor, Department of Philosophy, University of Madras, Chennai 600 005, INDIA

15.45 – 16.00 *General Discussion*

16.00 – 16.15 *Break*

Session 18. Ethics and Disasters

Chair: ...

16.15 – 17.15

1. Panel on Ethical Issues in Post Disaster Research: Taking the Agenda Forwards

The Working Group on Disaster Research and Ethics (WGDRE) for the Asian Bioethics Conference 2008: Aasim Ahmad, Aamir Jafarey, Darryl Macer, Sandya Srinivasan, Nandini Kumar, Sriyakanthi Beneragama, Chandrani Jayasekera, Saratha Edirisingha, Dananjaya Waidyaratne, Sisira Siribaddana, Leonardo Catro, Sleman Sutaryo, Athula Sumathipala

17.15 - 17.30

2. Ethical Issues In Disaster Research and Management

Konstantin G. Gurevich, MD, PhD, DrSci, Prof; and **Ekaterina G. Fabrikant**, MD, Moscow State University of Medicine and Dentistry (MSUMD), Russia

17.30 – 17.45

3. Post-tsunami rehabilitation in Aceh: Issues in barrack health management

Zinatul Hidayat, MD, Faculty of Medicine, University of Syah Kuala, Banda Aceh, Indonesia

17:45 – 18.00 *General Discussion*

Day 4

Thursday, 6 November 2008

Session 19. Bioethics Education

Chair: Prof. Darryl Macer

08.00 - 08.15

1. Tengrianism as basis for bioethical education in Kyrgyz Republic

Tamara Kudaibergenova, PhD, Center of Bioethics and Rights, Kyrgyz-Russian Slavic University, Kyrgyzstan

08.15 - 08.30

2. Bioethical education in Kyrgyz Republic

Altynai Karasaeva, PhD, Institute of Equal Rights and Opportunities, Kyrgyz-Russian Slavic University, Kyrgyzstan
08.30 - 08.45

3. A Faculty Development program in Bioethics to encourage infusion of ethical thinking into teaching activities

Dena Hsin-Chen Hsin and **Chao-Yu Chen**; Center of Faculty Development, China Medical University
09.00 - 09.15

4. Bioethics Goes To School: module design for high school students in Indonesia

Sherly Kurnia Dewi (Third year student), Biotechnology Faculty, Atma Jaya Indonesia Catholic University, Jalan Jenderal Sudirman 51 Jakarta 12930 Indonesia, and **Elizabeth Citra Wening Prasanti** (fourth year student), English Department Faculty of Education, Atma Jaya Indonesia Catholic University, Jalan Jenderal Sudirman 51 Jakarta 12930 Indonesia,
09.15 - 09.30

5. Blogs: alternative media to teach bioethics

Eka Sulistiyowati, MA, lecturer, Faculty of Science and Technology, Islamic State University Sunan Kalijaga (UIN Sunan Kalijaga), Jogjakarta
09.30 - 09.45

6. UNESCO Bioethics Education Efforts and Core Curriculum on Bioethics

09.45 - 10.15 *General Discussion*
10.15 - 10.30 *Break*

Session 20. Panel on Islamic Bioethics (1)

Chair: M. K. Tadjudin.

10.30 - 11.30

Islamic bioethics and its dilemma

Ahmed Binsumeit Khitamy Badawy, Chief Biomedical Technologist, Dept. of Microbiology, College of Medicine & Health Sciences, Sultan Qaboos University, Oman

[title not available]

Muhammad Nizam Awang, Faculty of Syariah and Law; Universiti Sains Islam Malaysia

Ethical issues in health: an Islamic bioethics view

Author to be confirmed

General discussion

Session 21. Panel on Islamic Bioethics (2)

Chair:

11.30 - 12.30

Animals in Islamic Bioethics

F. B. Sekaleshfar, MBBS

Muslim responses to HIV/AIDS

Author to be confirmed

Muslim responses to overpopulation and overconsumption

Author to be confirmed

General discussion

12.30 - 13.15 *Lunch*

Session 22. Panel on Comparative Religious Ethics on Life and Death

Chair: Zainal Abidin Bagir

13.15 - 14.30

1. Panel on Comparative Religious Ethics on Life and Death

- **Cases of euthanasia, abortion, stem-cell research: Hinduism, Buddhism, Christianity, Islam**
- **Religious studies and disaster studies: need for dialogue**
- **Religion and medicine during disaster**
- **Religious communities before and after disaster (focus on particular religious communities in Indonesia)**
- **General discussion**

Session 23. Panel on Ethical and Legal Aspects of Xenotransplantation

14.30 - 15.30

Convenors: Brigitte Jansen, University of Madras (India), Bioethicslaw e.V.; and: Jürgen Simon, Leuphana University of Lueneburg, Bioethicslaw e.V.

15.30 - 16.00 *Break*

Session 24. Ethics Review Committees

Chair: ...

16.00 - 16.15

1. Exploring the Structure, Processes and Principles of Ethics Review Committees

Sriyakanthi Beneragama and **Yin Thet Nu Oo**

16.15 - 16.30

2. Developing a Capacity-building Approach to Ethical Review in Central Asia

Bakhyt Sarymsakova, MD, Central Asian Centre on Health Research for Development, National Research Center for Mother and Child Health, Astana, Kazakhstan

16.30 - 16.45

3. Uzbeki doctors and confidentiality issues

Feruza Zagirdinova, DSc, Associate Professor Ethics and Aesthetics Department, National University of Republic of Uzbekistan.

16.45 - 17.00

4. National Bioethics Committee in Tajikistan

Nasyrova Firuza, Bioethics Committee under Tajik Academy of Sciences (BC TAS), Professor, Institute of Plant Physiology and Genetics of the Tajik Academy of Sciences (IPPG TAS), 299/2 Aini St., Dushanbe, 734063, Tajikistan

17.00 - 17.15

5. Ethical Review of Research: Experience of a "National" Review Committee

Anoja I. Fernando, BA, MBBS, FRCP, Faculty of Medicine, University of Ruhuna, Sri Lanka

17.15 - 17.30

6. Institutional Review Boards, Worldwide

Jayapaul Azariah, PhD, President, Asian Bioethics Association

17.30 - 17.45

7. Guidelines For Embryonic Stem Cell Research at Sindh Institute of Urology and Transplantation (SIUT)

Tashmeem Razzaki, Professor Molecular Biology/Biotechnology, Sindh Institute of Urology and Transplantation (SIUT), Karachi-74200, Pakistan

17.45 - 18.00 *General Discussion*

Day 5**Friday, 7 November 2008****Session 25. Health and Ethics***Chair: ...***08.30 - 08.45****1. Ethics and Obesity: Am I my Obese Brother's Keeper?****Leonardo D. de Castro**, PhD, University of the Philippines**08.45 - 09.00****2. Cerebral Palsy - The Social Problems.****N . S. Manjusha**, MBBS student, Calicut Medical College, Kerala, India**09.00 - 09.15****3. Ethics Controversy of Death Choice in Chinese Hospice****Lifang Zhaolili**, China Capital Medical University**09.15 - 09.30****4. Principles of Patients Autonomy from Malaysian Perspectives****A. A. Rosniza**, MD, J Rogayah MHPEd, AMH Zabidi - Hussin FRCPC, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia**09.30 - 09.45 General Discussion****10.00 - 10.15 Break****Session 26. Medical Ethics Education***Chair: ...***10.15 - 10.30****1. Teaching Biomedical Ethics to the Undergraduates at a Medical University in Pakistan – A One Year Experience****Faisal Ghani Siddiqui**, MBBS, FCPS, PGD-Bioethics, Assistant Professor of Surgery, Liaquat University of Medical & Health Sciences, Jamshoro, Pakistan**10.30 - 10.45****2. Reform in Medical Ethics Curriculum of Undergraduate Medical Education in TUMS School of Medicine****Fariba Asghari***, Azim Mirzazadeh, and Seyed Hasan Emami Razavi Medical Ethics Research Center of Tehran University of Medical Science**10.45 - 11.00****3. Prima-faciism in problem-based learning for medical students in Indonesia****Agus Purwadianto**, Faculty of Medicine, University of Indonesia**11.00 - 11.15****4. Bioethics Education in Indonesia****Soenarto Sastrowijoto**, MD, Center for Bioethics and Medical Humanities, School of Medicine UGM; Member of Indonesian National Bioethics Commission; Member of International Bioethics Committee (UNESCO)**11.15 - 11.30****5. Teaching Virtue through Role Models in Medical School****Sintak Gunawan**, M.D., MA in Applied Ethics, India**11.30 - 13.00 Friday noon prayer and lunch****Session 27. Medical Genetics and Ethics***Chair: ...***13.00 - 13.15****1. Bioethical Aspect in Medical Genetics Research and Services****Sultana M. H. Faradz**, MD, PhD; Professor, Division of Human Genetics; Center for Biomedical Research

(CEBIOR); Faculty of Medicine, Diponegoro University, Indonesia

13.15 - 13.30**2. Prenatal screening and counselling in Iran and ethical dilemmas****Mansoorh Saniei^{a*}**, Elnaz Jafari Mehr^a, Saeed Shahraz^a, Ladan Naz Zahedi^a, Ala Melati Rad^a,Saye Sayar^a, Roya Sherafat Kazemzade^a, Ahmad Shekarchi^b, and Mohammad Reza Zali^a

a. Shaheed Beheshti University of Medical Sciences; b. Department of Sociology, Shaheed Beheshti University; Shiraz, Iran

14.00 - 14.15 General Discussion**Session 28. Nurturing Bioethics: Education***Chair: ...***14.15 - 15.15****1. Panel on Nurturing Bioethics: Educational Initiatives from Pakistan****Aamir Jafarey**, **Natasha Anwar**, **Moin Siddiqui**, **Samina Mansoor**, **Azra Amerjee**, **Salahuddin**, **Bushra Khzar**, **Ashraf Hussain**, **Ali Lanewala** and **Bushra Shirazi****15.15 - 15.30****2. Teaching bioethics to clinical research students in India: challenges & opportunities****Anant Bhan**, MD, Flat 405, Building A-11, Planet Millennium, Aundh Camp, Pune-411027, Maharashtra, India**15.30-15.45****3. Knowledge and attitudes towards plagiarism: Views from Karachi****Bushra Shirazi**, MD, Ziauddin Medical University, Karachi and **Aamir Jafarey**, MD, Centre of Biomedical Ethics and Culture, SIUT, Pakistan**15.45 - 16.00****4. Field work and bioethics learning****Dayar Arbain**, PhD, University of Andalas, Padang, Indonesia**16.00 - 16.15 Break****29. Closing Session****Chair: Jayapaul Azariah**, **Darryl Macer**, and **Umar A. Jenie****16.15 - 16.45****Bioethics, Human Rights, Science and Technology, and Alleviation of Poverty in the World****Pierre Sane**, PhD, Assistant Director-General of UNESCO for Social and Human Sciences**16.45 - 17.45****Open Discussion and Recommendations for the Future (Also award of best student presentation)****17.45 Closing of Conference****The program is open to further submissions, and modification.****More will be provided in the September 2008 issue of EJAIB, and updates will be posted on the web.**

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