

Raising Questions about an Ideological Approach to Bioethics Discourse in Asia

In this issue, one finds in the main articles an emphasis on patients as individuals who are intimately connected to relational structures that clinicians and/or health systems need to take into account in order to achieve the best overall outcomes for them. While acknowledging the importance of recognising this connectedness, particularly in Asian contexts, the authors also appear mindful of the need to prevent patients' best interests from being obscured by the demands of larger entities such as families, communities or health systems.

In *The Benevolent Polity: A Confucian Socio-Ethical Vision of Eldercare*, Jing-Bao Nie asserts that Confucianism has long been misrepresented by the Chinese state as advocating the subordination of the interests of the individual to those of the collective. He argues that the misrepresentation has played a significant part in the failure of the state to provide adequate care of the elderly. Drawing particularly on the teachings of Mengzi (Mencius), a key contributor to the development of classical Confucian philosophy, he shows how Confucianism requires benevolent governance as a consequence of its emphasis on the dignity of the person and its sensitivity to the needs of the vulnerable.

The Human Spirit and Responsive Equilibrium: End of Life Care and Uncertainty by Grant Gillett, Maeve McMurdo and Jing-Bao Nie looks at the challenges of providing end of life care in situations of uncertainty about how patients will respond to treatments. They emphasise the importance of physicians' attentiveness to the significance of the human spirit and their willingness to engage in an open-ended dialogue with patients and their families about appropriate courses of action. While acknowledging variations in treatment preferences across cultures, they emphasise the universal relevance of the fundamental human considerations they espouse, pointing to a correlate of the Western concept of spirit, or essence, within the Chinese philosophical concept of *shen* that is central to the practice of traditional Chinese medicine, and to the importance of the Confucian concept of *ren*, sometimes translated as "benevolence", in

establishing within Chinese medical practice something equivalent to the Western notion of duty of care.

Lalit K.R. Krishna, Jason Te Tay, Deborah S. Watkinson and Alethea Chung Pheng Yee examine medical decision-making from a multi-dimensional perspective in *Advancing A Welfare-Based Model in Medical Decision*. They point to the deficiencies within an East Asian context of both the individual-centric Western principlist approach and an alternative “relational autonomy” model originating from Asia that attempts to accommodate a Confucian sense of the individual’s fundamental connectedness to familial structures in determining the nature of clinical interventions. By contrast, the writers advocate a welfare-based approach in which a multi-dimensional team of healthcare professionals deliberate on the most appropriate form of clinical intervention, based on a theory of personhood in which the individual is understood as being partially constituted by interpersonal and societal connections, without becoming subordinate to them.

In *An Evaluation on Equity in Current Primary Healthcare Reform in China*, Liu Junxiang, Ma Yonghui and Xu Jingzi consider the extent to which recent healthcare reform in China has succeeded in producing greater equity. They find much to praise within reforms undertaken in Hunan Province but argue that more needs to be done on a national basis. While acknowledging some of the continued shortcomings in Hunan, they draw some positive lessons from the reforms undertaken there that they believe should be implemented across China, particularly to address the disparity in effectiveness between rural and urban healthcare provision.

Bini Toms reports on her findings in *Priority-Setting in a Hospital Emergency Department: A Case Study*. She addresses fairness in healthcare provision, in this case in relation to priority-setting in a hospital emergency department experiencing a surge in admissions. Adopting Daniels and Sabin’s (2002) four conditions for evaluating “Accountability for Reasonableness” in apportioning healthcare resources, she analyses the practices in a large hospital in a Western context and finds that formal processes needed to be more fully articulated and justified, particularly to the patients and their families, before the decision-making process could be judged fair.

The piece for this issue’s Student Voices was written by Siti Aisyah Binte Jamil. In *Ethics in Synthetic Biology: Exacerbated Misconceptions of the Nature of Man and Cosmology*, she writes on ethics in relation to synthetic biology from a young science student’s perspective. Jamil argues for a non-reductionist approach to life that reveres nature as God’s creation and sees human beings as having the role of custodians rather than masters of the natural world. She approaches the task by assuming certain natural law-type commitments. One expects that as

she pursues her work, she will take the opportunity to provide explanation and justification for commonly held presumptions that have been invoked.

The main articles in this issue provide an opportunity to examine an approach to bioethics discourse in Asia that involves an ideological appeal to some schools of thought recognised as “Asian”. For example, it is not uncommon for Asian writers to support positions they take on bioethical issues by making references to Confucianism. Some authors invoke specific texts written by classic Confucian philosophers or secondary materials interpreting the thoughts of these philosophers.

The practice has not been limited to academic scholarship. Faced with treatment choices involving bioethical issues, healthcare practitioners or patients and their families make decisions citing Confucian ideas or principles. In some cases, they may not actually be thinking of Confucianism (or of some other school of thought), but some academics connect the dots and see the Confucian (or some other ideological) picture when they try to understand the reasoning that goes into decision-making. There are those who take the view that Confucian thought has permeated Asian societies and influenced people’s reasoning without them being aware of the theory to which it could be linked or the way such reasoning may have developed from their historical roots.

At another level, Confucianism has been invoked in order to justify policies adopted by agencies of government. Some of those policies have had to do with healthcare. Appeals to Confucian or some other philosophical thought could be contentious as the exercise could lead to disagreements regarding the conclusions. Even specific textual citations could be interpreted to support contrary or inconsistent policies. When this happens, do we take one position to be correct and the other not? Should these textual citations be expected to always lead to the same or consistent conclusions regarding specific issues? What do we make of disagreements of this nature?

These questions appear to be a regular staple when scholars take this kind of approach to bioethics discourse in Asia. A failure to resolve questions of interpretation (or of authenticity) may be seen to undermine the approach, because those responsible have to resort to other bases for decision-making or to accept that no single “correct” resolution can be expected. On the other hand, the failure to resolve questions of interpretation may be seen to indicate the dynamic character of the approach as it could show, for example, that Confucianism is a living philosophy that continues to evolve while it seeks to cope with issues raised by emerging challenges in medicine and healthcare.

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