

Bioethics and Japanese Attitudes to Life and Death

A Forum on Bioethics and Some Reflections

TSUCHIDA Tomoaki

On October 22, 1985, a Forum on the Life Sciences sponsored by the Niwano Peace Foundation was held in Tokyo on the theme "Religion, Medicine, and the Human—Ethical Issues of Recent Medicine." Typical of the growing concern with bioethics in Japan, the Forum has not only helped to alert the public to developments around the world but also served to highlight some of the differences that divide the Japanese from the West in terms of fundamental attitudes to life and death. After a selective report of the Forum, and a broad overview of the current situation in Japan, I should like to take a closer look at the problems that Japan faces in inculturating the concerns of contemporary bioethics.

The Forum

In a report entitled "On the Beginning and the End of Human Life," Prof. Juan Masia of Sophia University pointed out that much attention has been given in the West to determining the precise point of birth and the moment of death (the current debate on "heart death," "brain death," the fixing of a duration after the cessation of pulse, and so on). In contrast to this approach, Prof. Masia proposed that the entire *process* of being born and dying, which includes both what takes place before and after the events, should be given more thought in line with Japanese customs. The point is not to replace the need for clear scientific definitions of the point at which life begins and the point at which it ends, but to insure that such definitions do not cut themselves off from the human dimension of the process of being born and dying.

Dr. Sadakane Hiroshi, a Professor of Ethics at the Oita College of Medicine, presented a synopsis of recent developments in medical science and their ethical implications in a paper entitled "Current Developments in Medicine and Some Problems for Humanism." He focused his attention on three areas:

reproduction (gene-splicing, eugenics), regeneration (organ transplants and brain death), and the problem of rights surrounding birth and death (*in vitro* fertilization, surrogate motherhood, death with dignity, and euthanasia). In each area, he appealed for the formation of a national consensus well informed of technological advances as well as of Japanese views of life and death.

The third and last reporter, Dr. Hashimoto Hitonari, Professor of Anatomy at Osaka University's Department of Medicine and Chairman of the Osaka Branch of the Association of Catholic Doctors, clarified the medical issues surrounding brain death and *in vitro* fertilization. Defining death in terms of brain death, which inevitably leads to heart death, may not be accepted in the Buddhist view of the oneness of body and soul and of all living beings (which would include the brain-dead subhuman state of the human individual); even less acceptable would be the transplanting of organs conducted immediately after the determination of brain death. Regarding *in vitro* fertilization, he noted that in view of the scientific fact that the human fertilized egg develops continuously and without discrete stages that allow for distinction between what is "human" and what is not, abortion—usually justified on the grounds of a distinction between the embryo/fetus and the actual birth of the child—is arbitrary and without scientific support.

In the ensuing panel discussion, various arguments were elaborated on without, as far as I could tell, adding anything significantly new. At the beginning of any new field of study, it is only natural that we should have to grope our way, each from the perspective that he or she knows best, in search of the most promising approach. Bioethics is no exception. For the Japanese, it remains a recent import, particularly American in design, that has yet to be explored, mapped out, and developed in a Japanese manner. Still, even at this early stage, there are a number of facets of bioethics in Japan that I find troubling.

The Japanese Situation

Technological advances in medicine have certainly broadened the range of possible treatments of diseases and injuries, leaving more room for patients and their families to make decisions in terms of the quality of living and dying. At the same time, they have also opened the door to serious intervention by modern medicine into inter-family relationships never before possible. Among the Japanese there is a growing public concern over how far such developments are truly conducive to the common welfare and whether some checks should not be established for the utilization of technical innovations in medicine.

In the past months there has been a great deal of discussion in the media and among young people on certain events related to these questions. A group of gynecologists announced that they have perfected the technique of separating sperm carrying X-chromosomes from those carrying Y-chromosomes, and

then succeeded in fertilizing eggs in the uterus with the former. This procedure means that one can now choose to have female babies at will in cases, for example, when there is a fear of a hereditary disease like hemophilia, color blindness, or certain forms of muscular dystrophy, passing on to male offspring.

It has been reported recently that a woman who had conceived quadruplets after treatment with fertility drugs aborted two fetuses by choice through an operation and gave birth to two male babies, the first partial abortion conducted in Japan.

The demand for organ transplants has been somewhat on the rise since an eight year old girl was given a liver transplant in the United States, only the second liver transplant to be performed on a Japanese. (Except for kidney and cornea transplants, the transplant of most organs is restricted in Japan.) Along with these developments neologisms like "brain death" are finding their way into everyday conversation.

Meantime the makers of public policy have their own problems to contend with. Most obvious is the rising cost of medical care. In fiscal 1984, medical expenses of the nation for treatment of diseases and injuries at medical institutions (excluding the expenses for over-the-counter medicines, medical check-ups, normal births, etc.) reached a total of 15.1 trillion yen, or 6.3% of the national income, and it is estimated that this figure will top the 16 trillion mark in 1985. (According to a report issued by the Ministry of Health and Welfare, of the 1984 expenses, patients themselves paid 11.6%, the national and local governments 34.5%, insurances 53.7%. In Japan every citizen has, by law, to have health insurance, national or otherwise.)

Japanese society, which boasts the longest life expectancy in the world, is quickly aging, too. In 1985 the number of elderly (65 years and over) represented a little more than 10% of the total population. Fifteen years ago the figure was 7%; it is expected to top 22% in the year 2020. Of the national medical expenses mentioned above, about one third is spent for the elderly. Moreover, more people—over 60% in 1981—are dying at medical institutions of some sort rather than at home, even though three fourths of the people *preferred* to die at home, according to a study edited by the Medical Affairs Bureau of the Ministry of Health and Welfare (*Seimei to rinri ni kansuru kondan*, Tokyo, 1983, pp 173-79). Against this background, the hospice movement is gaining attention.

In view of these trends, physicians and other concerned academics have organized conferences to review and discuss recent developments in medicine and examine their implications, moral, legal, economic and otherwise. More university hospitals (now 37 schools—or about half of all medical schools, with the rest expected to follow suit in the near future) have instituted ethics committees. Many journals and books, both popular and academic, are taking up ethical issues in medicine and biotechnology these days. A periodical entitled *Annals of the Japanese Association for Philosophical and Ethical Researches of Medicine* and devoted entirely to bioethics was begun (the fourth issue ap-

peared in June of this year). Among the attempts to foster an exchange of views between Japanese and foreign scholars is the "Japan-U. S. Symposium for Bioethics" jointly sponsored by the School of Medicine of Tokyo's Kitazato University and the Center for Bioethics at the Kennedy Institute of Ethics, located on the campus of Georgetown University in Washington, D. C. The program is now in its second year.

On the whole, however, it has still to be said that concern with bioethics has only just begun to blossom in Japan, and there is no telling at this point which direction it will take.

Some Personal Reflections

If the neologism "bioethics" is understood simply in terms of its etymological components "bio" and "ethics," it is misleading to us. The Japanese equivalent of *bios* is *inochi* (or in its more modern rendering, *seimei*, a word composed of two Chinese characters *sheng-ming*, the latter meaning "the life given to each being," whose emphasis in Chinese differs slightly from the Japanese understanding of the word). It is something like a primary, vital power in every living being—indeed in *all* sentient beings, human and nonhuman alike. The Japanese way of thinking finds a certain continuity between human and nonhuman beings. Every being has the potential to appear in the world as a carrier of a transmudane mysterious power. Indigenous Shinto tradition refers to this as *kami*, whereas Mahāyāna Buddhist teaching has it that "all sentient beings are possessed of Buddhahood" (*Mahāparinirvāṇa-sūtra*). In the Zen Buddhist view, even non-sentient beings reveal the truth of being (Chin., *wuqing shuofa*; Jap., *mujō seppō*). All beings are equal when set against the horizon of being. A certain unbroken continuity and unity is presupposed between humans and other beings. Nature is not made concrete only in human beings, who are only one form of participation in the universe.

At the same time, the Japanese term *inochi* refers to body and soul together without drawing any distinction between the two. It assumes a certain primordial oneness of body and soul rather than any interrelation or interaction between them. Dualism of a Cartesian stamp has never entered the Japanese conception of body and soul. This may explain the slow acceptance among the Japanese of brain-death as determining personal death. (According to a recent poll conducted by the office of the Prime Minister and published in April of this year, 60% of those interviewed responded that if they were found to have a fatal illness they would rather let nature take its course than prolong their lives by "unnatural" medical means; regarding organ transplants from brain-dead patients, 46% were opposed and 32 in favor.)

Ethics as an intellectual discipline that examines morality formally, systematically, and rationally, and grounds it on fundamental principles, was alien to the Japanese until the Meiji period when Japan faced Western civi-

lization for the first time in earnest. Buddhist tradition has consistently stressed the release of the spirit from the material bondage of this world and has had little to say, at least formally, on the principles of human conduct in this world. The Confucian tradition from China provided the Japanese with a set of moral codes concerning human relations and social actions; but its moral philosophy, systematized by the Confucians of the Song period (960–1279)—principally by Zhu Xi (1130–1200)—was never fully accepted or developed by the Japanese, who seem to have an innate mistrust of theories concerning humanity. The Japanese did not develop any metaphysical scheme like the Platonic idea of the Good as distinct from things that are good, of Beauty as distinct from things that are beautiful, or of Being as distinct from things that are.

This lack of academic discipline does not mean, of course, that the Japanese are immoral or unethical. The Japanese have maintained a distinctive ethos (mores) of their own whose cumulative tradition has guided the growth of their society up to the present. However, this ethos which guides conduct and provides a sense of what is reasonable and what unreasonable, remains for the most part at the level of principles woven unconsciously into the very stuff of their culture. It is embodied in their everyday demeanor, in their manners, their dress code, their attitudes toward life and death, and so forth. Every facet of Japanese culture needs to be understood in the context of its integration with every other facet of the whole, and ethos is no exception. It is averse to conceptual articulation and theoretical abstraction. The tradition positively rejects the discursive articulation of its ethos, as is clearly visible in the Japanese traditions of Shinto (one thinks here particularly of Shinto's major "theologian," Motoori Norinaga, 1730–1801, and his strictures against Chinese-like argumentativeness) and Zen. In its place, symbolic and nonverbal expressions and practices (*gyō*) are used widely. (In light of this and the peculiar doctor-patient relationship in Japan with its characteristic accompanying attitude of dependency, it is easy to see how the contractual model of the doctor-patient relationship has yet to gain acceptance among the Japanese.) Thanks to their well integrated and homogenized value system which developed in isolation from foreign influence for many centuries, the Japanese have so far been able to dispense with treating ethics as an important field of intellectual investigation.

It might be observed, however, that, while this lack of a tradition of theoretical abstraction and "objective" investigation of their ethos has given the Japanese a certain freedom from ideology and hence a certain flexibility in facing new ideas, making them willing absorbers of foreign ideas and techniques, it also has hampered their ability to encounter head-on what is radically foreign or wholly other to their own received ethos.

Besides all of this, there are particular circumstances conducive to the development of bioethics in United States which are not present in Japan, at least not to the same extent. For example, among the broadly recognizable cultural traits of the United States, individualism plays a conspicuous role that is all but absent among the Japanese. The idea that one ought to be the self-dependent

master of oneself seems to have been raised almost to the level of an ideal of solipsism in the United States. This idea has found philosophical and religious moorings in the Modern World (principally in Protestant tradition in particular), but so far only stands poised as a threat as far as most of the rest of the world is concerned. For the American, it is not only a right to exercise control over one's own destiny, but also one's duty; death and life are one's own personal concern. The Japanese, in contrast, have lived for centuries in a highly integrated and contextualized society where even life and death have to be seen as a family affair—if not the affair of the community as a whole—as much as the affair of the particular individual. Without the consent of the family, a doctor is not expected to inform a patient of a fatal illness or even to undertake serious surgery, much less organ transplants.

Informed consent, which belongs to the fundamental rights of a patient in the United States, has to take a considerably different form in Japan. An example may help to illustrate the point: according to a recent survey conducted among the younger generation by the Ministry of Health and Welfare, the number of those who wish to be told of the fact once they are found to have stomach cancer (cancer is the highest killer in Japan, and stomach cancer is its most widespread form) far surpassed in number those who do not; but if another member of the family member is diagnosed to have the cancer, only 19% of those surveyed said they would tell the person, whereas 44% responded they would not.

A strong spirit of empathy is deeply rooted in Japanese society where traditional human relations are much more closely knit, where community ties are still vital and individualism is frowned upon in most situations. It is present not only in time-worn shamanic practices but also, in modified form, in the so-called new religions which attract enormous followings. As an example of the former, people still try to empathize as fully as possible with the agony of someone close to them who has died, often in the very locale of that person's death. For instance, a significant number of bereaved friends and relatives of those who perished in last summer's JAL airplane crash set out to climb the rugged and dangerous mountain terrain where the accident took place, and the relatives of soldiers killed in the islands of the South Pacific during World War II still visit the area in search of remains as a way to exercise their empathy for the dead.

This often unarticulated closeness, or at least the assumption that it should exist, on the one hand often takes the form of a feeling of dependency between two persons, and on the other occasionally works to repress the spirit of freedom and independence in individuals.

The civil rights movement and the feminist movement in the 1960's and 1970's in the United States helped to precipitate the current concern with bioethics there, but in Japan the comparable phenomenon of the student upheaval that took place in the late 1960's did not show such a dramatic overflow into social movements in other sectors of society. To this date, the Japan-

ese do not have the same degree of awareness about civil rights and people still loathe being litigious. (Incidentally, the number of lawyers is also much smaller in Japan in proportion to the population, and it cannot be expected that the number of malpractice suits will rise dramatically in the near future.)

Moreover, we Japanese do not have an institutionalized body of ethical critics comparable to the role that the Christian churches play in the West. Shinto and Buddhist traditions have been more concerned with the welfare of their individual adherents than with that of society at large, not to mention the global human community. People in Japan do not usually think of taking counsel with Shinto and Buddhist priests on serious matters like life and death. Besides there was never one church for all of Japan, nor any single source of authority, except for the charisma of the emperor at certain points in its history. Ever since the sixteenth century when the warlords subjected religious institutions to military might and tightened the controls on religious activity, the people of Japan have been secularized as it were. This rather thorough domestication of religion continued more or less up to the end of World War II. In such circumstances, religious aspirations to transcendence found popular expression not so much in what the West understands as religion per se as in more aesthetic-cultural activities. For instance, the tea ceremony was not merely a proper method of preparing and enjoying a cup of tea, but was elaborated into a spiritual practice expressed in concrete formalities, namely *chadō*, or the Way (*dō*) of tea. Martial arts like *jūdō* and *kendō* were afforded comparable formalities intended to be conducive to the spiritual perfection of the practitioner. (We may note here that the Japanese also had a tradition of *idō*, "the Way of medicine.") In this way, disciplines that are principally aimed at art or particular skills were able to become for the Japanese a way to satisfy their spiritual aspirations. As spiritualities, these arts are more or less practically oriented rather than merely mental, and their exercise takes place in the context of a group rather than by individuals on their own.

This tradition of the Way, which is peculiar to the Japanese, undoubtedly offered many people a means to the perfection and fulfillment of their humanity that religion has carried out for other nations. With the gradual universalization of elementary education during the Edo period (1600–1868), which took place in almost total isolation from the tumults of the outside world, the *dō* disciplines helped to develop a highly contextualized and well integrated national culture of their own. While the technological success of modern Japan may have been facilitated in its early stages by the resultant emergence of mass culture, this in turn seems to be precipitating a sort of techno-scientism in our modern-day ethos. Our traditional idea of the Way above all else nourished the Japanese sense of beauty which is always immersed in the practice (performance) of a particular *dō*, and perfection in the Way was able to provide a sense of the Good as well. In general, however, the practices of the *dō* do not aim at moral perfection as such, unlike the Judaeo-Christian

tradition in the West which has been engaged continually in endorsing and enforcing morality.

And yet we are certainly facing issues in Japan which must needs be brought to consciousness and fully examined in terms of the scope and methodical approach of bioethics. The technological developments that have taken place in Japan in the field of medicine can only be called revolutionary. As noted above, the Japanese ethos exhibits a special affinity with the development and perfection of technology. The impulse to attain state-of-the-art technology arises not only from practical need but from our religious aesthetic idea of human perfection, from our aspiration to approximate the Way.

In our contemporary society, however, where the consumption of mass-produced goods lords it over industry and the general populace alike according to patterns that often function ad hoc and arbitrarily, and where technology has begun to feed on itself and sever direct contact with nature, the spiritual qualities this has ingrained in the Japanese mentality threaten to undo the fine sense of equilibrium and harmony that has been honed through the centuries.

Exemplary of the Japanese view of life and death which is now being threatened at a deep level of the Japanese ethos is the following quote from the Buddhist monk Dōgen (1200–1253), somewhat liberally rendered:

This life-and-death of ours is but the life (*inochi*) of the Buddha. To reject it is to throw away the life of the Buddha. To embrace it and cling tenaciously is to lose the life of the Buddha by setting limits to it. Only by neither despising nor desiring life-and-death can we enter the mind and heart of the Buddha. So give up trying to fathom it with your mind or to speak of it with your words.

Lacking clear guidelines from our own tradition and yet reverencing the distinctness of our past from that of other countries, perhaps there is no way for Japan to face the problems of contemporary bioethics but to begin from the ground up. No doubt there is much to learn from the experiences of others, but we betray those lessons if we simply import the solutions from outside without first having phrased the questions in the light of the spiritual history of Japan.