

Buddhist Bioethics

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Describing anything as ‘Buddhist’, including in this case a distinctively Buddhist bioethics, is fundamentally problematic from both a historic and Buddhist point of view. Historically, the Buddhist tradition has evolved in dozens of countries for 2500 years, with no one tradition having clear doctrinal authority over the others. Internally, even if a common Buddhist ethics was implicit in the practices of the dozens of Buddhist cultures or the exegetics of their traditions, the core philosophical insight of Buddhism is that all things are empty of essential, authentic being, including the Buddhist tradition. So, starting from the understanding that there is no authentic Buddhist bioethics to explicate, and only a constellation of practices and ideas related to medicine and the body among Buddhists throughout history, which may or may not be tied to core ideas of the Buddhist tradition, we can interrogate the tradition for the lessons it may hold for contemporary bioethics.

BUDDHIST ETHICS

There is a vigorous debate among Buddhist scholars about the correspondence of Buddhist ethics to the ethical traditions of the West, and three traditions have the strongest resonances: natural law, virtue ethics and utilitarianism.

The Western natural law tradition holds that morality is discernible in the nature of the world and the constitution of human beings. In the Buddhist cosmogony all sentient beings cycle through multiple rebirths, influenced by their past moral behaviour, *karma*. When the Buddhist properly understands the structure of mind, the effects of immoral behaviour in creating suffering in this life and the next, and the importance of *sila* or moral discipline as the basis for release from suffering, morality is the only rational choice. In this sense, Buddhist ethics are grounded in the natural

law of the universe, and the acts that lead to bad karma, such as killing, stealing, lying, sexual misconduct and intoxication, are clearly spelt out.

The problem with Buddhist ethics as natural law is that the soteriological goal is one of liberating oneself from the constraints of karmic causality to become an enlightened being. The traditional anthropological explanation of this paradox has been to ascribe the natural law ethics of *kammic* reward and punishment to the laity and the *nibbanic* path of escape from natural law to the monastics (King, 1964; Spiro, 1972). More recent scholars (for instance, Keown, 1992; Unno, 1999) have challenged this dichotomy and argued that monastic ethics have always revolved far more around the exchange of accumulated merits for alms than the goal of enlightenment.

Nonetheless, the Buddhist ethical tradition does argue for an escape from all mundane karmic constraints, and the illusions of material existence, to achieve a state of perfect wisdom and compassion. Damien Keown, (1995) the leading Western scholar explicating Buddhist bioethics, calls this a ‘teleological virtue ethics’. As in Aristotelian virtue ethics, Buddhists are to strive for the perfection of a set of moral virtues and personality attributes as their principal end, and all moral behaviour flows from the struggle to perfect them. But unlike the Aristotelian tradition, the ethical goal for Buddhists is teleological because they generally believe that a final state of moral perfection can be achieved. As virtue ethics, Buddhist ethics focuses on the intentionality of action, whether actions stem from hatred, greed and ignorance, or insight and empathy.

In the Mahayana tradition the being who embodies these virtues is the *bodhisattva*, who strives to relieve the suffering of all beings by the most skilful means (*upaya*) necessary. As the bodhisattva is supposed to be insightful enough to understand when ordinarily immoral acts are necessary

to alleviate suffering, and it is either willing to assume the karmic consequences or is not subject to the karmic consequences of such acts, the consequentialist utilitarian tradition is also especially compatible with Buddhist ethics. The utilitarianism of J.S. Mill is most resonant with this interpretation of Buddhist ethics because Mill emphasized distinctions between coarse and fine states of mind, weighting the contentment of the refined mind more heavily in the utility calculus than base pleasures. From a utilitarian approach, Buddhist moral precepts can be considered 'rule utilitarian' general guides to action, but not deontological absolutes.

Some writers have also explored the compatibility of Buddhism with the 'ethics of care' articulated by Carol Gilligan (1982). Gilligan argues that women are more likely to draw on compassion in their moral reasoning, whereas men are more inclined to employ ethical principles. Gilligan's work is very resonant for those who see Buddhism as a 'situation ethics' relying on direct intuition and empathic sensitivity for appropriate behaviour, as teachers in the Zen tradition often do (Curtin & Curtin, 1994).

BUDDHISM AND MEDICINE

From the outset the Buddhist tradition presents itself as a clinical diagnosis of the cause of human suffering, and a prescription for its alleviation (Duncan et al, 1981; Soni, 1976). The tradition does not set out divine commandments but simple statements about the dis-ease (*dukkha*) afflicting human life, and the way the dis-ease can be treated. Although the emphasis is on a spiritual cure, Buddhism specifically rejects ascetic mortification of the flesh and accepts that medicine is necessary for monks and laity. Although the monastic code forbade monks and nuns from practising medicine, they were instructed to provide medicine to one another and to keep it at hand (Keown, 1995). The use of medicine for a longer, healthier life is in no way seen as incompatible with spiritual practice, but rather is seen as an aid for it.

Buddhism has blended with the medical traditions of each country in which it has taken root. Zysk (1991) and Mitra (1985) discuss links between early Buddhism and the Indian medical tradition of ayurveda, and in China and Tibet Buddhism mixed with traditional medicines and magic to create distinctive psycho-spiritual healing practices and meditations. In the West, Buddhist-influenced clinicians, such as Jon Kabat-Zinn and his Center for Mindfulness in Medicine, Healthcare and Society at the University of Massachusetts, are exploring the health benefits of Buddhist meditation. The Dalai Lama, the exiled monarch of the Tibetan kingdom and head of the Gelugpa sect of Tibetan Buddhism, has been distinctive among religious leaders in embracing the application of the scientific method to the spiritual experience and in

asserting that beliefs and practices that are shown to be unscientific and not empirically supported should be set aside (Gyatso, 2005).

NO-PERSONHOOD ETHICS AND REINCARNATION

A basic, and nearly unique, aspect of Buddhist philosophy is its emphasis on the nonexistence of the self, *anatta*. Consequently, one of the most fundamental Buddhist contributions to be made to contemporary medical ethics will be in the debates over personal identity.

The thrust of the no-self doctrine is complicated within the Buddhist tradition, however, by the doctrine of reincarnation. If there is no self, what reincarnates? The traditional answer has been that the evolving constellation of mental substrates, the *skandhas*, causally encoded with karma, pass from one body to another but lack any anchor to an unchanging soul, just as a causal chain connects a flame passed from one candle to another even though it cannot be said to be the same flame. (The five *skandhas* are the body, feelings, perceptions, will and consciousness.) Buddhist humanists and sceptics, most notably Stephen Batchelor (1997), have argued that the doctrine of reincarnation is not essential to Buddhist spiritual practice and that Buddhists have explicit doctrinal authorization to remain agnostic on reincarnation and on all beliefs without empirical support. Buddhist agnostics note that, in the context of Buddhism's rejection of Hindu beliefs in an eternal soul, the teaching on no-self is actually a *negation* of the importance of reincarnation.

Nonetheless, most Buddhists profess belief in reincarnation, and belief in reincarnation shapes Buddhist practices and beliefs around abortion and dying. Interruption of the instantiation or transmigration of the reincarnating being, through abortion or cadaveric organ transplantation, is therefore potentially as harmful, and has as weighty karmic implications, as murder.

ABORTION

Certainly abortion has been generally disapproved of in Buddhist culture on the grounds that it is a form of murder. Traditional Buddhist beliefs about the exact timing of the instantiation of the reincarnating being in the embryo or foetus are not doctrinal, however, but drawn from latter exegetical texts.

Some contemporary, and especially Western, Buddhist writers on abortion have argued for a more tolerant position, on a number of grounds. First, if the moral status of the embryo and foetus are contingent on the instantiation of

a sentient being, then current neurophysiological evidence that suggests that sentience only emerges late in foetal development would validate abortion up to that point (Barnhart, 1998; Hughes, 1999). Keown (1999) argues against this point of view, emphasizing the moral importance of the creation of just the first of the five *skandhas*, the embryonic body. However, as Barnhart (1998) makes clear, the scriptures emphasize that a sentient being is created only when *all five* of the elements, including consciousness, are present.

Moreover, insofar as Buddhism is similar to a utilitarian ethics towards general happiness, or an ethics of care, or an ethics of virtuous intent, then the immorality of the abortive act of violence can be outweighed by the intentions of the mother and the greater suffering that it may prevent to mother, potential child and society. The Dalai Lama has argued, for instance, that although abortion is generally inappropriate, it may be permissible in cases of severely handicapped foetuses that may suffer in life; 'the main factor is motivation' (quoted in Tsomo, 1998). Additional considerations would be the degree to which the mother had become pregnant and aborted carelessly, without sufficient attention to the gravity of the act (Tworkow, 1992). Depending on Buddhists' beliefs about the importance of consciousness to the moral status of the embryo and foetus, the intentionality of the actor and the consequences of the action, some Buddhists will therefore come to different conclusions on derivative issues such as the use of embryos in cloning and stem cell research (Schlieter, 2004).

Much attention has also been paid to the Japanese Buddhist *tatari* rituals for aborted foetuses (*mizuko*) which acknowledge and expiate the mother's karmic debt (Lafleur, 1992). For some Western Buddhists the ritual for aborted foetuses is a way to acknowledge the moral weight of the choice while accepting its occasional appropriateness (Aitken, 1984).

BRAIN DEATH AND ORGAN TRANSPLANTATION

The debate about the importance of consciousness for moral standing also shapes Buddhist approaches to brain death, the permanent vegetative state and organ transplantation. Keown (1995) argues, for instance, that Buddhists should adopt the 'whole brain' theory of brain death, which requires evidence that all brain function, including brain stem activity, has ceased, rather than the 'neocortical' view that only the irreversible cessation of consciousness should be adequate for declaring death and removing life support. Keown cites Buddhist scriptural sources that imply that death only occurs when vitality, heat and consciousness have all left the body. (This would seem to

support the heart-death standard instead, but Keown embraces the whole-brain argument that brain stem death will quickly cause all other bodily functions to cease.) The neocortical view, on the contrary, would apply to people in the 'permanent vegetative state' such as the Florida *cause celebre* Terri Schiavo. In *Buddhism and Death: The Brain-Centered Criteria*, John-Anderson Meyer (2005) argues that the neocortical understanding of death is 'most in conformity with general Buddhist doctrine'.

Some Buddhists reject even the whole brain definition of death, and resist any organ transplantation, on the grounds that tampering with the corpse in the critical days after death may interfere with the transmigration of the *skandhas* to their rebirth. The Japanese only adopted brain death standards after a protracted debate, with resistance partly due to Buddho-Confucian veneration of ancestors (Lock and Honde, 1990; Lock, 2001). Other Buddhists have defended organ transplantation on the grounds that it is the final compassionate act (Lecso, 1991; Tsomo, 1993) and even a means to acquire merit for a better rebirth (Hongladarom, 2006).

SUICIDE, EUTHANASIA AND THE GOOD DEATH

Buddhism has been seen by many Westerners to be indifferent to death, or even to nihilistically valorize suicide. This misconception is perpetuated by images of self-immolating Vietnamese monks and disgraced samurai committing *seppuku* (ritual suicide). Some scriptures even appear to show the Buddha condoning the suicide of enlightened monks (Gethin, 2004; Keown, 1996).

Buddhist meditation does include many contemplations of the inevitability of death and the stages of the decomposition of the corpse. There are also many stories of Buddhist monks, and the Buddha himself, accepting their deaths with equanimity and even humour. But, in fact, Buddhist scripture and tradition, like most religions, holds that suicide and euthanasia are forms of murder. As with abortion, however, consequentialist and compassion-based moral reasoning may legitimate suicide and euthanasia on the grounds that they alleviate suffering and permit a 'good death'.

The 'good death' is especially important for the Buddhist who believes that their state of mind at death will be partly determinative of the quality of rebirth they achieve in the next life. This view is expressed in the Tibetan tradition through the *bardo* meditations which are chanted for the dying and dead to remind them of the 49 days of difficult visions they will traverse as they transition to their next life. Consequently, Buddhists may prefer to be as awake and aware at the moment of death as possible, even if they must endure pain (Levine, 2000). On the contrary, appropriately

calibrated pain medication can allow for greater focus during terminal care, and there is no necessary reason for a Buddhist to embrace pain when it can be medicated (Anderson, 1992). There is a growing literature on Buddhist approaches to end-of-life care and counselling exploring these issues from Tibetan (Rinpoche, 1994; Sachs, 1998), Zen (Kapleau, 1989; Levine, 1982) and Vipassana (Smith, 1998) perspectives.

Beyond death, emerging technologies suggest that memories and consciousness may eventually be transferred to new bodies or to computers. As technological reincarnation becomes a possibility, the Buddhist understanding of the transmigration of our illusory, personal identity will become even more relevant (Hughes, 2004). Indeed the Dalai Lama has opined that human consciousness could be instantiated in a sufficiently advanced computer (quoted in Hayward and Varela, 1992, p. 152).

SPECIESISM AND THE HUMANE TREATMENT OF ANIMALS

Buddhist doctrine holds that animals are part of the reincarnate chain of being, being potentially both former and future human beings, and moral subjects whose behaviour accrues karma. Many of the Jataka tales, about the Buddha's previous lives, concern his lives as a courageous and self-sacrificing animal; for instance as a deer that convinces a king to stop his hunt. The murder of animals is therefore karmically unskillful, and Buddhists have considered vegetarianism praiseworthy, opposed hunting and animal sacrifice, and frowned on butchery and leather-working as inappropriate occupations. The monastic code allows monks to eat meat that is offered as alms but not to drink water that might contain living creatures. The *Cakkavattisihanada Sutta* says that the righteous ruler will provide for wild beasts and birds. The most famous example of a Buddhist code of humane animal treatment are the edicts of the first Buddhist emperor, Asoka, which include numerous decrees that various species not be hunted and that their habitats should be protected. In India and China, Buddhists released captive animals as a means of acquiring merit.

Although the Buddhist tradition is clearly less anthropocentric than the Abrahamic faiths, in which only human beings are ensouled, Buddhist rulers only rarely advocated an 'animal rights' legal code forbidding the killing of animals, which would be consistent with a belief in the full equality of human and animal life (Waldau, 2002). Vegetarianism was seen as an extreme form of asceticism in the Tibetan tradition, and the Dalai Lama like most Tibetan monks eats meat, although he counsels that those who can should become vegetarian. Nonetheless, some Buddhists are beginning to argue that Buddhism should adopt a more consistent vegan and animal rights position (Phelps, 2004).

CONTRACEPTION, SEXUALITY, GENETIC ENGINEERING AND REPRODUCTIVE TECHNOLOGY

Buddhism is decidedly indifferent to whether people have children or not. Buddhist laity are enjoined to avoid sexual misconduct, but not to be fruitful and multiply. Buddhist monks were forbidden to perform weddings or bless babies, although they eventually developed ceremonies that functionally do both. In the last fifty years Buddhist countries like Sri Lanka, Japan and Thailand have aggressively embraced contraception, and their birth rates are among the lowest in Asia, to the consternation of some Buddhist nationalists.

More fundamentally, Buddhism rejects any notion of a 'natural' and inviolate human body or procreative act which needs protection from 'artificial' contraception, genetic engineering or reproductive technologies (Loy, 2003). The important questions from Buddhist ethics are the intentions of the would-be (non)parents, and the consequences of their actions. Concerns about children not knowing who they 'really are', when they are products of artificial reproduction or cloning, are foreign to Buddhism which does not recognize an 'authentic self' to begin with (Falls et al. 1999).

This tolerance of the 'unnatural' extends to homosexuals and the transgendered. Although homosexuality, as sex outside of marriage, has always been seen as a violation of the precept against sexual misconduct, it is seen as no worse than heterosexual misconduct. Although the monastic code bars the ordination of gay men and eunuchs, the Buddha permitted some transgendered males to ordain and live with nuns and transgendered females to ordain and live with monks (Jackson, 1998). Thailand has an active and tolerated gay and transgender subculture, and it is an international centre for transgender surgery (Jackson, 1998). Gay and transgender people are welcome in the Sri Lankan and Thai armies. Male homosexuality was common among the Buddhist warrior caste samurai and monastic culture of Japan (Jñanavira, 2005), and gay and transgender images are pervasive in contemporary Japanese culture. The largest sect of Japanese Buddhism, the Jodo Shinshu, performs gay wedding ceremonies.

BRAIN SCIENCE, PSYCHOPHARMACOLOGY AND THE MYTH OF THE AUTHENTIC SELF

Brain science and psychology have eroded the idea of an autonomous, continuous and authentic self, in ways quite compatible with Buddhist psychology. Bioethics is just beginning to grapple with the implications. Do anti-depressants, stimulants or pain medications create an inauthentic self, or

a more authentic self? How can we respect patient autonomy when preferences change in illness and pain, and from moment to moment? Within Western philosophy Derek Parfit's (1984) *Reasons and Persons* posed the most radical challenge by arguing, parallel to Buddhism, that personal identity is only statistically related over time. After a certain point we share as much with all future people as we do with our future selves. This Parfitian/Buddhist view may, for instance, legitimate the delegation of health care decision-making for the incapacitated to family, friends and society (Kuczewski, 1994), and support a general regard for social welfare over individual self-interest.

Buddhist meditation teachers, and most famously the Dalai Lama, have embraced the emerging field of neurotheology, which explores the neurophysiology of the meditative experience. Some Buddhist neuroscientists, such as James Austin in *Zen and the Brain*, have explored the many neurophysiological bases for meditative experience (Austin, 1999). The collection *Zig, Zag, Zen: Buddhism and Psychedelics* (Badiner, 2002) documents how many Western Buddhists found their way to Buddhism through the use of psychedelic drugs, which many still consider possible adjuncts to spiritual growth.

But anti-depressants in particular pose a challenge for Buddhists (Chambers, 2001), since the beginning of the Buddhist path is embracing the fundamental unhappiness of life (*dukkha*), whereas the idea of 'happy pills' would suggest a short-circuiting of spiritual growth. In other words, is Prozac cheating? Most Western Buddhist psychologists have articulated the view that there should be a distinction between the fundamental dissatisfactoriness of ego-bound life, which is present for the depressed and happy alike, and the immobilizing depression of the chemically unbalanced mind. For people with clinical depression anti-depressant therapy is a necessary adjunct to spiritual growth, returning their capacity for compassion, mindfulness and energy (Hooper, 1999). Just as Buddhists have generally accepted stimulants such as tea as helpful in maintaining mindfulness during meditation, this approach would presumably also apply to other drugs that enhance capacities for empathy or attention, such as stimulant medications for attention-deficit disorder.

Conversely, Buddhists are enjoined to avoid mind-altering substances that interfere with spiritual growth, such as alcohol, narcotics and opiates, and warned that absorption into blissful states is a spiritual dead-end. If and when true 'happy pills' are available, these would be more problematic for Buddhists.

HEALTH CARE ACCESS AND HUMAN RIGHTS

Richard Florida (1994) has explored the compatibility of Buddhist ethics with the four 'Georgetown mantra'

principles of medical ethics articulated in the classic work of Beauchamp and Childress (1983) – autonomy, non-maleficence, beneficence and justice. Florida concludes that Buddhist ethics, being centrally concerned with compassion, is strongly compatible with the nonmaleficence and beneficence principles, but that there is no Buddhist doctrinal basis for an egalitarian social order or the defence of individual liberty. Although Buddhism, like all the world's ancient faiths, developed before the European Enlightenment and has only recently entered into dialogue with democratic and humanist ideas, Florida appears unaware of an extensive literature on the implicit egalitarianism and individualism of the Buddhist tradition.

A classic work that explicates the latent, revolutionary egalitarianism of early Buddhism is the *The Buddha* by Trevor Ling (1973). Ling points to the radical democratic structure of the Buddhist monastic order and ideals of Buddhist governance and to the many dialogues of the Buddha which disparage the Hindu caste system and the emerging monarchism and mercantilism of his time, which together suggest a Buddhist strategy for liberal and egalitarian social reform. The Buddha's story of the origin of governance is of a social contract between citizens and their chosen rulers to protect public order, similar to the Hobbesian view. One of the obligations of the righteous Buddhist king is to ensure that citizens do not fall into poverty, from which all other social ills are said to flow. In *Inner Revolution* Tibetan Buddhist scholar Robert Thurman (1999) argues that the social welfare measures enacted by the Buddhist Asokan monarchy prefigured modern social democracy. In the twentieth century Buddhists have developed these strains into Buddhist-socialist syncretism, most notably the Buddhist socialism of U Nu in Burma (Sarkisyanz, 1965) and Bandaranaike in Sri Lanka, the Dhammic socialism of Bhikkhu Buddhadasa (Buddhadasa, 1986), the Buddhist feminist movement (Gross, 1992), and the myriad ongoing activities of the 'engaged Buddhism' movement (Kotler, 2005; Queen, 1996, 2000). Whether social democracy is validated by doctrinal and historical Buddhism, there is clearly a stronger case for universal health care provision in Buddhism than for a system based on unequal market access.

The case for a Buddhist 'human rights' doctrine is more complicated, however, because Buddhism's first move is the deconstruction of the autonomous individual on which the Western rights tradition is based. Like contemporary socialist (Sen, 1999), feminist (Binion, 1995; Sherwin, 1998) and communitarian (Glendon, 1993) critics of the Lockean autonomous individual, a Buddhist approach to human rights emphasizes the embeddedness of the elusive individual in a web of interconnectedness, and that human rights are not immutable laws of nature but social norms that encourage respect and compassion. The key Buddhist idea

here is 'co-dependent origination' (*paticcasamuppada*); all people and things come into their (temporary, illusory) existence through their relations with other (temporary, illusory) people and things (Traer, 1988). Although monks lived under numerous strict codes of conduct, they were self-chosen to the degree that monks were allowed to form new communities if doctrinal disagreements emerged. The laity was enjoined to acquire merit through fulfilling the reciprocal obligations of parent and child, husband and wife and employer and worker, but there is no model for these moral codes to be enforced by law, as in Islamic Sharia.

Despite this emphasis on social embeddedness over liberal individualism, the soteriological goal, individual enlightenment, is not found through fulfilling social obligations but through letting go of social ties. This rejection of obligations to family and the state brought Buddhism into conflict with more authoritarian cultures, especially the Indian caste system, the Chinese Confucian veneration of family and imperial Shintoism in Japan. Buddhist doctrine, with its pacifism and suggested but not mandated codes of conduct, is more consistent with the respect for individual freedom of choice, thought and action than traditions based on divine, infallible commandments.

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