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本期主編：張 穎

生命倫理學原則的 反思

導言	張 穎
技術生命的“道”“用”之思	王建光
“仁術”與“方技”： 中國傳統醫患關係的倫理現實	程國斌
從莊子生命哲學到生命倫理四原則的 互補整合	劉雲章、趙金萍、謝 嘉
儒道與生命倫理	裴 森
從儒學到生命倫理學四原則	楊國利



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生命倫理學原則的反思

Reflections on the Principles of Bioethics

本期編輯：張 穎
Issue Editor: Ellen Zhang

張 穎 Ellen Zhang	導言
王建光 Wang Jianguang	技術生命的“道”“用”之思 The Dao and its Function in Biotechnology
程國斌 Cheng Guobin	“仁術”與“方技”：中國傳統醫患關係的倫理現實 The Art of Benevolence and the Skill of Medicine: Physician-Patient Relations in Traditional Chinese Medicine
劉雲章 趙金萍 謝 嘉 Liu Yunzhang Zhao Jinping Xie Jia	從莊子生命哲學到生命倫理四原則的互補整合 A Synthesis of Traditions: Zhuangzi's Philosophy of Life and the Principles of Bioethics
裴 森 Pei Sen	儒道與生命倫理 Confucianism and Bioethics in China
楊國利 Yang Guoli	從儒學到生命倫理學四原則 From Confucianism to the Four Principles of Bioethics

摘要

隨著現代科學技術的發展，生命技術已經將人與技術的傳統物化關係和對象化的二元關係變成了一種“技術人”的關係。這種技術人一方面豐富了傳統的“人”的生物學屬性，另一方面也挑戰著人的社會角色和道德的主體屬性。生命的傳統價值內涵及其歷史主體性地位也因之受到弱化、虛化或被改寫。這不僅影響到人的生存方式，而且道德行為的虛幻化也侵蝕了人的責任和義務的道德基石，模糊了人的法律責任和道德自律性。在此基礎上，使人應當承擔的道德責任變成了一種可以進行技術性解讀的智識化命題。這種因技術而改寫的生命形象也挑戰著傳統的應用倫理原則。

中國生命倫理學的建設，不應脫離中國歷史文化的語境和社會現實，並在此基礎上對現代生命技術和技術生命的倫理內涵進行創造性的解讀。它要反映中國文化在新的技術作用下對“人”的內涵進行的一種倫理模式的檢討。這種解讀也應當重視那種從當下的“百姓日用”的角度進行的道用之思。這種道用之思不僅要堅持道用一致、體用相即的原則，更是要植根於中國文化的人生觀、價值觀中，以體現出對現代技術與人的關係的倫理把握。

在某種意義上，人類社會倫理的發展史就是不斷地否定和放棄一些舊道德而接受和適應新道德及其標準的過程。因此，中國生命倫理學的建構也就必須重視生命倫理內涵和標準的發展性。

摘要

本文首先對中國傳統醫學生活的結構和運動模式兩個方面進行了探討，借此提出以下觀點：中國傳統的醫患倫理關係並不是一種典型的職業倫理關係，它建立在中國傳統醫學學術和社會生活的基礎之上，其道德效力整合於這種特定的生活境遇之中；醫生與病人都被整合在社會倫理關係的網路之中，醫患關係根據醫病雙方各自具體的社會倫理身份以及具體的醫療活動場景的不同而運動變化。這樣一種倫理關係使中國傳統醫學生活充滿了矛

盾：醫家雖然將醫學稱為“奪造化之權，以救人生死”《醫學源流論·醫非人人可學論》的大“道”，但又必須承認其在現實性上是一種“持方技以事上”的小“術”，苦苦掙扎在崇高的道德責任感和低下的自我倫理認知之間；病家既保有一種有限的選擇和評價醫生、干預診療活動的自主權，又必須遵循社會倫理法則來認識和調整與醫生的關係，在和醫生的相互角力中維護自己的權益。傳統醫學道德過於追求高尚而遠離普通醫生的生活實際，這就大大削弱了它對現實生活的指導力量，無助於建立一種合理的職業倫理規範，更違背了中國傳統倫理學“德得相通”的最高道德原則。

摘要

構建中國生命倫理學基本原則所秉持的根本方法應是整合。筆者認為，莊子的生命哲學思想與比徹姆 (Tom L. Beauchamp) 和丘卓斯 (James F. Childress) 的生命倫理四原則從不同的角度，為這種整合提供了理論資源。

莊子的生命哲學內涵豐富，關注生命本身、關注生命的平等和關注生命存在的本真價值與意義；秉持生是適時，死是順應的自然主義生死觀；追求超越世俗的自由“逍遙”的生存狀態；重視“養生”、“可以盡年”，實踐無慾無為的養生觀；主張“以天地為棺槨”，反對“厚葬”的陋習等等，這些都具有積極意義。這些思想歸結起來就是要“和諧”。和諧是自然萬物的存在秩序，是人的身心健康的根本保障，也是我們在構建中國生命倫理學基本原則時所需要把握的核心價值。而比徹姆和丘卓斯的生命倫理四原則從醫療衛生事業的發展與醫療實踐的角度為我們提供了更清晰、更明確去解決生命倫理問題的原則指導。

在此基礎上構建起來的中國生命倫理學基本原則是“和諧”為中心的體現，在多領域中的原則總體，包括人與自然領域的“和諧生態”原則、人與社會領域的“和諧社會”原則、人與自身領域的“和諧人格”原則、人與醫學領域的“和諧醫學”原則等。運用這些基本原則指導人們的現實倫理生活，規範、分析和解決人們現實生活中存在的種種生命倫理問題，推進社會文明的進步與人類自我價值的提升。

目錄

儒道與生命倫理

裴 森

摘要

誕生於北美的生命倫理學有著獨特的社會歷史文化背景，它是在科學技術發展的推動下，在西方資本主義發展以來個人主義的倫理傳統的基礎上，伴隨著後現代思潮發展起來的。然而由於文化傳統的不同，在中國生硬地套用西方理論，在實踐中反而會使人更加迷惘。在中國如何解決道德異鄉人共處的問題，如何建構中國本土化的生命倫理學，從與北美生命倫理學的產生背景比較的角度分析，我們得出了回溯傳統文化的結論。儒家思想作為中國傳統文化中最有影響力的一派，其價值取向和思維方式已經滲透到中國人生活的各個方面，因此在與西方生命倫理思想對話，以及建構當代的生命倫理學中儒家思想可以從以下三個方面作出貢獻：第一、倫理原則的普世性論證層面；第二、原則矛盾的解決層面；第三、具體問題層面。

目錄

摘要

要解決諸如個人或國家因醫療引發的經濟上的“雙崩潰”，伴隨醫生個人權威的沒落和患者個人權利的提升造成醫療領域的“禮崩樂壞”和醫患之間道德異鄉人等的問題，首要是需要選擇一種文化為指引以便思想和行動。本文從多方面思考，認為儒家是最佳的和最具比較優勢的可選擇的文化。儒家生命倫理學的核心基礎是雙重人性觀和均衡發展論。儒家生命倫理學本質特徵是利他主義，它提供了一系列指令性、指導性和約束性的道德規範或道德標準，而這些標準在內容上更具備多樣性和包容性的價值和行為譜系，例如“仁”、“孝”。根據“孝”的道德規範，安樂死可以選擇，而自殺則不能被選擇；根據“禮”要求，儒家要建立一種基於禮樂文明的醫療衛生保健制度以進行衛生保健資源配置，這種制度完全不同於西方文化的現代財產制的分配制度。根據中庸的法則，生命倫理學的四原則可以被簡化為一個簡單的原則：微創原則。

Abstract

Biotechnology is a field of applied biology that involves the use of living organisms and bioprocesses in areas such as engineering, technology, and medicine. This paper discusses the relationship between the Dao (i.e., the essence) of biotechnology and the function of biotechnology. In describing the situation in China today with regard to the exploration and development of biotechnology, this paper explicates the necessity of paying attention to the ethical implications and moral principles of science and technology. It is the author's contention that we must put "humanity" and "human flourishing" (i.e., the common good of the Dao) first before we talk about the utility of science and technology. As China tries to catch up with the world in biotechnological technology such as stem cell research, xenotransplantation, regenerative medicine, and the use of genetically modified organisms, we need to be careful not to overstep our ethical boundaries.

The Art of Benevolence and the Skill of Medicine: Physician-Patient Relations in Traditional Chinese Medicine

Cheng Guobin

Abstract

Using examples from ancient texts, this paper contends that the traditional physician-patient relationship should be understood and interpreted within the matrix of the social and ethical network of a society. As such, the physician-patient relationship is not what we call “a professional relationship,” in that there is no fixed or objective standard to qualify it. In the Confucian tradition, for instance, the physician-patient relationship changes according to the social identity of the patient. The moral responsibility of the physician also becomes ambiguous when he or she is required to treat the patient as a “relative” or “friend.” The patient, in contrast, has a very limited “autonomy,” if there is such a thing, to choose his or her own doctors and make medical decisions. The same situation can be seen in Daoist medical practice when the physician has to struggle between the “Dao of medicine” and the “skill of medicine,” or between the moral dimension of medicine and the efficaciousness of medicine. The medical profession in the past was never an independent entity with independent ethical standards, and has always been part of a wider value system.

Because of this, when medical professionals nowadays try to adopt Western ideas underpinned by different principles and theories, they find moral clashes between two traditions due to their conflicting value systems. As a result, concepts such as “patient rights” are at odds with the traditional understanding of the physician-patient relationship, which emphasizes context and situation. This paper also criticizes virtue-based morality in China, contending that principle-based morality would be better for reconstructing a more objective standard of morality for medical professionals in China.

Table of Contents

A Synthesis of Traditions: Zhuangzi's Philosophy of Life and the Principles of Bioethics

Liu Yunzhang, Zhao Jinping and Xie Jia

Abstract

The four-principles approach to bioethics developed by Beauchamp and Childress in *Principles of Biomedical Ethics* is no doubt the most well known and influential example in the West of principle-based approaches to resolve ethical issues. The four principles are autonomy, non-maleficence, beneficence, and justice. This essay explores whether the four principles can be considered a universal core of morality that can be used in China to deal with current bioethical issues. It argues that although the four principles provide general guidelines, their implementation is much more complex. This essay attempts to show that Daoist thought, particularly Zhuangzi's philosophy of life and death, conveys a certain sense of bioethics and carries profound moral implications that can overcome some of the limitations of principle-based ethics. The synthesis of the two traditions may help contemporary China to deal with various kinds of moral dilemmas. The Daoist notion of the interconnection among human beings and between human beings and nature challenges the Western idea of individualism and individual autonomy.

Table of Contents

Abstract

In this essay, I begin by addressing H. Tristram Engelhardt's argument of the breakdown of the traditional consensus on moral and religious good. Engelhardt maintains that in the post-modern age, the possibility of constructing a full account of human good is almost impossible. People from different groups and communities engage with one another as moral strangers who need to negotiate moral arrangements. These negotiations are governed by the principle of autonomy, or the "principle of permission." I contend that Engelhardt's argument is also relevant in China, although from a different perspective. The traditional distinctions used to distinguish moral categories in the West very often do not fit into the context of Chinese tradition. I propose that we need to go back to our own cultural heritage, such as Confucianism, to deal with the problem of diversity and moral relativism in China, rather than being confined to a rationalized form of universal principles. Although Confucian moral judgment sometimes tends to be intuitive, it makes more sense when we are confronting specific moral dilemmas. Any moral principle, when compared with other moral principles, needs to be weighed and balanced in determining the optimal course of action.

Abstract

This paper discusses the possible application of the four principles of medical ethics advocated by Beauchamp and Childress to the current healthcare reform and transition in China from the perspective of someone who has many years of experience as a physician. It aims to show that many of the medical problems and solutions identified in the West also make sense in the Chinese context, although different moral language may be used. I believe that traditional resources such as the Confucian moral/ritual system can be reconstructed to handle ethical questions both in theory and in practice in China. It is argued that hospitals and physicians administer medicine through the art of benevolence. Using Confucian morality as a guide for healthcare reforms may help to make the transition period easier, and the four principles may help to standardize the regulations needed for hospitals.