

ETHICS AND SOCIETY

NEWSLETTER

Volume 22

June 2016

In This Issue

Activities Review

- * The Ninth Symposium on "Bioethics from Chinese Philosophical / Religious Perspectives" 1
- * Public Lecture on "Designer Babies: Choosing Our Children's Genes" 16

Recent Publications

- * *International Journal of Chinese and Comparative Philosophy of Medicine* 17
- * 《饒宗頤國學院國學叢書》第二卷《先秦諸子與戰爭倫理》 19
*Collected Essays from the Conference on Pre-Qin Philosophers and War Ethics,
Volume 2 of Library of Classical Learning*

Upcoming Events

- * The Tenth Symposium on "Bioethics from Chinese Philosophical / Religious Perspectives" 20
- * Military Ethics Workshop 21



The Ninth Symposium on “Bioethics from Chinese Philosophical / Religious Perspectives”

Launched in 2007, this research symposium aims to nurture young researchers from mainland China under our supervision and to provide research leadership in the field. The ninth symposium was held on June 29 - July 2, 2015, at which 43 scholars and practitioners from various mainland universities, research institution and hospital gave their presentations. Our Centre’s fellows commented on each paper. Over the years, the symposium has fostered interdisciplinary research on Chinese intellectual traditions and contemporary bioethics issues and facilitated the further development of Chinese bioethics.

The papers were revised and published in the *International Journal of Chinese and Comparative Philosophy of Medicine*, Vol.13 Nos. 1 and 2.



The Confucian Concept of Elderly Care and its Contemporary Relevance

*Zhang Shunqing, Zhongnan
University of Economics and Law*

China's citizens are growing old at an alarming rate. The increase in the country's elderly population has created profound social and economic complications that can be solved only by appropriate policies and moral decisions on caring for aging people. Who will take care of the elderly? Should elderly people depend on their families or on the government? The author of this paper shows that filial or familial piety—the Confucian ideal of moral responsibility for one's elderly relations—is intrinsic to the traditional Chinese value system, and should continue to shape Chinese society today. The author contends that filial piety is the key ethical principle of Confucianism based on its metaphysical foundation of the Dao. Instead of talking about the rights of elderly people, we should emphasize the moral duty of their adult children.

However, the traditional emphasis on filial piety has been challenged by social changes in the last few decades, especially since China's economic reform. There are fewer and fewer

households with “three generations under one roof,” due to China's urbanization and one-child policy. More and more people are choosing to invest in institutional care (such as nursing-home care and residential care) as an alternative to traditional familial care. Despite these changes, the author maintains that filial piety, as the core value of the Confucian ethical system, should play an important role in modern Chinese society. Supporting one's elderly relations (both emotionally and financially) offers not only a practical solution to the problem of elderly care in China, but also an ethical way for family members to fulfill their moral duties and maintain family solidarity. Although Western approaches to community care that combine formal and informal sources of support may in some cases help to meet the welfare needs of vulnerable elderly people in China, a complete rejection of traditional filial piety is far from appropriate. The author concludes that commitment to the traditional ethical value of filial piety enables people to live together in peace and harmony.

Rule by Filial Piety or Rule of Law: An Exploration of Reconstructing the Culture of Filial Piety Today

*Yu Lian
Renmin University of China*

“Ruling the world with filial piety” was an effective management model in traditional Chinese society, particularly during the Confucian era. However, this commitment to filial piety was powerfully challenged by China's New Culture Movement at the beginning of the twentieth century, and disintegrated almost entirely during

the Cultural Revolution approximately 50 years later. However, filial piety has recently re-emerged as a topic of debate due to the problems created by China's aging society. In this paper, the possibility of reconstructing a culture of filial piety is investigated in relation to the rule of law, as discussed by public-policy makers. On

the one hand, long-term care policies must be tailored to modern Chinese society, which has been transformed in the last few decades by changes to family structure and the relationship between family and society. On the other hand, policy makers responsible for long-term care policies must acknowledge the traditional value system that has shaped the Chinese way of thinking and moral logic.

In the West, the concept of the rule of law is intrinsically connected with that of human rights. Moving away from the traditional perception of filial piety as a moral duty, it is proposed in this paper that the Confucian

ideal of filial piety can be interpreted in terms of human rights. The author combines the Western principle of the rule of law with the Confucian concept of filial piety—that is, legality with morality—to show that filial piety should not be regarded merely as a virtue or a moral sentiment, but as a legally protected and promoted entity. The author argues that adherence to the principle of filial piety, although decreasing in modern China, remains the most important means of regulating the treatment of elderly people by their adult children, and cultivating awareness of the moral responsibility to provide elderly care.

Is it Unfilial for Children to Fulfill their Parents' Desire for Body Donation?

Fang Yao
Wenzhou Medical University

According to recent statistics, the global organ shortage is particularly serious in China. Some scholars argue that filial piety, a key principle of Confucianism, is the main deterrent to organ donation in China. The same is true of whole-body donation for medical research and education. Most hospitals and medical schools in China refuse to accept bodies even when the donors have provided written consent in their wills, due to pressure from the donors' children.

In this essay, the author uses a recent case in Zhejiang Province to illustrate the difficulties faced by children in carrying out their parents' planned body donation, even when donation is understood as a moral act. The author shows that children are dissuaded primarily by adherence to the Confucian virtue of filial piety, as keeping the body of one's parent intact after death is viewed as a form of filial reverence. Many Confucian scholars today argue that the opportunity to save lives by donating one's organs or body is more valuable than preserving the integrity of the dead body. However, it is not unusual for the relatives

of the willing donor, particularly their children, to refuse to carry out the donor's wishes for fear of accusations of violating the precept of filial piety.

The author shows that filial piety is widely considered to epitomize the Confucian value system. According to the Confucian text *The Book of Filial Piety*, for example, filial piety is "a perfect virtue and all-embracing rule of conduct." However, the question here is whether children's fulfillment of their parents' desire to donate their bodies is a more filial gesture than keeping their parents' dead bodies intact. The author argues that honoring one's parents' wish for body donation is consistent with the Confucian emphasis on family reverence and the provision of ancestral rites for deceased parents. Body donation is an act of *ren* (benevolence) and *yi* (rightness), as it benefits medical research and thus society at large. Fulfilling this desire to help others is an appropriate way of remembering and honoring one's parents.

Genetic Engineering: A Defense and Critique from a Confucian Perspective

Liu Tao

Guangzhou Medical University

Many people feel that genetic engineering, particularly genetic enhancement, has disrupted the traditional understanding of the distinction between choice and chance and its ethical implications. Scholars in the West have strongly objected to scientists' "playing God" on the grounds that genetic engineering devalues human beings and contravenes intrinsic ethical principles. What is the traditional Confucian view of genetic engineering? The author contends that certain aspects of Confucian thought support the idea of genetic engineering. For instance, Confucian scholars do not define human nature (*renxing*) as fixed, let alone biologically fixed. The Confucian understanding of human nature as processual offers an ethical foundation for arguments in favor of genetic enhancement: specifically, there is no reason to believe that we as humans cannot or should not exceed the limitations imposed by our biological nature.

Among the possible applications of genetic enhancement are the radical extension of the

human health-span, the eradication of disease, the elimination of unnecessary suffering, and the augmentation of humans' intellectual, physical, and emotional capacities. The author shows that although classical Confucianism does not directly address these modern scientific and technological issues, relevant arguments can be found within the Confucian tradition. For example, Xunzi's account of humans' "active relationship" (*wei*) with non-human nature suggests that conscious effort is required for human beings to build a moral relationship with the world. The author points out that the emphasis placed on "active participation" by Xunzi and other subsequent Confucians marks a departure from the Daoist commitment to passivity, as explicated by Zhuangzi. For Confucians, *renxing* is expressed through the human *wei*. It can thus be inferred that Confucianism does not reject the notion of genetic choice. However, the author also explains why Confucians may be cautious about or even critical of certain enhancement practices.

The Medical Ethics of Zhang Zongjing

Yan Jinhai, Peng Yanjie, and Yang Yue,
Southern Medical University

Zhang Zongjing (150-219), known as the Chinese Hippocrates, was one of the most eminent physicians in China during the Han Dynasty. In the *Shanghailun*, a famous treatise on cold pathogenic diseases, Zhang

not only described past medicinal discoveries but provided regulations for contemporary medical practice. The *Shanghailun* is thus an important text for scholars of the history of traditional Chinese medicine. The treatise

was privately transmitted with no public acknowledgment until the Jin Dynasty (265-420), when it was re-edited and rearranged. The treatise received more attention and became increasingly popular during the Song Dynasty, when a Confucian basis for medical practice was endorsed by the government. Zhang has since been regarded as a sage of Chinese medicine. The *Shanghailun* also became part of the compulsory curriculum at China's Imperial Medical Academy. Zhang has a special status in the history of Chinese medicine due to his efforts to create an orthodox system of medical practice in line with the Confucian (*Ru*) tradition.

In this paper, Zhang Zongjing's major ideas on medical ethics and practice are explored. The author illustrates the critical role played by Zhang's approach to medicine in the later Confucianization of medicine during the Song Dynasty, which in turn created the ideal of the traditional Confucian physician. The author also compares the ethical views of Zhang Zongjing with those of Sun Simiao (541-682), another key figure in the history of traditional Chinese medicine, who combined Confucian ethics with the moral teachings of Daoism and Buddhism.

The Role of Discourse on the Body in Bioethics: End-of-Life Decision Making

Wang Jue
Xidian University

How is the body articulated in language and discourse during end-of-life decision making? How do individuals and their family members represent and define the relationships between person, body, and self? Recently, studies have been conducted on the decision-making process in the field of end-of-life care. Most researchers focus on patients' determination (*vis-à-vis* physicians' beneficence), which gives rise to a plethora of issues, such as patients' self-identity, self-continuity, relationships, freedom of choice, and rights.

In this paper, end-of-life decision making is considered from the perspective of the relationship between the body and one's personal identity. It is argued that the current bioethical discourse on individual autonomy and patients' rights is inadequate to address the ethical issues relating to end-of-life decision making. Instead of purely theoretically conceptualizing the sovereignty of the patient

over his or her body, the author explores the issue in relation to the phenomenology of lived-body experience as described by the American bioethicist Margret P. Battin. The rights available to the patient are not the only significant issue during end-of-life decision-making; aspects of the patient's physicality are also relevant. Discourse on representations of the body and embodied action/autonomy aids our understanding of end-of-life choices. Finally, these body-related issues are linked with the Confucian understanding of what a person is. According to Confucian ethics, personal identity should not be viewed as an abstract "thing"; instead, it is defined by a person's relationships with others, especially family members, in his/her most vulnerable moments.

Beyond the Bio-psycho-social Model of Medicine: The Transcendence of Body Ethics

Sun Muyi
Southeast University

Body ethics constitute a genuine expression of both human life and the physical body. They represent the spiritual will of medicine, correcting the errors of the bio-psycho-social medical model. Body ethics reflect both the holistic human body and the true spirit of medicine, forming the basis for medical intervention and physical rehabilitation. For medical doctors guided by the bio-psycho-social medical model, the human body is nothing more than a behavioral and psychological object. However, the real body is a being, an individual human being, who must try to unify “consciousness” with “the body.” The moral premise of the body ethics medical model transforms “dead” materials into humanity, i.e., the human body, including even the sick body. This model incarnates

the transcendent dimension of the human body in a comprehensive whole, manifesting the proper relations among physical, moral, humane, and political activities in medicine. The body ethics model of medicine contributes to a return to the harmonious nature of medicine and ethics on the one hand and the inseparability of medicine and religion on the other. Accordingly, even in a postmodern context, it can reasonably be held that both the physical and religious dimensions of the body are sources of the medical ethics of the body and that this body ethics model of medicine contains the spiritual, moral, and political functions of the body in itself. Finally, this model goes beyond the bio-psycho-social medical model through its transcendent dimension.

Uncertainty of the Body and Proper Transcendence

Wang Yifang
Peking University Health Center

Dr. Sun’s paper discusses the multiple meanings of the human body. It provides useful philosophical reflections on medical objectivism and reductionism. This commentary echoes and expands the rich connotations of the human body laid out in Sun’s paper. It also reveals and explores the transcendent dimension of the human body,

contending that the unsacred materialization of the body is the crucial point of reductionism. In classical Chinese doctrines, the “body” has a unique social and spiritual existence, and the cultivation of the body is the fulfillment or perfection of a whole person that by no means can be reduced to dead or mechanical matter.

How Do We Construct a Medical Model in Post-modern Discourse?

Xiao Wei
Tsinghua University

Medicine is a value construction. As the combination of a variety of values and methodologies, a medical model can be used to observe and handle medical problems in the field of medicine. Indeed, human understandings of medicine have undergone a long process of historical development. Sun's "body ethics model of medicine" can be taken as a new medical model in the post-modern

context. It is achieved through the combination of the Chinese and Western ethical cultures. In my view, this new model is shaped by three key elements: human nature, the body, and ethical relationships. At the same time, the model points toward an inevitable fact of life: "Politics is nothing but medicine at a larger scale."

A Philosophical Reconstruction of Modern Models of Medicine Based on Body Ethics

Liu Junrong
Guangzhou Medical University

Sun Muyi's article provides illuminating views and arguments regarding the proper model of medicine. From Sun's perspective, the bio-psycho-social model of medicine retains traces of body-mind dualism. It differs from Michel Foucault's view of the body, which is one of phenomenological holism. That view, as Sun sees it, constitutes a comprehensive philosophical reflection on the modern bio-psycho-social medical model, providing an objective understanding of the unity of body and mind. Sun argues that a religious dimension is inevitably embedded in this objective understanding when establishing a body ethics model of contemporary medicine. This commentary agrees that Sun's view provides useful reflections on the construction

of a proper model of medicine. It is right that we should go beyond the bio-psycho-social medical model to pay more attention to the sick individual him or herself and to strengthen doctor-patient communication regarding the body and human dignity. However, it is also contended that the body ethics model of medicine should constitute a criticism of religious medical models and resist any religious zeal being applied to the study of medical ethics.

Waiting to be Uttered

Qiu Hongzhong
Guangzhou University of Chinese Medical

Sun's article is a useful exploration of the body ethics model of medicine. However, a body is not the equivalent of a person—the body is waiting to utter its meaning. This commentary, which adopts a phenomenological perspective, discusses different ways of treating the body and of interrogating the senses of the body understood by patients and doctors. Divergent such senses influence the doctor-patient

relationship in quite distinct ways. To establish a new clinical model, this commentary holds that we need to pay greater attention to the epistemology and methodology of somatic phenomenology, which can inspire us to understand the comprehensive significance of the body for medicine.

The Transformation of Models of Medicine

Liu Hong
Nanjing Medical University

The body is a medical and philosophical category that marks the existence of a human life. The body is not only physiological, psychological, and social in nature, but also cultural and philosophical. The body constitutes a unique identity that cannot be forged or duplicated by reductionist strategies. Many biological, psychological, and social

models of medicine give insufficient space to the human, moral, and emotional components of medical activities. The body ethics model of medicine transcends these models, and its proposal is thus a milestone in the promotion of the medical humanities.

Humanity and Medicine in Chinese Culture: A Confucian Medical Model

Lee Shui Chuen
National Central University

A new conception of medicine has been proposed in response to some of the problems of the modern Western model of medicine. In this paper, I posit the view that modern Western medicine takes disease to be a bodily deviation from normal species functioning. Such malfunctioning is regarded as of the physical and physiological kind. Other types of deviations such as psychological or spiritual deviations must be reducible to symptoms before they are regarded as a disease in medical terms. Hence, psychological or mental disorders resulting from social or religious values are not catalogued as diseases, and are thus left untreated. I argue, however, that although this situation needs correction, there is no justification for introducing religious doctrine as a category of disease. This paper examines the presuppositions of the normal species functioning criterion and recent trends in evidence-based medicine, and reaches the conclusion that the present Western medical model does not readily admit some of the diseases of the human psyche caused by disorders in culture and values.

Chinese medicine, which is grounded in a different culture and different values, takes a different approach to medicine. Chinese philosophy takes human beings to have the same source as the universe, and thus to represent the cosmos writ small. Disease is regarded as a disorientation of the bodily cosmos, and treatment is basically a restoration of the body and mind as a whole in harmony

with natural cosmological operations. Chinese philosophy draws on Confucianism, Daoism, and the Yin-Yang School. Confucianism views empathy as unifying human beings with Heaven. Thus, in Chinese medicine the evolutionary process of the cosmos bears deeply humane and transcendental values. The correspondence between body and universe results in a conception of medicine as the operation of the principle of ren, or humanity. Accordingly, the physician is honored as a Confucian doctor, and medicine is seen as an art or humanity. Mental and psychological diseases can have independent sources, and should never be reduced to the physical and physiological. In the Chinese model, social, cultural, and value disorders are regarded as proper diseases, and can be treated as such. It allows full realization of the cultural factors at play in medicine.

Reform from the Heart: On Lee Shui Chuen's Ideas on Humanity and Medicine

Tsai Duujian
Taipei Medical University

Professor Lee Shui Chuen regards medicine as a historical product of human civilization, with medical traditions differing in accordance with the historical and cultural contexts in which they developed. “Medicine as the art of humanness” is a Confucian notion that reflects the value placed on the relations between body and mind, mind and environment, and medicine and the humanities. Although contemporary Western medicine has made significant progress through reductionism,

Descartes’ dichotomy between mind and body has led to contemporary calls for spiritual and mental engagement. The efforts of Western medicine to free itself from alienated instrumental rationality through a shift toward a more holistic and ecological worldview highlight the values common to both Chinese and Western medicine.

A Response to Professor Lee Shui Chuen

Fang Xudong
East China Normal University

Professor Lee Shui Chuen’s paper puts forth a grand plan to construct a Confucian model of medicine that differs from the Western model. However, it is a pity that Lee fails to offer sufficient Confucian resources to pursue that goal. It seems that Lee’s attention is focused largely on traditional Chinese medical theories whose origins do not lie in Confucianism alone. Lee also discusses the Confucian doctrine of humanity (*ren*), which essentially belongs to the realm of medical ethics. His emphasis on synesthesia (*gan tong*) is instructive. In fact, a characteristic of

any genuine Confucian model of medicine, neo-Confucian models in particular, is an understanding of those patients who have lost their synesthesia. For example, neo-Confucian master Zhu Xi called concentrating on success in the imperial examination a severe illness of the mind, and suggested that the illness could be cured through self-cultivation efforts.

The Confucian Philosophy of Medicine: The Body-Mind Integrated View

*Wong Wai-ying
Lingnan University*

Prof. S.C. Lee's essay discusses in detail the characteristics of traditional Western and Chinese medicine. As a response to his essay, I introduce an integrated view of body and spirit that inspires an innovative understanding of illness and healing. I also compare this integrated view with the philosophy of medicine generated from Confucianism, which Lee addresses. The basic idea of the integrated view is that the human body must be taken as a whole—physical body, spirit,

and the interplay between them in various dimensions. Healing is not the simple removal of illness or symptoms, but moving into a more complete and perfect state of existence along with heaven and earth.

The Benevolent Enjoy Longevity: A Model of Medicine Based on Confucian Virtues

*Cao Yongfu
Shandong University School of Medicine*

Professor Lee Shui Chuen's article addresses a very interesting Confucian medical model. He puts forth the Confucian concepts of soul disease and soul health, which are worthy of broader attention. In this response, I discuss the related issues of how an individual can suffer disease from a lack of virtue or lack health owing to a failure to cultivate virtue. I hold that such Confucian ideas—disease and health in relation to virtue—should be important parts of soul disease and soul health in the Confucian medical model that Lee lays out. Indeed, as Lee points out, behavior that violates virtue in the sense of harming the interests of others or damaging relationships

is often seen as “ill” conduct in Confucian culture. Such conduct is inevitably related to mental health and spiritual development, and can thus influence life quality and expectancy. It is a Confucian belief that the virtuous and benevolent enjoy longevity.

Important Supplement to Contemporary Medical Practice: Review of Professor Lee Shui Chuen's Article

*Wan Xiang
Xi'an Jiaotong University*

This short review summarizes the major opinions of Professor Lee Shui Chuen's recent article. First, pre-Song Dynasty traditional Chinese medicine, which was championed by Sun Simiao, is an amalgam of Buddhist, Taoist, and Confucian ways of thinking, in addition to traditional *materia medica*. Further research is required to determine how Buddhist and Taoist thought influenced the development of Chinese medicine. Second, Sun Simiao was considered a sage physician because his practices were in accord with both

contemporary and later criteria for a Confucian sage, although his doctrines were not typically Confucian. Third, Professor Lee's argument that Confucian views on medicine pave the way for supplementing contemporary medical practice with traditional Chinese medicine in the subfield of psychiatry, and the hitherto new area of bioethics, pays too much attention to technological medical innovations, overlooking the spiritual dimension of medical activities.

From Biomedicine to Biopsychosociospiritual Medicine: A Lesson in the History of Medicine in the West

*Jeffrey P. Bishop
Saint Louis University*

Biopsychosociospiritual medicine is a product of the long history of medicine in the Western world. Biomedicine began in the latter part of the 19th century, and, by the early 20th century, major medical education reforms had mandated a revised scientific curriculum for all U.S. medical schools. These reforms resulted in reductive scientific materialism. By the mid-20th century, however, scientific biomedicine was felt to be cold and impersonal, and was often deployed against the patient's moral and spiritual desires. From the mid-20th century onward, several reforms were attempted that fall under the rubrics of bioethics, biopsychosocial medicine, and biopsychosociospiritual medicine. These

reforms took place at a time when secularism was on the rise in the U.S., and each reform attempted to capture the transcendent dimension of medical care that had been marginalized by the reductive attitude of biomedicine. However, the reforms failed because of the scientist attitude of biomedicine. Although biopsychosociospiritual medicine purports to be a comprehensive approach to patient care, because it maintains that scientist attitude it fails to consider patients' moral and spiritual desires and or to capture the centrality of transcendence for those who are sick and in need of health care.

Biomedicine and Bioethics: The Problems of Scientism

Lawrence Yung
City University of Hong Kong

This commentary offers a review of Jeffrey Bishop's reflections on the history of medicine in the West. It agrees with Bishop's criticisms of scientism in biomedicine and with how the problems of scientism persist despite various attempts at reform. However, it also points out that Bishop's discussion of the influence of philosophical dualism on Christianity and scientism is inadequate. Dualism is in fact

deeply rooted in the West (such as in Plato's philosophy and some early interpretations of Christianity). This commentary concludes that Chinese biomedicine, much like Western biomedicine, needs to forge its own path, as biomedicine is a social response to physical and psychological threats to the human mind and body.

Saving Meaning and Sacred Value through Chinese Traditional Holistic Thinking

Cai Yu
Yunnan University of Finance and Economics

The failure to reform the modern Western model of medicine stems from the reductionist mode of thinking, as demonstrated by Prof. Jeffrey Bishop. Since the Enlightenment, the popular mode of thinking in Western medicine has been a kind of mechanical materialist reductionism, which is characteristic of instrumental rationality. It is also a spatial pattern of thinking—the body becomes separable from the mind. The thinking underlying Chinese medicine and Confucian bioethics based on Chinese philosophy, in contrast, is holistic in nature. Meaning and

sacred values appears only in the mindset of the whole. From the Confucian bioethical perspective, a reasonable medical model is one based on the patient's overall biological, social, psychological, and spiritual existence, rather than on any one of these as a discrete factor. Confucian bioethics is a mix of uncompromising realism and reasonable belief in the Dao of Heaven and the virtue of *ren* (humanity). It is rooted in traditional Chinese culture, and remains what the Chinese need today.

Intercultural Perspectives on American Medical Models

Wang Hongqi
Shangxi Medical University

Bishop's paper shows that the dominant model of medicine has changed in line the prevailing medical worldview since the late 19th century, when biomedicine became the established model. With the growth of scientism in medicine, biomedicine has suffered a quality-of-care crisis in recent years. Patients have become more like machines to be managed and manipulated than human beings to be cared for. The crisis involves controversies over whether the patient is a body or a person, about the doctor-patient relationship, and about the nature of disease and health. The biomedical model

envisions the patient as a mechanical body that is composed of separate parts, rendering medicine cold, impersonal, dictatorial, and mechanical. Other models have been proposed in an attempt to change the situation in the West. However, as Bishop argues in his paper, each proposed reform movement is doomed to fail because none departs from mechanistic, reductive scientism. We cannot develop an appropriate medical model without changing the inhumane character or secularist tendency of the dominant biomedical model.

Spirituality in Medical Models: A Useless Dimension?

Tang Jian
Tianjin Medical University

Professor Bishop's illuminating essay should be commented upon by attending to the three following questions. First, what is the theoretical advantage of the spirituality proposed by Bishop compared with the biopsychosocial model? Second, what is the content of his proposed medical spirituality? Finally, what is its significance to contemporary medical practice? Biopsychosocial medicine is still a form of modernism and reductionism. Neither biomedicine nor biopsychosocial medicine really treats patients as persons. In modern secular society, spirituality can be explained as the individual's basic understanding of what

constitutes a good life and personal integrity without reference to religion. A genuine understanding of spirituality, in contrast, fully recognizes patients' experiences, needs, emotions, and values and the need to integrate them as a whole. It is also important to distinguish spirituality from the mere psychological dimension or autonomy of the individual. Spirituality as a holistic approach nourishes the discourse of the doctor-patient relationship and what constitutes a good professional life for doctors, whether we are talking about the Western or Chinese medical context.

A Response to Bishop's Article “From Biomedicine to Biopsychosociospiritual Medicine: A Lesson in the History of Medicine in the West”

Ellen Zhang
Hong Kong Baptist University

In a recent article, Jeffrey P. Bishop addresses the biopsychosociospiritual approach to medicine that has gained popularity in the past few decades as a way to correct the reductionism and scientism of biomedical ethics and “personalize” the colder aspects of scientifically and technologically advanced biomedicine. Although he welcomes the attempt to bring religion and spirituality back to contemporary medical discourse and practice, Bishop is quite critical of the “the total care approach” entailed in biopsychosocio-spirituality. For him, what is labeled “religious” or “spiritual” is nothing more than a kind of liberal or humanist discourse operating within the framework of secularized medical control via its various metanarratives of social functioning. Bishop’s challenge is significant because it remains open to question how in biomedical ethics we should acknowledge the distinct roles played by different religions and spiritual traditions in biomedical decisions, which very often go beyond the social and technological dimensions of biomedicine.

Bishop’s contextualization of Western biomedicine is also useful for helping Chinese bioethicists to understand that any attempt to reconstruct Chinese bioethics will go nowhere if we confine ourselves to concepts that address particular issues in particular contexts in the history of Western medicine. For example, for traditional Chinese medicine and medical practice, the challenge may not be too much depersonalization or too much scientism, but rather how to depersonalize or become more scientific in certain situations. Therefore, Bishop is correct when he points out that rather than embracing Western biomedicine, or biopsychosociospiritual medicine, China should turn to its own spiritual traditions borne out of the life-worlds of its people to fully understand its potential and limits.

Public Lecture on “Designer Babies: Choosing Our Children’s Genes”

The lecture hosted by our Centre on 4 December 2016, was delivered by Prof. Bonnie Steinbock, Distinguished Visiting Professor of Bioethics at the Centre for Bioethics at the Chinese University of Hong Kong. The following is the abstract of the lecture by Prof. Steinbock.

Abstract:

The new CRISPR-Cas9 technology brings us closer to being able to change the genome of an individual or even the whole species. This has enormous promise for the understanding and eventual prevention or cure of devastating genetic diseases. It also raises different ethical questions. Is it ethical to use a technology with unknown effects in the remote future? Might a technology developed to prevent or cure disease be used for enhancement purposes, and if so, would that be wrong?





《中外醫學哲學》
International Journal of Chinese & Comparative Philosophy of Medicine
 Vol.13 No.1 2015

從生命倫理學的視域看生老病死
 Birth, Old Age, Sickness, and Death: A Bioethical Perspective

本期編輯：張 穎
 Issue Editor: Ellen Zhang

張 穎 Ellen Zhang	導言：從生命倫理學的視域看生老病死 Introduction: Birth, Old Age, Sickness, and Death: A Bioethical Perspective
張舜清 Zhang Shunqing	略論儒家養老觀及其當代價值 The Confucian Concept of Elderly Care and its Contemporary Relevance
于 蓮 Yu Lian	“孝治天下”與“法治天下”——新時代的“孝文化”建設初探 Rule by Filial Piety or Rule of Law: An Exploration of Reconstructing the Culture of Filial Piety Today
方 耀 Fang Yao	支援父母捐獻遺體不孝麼？ Is it Unfilial for Children to Fulfill their Parents' Desire for Body Donation?
劉 濤 Liu Tao	儒家生命倫理對基因改造的倫理辯護與批判 Genetic Engineering: A Defense and Critique from a Confucian Perspective
嚴金海、彭妍婕、 楊 越 Yan Jinhai, Peng Yanjie and Yang Yue	張仲景醫學倫理學思想述評 The Medical Ethics of Zhang Zongjing
王 珏 Wang Jue	重審生命倫理學視域下身體話語的地位——以臨終決策為線索 The Role of Discourse on the Body in Bioethics: End-of-Life Decision Making



《中外醫學哲學》
*International Journal of Chinese &
 Comparative Philosophy of Medicine*
 Vol.13 No.2 2015

醫學模式
 Models of Medicine

本期編輯：范瑞平
 Issue Editor: Fan Ruiping

<p>王珏、范瑞平 Wang Jue and Fan Ruiping</p>	<p>導論：醫學模式與宗教關懷 Introduction</p>
	<p>主題論文： Theme Articles:</p>
<p>孫慕義 Sun MUYI</p>	<p>身體倫理醫學模式對生物—心理—社會醫學模式的 “僭越” Beyond the Bio-psycho-social Model of Medicine: The Transcendence of Body Ethics</p>
<p>李瑞全 Lee Shui Chuen</p>	<p>中國文化中的人論與醫學：儒家之醫學模式 Humanity and Medicine in Chinese Culture: A Confucian Medical Model</p>
<p>Jeffrey P. Bishop</p>	<p>從“生物醫學模式”到“生物社會心理精神醫學模式”—— 西方醫學史的教訓 From Biomedicine to Biopsychosociospiritual Medicine: A Lesson in the History of Medicine in the West</p>



《饒宗頤國學院國學叢書》第二卷
 《先秦諸子與戰爭倫理》
*Collected Essays from the Conference on
 Pre-Qin Philosophers and War Ethics,
 Volume 2 of Library of Classical Learning*

主編：羅秉祥
 Editor-in-chief: Lo Ping Cheung

出版社：中華書局（香港）有限公司
 Publisher: Chung Hwa Book Co., (H.K.) Ltd.

羅秉祥	序
兵家篇：	
羅秉祥	《孫子兵法》與戰爭倫理：古代爭議與當代討論
李桂生	吳齊兩孫子戰爭倫理觀之比較——兼論春秋戰國戰爭倫理的演進
田旭東	貴族戰爭的終結與軍事規律的蛻變——以《司馬法》和《孫子兵法》為例
儒家篇：	
陳強立	戰爭行為的正當性：先秦儒家的立場
陳捷	孔子之戰爭觀管窺
余治平	有文事者，必有武備——孔子之軍旅事蹟與戰伐主張考論
白彤東	仁責高於主權——孟子的正義戰爭觀
道家、墨家、雜家篇：	
朱光磊	老子的反戰思想
黃蕉風	墨家「愛與和平」之道，新的「全球倫理黃金律」——「兼愛」價值新詮
張穎	論《呂氏春秋》的義戰觀
詹康	先秦時代對征伐侵略戰爭的證成
文獻篇：	
湯淺邦弘	「水戰」的思想——銀雀山漢墓竹簡「十陣」
竹田健二	戰國時代兵家關於「氣」的思想與新出土文獻

第十屆“建構中國生命倫理學”研討會

將於2016年6月22-24日在香港舉行。

講員及題目：

- 尤晉澤 從“二孩排斥”淺析中國哲學視閥下的倫理適用
- 吳靜嫻 中國醫療服務價格政策演變的倫理反思——基於儒家生命倫理學基本原則
- 李建會 胚胎基因設計的倫理問題研究
- 李瑞全 中國生命倫理學之方向與基本原則
- 范瑞平 十年一思：建構中國生命倫理學的一些理論及現實問題
- 徐漢輝 從中西親子關係理論差異看家庭本位思想在中國社會的適用性
- 翁若愚 儒家觀點看遠距照護
- 耿 希 互聯網時代的患者隱私保護新形勢
- 張 穎 中國醫改中市場化的困境——從魏則西事件說起
- 張海洪 仁愛與責任：中國受試者保護語境中一種溫和家長主義模式的辯護
- 張舜清 關於建構中國生命倫理學的宏觀思考
- 曹 雋 中國墮胎氾濫問題的成因與對策分析——基於H省D市的調查
- 郭玉宇 傳統誠信觀對基因倫理的當代啟示
- 陳浩文 醫療成本效益與公平的矛盾：中西文化的異同
- 陳強立 從後設哲學論中國生命倫理學的建構工作
- 陳翠婷 《莊子》生死智慧對臨終者的生命關懷
- 陶應時 編輯人類胚胎基因的倫理悖論與現實解決路徑
- 賀 苗 儒家倫理對輔助生殖技術的價值評判與思考
- 葛 賢 臨床護士護理倫理認知、踐行現狀調查及對策分析
- 蔡 昱 論本真的醫患關係——互慈和創的仁愛的共同體
- 鄧 蕊 生殖系基因編輯的中國哲學思考
- 韓躍紅 生命決策中的家庭協商
- 簡小烜 嚴重缺陷新生兒醫療決定權的倫理學研究——基於西方個人自主和儒家家庭自主決定
- 羅秉祥 生殖科技倫理的跨文化反思
- 邊 林 我們應當轉向醫療個人主義嗎？——中國醫療機構《病歷書寫基本規範》的倫理審視

Military Ethics Workshop

Date: 2-6 November 2016

Speakers and topics

Mainland China

BAI Tongdong, Fudan University

Humane Responsibility Overrides Sovereignty—on Mencius's Just War Theory

CHEN Wei, China Institute of International Strategic Studies

CHEN Yudan, Fudan University

“Paradox of Human Security”: from the Perspective of Just War Tradition

HE Huaihong, Beijing University

Just War or the Constraints on War? Exploring a Proper Name for Theory about War

LIU Tiewa, Beijing Foreign Studies University

REN Xiao, Fudan University

The Moral Dimension of Chinese Foreign Policy

SHANG Wei, PLA Academy of Military Science, Beijing

Military Ethics in Chinese War Movies and TV

Hong Kong

Jonathan CHAN, Hong Kong Baptist University

Confucian Military Ethics in the Late Qing Dynasty

Yvonne CHIU, University of Hong Kong

The Concept of Fairness in Comparative Just War Theory

P C LO, Hong Kong Baptist University

How does the PLA Understand Military Ethics? Analysis of the 2004 Textbook

Ellen ZHANG, Hong Kong Baptist University

Statecraft & Warfare: Wei Yuan's Configurations of Confucianism and Daoism on Proactive Military Defense in the Late Qing

USA

Ed BARRETT, U.S. Naval Academy

Human Dignity and Rights Forfeiture in Western and Neo-Confucian Thought

Joel BROWN, US Air Force Academy

Ethics of Deterrence Theory

Martin COOK, U.S. Naval War College

The Law of the Sea and Continuing Issues in the South China Sea

Michael GROWDEN, US Air Force Academy

The Normative Grounds for Postwar Obligation

Simeon ILESANMI, Wake Forest University

Anti-corruption as a Just Cause: The Priority of Jus ad Bellum in Just War Discourse in Contemporary Africa

James T. JOHNSON, Rutgers University

Theoretical vs. Practical Considerations in Doing Comparative Military Ethics: an Engaged View

John KELSAY, Florida State University

God's Warriors: Individuals and the Rights of War in Christianity and Judaism

Mark METCALF, University of Virginia

“In the Service of Military Combat Preparations”: A Survey of 21st Century Scholarship on the Role of Military Ethics in Warfare

Sumner B. TWISS, Florida State University

Mao Zedong's Military Ethics

UK

Peter LEE, Kings College London/Royal Air Force College

Politics & the Limits of R2P; Syria & Moralities in Conflict: Exploring the Tensions between State Rights-based Just War Reasoning and Emerging Individual Rights-based Just War Approaches

David WHETHAM, King College London/UK Defence Academy

Comparative Military Ethics Education

ETHICS AND SOCIETY NEWSLETTER



A Publication of the Centre for Applied Ethics, Hong Kong Baptist University

Director : Professor LO Ping-cheung
Centre for Applied Ethics
Hong Kong Baptist University
Kowloon Tong, Hong Kong

Tel: (852) 3411-7274

Fax: (852) 3411-5151

E-mail: cae@hkbu.edu.hk

Web: <http://cae.hkbu.edu.hk>

Editorial Board

Editor-in-chief : Professor LO Ping-cheung
Executive Editor : Dr. Ellen Y. ZHANG
Members : Dr. Jonathan K. L. CHAN

- * *The opinions expressed in this publication are not necessarily those of the University, or members of the Editorial Board.*
- * *Reproduction is permitted for educational purposes, but users are requested to credit **Ethics and Society: Newsletter of the Centre for Applied Ethics and the author(s)**. A copy of the reprinted material should be sent to the Editorial Board.*

**CENTRE FOR APPLIED ETHICS
HONG KONG BAPTIST UNIVERSITY**

34 Renfrew Road
Kowloon Tong
Hong Kong

PRINTED MATTER

ETHICS AND SOCIETY

Vol.1.22 June 2016

NEWSLETTER