

Biomedical Ethics From a Buddhist Perspective

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INTRODUCTION

The development of modern biomedical science and biotechnology has created complex situations which become increasingly more serious each day. These situations present greater ethical dilemmas than have ever existed. Society and individuals are confronting profound moral dilemmas, requiring an entirely new field of ethics, called "biomedical ethics." This new branch has grown more rapidly in the last few years than any other branch. Biomedical ethics is a prevalent topic today among ethicists, as well as in the mass media.

We can find a tremendous amount of literature by authors who bring the Christian viewpoint to the decision-making process in biomedical issues. Numerous books and articles have made substantial direct and indirect contributions to contemporary American society. Comments, opinions and suggestions are constantly being requested from various Christian moral theologians by members of the media; and the latter have taken the initiative to provide their own perspective as opportunities arise and are actively attempt to resolve contemporary biomedical ethics problems.

On the other hand, it is difficult, if not impossible, to find Buddhist contributions towards solving these biomedical problems. There may be good reasons for Buddhists not engaging in these discussions.

However, the silence of Buddhists regard-

ing biomedical issues does not mean that Buddhism is incapable of providing answers to these questions. I boldly assert that Buddhism is fully capable of presenting a solid and universal approach to contemporary biomedical ethics. As the Christian perspective towards biomedical ethics is rooted in Christian theology, Buddhism has its own perspective towards biomedical ethics. There are ethical principles in Buddhism which can easily be applied.

By applying early Buddhist teachings, theories, ethical principles, anthropology and philosophy integrally, I will attempt to find Buddhist perspective to some essential biomedical issues, such as abortion, suicide, contraception, in vitro fertilization, patient/physician confidentiality, and quality of life.

The purpose of this paper is to draw the attention of Buddhist scholars to serious discussion of contemporary biomedical issues. This paper is only a simple and unsophisticated attempt to solve these problems by using some Buddhist principles.

ABORTION

What is Abortion?

Abortion is divided into two kinds: spontaneous abortion and induced abortion. Spontaneous abortion is usually referred to as a miscarriage, which is beyond the scope of

ethics. Induced abortions are classified into two types: therapeutic and non-therapeutic. Therapeutic induced abortion is a medical procedure performed by a licensed physician when there is a threat to the life of the mother, and usually regarded as a legitimate practice. Non-therapeutic induced abortion was banned by law, but later legalized in some states such as California. In 1973, the U.S. Supreme Court liberalized abortion and over a million pregnancies are now aborted annually. Although non-therapeutic induced abortion is now protected by law, the issue of its ethicality is still discussed and debated by ethicists. From a Buddhist view, both therapeutic and non-therapeutic induced abortion are equally debatable. However, let us discuss the validity of non-therapeutic induced abortion from a Buddhist perspective.

Regarding the process of fetal development, the *Mahātāṇhāsāṅkhaya Sutta*, an early Buddhist text, explains it as follows: conception is possible only by a successful conjunction of three causes and conditions: (1) union of a sperm and ovum, (2) the mother's fertile period, and (3) arrival of consciousness.¹ According to this, a new life starts at the very moment of conception. It is also worth mentioning that Buddhism believes that however premature and small this fetus is, compared to an adult, in this fetus, all physical and psychic attributes are already latent,² although not fully developed. In this regard, this living being called a fetus is another individual, having all psycho-physical phenomena. Thus, in Buddhism, abortion is regarded as an act of taking the life of a living being.

Why does Buddhism discourage the taking of a life of a living being? It is because, according to the Buddha, for every single living being, the most dearest is one's own life.³ All beings fear pain, harm, and suffering, and seek comfort and fearlessness. This is one of the most basic teachings which can be applied to all biomedical issues. Of all living beings, whether out of the womb or inside the womb,

whether human or non-human, the most precious and dearest is one's own life. Taking someone's life means you accept the idea that someone else can take your life against your will. Since this is not so, in Buddhism, taking life is not regarded as correct action. Buddhism uses the term skillful and unskillful (*kusala* and *akusala*) instead of right and wrong.

In Buddhism, "wrong" action is called unskillful action, because it always brings suffering and pain as its result. Buddhist ethics does not discuss morals for morality's sake. We cannot trace any ontological concept of sin, or evil in Buddhist ethics. Thus, unskillful actions are discouraged because they result in suffering.

Harmful Action

In advising the seven-year-old monk Rahula, the Buddha clearly taught the criteria of skillful action (*kusala kamma*) and unskillful action (*akusala kamma*) as recorded in *Majjhima Nikāya*. The list of criteria given to Rahula are divided into Unskillful Action (*akusala kamma*) and Skillful Action (*kusala kamma*) as follows:

1. Unskillful Action
(*Akusala Kamma*)
 - a) actions harmful to oneself
 - b) actions harmful to others
 - c) actions harmful to oneself and others
2. Skillful Action
(*Kusala Kamma*)
 - a) actions beneficial (or not harmful) to oneself
 - b) actions beneficial (or not harmful) to others
 - c) actions beneficial (or not harmful) to oneself and others⁴

These are the most fundamental Buddhist

ethical principles which Buddhists can apply to any decision making.

Abortion can bring physical damage to the woman in the form of hemorrhage, sterility or infection. Besides physical damage, abortion more gravely harms the psychological health of the woman, producing mental suffering and pain in the form of guilt, self-accusation, self-torment, anger, frustration, fear, hatred, depression, and remorse.

Abortion not only harms the woman herself, but it also could harm others. For example, physical and mental damage may extend to the woman's family.³ Further, more importantly, the fetus would be harmed to the ultimate level.

In Buddhism, the so-called "individual" is represented by the term *nāmarūpa* or a psycho-physical unit, composed by the corporeal factor (*rūpa*) and incorporeal factor (*nāma*). All living beings are composed of the aggregates of the mind and the body. In Buddhism, those whose minds and bodies are functioning are regarded as living beings. As long as consciousness is functioning, craving (*taṇhā*) is there, except within an enlightened one. As long as craving is there, there is fear. Where fear is, pain arises. So, no matter how small a living being is, like an ant, as long as this being has consciousness, the fear and pain which it experiences when it is harmed is not less than that of other living beings. Likewise, in the consciousness of a fetus, craving, fear, and pain equally arise when harm is rendered.

From the Buddhist point of view, it seems that by having an abortion, a mother is creating a great deal of pain and fear of death in the fetus. Actually, the fetus is the very one who experiences the greatest physical and psychological pain and fear.

Looking at abortion using this Buddhist criteria, abortion is an action which harms both the woman herself and others. It can be categorized as the most unskillful action

(*akusala kamma*) among the three types of unskillful actions. This may be only a one-sided application of the criteria of skillful and unskillful action. Each situation is different, so we need further discussion on this subject.

Law of Kamma

One of the most important and particularly Buddhist reasons for discouragement of abortion derives from the teaching of the law of *kamma*.

In Buddhism, the action of the mind is given closer consideration than the action of the body and of speech. The Buddha clearly says, "Volition (*cetanā*) is action (*kamma*)."⁴ According to the law of *kamma*, to perform the action of killing or any other unskillful action, one would be motivated by greed, hatred and ignorance.

Unskillful action is rooted in one or all of the above negative emotional states. Once one does the action again, it enhances the intensity of those basic negative emotions. Then the tendency to perform the unskillful action becomes more intense. This is the process of learning a negative habit. This is called, in Buddhist terms, 'accumulation of bad *kamma*', which will result in pain and unhappiness for the person. In this regard, the theory of *kamma* is "the theory of cause and effect, of action and reaction; it is a natural law, which has nothing to do with the idea of justice or reward and punishment."⁵

Buddhism teaches that one will become heir to whatever one does.⁶ One is the creator of oneself. The one who acts skillfully or unskillfully is the one who receives the results of the action. In the case of abortion, it is the woman herself, who would suffer the result of her *kamma*.

To Whom Does the Fetus Belong?

The abortion issue is sometimes replaced

with the issue of the woman's right to privacy.

A Buddhist Way

Buddhism teaches that the concept of "my own body" is the result of ignorance (*avijjā*). According to Buddhism (Buddhist anthropology), a human being is composed of six elements: solidity, fluidity, heat, motion, space and consciousness. All of these are interdependent, relative, conditioned and ever changing. Only a thought process makes us feel that "I" exist, or that "this is my body." The idea of "This body belongs to me" is only a phrase concept which arises by the condition of a physical organ and a sensory object reacting interdependently. In reality, nothing exists that one can claim as "mine."

Since even "my body does not belong to me," then how can one say that "a fetus belongs to me"? The parents merely provide a fetus with a material layer.¹⁰ The *Dhammapada* declares that delusion makes one say that one's body belongs to oneself or one's child belongs to oneself.¹¹

If a woman can claim the woman's right to the use of her body in the case of abortion, saying "a fetus belongs to me, because it is in my womb, therefore, I can do whatever I want to do with it," she can also claim the right to take the life of her one-day-old, one-year-old, or two-year-old child, saying, "this child belongs to me, this is mine. So I have the right to kill it." In reality, this is not so. The taking of a life within the womb, as opposed to outside the womb, is similar to the situation of a murder taking place either inside or outside of a house—there is no intrinsic difference. The Buddhist point of view regards that there is no necessary qualitative difference among a one-day-old fetus, a one-day-old baby and a fifty-year-old man.

This seems to mean that the woman does not have the right to do whatever she wants with her own fetus.

Abortion under some circumstances is justified by some modern ethicists. They argue that when a pregnancy is unwanted and abortion is contemplated, abortion under "serious reason" should not be condemned. Those reasons they claim are: rape or incest, contraceptive failure, probable genetic defects in the offspring, or economic depression. They say that abortion performed due to those reasons "need not be condemned."¹²

To allow the termination of the life of a fetus caused by rape or incest, where violence initiates life, is to allow another kind of violence towards another individual. As will be discussed later, in Buddhism, effective contraception is encouraged when the couple does not want to have any offspring. Thus, contraceptive failure, either due to the parents or the device itself, cannot be used against the fetus. In simple language, the fetus should not suffer for someone else's fault.

From a Buddhist perspective, the question of abortion is basically a matter of a life of ease or a life of difficulty for the woman. It is a matter of life or death for the fetus.

From the previous discussions, it is clearly the Buddhist way is to consider possible options other than abortion. The Buddhist way is to find the least damaging option to both parties—in this case, the mother and the child. Since abortion is the most seriously discouraged answer, the issues to be considered, discussed and acted upon are other options, such as adoption, single motherhood, assistance from family members, social organizations, and so on.

The compassionate Buddhist approach to the woman who is already considering abortion is to provide her with the correct knowledge and full information about the facts of abortion, a fetus, the law of *kamma*, the value and quality of human life, and the

knowledge of other options available. It may not be necessarily comfortable or pleasant, and may be even difficult for the woman to understand and accept. But this would give her more tools to analyze the situation correctly. In Buddhism, the gift of correct knowledge is regarded as the greatest of all gifts, surpassing any kind of material gift.

CONTRACEPTION

In the modern world, contraception plays an important role in the process of human sexuality. Here we can make use of the Buddhist theory of Cause and Effect or of Dependent Co-Arising (*paṭiccasamuppāda*). The principle of this doctrine is given in a short formula of four lines: "When this is, that is. This arising, that arises. When this is not, that is not. This ceasing, that ceases." Simply put, it means that when the causes and conditions co-exist, there is always its effect. If the causes and conditions do not exist, there is no effect.

From this teaching, it is possible to draw the following conclusion: If one does not want to have a certain effect conditioned by certain causes, one should prevent the necessary conditions from falling together. Prevention of the unwanted effect is a skillful action in Buddhism.

Unlike Christianity, Buddhism does not teach procreation as the essential purpose of marriage. In Buddhism, human sexuality is only an attempt to gratify one's sensual desire (*kāma*). Sensual desires are caused by the six sensory faculties: eyes, ears, nose, tongue, skin, and mind. Union of man and woman or two physical bodies in sexual action is the result of this desire (*tanha*) to gratify the senses, including the mind. Even the need to have a child is an extension of the same major desire (*tanha*). Thus, no particular significance is attributed to procreation in Buddhism.

What is important in Early Buddhism is that a sperm and an ovum cell are not regarded as living beings by themselves. They have the potential to produce a life by joining together, but by themselves are like a matchstick and a match box. Fire arises only with the action of striking these two objects together. Once one generates a fire, it has to be treated differently from the way one treats a match and a match box.

Therefore, based on the theory of Cause and Effect, contraception or masturbation cannot be regarded as actions of taking life. As we have discussed before, according to basic Buddhist teaching, abortion could be strongly discouraged, while on the other hand, contraception could be acceptable. Prevention of the causes and conditions of pregnancy by using harmless contraception can be more praiseworthy than getting pregnant and going through an abortion. Under these circumstances, intentional contraception can be regarded as a wise and right action.

But it is important to use harmless kinds of contraceptive devices by getting the right information and knowledge about the process of contraception. Some medication and devices abort already fertilized eggs, and yet they are sold as contraceptive devices. In this case, their use would be discouraged.

EMBRYO TRANSPLANT, IN VITRO FERTILIZATION AND ARTIFICIAL INSEMINATION

According to the scientific theory of conception, the conjunction of a sperm and an ovum is the only cause for a new life. Reproduction is subject to "a great deal of chance as to whether a good egg meets a good sperm."¹³ Science reduces it to a chance. In other words, science does not answer the question as to why all fertilized eggs do not always create a new life.

But according to Buddhism, as men-

tioned before, the conjunction of material elements of a sperm and an ovum are only one cause for new life; without arrival of consciousness—called *Gandhabba*—a new life cannot form. Buddhism does not attribute any phenomena to chance. Buddhism has no conflict in applying scientific development towards procreation, but Buddhism holds that every phenomenon is causally conditioned. As long as all the causes and conditions for the beginning of a new life co-exist, there is always its necessary effect. It is possible to fertilize a human ovum in a test tube, making it an equivalently-conditioned space like an artificially-available womb, a fetus can grow there.

In 1985, the National Center for Health Statistics said that one in nine couples of childbearing age cannot conceive easily or maintain a pregnancy.¹⁴ Childless couples have been trying many different methods in order to conceive. If the couple wants to have a baby, as long as the technology harms no parties involved, what they can do is to provide proper causes and conditions by making use of scientific knowledge and modern technology.

As long as technology brings benefits to the couple who wishes to have a child, and as long as it does not bring pain or suffering to any parties involved, Buddhism would find no conflict in applying and using modern biotechnology. This is a basic Buddhist standpoint.

SUICIDE

A 1974 World Health Organization estimate indicates that, in the reporting nations, at least 1,000 persons kill themselves everyday. During 1975, 27,000 deaths were reported as suicides in the United States. Suicide is becoming a more serious problem, especially among the young.

Suicide, however, is not a new issue and

has been recorded throughout human history. It has been discussed by philosophers and theologians such as Aristotle, Thomas Aquinas, and Immanuel Kant.¹⁵ For Aristotle, for example, suicide is “unjust” to others, but not to the self. His claim is based on the idea one can never treat oneself unjustly and that an injustice is an act done to oneself against one’s will. Aristotle thinks that suicide cannot be unjust to the suicidal person, because it is a voluntary action. He believes that one cannot intentionally hurt oneself.

From the Buddhist view, suicide is rooted in craving or greed, hatred and delusion (*tanha*): (1) The person may be dominated by greed for a better existence; (2) he/she may be dominated by hatred toward the present conditions of life; or (3) may not have clear and complete understanding of the existing conditions. All these are heavily rooted in ignorance, lack of clear and understanding of the situation.

Therefore, although Aristotle thinks that suicide is justifiable because of its voluntariness, for Buddhism, it is not. Deluded persons can always harm and hurt themselves with full awareness of what they are doing. Voluntariness itself does not “justify” an action.

For Kant, who tried to establish that the fundamental moral principle would always be self-consistent, suicide was an issue of moral dilemma, because Kant thinks that a candidate for suicide believes that “care for oneself” requires “destruction of oneself.”

From a Buddhist view, what a suicidal person wants to eliminate is not his/her own life, but his/her pain, suffering, despair, torment, affliction, or other physical or mental pains which he/she experiences. The suicidal person has confused the two (elimination of life, and elimination of suffering and pain) with each other.

In Buddhist teaching, true "care for oneself" derives only from non-greed, non-hatred, and absence of confusion or ignorance. True self-love never requires self-destruction. A good evidence for this is that modern research on suicide proves that in many suicides, individuals wish neither to die nor to kill themselves.¹⁶

From the above discussion, it is clear that Buddhism regards the suicide wish as an unskillful action (*akusala kamma*).

PATIENT/PHYSICIAN CONFIDENTIALITY AND TRUTH-TELLING

Ethics in truth telling is precisely taught in the Early Buddhist texts. In the *Abhaya-rājakumāra Sutta*, a statement is evaluated from three aspects: whether the statement is (1) true or false, (2) beneficial (or harmless) or unbeneficial (or harmful), and (3) pleasant or unpleasant. According to this, any statement which we make can be categorized under the following eight configurations:

1. true - beneficial (harmless) - pleasant
2. true - beneficial (harmless) - unpleasant
3. true - unbeneficial (harmful) - pleasant
4. true - unbeneficial (harmful) - unpleasant
5. false - beneficial (harmless) - pleasant
6. false - beneficial (harmless) - unpleasant
7. false - unbeneficial (harmful) - pleasant
8. false - unbeneficial - unpleasant¹⁷

What is most unique about the eight configurations is that the Buddha did not simply consider giving a true statement to be a proper verbal action, or a false statement to be an improper action. The Buddha carefully examined it to see if the statement is beneficial, and if the statement is pleasant. What is more important, the Buddha does not always label and "unpleasant" statement as an improper one. Further, this implies that even though the statement is true, if it is not beneficial, it is not recommended.

In this sutra, the Buddha says that the Tathagata (Buddha) makes only two types of statements: (1) true, beneficial, and pleasant, or (2) true, beneficial, and unpleasant. The Buddha says that he makes true, beneficial and pleasant statements all the time, however, he makes true, beneficial and unpleasant statements only at the proper time.

We can apply these principles taught by the Buddha in the biomedical field. Some cases of truth telling or patient/physician confidentiality present serious problems, especially when the situation is directly related with a person's life or death.

Two California judges arrived at opposite conclusions in a case of possible violation of medical confidentiality in which a man killed a woman after confiding to a psychiatrist his intent to commit the act. The psychiatrist attempted unsuccessfully to have the man committed to an institution, but because of the patient/physician confidentiality involved, did not communicate the threat to the woman when his attempt to commit the man failed.¹⁸

The judge who wrote the majority opinion in this case held that physicians generally ought to observe the protective privilege of medical confidentiality, but the principle must yield in this case to the public interest in safety from violent assault. On the other hand, the other judge disagreed, arguing that if it were common practice to break these rules of confidentiality, patients would lose confidence in psychiatrists and would refrain from divulging critical information to them.

What would be the Buddhist answer to this case? Based on the Buddhist ethical principles of harmful and beneficial statements, we can find the answer. In such a situation, the Buddhist way is to clearly understand who is in need of the most urgent protection from danger. It is apparently the woman. In this regard, Buddhists would agree with the judge

who placed the greater importance on saving a life rather than keeping a rule for the rule's sake.

QUALITY OF LIFE

The development of biotechnology and other sciences may be regarded as an advancement of mankind. But a Buddhist's question may be, "How much security or happiness does it really bring to people?" Contentment, feeling of security, or happiness is only a matter of mind. Therefore, while not discouraging the development of greater technological advances, Buddhism emphasizes the development of the mind rather than the development of other sciences which bring only a limited and temporary satisfaction. In other words, the main emphasis of Buddhism is given to the advancement of mind or mental health.

In the Buddhist perspective, therefore, quality of life or the value of a person, can be evaluated only in connection with the degree of mental development or mental health of that person.

Buddhism teaches that all human beings have the potential to possess this perfect healthy mind. There is no qualitative difference between a one-year-old child and a fifty-year-old man, as a potential possessor of a healthy mind. Qualitative difference comes only when quality of the mind is considered. What is more qualified as a human, an innocent one-year-old child or a fifty-year-old man full of human weaknesses, such as greed, hatred, and delusion? There is no necessary qualitative difference between a handicapped person and an Olympic athlete as a potential being of a healthy mind. Which is more qualified as a human, a severely handicapped person full of loving-kindness (*mettā*) or an Olympic gold medalist full of jealousy and greed.

According to Buddhism, to be born as a human being is the rarest and most precious

opportunity. Among all beings, the human being is the only one who has the potential to become perfect or be free from all suffering.

CONCLUSION

In this paper, we did not discuss issues such as euthanasia, neo-natal care or death and dying because of the limited space. However, I believe that the above discussion based on Buddhist texts presents evidence that Buddhism can contribute to the discussion of biomedical ethics. The Buddhist way is to solve the problem in a manner which is least damaging to all the parties involved. As a responsible member of society, I sincerely hope that this attempt to introduce Buddhist biomedical ethics may be helpful when the modern world makes decisions in the future regarding biomedical issues. I also hope that the Buddhist scholarly community will address these issues more actively and come up with better solutions for many complicated problems of modern biomedical ethics.

This article is an excerpt from the author's presentation given at the International Buddhist-Christian Dialogue Conference held at G.T.U. and University of California at Berkeley, August 10-15, 1987. It represents only a minor portion of her M.A. thesis. The author encourages those who are interested in a more comprehensive treatment of Buddhist perspectives toward biomedical ethics should read the original text of her thesis, obtainable at the libraries of I.B.S. and G.T.U.

The author wishes to thank Venerable M. Seelawimala and Fr. Dr. Xavier J. Harris for the kind support given in completing this paper.

FOOTNOTES:

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3. *The Book of Kindred Sayings (Saṃyutta-Nikāya)* (The Pali Text Society edition), i. p. 102.
4. *Aṅguttara-Nikāya*. iii. p. 137.
5. *Majjhima-Nikāya*. ii. p. 89.
6. See, e.g., medical case 23.3 in *Abortion: The Personal Dilemma* by R.F.R. Gardner, 1972. p. 210.
7. *The Book of the Gradual Sayings (Aṅguttara-Nikāya)* (The Pali Text Society edition). iii. p. 294.
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17. *Majjhima-Nikāya*. ii. pp. 60-64.
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