

The globalization of ethics and balancing cultural diversity with universal bioethics

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1. The Universality and Diversity of Ethics

Ethics is a concept balancing benefits and risks of choices and decisions. The underlying heritage of ethics can be seen in all cultures, religions, and in ancient writings from around the world. We in fact cannot trace the origin of bioethics back to their beginning, as the relationships between human beings within their society, with nature and God, are formed at an earlier stage than our history would tell us.

Some trends in applied ethics are regional but most are related to some aspects of globalization, the expansion of respect for human rights, and the shift towards individualism away from communitarian ways of approaching ethics. Much attention has been given to bioethics, and inside that to medical ethics. The rapid progress of medical technology has led to challenges in the way that medicine is practiced. The existing systems and patterns that are seen in the relationships between patients, families, health professionals, and the society in general changed. At the same time, as technology was transferred, some values were also imported beyond the general acceptance that new technology must be better than old. A number of countries in Asia and the Pacific were colonized which has significantly influenced their values and practices.

There is diversity within every society over the bioethics that each person has, and the relationships that shape the balancing of principles or ideals. The interesting point for cross-cultural ethics is at what point do you call something distinctly “Malaysian” or “Asian” or “Tongan”. The question of whether there is a universal bioethics has been the topic of much dialogue in the last decade. Is there any Asian bioethic, as distinct to a Western bioethic or African bioethic? We need in-depth cross-cultural dialogue and study rather than defining one ethics as Asian and one as not. According to the popular debates in bioethics, and as adopted in the 2005 *Universal Declaration on Bioethics and Human Rights*, bioethical decision-making involves recognition of the autonomy of all individuals to make free and informed decisions providing that they do not prevent others from making such decisions. This is consistent with democratic principles, and the extent to which a society has accepted this is one criteria of the success of bioethics. However, the structured paternalism of East Asian societies is built on the idea that only the views of so-called experts should be heard. It also means that their views should not be questioned, in accordance with the traditional paternalistic Confucian, or pseudo-Confucian, ethos. Medicine is “an art of Jin”, the expression of loving kindness (Jin) by the health care professional. The main theme of Confucianist ethics was the maintenance of moral discipline for the nation, society and the home; and it was to the benefit of rulers and family leaders. Therefore, it is not surprising that many of the authorities in Asian society share this ideal because it means respect for them, and hence reject autonomy-centred bioethics. They may promulgate the idea that Chinese or Japanese are different as an attempt to prolong the Confucian ethic.

However if we look into other parts of the ancient culture we can see basic bioethical principles of autonomy and justice, non-maleficence and beneficence are seen.¹ Tsai² shows that ancient Chinese medical ethics may follow a four principles approach, but with more emphasis on beneficence than autonomy. I consider that bioethics is love of life not only in Asia. The four principles of love bioethics are self-love (autonomy), love of others (justice), loving life (non-maleficence) and loving good (beneficence).

There are other key words that emerge from Asia, such as harmony and tolerance, respect and reverence, and ambiguity. While Asia has a rich tradition in views of life, there is still a gap between the real world and the ideal that people like to talk about. Few of the ideals of respecting life are actually applied to everyday applications, and to deciding how to use medical technology. However, this may not be so different from the real world of the clinic in most societies. Comparative ethics needs to break from ethnic or cultural generalizations and start to critically examine words, motives and action.

To start a dialogue we also need to define our terms. I think there are three ways of considering what is "bioethics".

a. Descriptive bioethics. The way people view life, their moral interactions and responsibilities with living organisms in their life. One of the tendencies of bioethics has been for people to prescribe what is right and wrong, of course in their own of view. If we are trying to reach a truly global and universal description of the way people reason and evaluate moral dilemmas we have to ask people how they think. This is especially important in cross-cultural ethics.

b. Prescriptive bioethics. To tell others what is good or bad, what principles are most important; or to say something/someone has rights, and others have duties to them. This is important in policy, and international cooperation in research and practice does require a predicatable policy for the scientists, industry and governors of technology.

c. Interactive bioethics. Discussion and debate between people, groups within society, and communities about descriptive and prescriptive bioethics. New models of dialogue have emerged such as bioethics committees. Ethics committees often have a broader mandate for ethical and philosophical discourse than the more clinical/legal institutional review boards (IRBs).

When we ask whether Asian bioethics is special we can consider whether there is a special world view? In Asian style democracy public opinion is seldom influential in determining public policy and there are no effective means used by the public to change policy. The adoption of bioethics and bioethical reasoning is part of an ongoing transformation of modern Asian culture. In most Asian countries no truly open national forum has existed for any major policy, and the establishment of multi-disciplinary for a such as ethics committees represents in itself a transformation of society structure. Particular issues may spark this transition, and issues such as genetic diagnosis, organ transplants and brain death, and genetics and reproductive technology, are typical examples.

From the results of the International Bioethics Survey conducted in 1993 in 10 countries

¹ Darryl RJ Macer, *Bioethics is Love of Life* (Christchurch: Eubios Ethics Institute, 1998).

² Daniel F-C. Tsai, 'Ancient Chinese medical ethics and the four principles of biomedical ethics,' *Journal of Medical Ethics*, Vol. 25, No. 4 (1999), pp. 315-21.

in the Asia Pacific Region (Australia, Hong Kong, India, Israel, Japan, New Zealand, the Philippines, Russia, Singapore, Thailand), we can see many people perceive simultaneously both benefits and risks from science and technology.³ The diversity of reasoning exposed in the survey on a variety of questions was independent of education or age, and similar diversity of reasoning was found among members of the public, high school biology teachers, and scientists. The overall statistical results are similar to results of surveys in Australasia, Europe, India, Russia, Thailand and the U.S.A.

The societal progression from paternalism to informed consent is occurring later in Asia than it did in North America and Western Europe. However there is a clear change underway.⁴ One example is truth telling, which is not only related to prognosis of cancer, but also to the issue of presymptomatic genetic diagnosis. Who should be told the truth about medical diagnoses first? The patient or the family, or no one? The issues are faced in not only Asia, but in most traditional societies. In Japan half the doctors will tell the truth about terminal cancer, however in Vietnam only one fifth will do so. When the change in public opinion on the desire to be told the truth about their disease actually occurred – and in fact whether there was a change in this desire to know what was happening at all, is unknown. It could have been merely a recognition of civil rights that acknowledged this desire to know what was happening, and there may not be any change in desire to know what is happening from the patient's perspective over recent years. The patients are more able to express themselves now.

The common response to "paternalism" is against dominant health care professionals who despite a general public desire to know the truth, think it is not in a patient's best interest to be told or else do not feel competent to explain and counsel the patient. Some health care professionals may consider that the family knows the patient better than they, and share the responsibility of consultation with family members. In this case rather than individual autonomy we can consider this to be "familial autonomy".⁵ There are some families in all societies who function as one, and other families that function as relationships between individuals. It may be difficult to know which type of family each one is unless a physician knows them for some time.

Organ transplants have generated much debate within some countries, and are now the subject of an illegal international organ trade. Despite the practice of transplants and questions of consent and commerce in Chinese, Indian and Philippine practice⁶, Japan only accepted the option of organ transplants from brain dead donors in 1997, and South Korea in the year 2000. The long public debate has made most people in Japan aware of

³ Darryl RJ Macer, *Bioethics for the People by the People* (Christchurch: Eubios Ethics Institute, 1994).

⁴ Akira Akabayashi and Michael D. Fetters, 'Paying for informed consent,' *Journal of Medical Ethics*, Vol. 26, No. 3, (2000), pp. 212-4; Atsushi Asai, 'Barriers to informed consent in Japan,' *Eubios Journal of Asian and International Bioethics*, Vol. 6, No. 3 (May 1996), pp. 91-3.

⁵ Darryl RJ Macer, 'Bioethics in and from Asia,' *Journal of Medical Ethics*, Vol. 25, No. 4 (1999), pp. 293-5.

⁶ Carl Becker, 'Money talks, money kills - The economics of transplantation in Japan and China,' *Bioethics* Vol. 13, No. 3, (1999), pp. 236-43.

the terms at least, and more Japanese would no what is brain death than people in most other countries who immediately accepted the medical view.⁷ Within Japan this issue became a catalyst for extensive dialogue between different sectors of society since the 1970s, and still today.

When individuals in Asia are asked to give their reasoning for their opinions over bioethical issues such as genetic manipulation of humans or animals, there is as much variety in opinions expressed by members of the general public in any country. Many people perceive simultaneously both benefits and risks from science and technology. Some issues such as genetically modified food, and modern biotechnology have led to dialogues, although often the ideological divides create antagonism that prevents real dialogue. Assisted reproductive technology is being used in Asia, in countries with low birth rates like Japan, and those with high birth rates like India. Dialogues are essential for different groups to understand new technology, and genetics has been a catalyst for broader forms of ideological dialogue. Networks and associations such as Eubios Ethics Institute and the International Association of Bioethics were formed so that persons on divides of ideas, be they technophiles, doubters or technophobes can coexist and learn from each other.

2. The Universal Declaration on Bioethics and Human Rights

UNESCO has taken up some of these challenges of ethics through the establishment of the Division of Ethics of Science and Technology in 1993, and the establishment of the International Bioethics Committee (IBC) in the same year. The IBC is a forum of individuals from around the world and with expertise in many specialties, who has debated a range of issues of bioethics. The implementation of international standards that have been developed from that work in ethics of science and technology and bioethics is important, and there are three International Declarations on Bioethics unanimously accepted by UNESCO General Conference (Universal Declaration on the Human Genome and Human Rights, 1997; International Declaration on Human Genetic Data, 2001; Universal Declaration on Bioethics and Human Rights, 2005).

The most recent Declaration is an overarching document, and it represented a challenge of debate on ethics of a global nature. In application of Resolution 24 adopted by the UNESCO General Conference at its 32nd Session in October 2003 and in accordance with a tight timetable, the drafting process of a declaration on universal norms on bioethics began in January 2004. There were broad consultations on the scope and structure of the future declaration and a number of drafts.⁸

While the declaration focuses primarily on the human being, it recognizes nevertheless human duties and responsibilities towards the biosphere and affirms the need to deal with all aspects of the biosphere through the elaboration of guidelines and international instruments, as appropriate, on ethical principles related to the environment and other living organisms. The principles in the Outline are set out with a distinction between

⁷ Masahiro Morioka, 'Bioethics and Japanese Culture: Brain Death, Patients' Rights, and Cultural Factors,' *Eubios Journal of Asian and International Bioethics*, Vol. 5, No. 3, (May 1995), pp. 87-91.

⁸For details of the process see www.unesco.org/bioethics.

general principles, derived principles, procedural principles and procedures. Thus, fundamental principles are the basic principles that cannot be justified by any other principle, whereas the derived principles that can only be justified by one or more fundamental principles, without implying any hierarchy of these principles. The procedural principles and the procedures describe the rules to follow and the framework to be put into place for the application of the principles. It is now a challenge of implementation by UNESCO across the world, and in the Asia-Pacific region, by the Asia-Pacific regional office in Bangkok. The programs respond to the global calls for bioethics debate and discussion, including establishment of programs in bioethics education and of ethics committees. Regional and National workshops and seminars to increase knowledge and awareness of these Declarations for Policy Makers, Parliamentarians, health care professionals, academics and civil society groups, are being conducted which involve many discussions of culture and science.

The Division of the Ethics of Science and Technology in Paris HQ acts as the Secretariat of two bioethics advisory bodies (the IBC and the Inter-governmental Bioethics Committee), and the World Commission on Ethics of Science and Technology (COMEST). In 2005 the IBC and COMEST had their meetings in the Asia and the Pacific region. In addition there has been additional feedback from other experts on specific consultations with UNESCO Paris and Bangkok, and the emergence of the UNESCO Asia-Pacific School of Ethics. UNESCO is providing opportunities for cross-cultural dialogue and feedback from ongoing pilot projects in the region, with large meetings such as UNESCO Bangkok Bioethics Roundtables, Ethics Workshops on focused themes, and a range of subregional and national workshops and seminars to increase knowledge and awareness of these Declarations.

UNESCO is also attempting to generate sustainable ethics teaching and promotion programmes, supported by coordinated (between HQ and RUSHSAP) comprehensive databases of experts, existing professional networks, international legal instruments, national legislation, codes of ethics, institutions, and current teaching curriculum and research activities in bioethics. By consultations of ethics experts UNESCO is mapping and evaluating pilot programmes in bioethics education, has developed a region-wide teaching programme on ethics. Developing sustainable methods for evaluation of ethics teaching at all levels across the region is important. Networking partners in the development of ethics teaching in the region is ongoing and in 2006 the UNESCO Asia-Pacific Conference on Bioethics Education led to the development of a Joint-Plan of Action for Bioethics Education. The assembly and maintenance of on-line free access teaching resources, and links to all regional laws and guidelines related to professional ethics, including environmental ethics, ethics of sustainable development, bioethics, science ethics and cyber ethics is intended to add dialogue. Establishment of documentation centres in the region has also started, with one in UNESCO Bangkok being established in 2006. UNESCO is also mapping the types of Codes of Ethics for Scientists and Engineers in general.

3. Inter-regional Philosophical Dialogues

The UNESCO Interregional Philosophical Dialogue aims to encourage open and productive dialogue to fight against the current forces of cultural imperialism and globalization. English has become a common international language, yet even those who

write in English are not evenly represented in the information media. The majority of the world's population live in Asia, the popular international religions of the world originated in Asia, the world's largest English-speaking country (India) is in Asia, and most people are using products made from Asian-based companies. Considering this, we may ask why there have hitherto been so few papers from Asia published in academic literature? Why do so few scholars from Asia study in Arabia, or Africa, and vice-versa? Moreover, some argue in the name of globalization or a tradition like secular humanism, that not only is there one Truth, and that they uniquely have it. Inter-regional Philosophical Dialogues provide an opportunity to take a fresh look at the potential that dialogue holds in a globalized world. It is imperative that we place strong significance on the concept of dialogue and seek dynamic and global strategies that reinforce its relevance and its strength. Dialogue can be a tool of transformation, as well as working for tolerance and peace. Rather than universal monopoly of ideas we need to strive for recognition of universal diversity and pluralism that will enable engagement.

Philosophical dialogue among people from different regions has occurred in history, and there is no civilization on earth that has not been enriched by contact, interaction and exchange with others. In fact if we examine the cases where cultural exchange did not leave a welcome legacy, it is often in cases of colonization of ideas and much of the world. Many conflicts have been fuelled by retreats into a particular religion or spiritual tradition to the exclusion of all others. One of the objectives of philosophical dialogue of UNESCO is to highlight the dynamic interplay between spiritual traditions and their specific cultures by underlining the contributions they have made to each other's development, through the discovery of common heritage and shared values.

One of the responses to globalization has been the rise of separatist movements based on claims to cultural specificities, with dire consequences of war. This highlights our collective duty to promote and to establish a framework for intercultural and philosophical dialogue. Part of the purpose will be in education of inter-cultural dialogue, through the promotion of mutual knowledge and sensitivity to others.

With its Interregional Philosophical Dialogue programme, UNESCO is working to ensure that dialogue among cultures, religions and spiritual traditions underpins the fundamental objectives of building peace, security and sustainable development. Such dialogue contributes significantly to reflection on such key contemporary issues as peace, globalization, human rights, democracy, development and forms of cultural and religious exclusiveness. UNESCO proposes to act as an interface for the formation of dynamic networks of philosophers from different parts of the world, and particularly from regions between which there is no tradition of philosophical dialogue. Meetings organized within the framework of this programme aim to foster constructive, free, open, and critical dialogue between philosophers from regions such as Asia and Arabia.

The meetings organized so far within the context of this programme have addressed questions such as: Why is interregional philosophical dialogue important today? In what way could philosophical dialogue contribute to the development of the study of philosophy? What are the necessary elements required for such a dialogue? What are the objectives in establishing such a dialogue? Which themes/problems should such dialogues focus on? What action plan should UNESCO take up in order to launch a successful programme of interregional dialogue? What methodologies could be employed to teach Asian philosophy in different parts of the world, such as Africa and Latin

America? What types of programmes directed at capacity-building and the exchange of ideas could be considered that would offer young philosophers a possibility for reciprocal learning? How can an understanding of each other's traditions of thought be promoted in the two regions?

In the framework of a philosophical dialogue between Asia and the Arab region, two events have already taken place. The dialogue between these two regions was launched with a brainstorming meeting held in November 2004 in Paris. The philosophers present at the meeting underlined the need for an Asian–Arab philosophical dialogue to counter the obstacles of prejudice and fanaticism and to narrow the cognitive gulf between the two regions. The next Asia-Arab interregional conference was in November 2005 in Seoul, Republic of Korea. There were papers looking at Philosophical Traditions and Critical Reconstructions in Asia and the Arab World, Social Justice and Human Rights as Challenges of Globalization, Comparative Models of Democracy, and Preserving Identity and Preventing Exclusion. One of the common reflections was that as a result of globalization there had been few chances in recent history for dialogue, although these two regions had an ancient history through the Silk Road of cultural exchange. The need was expressed by philosophers for longer periods of interaction in order to have a deeper understanding of the positions of the other on common philosophical questions, and they called upon UNESCO to help provide such opportunities. The next meeting will be in Morocco in 2006, and more will follow in coming years. Members of APPEND will be critical to the success of this endeavour.

A similar series of meetings are being held within the framework of a philosophical dialogue between Africa and Latin America, following the same process as those concerning philosophical dialogue between Asia and the Arab world. The meetings held demonstrated the enormous interest in initiating and strengthening interregional exchanges between philosophers from various regions of the world. Unfortunately we currently lack the financial means to bring all the philosophers in these regions who wish to participate in such conferences together, but with the cooperation of existing forums for dialogue, together we can awaken the calling of philosophers to break the barriers of geography and other causes of separation, and expand these dialogues. Such dialogues correspond to the United Nations Global Agenda for Dialogue among Civilizations.

4. Mental mapping and the behaviourome

One of the most interesting questions before a thinking being is whether we can comprehend the ideas and thoughts of other beings, and conversely whether they can also read our mind. Although the human mind appears to be infinitely complex and the diversity of human kind and culture has been considered vast, in 1994 I made a hypothesis that the number of ideas that human beings have is finite, and in 2002 I called for a project to map the ideas of the human mind.⁹ Since then some have started to embark upon a human mental map with the goal of describing the diversity of ideas a human being makes in any given situation or dilemma. I call this the behaviourome¹⁰ or human mental map. Such a map is not of a physical structure but a map of ideas.

⁹ Darryl RJ Macer, 'The next challenge is to map the human mind,' *Nature*, Vol. 420, (2002), pp. 121.

¹⁰ Behaviourome@yahoogroups.com

There are several uses of such a project to make a human mental map. These include:

- 1) To understand ourselves, and whether the number of ideas is really finite.
- 2) To compare mental maps and idea diversity between persons and species.
- 3) To aid in policy making to make policy that respects the diversity of people in a culture, and globally. This would help develop bioethics for the people by the people.
- 4) If we can make individual mental maps, this would offer persons assistance when making moral decisions. This would give them a chance to consider all their ideas, and to make a more considered moral choices. This would also be useful in the testing and implementation of better bioethics education.

An idea mapping project has to start with a working definition of what would be counted as an idea.¹¹ We could define an idea as the mental conceptualization of something, including physical objects, an action or behaviour that was made or could be made in the future, or a past, present or future sensory experience. We will only know if the number is finite after we map the ideas and the way they are linked together. We need to develop a common framework for interdisciplinary studies of human ideas.

The current human mental map is a five dimensional model including points which represent ideas on a matrix for all the types of ideas (ten colours at present) within a framework of seven sides. The seven sides are self-love, love of others, loving good, loving life, loving harm, memories and hopes. Memories include our biological, social and spiritual heritage.

On the map ideas are not single points but spheres of varying intensity, sometimes merging with others - and a person's response to each dilemma links some of these ideas.

There are a total of nine methods groups each exploring different ways to map ideas, and these are listed on the Internet site Behaviourome@yahoo.com. They include:

- 1) Matrix Mapping of Ideas Relating to Bioethics Choices from Biotechnology
- 2) Introducing the Elementary Pragmatic Model (EPM) in the Behaviourome
- 3) Ideas Counter and Software Testing
- 4) Testing of the Ten Ethical Laws Of Robotics in a Cross-Cultural Matrix
- 5) Evolution of Thinking and Ideas
- 6) Can Any Physical Model Map Human Insight and Creativity, or is There Something Metaphysical About The Mind?
- 7) Integrative Mapping of All Ideas and Integrative Ethical Decision-Making and Behaviour
- 8) 'One Page Management System' Instead of Prose Mode
- 9) Universal Functional Reductionism in Integrative Mental Mapping: The Tenth Class of Cosmist Creative Ideas

Through the testing of cases in applied ethics we will be able to provide a framework for dialogue among specialties and some way forward to mapping of ideas. We may be able to examine the real impact of globalization on ideas.

5. The way forward

We can ask how do we form a mature society full of well informed and balanced

¹¹ Darryl RJ Macer, 'Finite or infinite mind? Proposal for an integrative mental mapping project,' *Eubios Journal of Asian and International Bioethics*, Vol. 12, No. 6, (November 2002), pp. 203-6.

persons? Bioethically mature means a person, or a society that can balance the benefits and risks of alternative options, and make well-considered decisions, and talk about it. How can national governments and transnational professional organizations apply these standards into the cultural milieu of communities that were found to have significant variations in the willingness to employ technologies that would enhance the genetic structures of organisms in the environment, or human beings themselves? If questions of economics over-ride all other questions of human existence we will have lost much of our human diversity and ideas.

The word "bioethics" means the study of ethical issues arising from human involvement with life, and I have called it simply the "love of life".¹² Love is the desire to do good and the need to avoid doing harm. It includes love of others as oneself, the respecting of autonomy. It also includes the idea of justice, loving others and sharing what we have - distributive justice. We can show the imperatives of love in the following sentences when applied to technology.

- The ethical principle of loving good, beneficence, supports the development of science and technology that might cure sick persons or feed hungry people.
- Respect for the ethical principle of self-love, autonomy, supports empowerment of people so they can access technology according to their values (e.g. medicines).
- The ethical principle of loving life, do no harm, warns us to do technology assessment on all options, current and new, to provide the best alternative for the local situation now. New technology may do less harm to environment or to people's health.
- The ethical principle of loving others, justice, makes us consider the risks for future generations, and for all to share in the fruits of scientific endeavour.

In conclusion, if we are able to approach dialogue with our common underpinning of love we will be able to face globalization in a way to benefit from our cultural diversity and learn from each other.

Biodata

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¹² Darryl RJ Macer, *Bioethics is Love of Life* (Christchurch: Eubios Ethics Institute, 1998).

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