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A Chinese perspective on the concept of common morality by Beauchamp and Childress

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Abstract

T.L. Beauchamp and J.F. Childress are American bioethicists. They formulated four clusters of principles of biomedical ethics in their book, "The Principles of Biomedical Ethics.” They are the Principle of Respect for Autonomy, the Principle of Non-Maleficence, the Principle of Beneficence, and the Principle of Justice. Beauchamp and Childress also developed their theory of common morality as the source of considered judgments for the principles and the method of bioethics. These principles and common morality are used internationally and successfully. This book has been revised to the seventh edition to allow for improvements. The principles are being used in China, but the understanding of common morality is not enough. This paper studies the implications of common morality. This work is useful for the development of Chinese bioethics.

Introduction

Professors Thomas L. Beauchamp and James F. Childress are American bioethicists who formulated four clusters as principles of biomedical ethics in their book “The Principles of Biomedical Ethics”. Professor Beauchamp received graduate degrees from Yale University and Johns Hopkins University, where he received a Ph.D. in 1970. He then joined the Philosophy Department at Georgetown University, and in mid-70s accepted a joint appointment at the Kennedy Institute of Ethics where he later served as Professor of Philosophy and Senior Research Scholar. His research interests include the ethics of human-subjects research, the position of universal principles and rights in biomedical ethics, and methods of bioethics. In 1975, he joined the staff of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, where he later wrote the bulk of The Belmont Report (1978).

Professor Beauchamp thinks that a method based on principles can work well for medical ethics. In 1998, he published the paper “An Inquiry concerning the Principles of Morals” (Oxford: Clarendon Press, 1998). In 2010, he published the book “Standing on Principles: Collected Essays” (Oxford University Press, 2010). The Collected Essays include his philosophical theory, principles, and methods. After finishing the Belmont Report, in 1979, he co-authored a book entitled “Principles of Biomedical Ethics”. This book has been revised to seven editions to allow for improvements from the years 1979 to 2013. This book was translated to Japanese, Polish, Spanish, Portuguese, French, Korean, and German. In 2014, the Chinese translation book was published. These books have built a philosophical and doctrinal function for American bioethics. Also "The Principles of Biomedical Ethics" has played an important role in the development of bioethics worldwide.

The Principles Approach and Common Morality

In "The Principles of Biomedical Ethics," Professor Beauchamp formulated four clusters of principles for biomedical ethics. They are the Principle of Respect for Autonomy, the Principle of Non-Maleficence, the Principle of Beneficence, and the Principle of Justice. Respect for autonomy is rooted in Western liberal moral traditions. This principle gives a central role to respect for autonomy of the subject or patient. This principle proposes an autonomous authorization model for the doctrine of informed consent and the patients’ capacities for autonomous choice, obligating the professionals to foster it in decision making.

Non-maleficence was the basic requirement of traditional medical ethics. Contrary to the other traditional standard distinctions, this principle gives considerable weight to quality-of-life judgments as to whether treatments are optional or obligatory. Beauchamp and Childress endorsed a criterion of acting as an advocate in the best interests of patients. The Principle of Beneficence includes all forms of action intended to benefit other persons. In developing the principle of beneficence, Beauchamp and Childress proposed that a person had obligations of beneficence when conditions were satisfied. Concerning the Principle of Justice, they argued that the right to a decent minimum of health care is one of universal accessibility, in a two-tiered system of health care. These principles are used internationally and successfully.

Beauchamp and Childress developed their theory of common morality as the source of considered judgments for the principles and the method of
bioethics. They regard the source of the four principles as common morality. Common morality is not merely a morality, in contrast to other moralities, but is applicable to all places, and we rightly judge all human conduct by its standards.

The following are norms that are examples (though not a complete list) of standards of action (rules of obligation) found in common morality: Do not kill; Do not cause pain or suffering to others; Prevent evil or harm from occurring; Rescue persons in danger; Tell the truth; Nurture the young and dependent; keep your promises; Do not steal; Do not punish the innocent; and Obey the law. The set of norms shared by all persons committed to morality, and the shared features are universal and pluralistic (Beauchamp 2009).

Common morality includes, in addition, standards other than rules of obligation. Here are examples (not a complete list) of moral character traits or virtues, recognized in common morality: non-malevolence; honesty; integrity; conscientiousness; trustworthiness; fidelity; gratitude; truthfulness; lovingness; and kindness. These virtues are universally admired traits of character. We can find the relationship from the norms and moral character traits in common morality with the four clusters of the principles of biomedical ethics. (Beauchamp 2009)

Interaction with Chinese bioethics

Biomedical ethical principles are being used in China, but the understanding of the implications is not enough. From the beginning of the development of bioethics in China, for the most part, it depended heavily upon the scholars who were exposed to its tenets at foreign universities or conferences. These pioneers also made persistent efforts at establishing and developing bioethics at educational, governmental, and health care levels of China. After studying bioethics in the USA, in 1987, Professor Renzong Qiu published the first Chinese book of “bioethics”. With this book, Beauchamp's and Childress's “Principles of the Medical Ethics, American Bioethics was introduced to China.

However, most Chinese bioethical text books only focused on introducing the four principles. In the early 1980s, many Chinese scholars misunderstood bioethics as a subject that specifically only used these proposed four principles to deal with ethical issues arising from the application of advanced technologies in biomedical practice. They did not understand the basic theory of common morality. After 1998, this situation was changed by some Chinese bioethicists who studied American bioethics in the USA. They came back to China or other Asian countries, and continued working on Chinese bioethics. Before that time, most Chinese bioethicists did not use more ethical theories or approaches to do philosophical analysis and discussion (Baker 2009).

During the development of Chinese bioethics, the bioethical principles were guidelines for protection of human subjects of research and clinical medical ethics. Chinese bioethicists paid attention to the ethical issues of research on human subjects. It is marked by the establishment of the Medical Ethics Committee in the Chinese Ministry of Health and Family Planning and the Committee for the Protection of Human Subjects in Biomedical and Behavioral Research. These committees have advised their administrations on the importance, meaning and possible implementation or regulation of rapidly developing biomedical technologies at the national level.

In this way, Chinese bioethics has become institutionalized through hospital ethics committees and IRBs (Institutional Review Boards). This allows for one to bring ethical questions about cases, if the hospital ethics committee is unable to provide an answer. The four clusters of principles of biomedical ethics have yet to determine the relevant doctrine to resolve the issues. Therefore, philosophers and bioethicists are expected to produce relevant analysis and arguments with the hope that after some debate, an initial consensus will be reached that can define the appropriate guidelines for practical use.

During this process, Chinese philosophers and bioethicists regarded Beauchamp and Childress’ “The Principles of Biomedical Ethics” as the only significant source for the theory of the philosophical nature and doctrinal function. After 2014, the Chinese translation of Beauchamp and Childress's book “The Principles of Biomedical Ethics” was a big help to understand the deeper meanings of bioethical principles and, in particular, the clarification of the view of common morality and the related method of reflective equilibrium for Chinese bioethicists. In recent years, a small group of scholars in the Chinese Academy of Social Sciences participated in a project funded by a national foundation researching the theories of Beauchamp’s “common morality” and the debates. This team works on conceptual, moral, methodological, and policy dimensions of the distinction between research and practice (Wang 2016).

Discussion

There are debates about whether there is universality in common morality of Beauchamp and Childress. Some have argued that particular moralities, including Confucian bioethics, differ from common morality. They disagree that common morality and Confucian bioethics could be
developed in a Reflective Equilibrium Method to create practical guidelines with varying degrees of coherence (Fan 2011). After I researched the views of Confucius, I tried to compare the principles of bioethics with the views of Confucius, doing an inquiry on common morality within Confucian bioethics, and whether Confucian bioethics could be developed to create practical guidelines with varying degrees of coherence and whether there is any possibility to harmonize American bioethics and Chinese bioethics.

I agree with some Chinese bioethicists’ opinion that there are principles inside Confucianism, and that the principles are relevant to American bioethics principles and common morality. Some Chinese bioethicists think that although Confucius’ ethics demonstrates distinctive features of deontological ethics, his philosophy is both ethical and political in its concern to promote public welfare. This duality of approach inevitably incorporates a utilitarian reasoning on certain occasions. This made Confucius’ ethics resemble that of certain contemporary ethicists’ mixed deontological ethics. These ethics are basically rule-centered but in such a way as to take into account the teleological aspect of utilitarianism (Oiu 2004).

A Taiwan bioethicist thought that there is actually a resemblance between Confucius’ ethics and the framework of principles approach to bioethics. In Confucius’ ethics, the basic ethical “principles” of “Ren”, “yi”, “li”, and “he”, provide guidance for more specific action. This action is similar to “rule” and “recommended action.” Confucius’ “Ren”, “yi”, “li”, “he”, comprise the most fundamental thoughts and principles in Confucius’ ethics. “Ren” (humaneness) has been translated as love, benevolence, humanity, human-heartedness, virtue, perfect virtue, true manhood, and humaneness. It also signifies the ideal relationship between persons. “Yi” (righteousness) generally means appropriateness, obligation and justice, and is “the principle of setting things right and proper.” “Li” (rules of propriety) indicates ceremony, rites, decorum, courtesy, etiquette, and at first represents the ceremonial order. “He” (seeking harmony) could be described as the outer form and standard of morality that is concrete for man to abide by in the context of human society (Li 2008).

Another Chinese bioethicist said, “Ren” means loving the people. “Yi” means respecting the virtuous. “Li” means ritual—that is a complex of embodied pattern of interactions that announce and sustain virtues, obligations, and the communal ground approach to bioethics issues. The key concepts in Chinese philosophy are non-maleficence, compassion, respect, and righteousness. (Cheng-Tek Tai 2008) In their book, Beauchamp and Childress also proposed five focal virtues for health professional: compassion, discernment, trustworthiness, integrity and conscientiousness. It seems there are some similarities.

Most Chinese bioethicists favor the American bioethicists’ views. The seven traditional virtues are placed into two categories; they are the theological virtues of prudence, temperance, fortitude, and Justice. The seven deadly sins or vices are pride, gluttony, lust, anger, greed, envy, and despair. Perhaps the noblest and most practical point of balance between religion and science should be to love justice and humaneness. This balancing test between religion and science is the achievement of a point of equilibrium that promotes policies, and shapes direct actions that minimize suffering and improve the social and human well-being (Kane 2011).

A Chinese-Western bioethicist has said in China that some aspects of traditional Chinese medicine ethics are still alive, and are shaping Western bioethics. Western bioethics has been integrated into Chinese health care and modern medical morality. He thinks a number of generalized comparisons or dichotomous terms about “China vs. the West” have been formulated to indicate these supposed differences in cultural values and social morals. There is a serious problem with that notion. It is oversimplifying and distorts the complex reality of both Chinese and Western cultures (Nie 2011).

“The Guiding Ethical Principles on Stem Cell Research,” issued by the Ministry of Health of China in 2003, was met with big objections from American religious bioethicists. During the administration of then-President George W. Bush, there was a federal prohibition on the use of government funds to created new lines of stem cells. However, certain cell lines already in existence could still be used in research with federal funding. The Obama administration lifted that ban. This administration permitted, with certain limits, the production of new cell lines with the use of government funds by using unwanted embryos. Also, in 2010, the first experiments using stem cells in humans progressed in USA. Therefore, American and Chinese policies worked to direct actions that minimize suffering and improve social and human well-being (President’s Bioethics Commission, 2012).

I will continue to research any possibility on this harmonization of common morality between American bioethics and Chinese bioethics with the cross-cultural exchange of Chinese-American bioethics, influencing and comparing of views and practices.
References

The Retraction Watch retraction: how bad advice became worse advice for scientists and academics

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Abstract
In 2015, the Retraction Watch leadership, Adam Marcus and Ivan Oransky, retracted an article that they had written for *The Lab Times* in 2013. According to Marcus and Oransky, in the 2013 piece, they had offered “bad advice” to academics. In the 2013 piece, Marcus and Oransky suggested that when an error, actual or potential, was detected in a published paper, that they should first contact – by name or anonymously – the editor, then the author, and finally the research institute, following Committee on Publication Ethics (COPE) guidelines. They also recommended readers to copy Retraction Watch on their communications – most likely so that Retraction Watch could gather a scoop – suggesting even that by mentioning or copying Retraction Watch would twist the arm of the editor, and perhaps speed up – or influence – the journal’s action, or decision. Offering such bad, flawed and unscholarly advice, claiming boldly, without any citations “that cronyism can protect obvious fraud”, the 2013 *Lab Times* piece was a clear act of antisience advice. Clearly recognizing their own bad advice, and flawed and misleading logic, but taking considerable time to do so, Adam Marcus and Ivan Oransky retracted their 2013 article in December of 2015, but replaced it with a substitute offering even worse advice, indicating to concerned academics to scrap their 2013 advice of contacting authors, editors and academic institutes, and opting instead for a potentially biased anonymous option, using a whistle-blower website, PubPeer. Marcus and Oransky failed to indicate any financial or other conflicts of interest in their *Lab Times* piece. This is important, because, as we now know, the marriage between these watchdogs has been in the pipe-line for years now, reaching public prominence in early 2016 during a meeting in UC Berkeley, and culminating in generous financial backing – in the hundreds of thousands of US$ – by the Laura and John Arnold Foundation, to both Retraction Watch and PubPeer. This commentary examines how the retraction of one badly written journalistic piece for lack of professionalism led to the emergence of an even worse article full of biases. Perspectives on how this could be interpreted, and what should happen, are provided.

Bad advice offered to academics, including scientists, by Retraction Watch
In January of 2013, Adam Marcus and Ivan Oransky, the co-founders of Retraction Watch, a scientist-shaming blog, wrote an article for *The Lab Times*, an online “news magazine for the European life sciences”, in 2013 (Marcus and Oransky, 2013). Very unexpectedly, almost three years later, they retracted their flawed article claiming that they had offered bad advice to academics and scientists, opting to publish a new set of advice to the same academics that they had ill-advised about three years earlier. In their new article, also in *The Lab Times*, published in December of 2015, Marcus and Oransky stated “we want to retract one of the suggestions we made” (Marcus and Oransky, 2015). There are many problems with the original 2013 article, and also the 2015 article, both offering bad and worse advice, respectively. This commentary dissects both articles to better understand what may have gone wrong, to try and assess the hidden information gaps. It also shows that both pieces were not only badly and superficially written, they were unsupported by any evidence, literature or references, a sign of very poor academic behavior. Finally, no conflicts of interest (COIs) were declared, but were in fact hidden from the public.

3 [http://retractionwatch.com/](http://retractionwatch.com/)
For forthcoming conferences see: www.eubios.info or www.ausn.info
Email to Darryl@eubios.info for more information.
18th Asian Bioethics Conference, Seoul, Republic of Korea, 25-27 October 2017
Joint AUSN-Gangneung-Wonju (GWNU) National University Bioethics Conference, 28-30 October 2017, Gangneung, Republic of Korea
Joint AUSN-KAIST International Conference on Ethical Policy, Science and Technology at KAIST, 30 October – 2 November 2017, Daejeon, Korea
Eleventh Kumamoto University International Bioethics Roundtable: Philosophy and practice of bioethics across and between cultures, 18-19 November 2017, Kumamoto University, Japan
Youth Peace Ambassadors Training Workshop YPA14, February 2018 in Sri Lanka
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