

MODERN BIOETHICAL ISSUES IN THE CONTEXT OF THE BASIC PRINCIPLES OF BUDDHIST ETHICS

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The relevance of this research consists in reconsideration of the main approaches to solving bioethical problems based on the religious and ethical principles of Buddhism. The purpose of this research is to analyze Buddhist principles that can be consistently applied to a range of biomedical problems (euthanasia, biomedical experiments with animals, etc.). The subject of our research is ethics in the context of medicine, namely the relationship between Buddhism and medical practice. The research materials are based on many years of teaching the bioethics course at St. Petersburg State University of Chemistry and Pharmacy and Tyumen State Medical University, as well as on the results of research related to the development of scientific research of bioethical issues. The central question of modern bioethics about the nature and status of the moral subject in Buddhism is based on the principle of the moral dignity of all living beings: from human life to the life of animals and, perhaps, even plants. Belief in interspecific rebirth and respect for animal life are typical of Buddhist ethics. In modern ethics, Buddhism is a teleological ethics of virtue, which postulates a certain end result of life as the implementation of human potential and asserts that this goal should be realized through cultivation of certain spiritual practices, which implies the rejection of euthanasia, abortion, artificial insemination and other advanced medical technologies.

Keywords: buddhist medicine, Tibetan Book of the Dead, euthanasia, biomedical experiments on animals, human birth/death, IVF, transplantation

Author contribution: Sobolnikova EN is an author of the scientific study, organizer of the research, work with primary sources, development of research methodology, and analysis of research results; Doroneva NV is a co-author of the scientific study, analysis and translation of English sources for research, analysis of research results.

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Received: 24.07.2024 **Accepted:** 15.08.2024 **Published online:** 04.09.2024

DOI: 10.24075/medet.2024.016

СОВРЕМЕННЫЕ БИОЭТИЧЕСКИЕ ПРОБЛЕМЫ В КОНТЕКСТЕ ОСНОВНЫХ ПРИНЦИПОВ БУДДИЙСКОЙ ЭТИКИ

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Актуальность данного исследования заключается в переосмыслении основных подходов к решению биоэтических проблем на основе религиозно-этических принципов буддизма. Целью данного исследования является анализ буддийских принципов, которые могут быть последовательно применены к целому ряду биомедицинских проблем (эвтаназия, биомедицинские эксперименты над животными и др.). Предметом нашего исследования является этика в контексте медицины, а именно взаимосвязь между буддизмом и медицинской практикой. Материалы исследования основываются на опыте многолетнего преподавания курса «Биоэтика» в Санкт-Петербургском государственном химико-фармацевтическом университете и Тюменском государственном медицинском университете, а также на результатах научно-исследовательской работы, связанной с развитием научных исследований по биоэтической проблематике. Центральный вопрос современной биоэтики о природе и статусе морального субъекта в буддизме основан на принципе морального достоинства всех живых существ: от жизни человека — до жизни животных и, возможно, даже растений. Вера в межвидовое перерождение, уважение к жизни животных является характерной чертой буддийской этики. В современной этике буддизм понимается как телеологическая этика добродетели, которая постулирует определенный конечный результат жизни как реализацию человеческого потенциала и утверждает, что эта цель должна быть реализована посредством культивирования определенных духовных практик, что предполагает отказ от эвтаназии, абортов, искусственного оплодотворения и других новейших медицинских технологий.

Ключевые слова: буддийская медицина, Тибетская книга мертвых, эвтаназия, биомедицинские эксперименты над животными, рождение/смерть человека, ЭКО, трансплантология

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Статья поступила: 24.07.2024 **Статья принята к печати:** 15.08.2024 **Опубликована онлайн:** 04.09.2024

DOI: 10.24075/medet.2024.016

In connection with the development of philosophical understanding of medical knowledge in modern culture, there is a need to show the importance of influence of religious and ethical principles on ways to solve the main problems of biomedical ethics. The main purpose of this study is an approach that allows us to rethink the influence of the basic Buddhist principles applied to solution of a number of

biomedical problems (euthanasia, biomedical experiments on animals, human birth and death, etc.).

Buddhism highly valued medical treatment, healing and caring for human health, which was largely determined by the relationship of religion with medicine, where the Buddha is a doctor, his teaching is medical treatment, and the monks are medical personnel. Therefore, each person who suffers is

a “patient” of Buddha, striving for healing within the framework of Buddhist teaching [1]. For example, the Buddhist monastic order (sangha) has been actively involved in treatment of patients for more than two thousand years: Buddhist monks developed methods of healing diseases, which formed the basis for development of traditional Indian medicine (Ayurveda). In the edict published in 258 BC, the great Buddhist ruler Ashoka introduced an early form of “state medical care”, and the Buddhist monasteries of India became the places where significant discoveries in medicine were made: “The codification of medical practices within the framework of monastic rules completed the first systematization of Indian medical knowledge and served as a model for later medical manuals; the spread of healing by monks and emergence of specialized monastic structures performing the functions of hospices and infirmaries ensured the constant support of monasteries by lay people; and the inclusion of medicine in the curricula of large monastic universities made it an academic discipline” [2]. Nowadays, many traditional forms of medical knowledge transfer in the monastic environment of Buddhism are preserved. For example, a Tibetan doctor should receive special initiations from teachers, transfer medical texts, listen to teachings of Buddhist masters, observe vows and many provisions of ethical concepts, whereas the complex of professional and spiritual training of a Tibetan doctor remains relevant for modern medicine [3].

The canonical scriptures of Buddhism (Theravada) are contained in a collection known as the Pali Canon. It consists of three separate collections of texts. The sutta, which for the most part are the teachings and sermons of the Buddha; the monastic Charter (vinaya), which contains ethical and legal norms governing the behavior of the monastic order (sangha) and its members; and scholastic treatises (abhidhamma), which are later texts devoted to the analysis and classification of Buddhist teachings. These sources formulate the basic Buddhist principles that require reflection in connection with the solution of modern bioethical problems.

One of the modern problems of bioethics, which we would like to address first of all, is the problem of a human life beginning. In Buddhism, there is no initial starting point for a number of lives lived by an individual. Life is perceived as a cyclical, potentially eternal course of human existence. It has no beginning, therefore it will have no end. Buddhism adheres to the idea that everything that happens at conception is the rebirth of a pre-existing individual [4]. Some schools of Buddhism (Theravada) believe that rebirth follows death instantly, while according to Tibetan Buddhism, there is an intermediate state that functions as a “buffer” between lives. According to the Tibetan tradition, an intermediate state is formed between a person’s life and subsequent rebirth, which is designated as the “bardo” (“gap”) concept. According to Buddhist psychotechnics, traces of memory about these experiences, including the ones of previous lives, are preserved at a deep level of human consciousness, and monks can recall and describe a similar experience. Irrespective of the exact nature of this “transition”, its completion marks the beginning of a new individual life [5]. In this regard, an abortion or fatal experiments with an unborn child are completely prohibited in Buddhism. For example, Lobsang Dolma Khangkar (1935–1989), the first female doctor in Tibet, distinguished between three types of an infant death: intrauterine fetal death, death during childbirth (or immediately after childbirth) and death of children under one year old. Dolma Khangkar explains that intrauterine death, which is classified as a spontaneous abortion by experts, happens because the fetus naturally dies

in the womb after having lived for a few weeks or months of the previous life (tshe lhag). Two other cases of deaths, as well as an artificial abortion, are due, in her opinion, to the child’s *karma* to live a short life. She also notes that for a woman, an abortion results in severe *karmic* consequences [6].

Moreover, Buddhist ethics does not allow to use human embryos for scientific research, especially for testing drugs and toxic substances, since any experiments with embryos represent a direct interference with the basic human welfare. This means that the concept of “life” in Buddhism cannot be considered “in an abstract way” in the sense in which a utilitarian could imagine welfare that should be “maximized”. In other words, according to Buddhist ethics, it is impossible to imagine that one death within the framework of a scientific experiment could be justified for the welfare of others, even though it would allow to preserve many lives subsequently. Two arguments in Buddhist ethics prohibit any experiments with human embryos. First, there is no way to determine which embryos have a soul from the point of view of Buddhism and which don’t have any. This does not detract from the seriousness of research in this area, because even if the embryo does not have any soul, it remains a biological person who should be treated with respect, and not used as an object of scientific curiosity. The second argument is that compassion for one person cannot justify causing fatal harm to another, since it is an example of “selective” rather than “universal” compassion, which clearly contradicts the Buddhadharmā [7].

In modern healthcare, fertility control can be viewed from 2 directions. Fertility control aims to cause pregnancy in a positive form, and prevent it in a negative form. There is a risk that a certain type of pills will act more as an aborticide than as a contraceptive. As for the moral value of those methods that do not lead to abortion, there is often an opinion among Buddhists that although the use of intercoception methods is wrong, the use of contraceptive methods is morally acceptable: while intercoceptive methods involve destruction of a newly formed being, the contraceptive method is not responsible for that. No new life arises when the pills are used and, therefore, no creature is directly harmed [8]. Thus, it can be said that married couples that live in accordance with Buddhist principles remain open to human welfare, providing the opportunity for “rebirth” to the number of children that local conditions reasonably allow (personal and national resources, cultural characteristics, etc.).

If conception, the beginning of the embryo’s life, is characterized from the point of view of Buddhism as “the beginning of integrated organic functioning characterizing the life of an ontological individual,” death is often understood in the opposite aspect, as “loss of integration in the human body,” i.e. the disintegration of the spiritual and biological unity of the individual. Old age and death are two aspects of suffering (duḥkha), which are constantly referred to in Buddhist sources. All forms of organic life have a nature of origin, since they arise as integrated entities at a certain point in time, namely at the moment of conception. They are composite entities as such, and according to Buddhist ethics, they eventually lose coherence and disintegrate. Death contains the entire dissatisfaction (duḥkha) with the human condition, since it shows impermanence of an individual life, as well as pain and suffering accompanying a person. The problem of death is paradigmatic for Buddhism, because it symbolizes all the troubles of the karmic life. It is no coincidence that in Buddhist mythology, death and its accompanying troubles are associated with Mara, the Buddhist “devil”, who is often depicted in art either as death or as time symbolically holding the world in its arms. Buddhist teachings emphasize the inherent impermanence of things (anicca): “Everything that has

the nature of origin has the nature of cessation" [9]. Therefore, it is no coincidence that the most important bioethical problem, which is also rethought by Buddhist ethics, is the problem of the "criterion" of death, which would be as "objective" and "consistent" as possible in the context of the worldview of both an individual and a cultural and religious tradition as a whole.

In Buddhism, there are four key terms associated with the functioning of living organisms: vitality (*ayus*), heat, physical vitality (*Rūpajīvitindriyam*) and respiration (*prāṇa*). According to Wang Lung, "a personality dies when the higher cognitive functions associated with volitional thinking are irrevocably lost or destroyed beyond the possibility of restoration" [10]. Although Buddhism regards life as the basic welfare, it does not mean that it must be preserved at all costs. Death is a natural part of the *samsara* cycle and must be accepted as such. Death is not the end, but the door to rebirth and a new life. When we realize that it is so, we reject medical treatment. From the point of view of Buddhist ethics, doctors are not obliged to support the lives of patients at any cost. It is much more important to develop the right psychological attitude of the elderly or end-stage patients towards death, rather than trying to deny or postpone it. However, the goal of the doctor here is to eliminate the pain, not the patient.

The above principles of Buddhist ethics do not only help us to understand the problems of human life and death, but also the approach to solving the problem of euthanasia. It is significant that there is no single view on the problem of euthanasia in Buddhism, since opposite opinions are found in Buddhist literature. For example, Nakasone believes that Buddhists recognize the "right to death", while a number of other researchers (Kapleau, Ratanakul and Keown) consider euthanasia as a violation of the principle of *ahimsa*, which is non-harming not only others, but also themselves from the point of view of Buddhist ethics [11]. From the point of view of Buddhism, euthanasia is an intervention in *karma*, since euthanasia uses doses of drugs that put the patient into a comatose state, depriving him of a conscious understanding of what needs to be done. Thus, Buddhism opposes euthanasia, since putting death above life by "making death your goal" or by "praising death" and so on means denying that life is the basic welfare. The ultimate goal of Buddhism is to help a person to overcome death once and for all, and any affirmation of death or choice in favor of death is a rejection of this idea of basic welfare. Since such a denial is significant to any form of euthanasia, it means that no form of euthanasia, whether active, passive, voluntary or involuntary, can be morally acceptable. However, when asked about euthanasia, the 14th Dalai Lama (born in 1935) replied in one of his public lectures

that "in general, it is better to avoid it, as well as abortions. When people suffer very much and there is no hope for recovery, euthanasia may be acceptable. And it is always infinitely important that the dying person's mind be at rest" [12]. It can be explained that the instructions in Buddhism are not strict prohibitions and that a person understands the importance of the decision made to form the *karmic* path [13].

The next problem of modern bioethics, which has been reinterpreted in Buddhism, is the problem of transplantation, which is associated with specific ideas about donation, i.e. the use of human organs, blood, sperm and eggs for medical purposes. The difference in the Buddhist approach to the integrity of the body plays an essential role in relation to the practice of donation. The Buddhist (Theravada) concept of gift is closely related to spiritual perfection, which can be achieved by making the right gifts: the gift must be gratuitous, i.e. performed without expecting the reward. As the researchers note, the gift process is not aimed at creating an additional value for one or another person, but correlates with the demonstration of "non-attachment", which is one of the pillars in Buddhism [14]. For example, organ transplantation is currently the most common and encouraged type of donation in Sri Lanka, as it is based on the idea of donating body parts, supported by numerous *jatakas* and legends about kings who used to donate parts of their bodies to achieve spiritual perfection. To support the donation initiative, a monastic community that has authority with the Sinhalese population was involved.

Thus, Buddhism's approach to solving bioethical problems can be characterized as a teleological ethics of virtue, which postulates a specific goal or end result (*telos*) and asserts that this goal should be implemented through cultivation of certain spiritual practices. According to Buddhism, the goal of human perfection is *nirvana*, which is achieved through the process of spiritual self-transformation of a person, i.e. following the Eightfold Path. According to Buddhist ethics, everything that exists is the product of reasons and conditions (*dukkha*) caused by longing and ignorance. Therefore, the tradition believes that the "ignorance" is the main and fundamental source of the disease. Moreover, Tibetan medicine claims that "ignorance" (tib. *ma rig pa*/ skt. *avidya*) results in "three mental poisons" (tib. *dug gsum*) such as attachment (tib. *dod chags*/ skt. *raga*), anger (tib. *zhe sdang* / skt. *krodha*) and obscuration (tib. *gti mug*/ skt. *moha*), which are responsible for an imbalance of the three pathogenic principles [15, 16]. If a person eliminates the causes of rebirth, namely longing and ignorance, he or she will be able to avoid the sufferings [17, 18]. Buddhist ethics is based on the belief in reincarnation or rebirth, which makes it different from the Western ethical thought.

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