Religious Perspectives on Bioethics, Part 1

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This is Part One of a two part Scope Note on Religious Perspectives on Bioethics. Part Two will be published in the December 1994 issue of the Kennedy Institute of Ethics Journal, and as a separate reprint. This Scope Note has been organized in alphabetical order by the name of the religious tradition.

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INTRODUCTION

The many religions of the world bring diverse, and occasionally divergent, attitudes to bioethical issues. These beliefs may guide patients and health care professionals as they seek or provide health care. In an attempt to facilitate understanding of and access to information about these beliefs in our pluralistic and global society, this Scope Note identifies literature by the world’s major religious groups on topics relating to bioethics.

Topics covered by this Scope Note include general attitudes toward health and health care, the physician-patient relationship, treatment refusal, abortion, contraception, sterilization, reproductive technologies, genetics, mental health, human experimentation, organ transplantation and donation, death, euthanasia, suicide, and prolongation of life. Material was not available on all of these topics for each religion.

The literature gathered here represents only a small portion of the available writing on religion and medicine, and is limited to that which comments explicitly on bioethical issues. Some faiths have a rich tradition of writing in bioethics; for others the literature is more limited. Variation in coverage is not intended to indicate the relative importance of a faith, but reflects accessibility and space constraints. Individuals interested in obtaining additional information are encouraged to contact the National Reference Center for Bioethics Literature.

Specific citations about a region or country were chosen because of the predominance of a religious tradition within the population. In all cases, variation in spelling represents author usage. This Scope Note treats only the literature published in English, and every attempt has been made to identify English language sources for these faiths.

It is important to remember that doctrinal and theological differences exist even within the same denomination and that views of individual patients, family members, and health care providers should be sought.

DICTIONARY AND ENCYCLOPEDIA

Basic information about the history, sacred texts, membership, educational facilities, publications, and North American addresses are provided for 1,730 churches, denominations, sects, and cults. Bibliographies for many faiths supplement this extensive resource.

Articles on all the major religions as they relate to bioethics are included in this highly-regarded encyclopedia. In addition, many of the topical essays feature a section on the views of various faiths on the topic under discussion. For the best use of the Encyclopedia, see the subject index in volume 4. (Note: a revised, second edition is due to be published by Macmillan in late 1994.)

GENERAL

The American Psychiatric Association recommends that psychiatrists respect their patients’ religious beliefs and that they not impose their own beliefs on their patients.

Many sections of this volume address issues where religion impacts health policy making. Africa, the Middle East, Europe, Latin America, and Asia are highlighted for the varied ways in which their religions and cultures are integrated.
Batchelor compiles a collection of essays by experts on religious ethics as they relate to abortion. Some feminist perspectives are included.

Black summarizes Hindu, Sikh, and Moslem views on health care and the end of life including: imminent death, mourning, funerals, autopsies, abortion, genetic screening, and stillbirth.

After briefly commenting on the impact of religious attitudes on scientific research, Bowker outlines the tenets of several religions as they relate to human embryo research. Hinduism, Buddhism, Islam, Judaism, and Christianity are discussed, with an emphasis on the concept of sacrifice — some embryos will be sacrificed in embryo research aimed at improving reproductive and genetic technologies.

Brody summarizes the common concerns expressed by religious communities regarding reproductive technologies: (1) reproductive technologies sever the conjugal act from the procreative act; (2) they introduce third parties into reproduction; (3) they may confuse biological lineage; (4) some technologies involve discarding embryos, which many faiths construe as immoral abortion; (5) the technologies dehumanize the reproductive process; and (6) the association of some technologies with commercialization and exploitation make them illicit. Brody also addresses the specific concerns of Catholics, Lutherans, Jehovah’s Witnesses, Anglicans, Greek and Eastern Orthodox, Muslims, and Jews.

Both Jewish and Christian perspectives on euthanasia and suicide through the ages are covered in this historical survey.

Cahill raises some moral questions regarding in vitro fertilization and general fertility therapies, including: the natural meanings of sexuality, procreation, parenthood, and marriage; the psychological effect that fertility treatment has on a couple; the relative social importance of fertility treatments; and the disposition of embryos created in a laboratory. Jewish and Catholic responses to some of the questions are addressed.

In the introduction to an issue of the Journal on Theology and Bioethics, Cahill wonders whether religious traditions have anything distinctive to say about bioethical issues and asks whether it is tolerable for religious thinkers to become involved in public policy debates.

Campbell explores the relevance of religious
perspectives to debates over public policy, specifically those on active euthanasia, and concludes that religious traditions can provide a context of ultimacy and meaning to this debate. A table of the views of various denominations with regard to euthanasia is included.


The final section of this manual on in vitro fertilization is devoted to Jewish, Christian, and Muslim attitudes toward reproductive technologies, including sperm donation, oocyte aspiration and donation, surrogate motherhood, and freezing of embryos.


Gillon, a leading British ethicist, compiles a well-received anthology on medical ethics and the four traditional ethical principles of beneficence, non-maleficence, respect for autonomy, and justice. Theologians from the Roman Catholic, Anglican, Jewish, Islamic, and Buddhist religions address the ways in which their traditions interpret the four principles. The balance of the text discusses topical issues in bioethics.


Green briefly describes five symbols of great importance to Sikhs (uncut hair, a wooden comb, an iron wrist band, a short sword, and short trousers), which should not be disturbed because of their religious significance. She also highlights the concern of the Sikh women for modesty, Sikh diet, death rituals, and funeral considerations. There are no religious objections to blood transfusion, organ transplantation, or autopsies.


Science, technology, sexuality, and social justice are analyzed from the Jewish, Protestant, and Catholic perspectives.


A thorough survey of the attitudes of the major religions regarding active euthanasia is provided, along with the edited texts of many documents and policy statements.


The first section of this work covers Jewish, Catholic, and Protestant perspectives on brain death and organ retrieval.


Kay describes the social and religious setting of urban Mexican-American neighborhoods and highlights ways in which health care providers might encounter divergent attitudes to health and medicine. Barrio medicine incorporates western medicine and certain rituals for life crises influenced by “Sonora Catholicism,” Native American and Mexican customs, and American folk medicine.


Michael Kaye’s chapter on the religious aspects of stopping dialysis includes the views of Islam, Judaism, and Christianity. Other sections of this book cover dialysis and transplantation in various countries and regions (Africa, Japan, Eastern Europe, United Kingdom, and China);
religious perspectives are discussed where relevant.

Jewish, Catholic, and Protestant views on the beginning and end of life are discussed by David Ellenson, Richard McCormick, and Martin Marty.

The president of the Hemlock Society has gathered policy statements and commentaries by religious authorities regarding religious attitudes toward the right to die. A bibliography is included.

Bioethics and religious scholars survey the intersection of medical ethics with the world’s major religions. Faiths represented include: Roman Catholic, Latter-day Saint, Buddhist, Anglican, Eastern Orthodox, Islamic, Lutheran, Methodist, Baptist-Evangelical, Judaic, and Reformed Church. Most articles include extensive bibliographies.

Religious and bioethics scholars survey recent bioethical developments in Roman Catholicism, Latter-day Saints, Hinduism, the Anglican Communion, Eastern Orthodox, Islam, Lutheranism, Buddhism, Methodism, Baptist-Evangelicalism, Judaism and the Reformed Tradition. Topics covered include: new reproductive technologies, abortion, maternal-fetal conflict, handicapped newborns, consent to treatment and experimentation, confidentiality, access to treatment, cost containment, withholding treatment, assisted suicide and euthanasia, definition of death, and organ donation and transplantation.

Marty, Martin E.; Vaux, Kenneth L.; and Wind, James P., eds. HEALTH/MEDICINE IN THE FAITH TRADITIONS. New York: Crossroad Press, 1984-1994. (Further volumes in this series will be published by Trinity Press International.)
An outgrowth of Project Ten at the Park Ridge Center for the Study of Health, Faith, and Ethics, this is the most important series published to date on religious aspects of medical ethics. Each book covers one religious tradition’s view on concepts such as well-being, sexuality, passages — e.g., aging, baptism, marriage, and pregnancy — morality, dignity, madness, healing, caring, suffering, and dying.
To date, the series includes books by: Martin E. Marty (Lutheranism), Richard A. McCormick (Catholicism), Kenneth L. Vaux (Reformed Church), David M. Feldman (Judaism), David H. Smith (Anglicanism), E. Brooks Holifield (Methodism), Fazlur Rahman (Islam), Robert Peel (Christian Science), Prakash N. Desai (Hinduism), Stanley S. Harakas (Eastern Orthodox), Åke Hultkrantz (North American Shamanic Medicine), Lester E. Bush (Church of Jesus Christ of the Latter-day Saints). A forthcoming volume, due in August 1994, is by Leonard I. Sweet (Evangelicism). Each of these books is described in the appropriate sections below.

An introduction to the series mentioned above, this book sets the groundwork for a study of the many ways religion and theology are intertwined with medical ethics.

May, Larry, and Sharratt, Shari Collins, eds. APPLIED ETHICS: A MULTICULTURAL

The authors address various topics in applied ethics from Western and non-Western perspectives. Of particular interest are the sections on AIDS, abortion, and euthanasia, which include discussions of AIDS vaccine trials in Africa, late-term abortions in China, the morality of abortions in Japan, Buddhist views of suicide and euthanasia, and resource allocation in Africa.


Meilaender provides moral and religious rationales for the argument that physicians have an obligation to treat persons infected with HIV.


Policy statements on abortion from many Judeo-Christian organizations and churches are collected here. Also included are statements from American Muslim, Buddhist, Unitarian, and Mormon groups.


Melton compiles organizational policies from many Jewish and Christian organizations regarding AIDS and HIV infection. A few other religions are covered.


Roman Catholic, Protestant, Jewish, Buddhist, Christian Scientist, and Unitarian policies on euthanasia are provided.


Murphy argues that there is no sound theological or philosophical basis for the theory that AIDS is a just punishment for homosexual behavior, which is judged immoral by some Christians.


Religious understandings of the nature of well-being, sexuality, rites of passage, morality, dignity, madness, healing, caring, suffering and death are compiled. Faiths include Judaism, Roman Catholicism, traditional Protestant denominations, Anabaptist, Adventist, Mormon, Pentecostal, and African-American traditions.


Religious perspectives on medical genetics are provided for Roman Catholicism, Islam, Judaism, Zoroastrianism, Buddhism, Hinduism, and the Anglican and Reformed Churches.


The Aztecs believed in an interconnection between cosmic events and events in the human realm. Topics include coverage of the Aztec religion, world view, and medicine; the diagnosis and explanation of illness; the curing of illness; and the synthesis of Aztec beliefs into Mexican folk medicine. The influence of these beliefs is felt in Meso-American cultures.


An outgrowth of a 1990 Symposium on
Transcultural Dimensions in Medical Ethics, this volume provides international religious and cultural views of medical ethics. It includes coverage of Jewish, Islamic, and American minority perspectives on biomedical ethics as well as cultural/religious aspects of medical ethics in Argentina, India, China, Japan, Thailand, and developing countries.


The teachings of Judaism, Christianity, Islam, Hinduism, Jainism, Buddhism, and Confucianism on animals and their use in science and biomedical research are presented.


After a discussion of the development of contraceptive methods throughout history, the authors address the religious aspects of contraception for Judaism, Roman Catholicism, Protestantism, Islam, Hinduism, and Buddhism.


Shelker provides details on the Jewish and Moslem laws that relate to in vitro fertilization, artificial insemination, oocyte or embryo donation, surrogate motherhood, and human embryo research.


Spero summarizes the attitudes of Judaism, Catholicism, Eastern Orthodoxy, Protestantism, Islam, Hinduism, and Buddhism to abortion. Although these faiths differ over when abortion is allowed, they all share a disdain for elective abortion and a fundamental belief that, absent extreme circumstances, abortion is wrong.


Conference attendees representing Christian, Jewish, Hindu, and Islamic traditions address six specific issues related to medical genetics: human diversity, genetic engineering, counseling and education, genetic screening,
pregnancy termination, and public policy and legislation.


Jewish, Buddhist, Christian, and Islamic attitudes toward organ transplantation are surveyed.

Wertz, Dorothy C., and Fletcher, John C., eds. ETHICS AND HUMAN GENETICS. Berlin: Springer-Verlag, 1989. 536 p.

Reporting on a nineteen-country survey of genetics counselors, Wertz and Fletcher provide cultural and religious views on medical genetics from many countries. Use the subject index for each religion to identify relevant countries.


Wildes introduces an issue of the Journal that is devoted to bioethics and religious traditions. The Protestant contributions of James Gustafson and Stanley Hauerwas are discussed, as are Jewish, Eastern Orthodox, and Roman Catholic perspectives on medical ethics issues.


The Council provides a series of recommendations and policies on genetic engineering, reproductive technologies, patents, environmental effects of biotechnology, military applications, and biotechnology’s impact on the third world. The Council calls for churches to reaffirm the sacredness and essential goodness of God’s creation.


Using examples of a non-terminal adult patient who refuses lifesaving treatment and a Jehovah’s Witness who refuses a blood transfusion, Wreen asks why religious values are special in the refusal of lifesaving medical treatment. He concludes that religious freedom is a powerful force in overcoming the medical establishment’s desire to act in the patient’s best interest.

AFRICAN RELIGIOUS TRADITIONS


Adelowo defends Yoruba religious healing against the Christian, Muslim, and Western doctors who criticize its effectiveness and downplay its significance. Foretelling future events, invoking spirits of the deceased, and other forms of divination play important roles in maintaining health. The rituals that help release an individual from spiritual, mythical, or virulent ailments may involve sacrifice. Adelowo argues that the westernization of Africa denies its rich natural, cultural, and religious resources.

Dillon-Malone provides a survey of the spiritual healing found in a growing number of Mutumwa Churches in Zambia. Mutumwa Churches consider themselves to be the new African apostles, sent to carry out the healing mission of Christ and to perform functions relating to religious worship, psychiatric therapy, medical treatment, and counselling. Details are provided about prayer services and healing practices as well as the significance of witchcraft in Zambia.


Ekunwe and Kessel present a case study in which a clinical trial is conducted to determine the prevalence of tapeworm in public clinics in North Africa. Due to local beliefs that tapeworm is a disease caused by malevolent spirits or persons, the researchers wonder whether they can disclose the true nature of their research and still obtain informed consent. Two commentaries accompany the case study.


Kealotswe examines the role played by traditional medicine in spiritual healing in Botswana, where two-thirds of the registered religious organizations consider themselves to be healing churches. Medicines, prophets, and prophetic healing are briefly covered.


Kilner recounts a trip to Kenya and relates his impression of Kenyan attitudes toward resource allocation in health care. Issues of equality, usefulness, need, and the number of lives saved are expressed as points to consider when allocating scarce medical resources.


The Zar-Bori Cult is the most extensive transnational, traditional healing cult in Africa and the Middle East. Focusing on women’s health issues, the authors explore the cult’s psychodramatic therapeutic techniques and its relations with Islam and Christianity.


The concept of health, especially mental health, among the agrarian and rural Igbo, one of the three largest ethnic groups in Nigeria, is discussed. Mental illness is believed to result from enemies, cosmic forces, or problems in social relationships. Emphasis on community in healing is strong. The author also analyzes traditional healing practices and beliefs in light of Christian New Testament teaching.


Spring describes a variety of situations in which women are thought to be possessed by spirits and in need of spiritual healing. She discusses rituals for childbearing, infertility, childrearing, and curing sick children, as well as for mothers whose children have become sick. The spiritual health of one’s matrilinear ancestors may determine an individual’s fate, and religious rituals to illuminate spiritual possessions can restore an individual to health.


Two chapters in this book discuss African religious healing. Chapter 9 covers the Akan people of Ghana, for whom religion and healing are directly related. Kofi Appiah-Kubi describes the Akan search for harmony between individuals, communities, the environment, and,
above all, between individuals and their God. The kinship link between humans and nature helps individuals to maintain or restore their health, with the assistance of the priest-healer and holistic healing. In Chapter 10, John M. Jansen surveys religious healing in Sub-Saharan Africa. For the Bantu subjects of this work, concepts of health and well-being are integrated with religious and cultural realities. Jansen provides a brief synopsis of the African “world view,” the diagnosis of misfortune, and the roles of divination and traditional healers.


The rural Zaramo equate health with wholeness and understand illness as indicative of fragmentation or disturbance in the social whole that is woven from relationships with those dead and alive. This conception of health differs markedly from Western, individualistic concepts of well-being. The second section addresses the role of the medicine man in an increasingly urban society.


Taylor discusses Rwandan popular medicine and symbolism in health and healing, addressing both pre- and post-colonial periods and the introduction of Christianity and Islam. A fluid model of health and pathology is dominant. The notion that illness is persecution by external causes — spirits or persons — is predominant while spiritual possession is also cited. Regional differences are addressed.

**BAHÁ’Í FAITH**


Green briefly describes the Bahá’í Faith, the youngest of the world’s independent religions. The fundamental purpose of this religion is to promote concord and harmony. There are no major concerns for health care providers in treating Bahá’ís as there are no religious rituals to observe. Bahá’ís are never cremated, and the place of interment should be less than one hour’s journey from the place of death.


This volume of selected readings from the Bahá’í writings on topics relating to health care and the human body includes guidance on surgery, vaccination, organ transplantation, circumcision, sterilization, contraception, abortion, euthanasia, surrogate motherhood, sperm donation, suicide, and death. Other sections cover the Bahá’í attitudes toward science, physicians, illness, and healing, as well as the texts of some Bahá’í prayers for healing.

**BUDDHISM AND CONFUCIANISM**


Bhikkhu highlights the similarities and differences between Buddhist and Americo-European, neo-Christian medical ethics and the implications of Buddhist doctrine for medical practice. Buddhist doctors bear responsibility for teaching patients the best way to face death. Death occurs only when all brain-stem function is lost indicating the complete departure of consciousness. As long as brain-stem functions remain, the patient must receive care to allow the interiorly present consciousness to complete its preparation for death. Buddhism does not support suicide in any form.


A brief overview for health care professionals of Buddhist beliefs explains that Buddhists believe in reincarnation, and therefore, a peaceful state of mind at the time of death is of
utmost importance. Buddhism does not object to
blood transfusion, organ transplantation, or
autopsy.


The Japanese reluctance to accept organ transplantation is partially due to the Buddhist belief in reincarnation and a corresponding fear that an intact body is necessary to survive in the afterlife. These concerns and the rocky history of organ transplantation in Japan are discussed along with the case of one young liver transplant recipient.


Kimura notes that Buddhist and Confucian values that suppress autonomy and independence lead to a notion of “shared responsibility” among physicians, nurses, and parents for decision making regarding the care of impaired newborns. Generally, however, Japanese physicians are paternalistic, choosing what information to disclose to parents and retaining final decision-making authority.


Japan’s reluctance to use brain criteria to determine death and retrieve organs for transplant is unusual among industrialized countries. Kimura provides some insight into the underlying concerns. Unfortunate circumstances surrounding the first heart transplant, including the concern that the donor was not really dead, led to deep public distrust of the medical profession. Shinto and Buddhist views of the individual as an integrated mind-body unit in harmony with all living things reinforce the desire that the natural rhythm of death not be hastened. Confucian emphasis on filial piety and prohibitions against harming one’s body, which is a gift from one’s parents, make donor organs rare.


Lecso explains the way in which the Mahayana Buddhist ideal of bodhisattva, or enlightenment being, affects decisions to donate organs. In order to attain bodhisattva, the Buddhist practices perfections, one of which supports the free giving of one’s possessions and one’s body. This belief, in combination with the view that the body is important only because it houses the consciousness, supports organ donation. However, a recipient must have proper motivation, and the donor’s consciousness must have completed its use of the body.


Buddhist ethical writings do not comment specifically on abortion, but Lecso cites Tibetan texts to assert that Buddhism teaches that human life starts at conception when an already existing consciousness enters the embryo. While noting that Buddhists disagree, Lecso discusses abortion in cases of rape, mental stress, and genetic disease or malformation. He emphasizes the great value placed on human rebirth and concludes that abortion is clearly permitted only when a mother’s life is in danger.


In Buddhism, the cosmological concepts of rebirth and karma — positive or negative imprints on an individual’s mind due to actions — underlie the tradition’s view of illness and its position on euthanasia. Illness always represents the repayment of karmic debt, whose potency lasts through a million lifetimes and cannot be avoided. Euthanasia, especially using narcotics, is unacceptable because it interferes with the individual’s movement toward enlightenment and the ability to consciously prepare for subsequent existences. The act of dying and the dying process have great importance for one’s karma in the next life.

Lecso, Phillip A. To Do No Harm: A Buddhist
Buddhists believe that all beings share the same basic consciousness (Buddha-nature), which transmigrates or is reincarnated in either animal or human form based on karma. Mahayana Buddhism, common in Tibet, China, Korea, and Japan, strives for a radical altruism toward all beings, but the author believes the use of some animal research and animal products to directly relieve the suffering of human beings, who are capable of higher consciousness, is permissible.


The author comments on the tension between traditional Buddhist ethics and Western, technology-oriented medicine. Buddhism requires physicians to focus solely on patient benefit and to provide compassionate and impartial care for the bodies and minds of all patients. Western medicine tends to dehumanize patient care by placing emphasis on research and over-medicalization. Buddhism also has grave concerns about research on animals.


Tibetan ideas about death and dying are essentially Buddhist. In his introduction, Mullin emphasizes the tradition’s belief that rebirth occurs in each moment and each day of life, that bodily death is cyclical and the on-going consciousness inhabits bar-do (a state between death and rebirth) between physical incarnations, and that a peaceful mindset at death is very important. The text contains selections from seven types of Tibetan texts that directly focus on the preparation, practice, and tradition for dying and death.


Nakasone comments on Buddha’s truths regarding suffering — suffering is acknowledged as real, originating in our attachment to life and our delusion that reality is permanent. Overcoming suffering depends on accepting the inevitability of death and living in the right way.


Dr. Nolan asserts the primacy of morality among the three central doctrines of Buddha’s teachings — sila (morality), samadhi (concentration), and pranja (wisdom) — as the foundation of all spiritual enlightenment. She develops the Buddhist perspective on reproductive technology, abortion, termination of treatment, active euthanasia, comfort care, advance directives, resource allocation, organ donation and genetics.


Historically Chinese medical ethics consisted solely of Confucian directives governing virtuous behavior by physicians, but recently an ongoing public and philosophical debate has focused on euthanasia. Qiu concludes by noting the influence that Confucian, Taoist, and Buddhist beliefs have had on the Chinese understanding of life, death, and suffering.


Qiu explains that Confucian ethics, which are dominant in Chinese society and politics, became the basis for early medical ethics in China because it better accorded with the aim of medicine than did Buddhist or Taoist ethics. Qiu notes Confucianism’s focus on virtuous character and right action and the importance of ren (humaneness), an extension of filial piety and affection for parents, in a physician’s work and an individual’s responsibility for the health of the body. Traditional maxims for physicians...
and patients are provided.


Thai interest in medical ethics was generated by the tension between Western medical models and traditional Thai models based on Theravada Buddhism, the religious tradition of over 90 percent of the population. Buddhist teachings include an emphasis on truth-telling, respect for all life independent of its quality, an understanding of disease as a consequence of kamma (one’s past deeds), a strong notion of justice or impartiality, and an ideal of compassion extending to self-denial. Buddhist principles prohibit mercy-killing or euthanasia, because they interfere with the working of kamma, and require a fair distribution of medical resources.


Ratanakul highlights the way in which Buddhist-inspired Thai cultural values affect the Western practice of medicine. The discussion touches upon allocation of health care resources, brain death, organ transplants, and euthanasia.


Shirai reports results of a survey of Japanese Buddhist monks about their attitudes and reasoning regarding prenatal diagnosis and the right to life of a defective fetus.


No direct comment is made on current issues of interest in bioethics; however, Unschuld’s translations of Chinese codes of ethics from 500 B.C. through the nineteenth century, elucidate the self-imposed responsibilities and obligations of Confucian physicians in Imperial China.

**EASTERN ORTHODOXY**


Breck discusses the position of the Eastern Orthodox Church on abortion, assisted human procreation, and genetic engineering. As beings created by God, we must reject demonic and egocentric attempts by humans to recreate themselves in their own image. Human life begins at conception, and Orthodoxy therefore opposes induced abortion except when the mother’s life is in danger. Donor insemination and surrogate wombs are rejected, although artificial insemination using the husband’s sperm and IVF may be appropriate. Therapeutic, pre- and post-natal genetic interventions are approved, but forms of experimentation that violate the dignity of any person are not acceptable. Patenting new animal life-forms is rejected.


In a speech given to the Orthodox Christian Association of Medicine, Psychology and Religion, Breck provides an overview of Orthodox attitudes on death and the redemptive nature of suffering. He concludes with suggestions for the Church regarding care of the terminally ill: establish a support network for such patients; support hospice programs; promote living wills, natural death legislation, and universal health care; and finally, encourage priests to remind followers of Orthodoxy that God is Lord of life and death and that the way to painless, blameless, and peaceful death is to accept this truth.

Gass, Carlton S. Orthodox Christian Values Related to Psychotherapy and Mental Health.
Gass reports on a study of the client-therapist relationship regarding the attitudes of Greek Orthodox patients toward psychiatric counseling. Orthodox subjects were found to have a distinct set of values related to methods for coping with emotional stress and to the goals and procedures of therapy. Orthodox followers placed a therapeutic importance on religious faith, prayer and meditation, biblical teaching, and counseling within a Christian framework.


Using the case of Baby Rena as reported in the *Washington Post*, Guroian describes his Orthodox Christian views on withholding treatment from critically ill newborns. He explains the Byzantine rite of holy unction and the rites of burial, as well as Orthodox attitudes toward sin and penance and healing and hope.


Harakas provides a practical guide for Orthodox Christians seeking to respond to contemporary dilemmas in medical ethics. He covers the concerns of Orthodoxy relating to venereal disease, contraception, abortion, in vitro fertilization, death and dying, euthanasia, and organ donation.


In a bibliographic essay, Harakas surveys the Greek Orthodox literature that relates to bioethics in general and outlines the Church’s stance on contraception, abortion, organ transplantation, sexuality, death and dying. An extensive bibliography is provided, mostly in English. (See also his essay in Lustig’s *BIOETHICS YEARBOOK volume 1*, listed in the general section of this Scope Note.)


In an attempt to help health care professionals understand and better serve their Orthodox patients, Harakas describes the healing of the saints, concern for the sick, the sacrament of healing, holy unction, and the connection between spiritual, psychological, and physical well-being.


Fornication, adultery, abortion, and homosexuality are generally considered immoral by the Orthodox Church. Abortion is only permitted to save the life of the mother. The pro-life stance of the Church is also demonstrated in its rejection of euthanasia and assisted suicide. An overarching respect for life as a gift of God is the common thread in the Church’s conservative attitude toward artificial insemination, in vitro fertilization, sterilization, genetic counselling, and genetic screening. Scarce medical resources should be allocated based on justice and need. Organ transplantation is acceptable to Orthodoxy, although there are concerns about the impact of transplantation on both donors and recipients.

Kowalczyk explains the Orthodox view that abortion is murder and that childbearing is a method of co-creating with God. In terminating life, we ignore the fact that humans are not masters, but rather ministers, of life. He exhorts members of the Church to take action against the legalization of abortion and to support Pro-Life groups.


The Orthodox Church voted in 1978 to condemn abortion as murder, to encourage adoption, and to support the passage of legislation that would protect the rights of the unborn.


Greek and Russian Orthodox views on active euthanasia are described. While ineffective, life-prolonging medical treatment may be stopped, active euthanasia is forbidden.

**HINDUISM**


The relationship of the Hindu virtue of *suddha* (purity) to health care is examined. The contemporary problems of abortion, the moral status of the unborn, and euthanasia are studied.

All three chapters include good bibliographies.


Desai touches upon the issues of the gene pool and eugenics, genetic counselling, in vitro fertilization, artificial insemination, chimeras, and cloning.


Desai provides a thorough historical and cultural overview of ethical issues in health care as it relates to Hinduism. Concepts of the body and the self, disease, health, sexuality, and human relationships are analyzed. The principal Hindu medical tradition of *Ayurveda* is explained.


Approximately 85 percent of India’s population is Hindu, although Islam, Buddhism, Jainism, and Sikhism are also represented. Many of the articles on bioethics in India discuss the Hindu influence. Desai provides the Hindu perspective on medical ethics, particularly as it relates to the beginning and end of life. Prolonging one’s blood-line is an important ethical aim of life; thus, many of the reproductive technologies are acceptable. Abortion is a more complex issue ethically. Death is viewed in the context of passage to another life. It represents a relief from suffering and movement toward an eternal *atman* or rebirth.


Changes in socioeconomics and the Western influence on ancient concepts are changing medical ethics in India. Particularly affected are informed consent, paternalism, patient’s rights, access to high-tech health care, human experimentation, in vitro fertilization, prolongation of life, and the right to die.

A series of interviews in a New Delhi cancer ward provide the background for this article. Patients expressed five major types of concerns: physiological or physical, illness-related, social, personal, and spiritual.


A British nurse provides information about Hindu attitudes and rituals surrounding death and dying. She also focuses on Hindu concerns for the living, diet, care of the dying patient, autopsies, and practices at death and for the burial.


A broad view of Hinduism and its attitudes toward life, death, and spirituality are depicted. Hindu views on contraception, childbearing, marriage; and death rituals are briefly outlined.


Two chapters on organ transplantation in India provide insight into how Hindus view transplantation, particularly its commercial aspects.


The way a Hindu treats animals will be considered as he or she travels the life-long path to salvation. The religious goal of purification will not be reached if animals are not treated in accord with Hindu customs. Lal discusses animal sacrifices, duties to animals, and the use of animals in research.


Attainment of good health and spiritual well-being are religious duties for Hindus. Thus, hatha yoga, *Ayurveda* (science of longevity), the use of herbs and charms, and proper diet all contribute to a Hindu’s physical, mental, and spiritual well-being. Naidoo suggests that in a world of limited health care resources, patients who cause harm to themselves (smokers, overeaters) deserve limited access to health care.


Two oaths are provided, one from the *Charaka Samhita* and a more recent oath from the *Susruta*. They vary in their requirements for physicians treating patients who are at the point of death.


Verma details a number of bioethical issues in India, including prenatal diagnosis, female feticide, definition of death, commercial issues in organ transplantation, fetal tissue transplantation, equity in health care distribution, the caste system, the status of women and the disabled, and suicide and euthanasia.


A large-scale, international survey of medical geneticists was undertaken in the mid-1980s. This chapter gives the results from the survey in India and highlights the ethical problems found
in genetic counseling, prenatal diagnosis, and genetic screening. It also briefly mentions the cultural context of medical genetics in India, the Medical Council of India’s Code of Medical Ethics, and abortion law in India.

**ISLAM**


Al Aseer describes the Muslim view of life and death. When life ceases, an individual faces Judgment Day and eternal life. Those who have lived according to God’s command need not fear death. Islamic scriptures forbid suicide, and thus, Muslims have neither a right to choose death (suicide) nor a right to control when they die.


Al-Mutawa concentrates on the conflict between the Western moral framework for health care and the religious and social traditions of this Islamic country. Difficulties arise in reproductive medicine, truth-telling and informed consent, and terminal care. The care of the mentally ill is also discussed, particularly the issues of involuntary commitment, methods of treatment, informed consent, and the allocation of resources.


Green briefly outlines the attitudes of Muslims toward cleanliness, the body, diet, care of the dying patient, organ transplantation, autopsies, and procedures for preparing the body for the funeral.


Haleem surveys Islamic perspectives on infertility, sterilization, contraception, reproductive technologies, health, organ or blood donation, abortion, euthanasia, and the prolongation of life.


When the Quran or the traditional teachings of the Prophet Mohammad are silent on issues in bioethics, new consensus must be reached by Islamic scholars to guide Muslims facing bioethical dilemmas. Hathout and Lustig outline recent developments in Islamic medical ethics, including euthanasia, financial costs of health care, pain relief, brain death, ordinary vs. extraordinary care, new reproductive technologies, female circumcision, human experimentation, and genetic engineering.


After tracing the foundational ethical perspectives of Islam and their integration into medical care, the paper focuses on the development of the moral concept of *adab* (right and appropriate human behavior). Nanji ends by...
noting that the European colonial and cultural encounter with the Islamic world resulted in a dualism in medical practice, education, and institutions that hampered ongoing and meaningful exchange between modern health care and the ethical values of Islam.

An in depth analysis of Islamic perceptions of family planning is provided. Two fatwas (religious edicts) on the legality of contraception are included. Contraception is acceptable, provided that the ability to procreate is not destroyed. Sterilization is acceptable only to prevent pain or the passing of a hereditary disease to offspring. Attitudes toward abortion vary among different schools of Islam.

Rahman presents Islam as an integrated system that has a significant impact upon the spiritual, mental, and physical life of its adherents. Chapters cover the history of Islam, medical care in the Islamic world, medical ethics, sexual ethics, and attitudes toward death and dying.

Rahman provides an historical background of the relationship between medicine and Islamic thought. Muslim attitudes toward organ donation, childbearing and family planning, disease and pestilence, and the integration of medicine in Islam are outlined.

Rasheed describes the changing attitudes of Muslims in Asia toward organ transplantation. While many still have mixed reactions, kidney transplants have been allowed by the Islamic authorities both to save lives and in emergencies.

Rispler-Chaim provides details of Islamic law that relate to postmortem examinations. While autopsies are acceptable to some Muslims, there are certain reservations regarding the postponement of burials, transferring the body from place to place before burial, possible violations of the sanctity of the human body, and permitting autopsies for scientific or criminal justice purposes.

Basing her discussion on the fatwa literature, a branch of Islamic law, Rispler-Chaim, covers the topics of abortion, artificial insemination, organ transplantation, cosmetic and sex change surgeries, medical aspects of Islamic worship, doctor-patient relations, postmortem examinations, circumcision, euthanasia, AIDS, milk and sperm banks, and general issues in health and lifestyle choices. She points out that in Islamic medical ethics the rights of the individual are often identified with the rights of society as a whole and that Muslim medical ethics can only be understood in light of the Islamic religious and legal system.

The Shari‘ah, the Islamic guide to successful life in the world and communion with God, is explained. Sachedina describes how Islamic law views sexuality, contraception, abortion, and the issue of religion and the State.

In Islam, childbirth and rearing are regarded as family commitments and not just biological and social functions. Treatment of infertility and methods of assisting conception are allowed and
encouraged; however, the use of sperm, ova, embryos, or the uterus of third parties is forbidden. The freezing of embryos and multifetal pregnancy reduction are permitted in certain circumstances. Guidelines on embryo research are outlined.


Reporting on the first international conference on Bioethics in Human Reproduction Research in the Muslim World (Cairo, 1991), the authors present recommended guidelines for research in the reproductive technologies.

JAINISM


After a short synopsis of the history and main tenets of Jainism, Bilimoria analyzes the Jaina attitude toward death, which is somewhat different from the general philosophy of reverence for all life. Jaina individuals are allowed to actively welcome death in a nonviolent manner. This voluntary death usually involves an extended fast. Three cases of samadhi-marana (dignified yogic death) are related, as are the circumstances, such as terminal illness or extraneous adversities — e.g., fire, flood, or famine—under which voluntary death or euthanasia are morally acceptable.


Miles describes Jainism as aesthetic materialism, or more theologically, a systematic reverence for life. Jainism recognizes no power on earth or in heaven capable of issuing a command to kill; such a command would never be justifiable. Miles contrasts this attitude with those of Judaism and Christianity.

JUDAISM


Abraham offers a systematic guide to questions or problems that a Jewish person may encounter in health care, including euthanasia, artificial insemination, in vitro fertilization, sex preselection, organ transplantation, genetic engineering, sale of organs, and AIDS.


The Congress concludes that patients have a general right to determine whether to forgo life-sustaining treatment, to write an advance directive, and to appoint a health care proxy to make decisions for them, if needed.


In a bibliographic essay, Bleich surveys Jewish perspectives on fetal tissue transplantation. He summarizes his dissenting opinion in the NIH Human Fetal Tissue Transplantation Research Panel Report.


Bleich presents concise halakhic perspectives on the major issues in biomedical ethics. He surveys the physician-patient relationship, reproductive issues, genetics, human and animal experimentation, transplantation, and death issues.


The Jewish position on the permissibility of several prenatal tests, including those for Down’s syndrome and Tay-Sachs disease is examined. The tests’ status depends on whether the termination of affected pregnancies is al-
allowed, which is a disputed question among rabbinical authorities. Brown concludes that there are grounds on which the full range of prenatal screening is permitted in Jewish law.


The editors adopt the attitude that Orthodox Judaism can exist in harmony with modern science. After analyzing the intersection of the Torah and science, Carmell and Domb include articles about bioethical topics. Immanuel Jakobovits writes on medical experimentation on humans; Moses Tendler on population control, medical ethics, and Torah mentality; and Nachum Rabinovitch on the halachah for organ transplantation.


Although there is a wide range of opinion among Jewish traditions, none forbid abortion completely. Jewish law makes two basic statements about abortion: (1) the fetus is not considered a human being, but rather a potential person; and (2) the mother’s life takes precedence over that of the fetus. This booklet collects the policy statements of various Jewish religious bodies on abortion and highlights the differences between them.


The Committee concludes that abortion is justifiable if the pregnancy might cause the mother severe physiological or psychological harm, or if the fetus is severely defective. Two conservative Jewish scholars add their perspectives on abortion.


Dorff presents a living will that may be used by Jewish individuals. The living will includes a segment on the patient’s philosophy of life and attitude toward dying, provides a list of specific procedures and situations that a patient may face, and allows a patient to indicate his or her preferences for medical treatment.


Feldman presents a thematic overview of Jewish perspectives on bioethical issues. He includes the Jewish mandate to heal, attitudes toward life and health, mental health, sexuality and reproduction, the right to life, aging and death, transplantation, and autopsies.


It is permissible under Jewish law to employ genetic screening and sex selection in cases where a woman would suffer severe psychological trauma. However, the ultimate decision should be made by rabbinic authorities and not the couple.


There is no consensus within the Jewish community regarding artificial insemination. Some argue that in cases where a distraught woman or couple cannot reconcile themselves to either a childless marriage or adoption, it is possible that Jewish law could allow artificial insemination, while others believe it is never permissible.

The selective abortion of multiple fetuses and the destruction of spare embryos created as a by-product of in vitro fertilization are allowable under Jewish law.


Four fundamental ethical problems with organ transplantation are outlined: danger to the donor, donation under coercion, sale of organs and tissues, and legally incompetent donors.


Ifrah provides a contemporary Jewish perspective on living wills and advance directives.


Jakobovits updates his 1959 treatise on Jewish views of medical ethics problems. He treats, among others, the subjects of abortion, artificial insemination, contraception, euthanasia, autopsies, eugenics, sterilization, faith healing, and irrational medical beliefs.


The Baby Doe case is analyzed from the Jewish perspective. Jakobovits provides a list of principles that pertain to the management of defective newborns and an extensive list of references.


Kupietzky offers guidelines for managing the birth of children with Down’s Syndrome. He discusses when to tell the parents, who should inform them, and how they should be told. He also provides a model for informing parents of their child’s disability.


Truth-telling is generally required by Jewish law, and withholding information from a patient should not be part of regular medical practice. However, there are times when concealing information from a patient is in the patient’s best interest and, in this case, is acceptable.


An overview of the Hebrew literature relating to abortion is provided. Lichtenstein comments that Hebrew scholars do not agree completely about abortion, and he indicates the areas where they agree and disagree.


Mackler considers the sources of Jewish law concerning justice and support for the needy, and he concludes that society is responsible for securing access to all health care needed by any individual. Implications for U.S. public policy are examined.


This collection of essays on Jewish perspectives on medical ethics includes contributions by Fred Rosner, J. David Bleich, Immanuel Jakobovits, Elie Wiesel, Viktor E. Frankl, Irving Greenberg, Emanuel Rackman, and David Feldman. Issues surrounding death and euthanasia, pain, suffering, and reproductive
technologies are covered.


Neuberger analyzes biblical passages that could explain the perception of some individuals that sufferers of AIDS are impure. After describing the history of leprosy and other contagious ailments that have brought ostracism (or at least the view that the sufferers are morally at fault and deserving of the disease), the author concludes that there is no strong religious basis for rejecting AIDS sufferers. Judaism is so life-affirming that a Jewish physician is more likely to keep fighting for a patient, even when the patient has given up hope and wishes to die.


Reisner provides an in-depth look at the Jewish tradition of care for the terminally ill. He discusses the Jewish reverence for life and life-sustaining medical treatment, but acknowledges the limits of medical treatment and concedes that the final medical judgment is made by God.


Rosner and Bleich provide a survey of Jewish views on the obligation to heal, the physician-patient relationship, sexuality and procreation, abortion, genetic screening, mental health, euthanasia, the definition of death, suicide, transplantation, human experimentation, and genetic engineering. The book includes chapters by David S. Shapiro, Moses D. Tendler, Immanuel Jakobovits, Norman Lamm, Moshe Ha-Levi Spero, Menachem M. Brayer, Aaron Soloveichik, Nachum L. Rabinovitch, Azriel Rosenfeld, and the editors.


Rosner compiles a set of essays on: Jewish medical ethics and legislation, medical ethics (secular and Jewish perspectives), truth disclosure, physicians’ obligations to treat communicable diseases, resource allocation in medicine, contraception and abortion, euthanasia, the definition of death, and modern perspective on halachah and medicine.


Rosner presents a Jewish ethical and religious analysis of thirty topics in biomedical ethics, including the physician-patient relationship, AIDS, reproductive technologies, genetics, euthanasia and prolongation of life, suicide, transplantation, animal experiments, and unconventional therapies.


The prolongation of life for terminally ill aged patients is discussed. Jewish law on this subject is presented, with attention to the difference between withholding and withdrawing treatment. Schostak advises individuals to discuss their medical preferences with family members and to obtain a health care proxy prior to becoming unable to make their own decisions.


Steinberg outlines secular and Jewish ethical principles and rules pertaining to human experimentation, placing particular emphasis on randomized clinical trials.


While halachic opinions differ over pain relief and the shortening of life, hospice care is generally consistent with Jewish values in terminal care.