ISBN 3-88910-275-1
Pages: 470 + xxvii
Price: 38 EUR

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Advances in Chinese Medical Ethics:
Chinese and International Perspectives

Proceedings of the 'Second Sino-German Interdisciplinary Symposium about Medical Ethics in China:
Medical Ethics in Clinical Medicine, Medical Theory and Research,
and in Medical Education',
Shanghai, October 19-23, 1999

Edited by Ole Döring and Chen Renbiao

Sponsored by the Dr Helmut Storz-Foundation
Co-sponsored by the Heinrich-Böll Foundation

(Pre-publication excerpt, for reference only, do not quote!)
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Acknowledgement

Like the Proceedings of the Hamburg Symposium\(^1\), this volume is a cooperative product of many people and several institutions. In my twofold capacity as the editor of this book and the organizer of the Shanghai Symposium, it is my privilege to express my gratitude to everyone supporting the research project on Medical Ethics in Contemporary China and who have made this volume possible. After five years, this project has indeed become an international joint venture in the best sense of the expression.

As it is impossible here to thank explicitly all persons who have made a valuable contribution, I shall only refer to those whose names must not be withheld, and hope for the forbearance of the others. First of all, the honor belongs to Dr. Helmut Storz, the founder of the Dr. Helmut Storz Foundation and from the very beginning, the visionary patron of this pioneer project. Although he has never set a foot on Chinese soil, his sympathy with the Chinese people and his foresight deserves highest acclaim. Whatever this project is going to accomplish, it would not have been possible without him as our major financial sponsor. I am also grateful to the Heinrich-Böll Foundation, who, in times of a depressing shortage in public and corporate funding in Germany, generously granted special support for domestic Chinese participants’ travel costs. No less remarkable is the contribution of the Chinese National Natural Science Foundation, which endowed this event with academic prestige, making it the first case of an international conference on medical ethics organized by a foreigner in China to receive public support. Finally, the National Southern Human Genome Research Center at Shanghai should be acknowledged for its support, as well as the German Research Foundation (DFG) which paid for some of the transcontinental flights.

Particular gratitude belongs to Chen Renbiao, who not only offered to host the Shanghai Symposium, but, much more than just smoothing the path through the bureaucracy on the administrative and campus levels, proved to be a seriously determined partner and mentor of the organizer in chief (Ole Döring) from Germany. Qiu Renzong (CASS Beijing) and Yang Huanming (CAS Beijing) must be applauded for their tireless and invaluable advice, cooperation.

and encouragement. I would also like to thank Qiu Xiangxing who handled the financial transactions, Gao Zhiyan, Shen Mingxian, Chen Rongxia, Chai Jianhua and all other organizing committee members for their open-minded attitude and reliable assistance throughout. Zhang Zhaohui, on behalf of the local affairs management, must be mentioned here as well. He prepared a most beautiful campus, and took exhaustive care for the participants, giving us a shining example of dedication and efficiency. His busy team made sure that no one among the participants shall ever forget this event.

Furthermore, I am obliged to the President of the Shanghai Second Medical University, Fan Guanrong, for his generous and visibly helpful support. The German Consul General, Kurt Leonberger, and his cultural attaché, Katharina Schütte, should be acknowledged for affirming Germany’s substantial interests in cooperation with China in projects concerning medical ethics. The journal *Yixue yu Zhexue* (“Medicine and Philosophy”), the Shanghai *Wenhui bao*, and the local television very kindly provided favorable media coverage.

Grateful acknowledgement is also extended to Stephen Lam, who made it possible for some international participants to take part in the third international conference of his Hong Kong Society of Medical Genetics. This took place from October 15-17 in Hong Kong, so that both conferences joined resources in a back-to-back arrangement.

It is my pleasure to acknowledge that Hans-Martin Sass (Bochum and Georgetown Universities) made the original suggestion to organize the special forum for case discussions as part of the symposium. I would also like to thank the group of medical students at the Shanghai Second Medical University who took part in our case discussions. Their courage to speak up in front of their distinguished professors and “big names” from abroad has been no less remarkable than the seriousness expressed in their concern for ethics.

A special word of appreciation should be reserved for the participants from Taiwan. Although professionally involved and personally affected by the horrible earthquake of 1999, they took part to make an important contribution to the symposium’s success.

It is my personal wish to thank Shi Weiming (Göttingen University) for his indefatigable and always forthcoming “strategic assistance”, before, during and after the conference. In fact, he functioned most efficiently as a liaison for all sorts of problems the participants and I myself had to solve, besides contributing his own paper.

I am obliged to Heiner Roetz who by his constant and generous support in many ways helped to complete this book. Stephen Thomas (Bochum University) has managed to improve significantly
the format and language of this volume’s papers, under most unfavorable conditions, including time pressure and an odd editorial policy, as ordained by the editor. Many thanks to him as well. Last but certainly not least, I would like to thank the director of the Institute of Asian Affairs, Werner Draguhn, for providing extremely comfortable conditions and allowing me complete freedom to develop this projects’ course over the years, and our vice-director, Brunhild Staiger for her careful final proofreading of this volume.

In conclusion, praise for the authors! For many of them, writing in a Western language has been an extremely arduous task. Needless to emphasize, all mistakes and shortcomings in this book are my responsibility.

Ole Döring, Hamburg March, 2001
Introduction: The Shanghai Symposium and Recent Advances of Medical Ethics in China
Ole Döring

“At the age of fifty, I realized the Heavenly Order”
(Lunyu 2.4)

It was right after the fiftieth anniversary of the People’s Republic of China that the Second Sino-German Interdisciplinary Symposium about Medical Ethics in China: “Medical Ethics in Clinical Medicine, Medical Theory and Research, and in Medical Education” (the Shanghai Symposium) took place on the campus of the Shanghai Second Medical University. The majority of the papers presented from October 19 to 23 has been collected in this volume.

The historical background
Through the successful process of the Shanghai Symposium, a dream has come true. In conclusion of the Hamburg Symposium in 1998, all participants had agreed to continue the debate in China, where it naturally belongs. From the very beginning of this pilot research project, “Medical Ethics in Contemporary China”, at the Institute of Asian Affairs (Hamburg) in 1995, it has been the goal to achieve more than just a study based on distant observation. Rather, it was intended to initiate a joint venture involving all relevant parties, skills and perspectives, and especially to encourage Chinese colleagues to speak up. In the long run, China should not be left depending on foreign aid and engagement, but be encouraged to build on and draw from its own resources by establishing appropriate structures and institutional routines in medical ethics. The Shanghai Symposium was held in order to make another small step on the road towards this goal. The Shanghai Second Medical University (SSMU), the venue of our choice, hosted the event. In this manner the promise of Chen Renbiao was fulfilled, (the retired director of the departments of biology and genetics, and mentor of the most outstanding human geneticists in China), who had accepted the ambitious burden of preparing the grounds in Shanghai for this successor of the Hamburg Symposium.

The ongoing preparations for the Shanghai Symposium as well as those related to the research project in other ways were numerous. As articulated after the conference in Hamburg, one hope was realized, namely that the active exchange among participants would be further extended and developed outside the conference hall, even over great geographical distances. This international cooperation now covers a wide range of activities, from bilateral communication, over support of academic activities (such as organizing invitations for lectures and conferences) and network building, to lobbying for better ethics in law and policy making. As to the latter, the ethics panel and the eugenics workshop, (as part of the Eighteenth International Congress on Genetics in Beijing on August 12, 1998), have been landmarks for future ethical decision making and have established new criteria in biomedical terminology. Biomedical scientists as well as social scientists and philosophers from all over the world jointly drafted the Eight Point Summary, which was unanimously acclaimed by the final general assembly of this congress. More and more colleagues engaged in medical ethics have taken part in and met over activities under the umbrella of this project. Especially contacts between colleagues from the Chinese mainland, the Special Administrative Region of Hong Kong and Taiwan have been significantly improved.

Medical ethics in China has begun to unfold its creative impact more visibly, and is about to become one of the leading sources of the bioethics movements in Asia. Whereas this region has not only performed more and more actively, and is also better organized, owing to individual persons and institutions, its contribution to the shaping of medical ethics goes beyond regional borderlines.

The focus of medical ethics is always on both the particularities of diverse given practical situations and, at the same time, the conceptual relationship of value assessments to ethical principles and standards. This volume shall provide evidence for the claim that medical ethics in China has a variety of significant contributions to offer, some of them being unique philosophical innovations inspired by Chinese traditions and current challenges, others approach burning ethical issues from different angles. Given the dynamic changes propelled by the process of globalization, China's importance as a global player is quite obvious, and so is the need to better understand and cooperate with China. It is now possible for an international readership to imagine how great the impact of China may become once it has been freed from restraints and can develop properly by educational and material means. One can also see what appear to be the major stakes from the perspective of medical ethicists in China.

Advances in medical ethics in China?

The title of this volume, “Advances in Chinese Medical Ethics. Chinese and International Perspectives”, suggests that in the field of Chinese medical ethics there is actually a degree of progress to be accounted for, as part of the global ethics community. In general, medical ethics still is a rather young and disorganized discourse, especially but not exclusively in China. At the same time, it is fast growing and self-generating through a multitude of grassroots initiatives, research institutions and agencies. There is a clear demand for a dramatic improvement of medicine and health care in China. Hence, the need for advanced medical ethics to function as a counselor in this difficult transformation is obvious. However, it is well known from history that such progress will not occur by itself, not even if the powers of sound reason and factual necessity call for it.

How can advances be assessed and measured in the sense of medical ethics? Of course, this title does not suggest that the achievements over the last few years have been made on a smooth one-way street. Furthermore, nobody is able to predict the twists and turns of future developments, especially in China. Notwithstanding this word of caution, the term advance seems to be justified. As much as can be concluded from the limited statistical sample of the Shanghai Symposium, quite a few intellectuals from all walks of scientific life in China are seriously contributing to the improvement of medicine and ethics. In the spirit of the noble physician, some of them attempt to find proper approaches to heal diseases, individuals and entire communities under the conditions of revolutionary breakthroughs in biomedicine and the globalized 21st century, leaving aside secondary interests for the sake of the underprivileged and the suffering. Plenary and private discussion proved that participants would acknowledge facts even when they were not welcome or even when these contradicted their ideological views. Minds were opened for learning, and great efforts were made to share experiences and concerns so as to practice medicine more responsibly.

For the initiator and the organizers of this event it was a relief as well as a compensation for all our efforts to witness the fluid and engaged debate unfold in open and controversial ways, guided by reasonable argument and forbearance. Outspoken statements from Chinese and international experts were discussed in a free and uninhibited manner even if they were uncompromisingly critical about the given topic. Although they revealed many diverging opinions and different levels of experience in open debate, the very fact of the latter taking place was not a foregone
conclusion. Crucial issues in medical ethics, such as eugenics, family planning, homosexuality, prostitution, freedom and responsibility of biomedical research, and many other topics were explored in depth. Who would have regarded such an event possible in China just a few years ago? The fact that the Shanghai Symposium was successful can serve as major evidence for the claim that medical ethics in China has made considerable advances.

In this light, I propose that this collection of essays can be taken as both evidence of the ongoing process of improving the situation of medical ethics in China, and a contribution to this process in its own right.

The Shanghai Symposium
In many ways, the Shanghai Symposium was organized following the proven scheme of the Hamburg Symposium. First of all, the design was frugal and simple, focussing on efficiency. Participants all agreed to the terms of a tight working schedule. Living and convening for discussion on the same campus with its functional yet satisfactory facilities evoked an intimate atmosphere, which helped greatly to develop mutual understanding and friendships. Thus, it was not only possible to identify many overlapping points of interest and common grounds, but also to see the differences and explore their impact on the development of global standards in medical ethics. There was ample time for discussion and re-discussion and the policy of a restrained chairmanship encouraged self-discipline among the participants who succeeded in forming a real discussion group. Readiness to understand others, frank language and intense interpersonal communication were the results of this arrangement. Particularly in order to make it feasible for younger Chinese scholars to take part, travel costs were reimbursed, free accommodation was provided and registration fees were waived for all speakers. This allowed everyone to come, regardless of financial means and formal status, only depending on the quality of their contribution and their determination to improve the ethical situation in China.

Under the special local conditions, however, some features naturally became much different from the Hamburg Symposium, forming the conference’s new structure. In particular, the experimental roundtable and brainstorm design appeared more difficult to maintain than expected. In response to the much greater number of requests, altogether as many as 65 registered participants were admitted from various places on the Chinese mainland, Hong Kong, Taiwan, New Zealand, the USA, Austria and Germany. This meant more than doubling the size of the earlier group out of which thirteen colleagues were still present. Therefore, the time frame was extended to five days, and one day the group was even divided into two parallel sessions. This arrangement obviously contradicted the policy of general exchange and uninterrupted presence of all group members at one table. The adverse effects of this contradiction were partially compensated by the chairman’s reports to the general assembly and a general discussion on the subsequent day. The second main divergence from the symposium in Hamburg was the introduction of an entire day for clinical case discussions. Ten different cases were discussed in a particularly structured format, giving a particularly clear account of the ethical situation in Chinese clinical practice. It was a special pleasure to welcome some twenty advanced medical students during the case discussion, who, after initial hesitation spoke up frankly and freely, pointing out various problems in medical practice as well as in their own medical ethics education. In retrospective, this design of involving medical students in free style discussions should be further developed and refined for future conferences focusing on the most difficult situations of ethics in medical practice.

The symposium concluded with an open discussion. In addition to general satisfaction with the Shanghai Symposium and an unanimous demand to continue the debate, critical remarks were encouraged with the intention of learning from the shortcomings of the meeting. This refers to both the particular situation of the symposium and to general ethical discourse in China. It was
suggested that more contributors be included, so as to turn the “elite” and grassroots engagement into a more comprehensive movement. Hence, the top to bottom approach ought to be complemented by a bottom to top approach. Among the groups with personal interests expressly mentioned were representatives of patient’s organizations, religious groups, all sorts of related civic associations, and “ordinary people”. Regarding the content of the debate, more room ought to be left for the religious and spiritual dimensions of cross-cultural medical ethics. The conceptual and ethical relationships between traditional Chinese medicine and contemporary biomedicine were added to the agenda. A very strong emphasis was put on the claim that China should not simply follow “Western” concepts and practices in medical ethics. Instead, China’s deep and various resources ought to be creatively interpreted and utilized to develop timely, original Chinese approaches to China’s own problems, learning from and contributing to the experiences of the world.

It was widely argued that a system of medical ethics, reflecting the social responsibility of the People’s Republic of China, should be characterized by a particular role taken by the community, as an active pool of mediators between the state, the health care system and the patient with his relatives. However, it was also pointed out that the Chinese debate is just beginning, and future developments can not be anticipated.

The final session also articulated concern about the following most important issues which should be discussed on various levels, and which would help to give practical ethical counsel to policy makers, hospital management, physicians and patients. More efforts should be made to discuss medical ethics at the micro-level, including the practice of informed choice, hospital ethics review, malpractice, and the actual ways the laws and regulations are to be understood and applied in practice all over the country. Namely, participants demanded the formation of ethical review boards, the implementation of international medical ethics conventions in law and improvements in administration and general practice. Education in medical ethics, for medical students as well as for the population in general, was suggested as the crucial catalyst in this development and should therefore receive much more attention and financial means than before. Addressing the participants, it was requested that everyone must become more active beyond conferences and other formal activities, through internet connections, distribution of newsletters, etc., so as to make responsibility in the aspects of medical ethics relevant to all our lives.

Obviously more money must be drawn from domestic and international institutions for the plentiful tasks of medical ethics in China and its integration into the global community. This is a painful task for the Chinese themselves; a helping hand would not be detrimental. However, above all, the symposium demanded that more exchange should be practiced between teachers and students.

The approach of the Shanghai Symposium
Following the general design of the underlying research project, the Shanghai Symposium applies a special hermeneutic approach to medical ethics as a peculiar field of problems related to understanding in practice. Accordingly, it is the first task of ethical hermeneutics to learn about others, to understand what they actually want to express, so as to provide the factual and conceptual basis for further discussion, be it either favorable, critical or a blend of both. This step is required in order to (at least tentatively) overcome avoidable misunderstandings that occur through attempts to communicate, such as in the translation between mother tongues or private languages, in resolving explicit and implicit biases, prejudice and, chiefly, in trying comprehend each other’s perspective. It is the underlying assumption of this approach that human beings are incapable of fully understanding and expressing what we aspire for in the concepts of goodness and rectitude. Even if we successfully join our ethical resources, it must be acknowledged that all
related human knowledge and provisions remain preliminary in a fundamental sense. By acknowledging the advantages as well as the limitations every language and set of concepts has for making ethical sense in medical practice, it is obvious that no individual language, theory, corporation or person is entitled to claim absolutely authoritative insight and values. Such a framework requires that a general credit of presumed benevolence and reasonability, or, more simply, trust, be extended to everyone who makes reasonable claims in ethics, for as long as no clear contrary evidence exists. This hermeneutic approach is also applied as part of the editorial policy of this volume. The essays had to be made to speak for themselves, in a way that allows it as easily as possible for as many people as possible to understand how the authors actually want to make a contribution to improve medical ethics in China. If there are errors or shortcomings in an argument, the respective author should reconsider these items and their implications, on the premise that he or she in fact does have something constructive to say.

This approach is noteworthy in that it transcends both historical and comparative approaches to medical ethics. It is evident that the comparison of different general approaches as well as the study of the history of medical ethics (be it the history of a particular country, region or tradition, or a general history of the world) is fundamental for any sophisticated and enlightened assessment of medical ethics. However, from a perspective of ethics, these approaches by their very nature fall short of contributing directly and originally to the current problems and related arguments of medical ethics, as their focus is on the past, the cultural resources and the given situation, but not on future requirements. The hermeneutic approach, as applied here, tries to integrate the merits of both history and comparison, but goes beyond their respective scope in submitting solutions for what is required in medical ethics today, in China in particular, and worldwide, and in generating meta-criteria for comparison and evaluation.

In order to advance in medical ethics, we need sound empirical facts (including accurate accounts of the relevant historical and present situations) as well as creative vision, which together help to make practical sense of the tension between what exists and how it ought to be. The most important characteristic of this approach is that it attempts to integrate as many different perspectives into one frame as possible, bound by the sole interest to make conditions in medicine and health care more ethical. The case discussions with their particular RASP-method, as described or illustrated in two articles of this book, are a design which proposes to accomplish such an integrated debate. The involvement of multiple perspectives (including all related natural, social and human sciences, different generations, countries of origin and personality) makes it much more complicated to reach simple conclusions because it involves the heteronomous features of our real lives. Yet, by means of this, it makes not only sense in itself but also helps us to proceed more accurately and practically in medical ethics, taking advantage of different accesses to insight. For as long as there is only one world for all humans, while our existence makes us different, only finding a common ground will let us continue to exist.

The purpose of this volume
Accordingly, it is the purpose of this volume to provide a historical and hermeneutic account of the current situation in medical ethics in China. It is not intended to evaluate their ethical arguments and level of sophistication, but to document the state of the art in medical ethics in the People’s Republic. Not only formal medical ethics scholars, but also delegates from many related fields of experience were expressly invited. The editors are proud to have succeeded in assembling some rather different essays, although we do not claim that the book provides a comprehensive and conclusive picture of the situation. The purpose of this volume will be realized if the essays can be regarded as original material for all kinds of academic interests as well as for deeper explorations in the field of medical ethics.
We have deliberately collected this diversity of perspectives, disciplines, styles and concerns without arbitrary attempts to unify them more than necessary. Besides the obvious interest of this book for ethicists and political scientists, there is rich material for scholars in the cultural sciences. For example, the many ways to understand the key term of traditional Chinese medical ethics, “medicine as a ren shu”, are not explicitly reflected by the English translations of this term, as in the “art of humaneness” or the “kindhearted skills”. The differences can easily be understood from the cultural context. Also, it is interesting to observe the variety of meanings attributed to the term lunlixue, which is not always used according to the text book definition of “ethics”, but may designate concepts that are called “morality”, “propriety”, “decency” or even “common sense” elsewhere. Of special interest for cultural scientists is the mode of the ethical argument. How do ethicists read the classical Chinese books? Whereas some authors create a traditional setting, letting quotations from ancient texts speak for themselves, others proceed more critically, trying to raise logical and theoretical issues or offering their own creative account of their meanings for today. Again others struggle with concrete problems of medical and health care practice at hand, showing the range of common sense arguments. In this way, they provide evidence for the limits of traditional answers to current questions in biomedicine.

The language of the contributions has been revised only inasmuch as it seemed required in order to improve their intelligibility. For the overwhelming majority of authors, English is neither the mother tongue, nor have most authors received a regular English language education, comparable with colleagues in the Anglo-American and European countries. Although it is a fact that language problems can inhibit some colleagues from expressing their thoughts, not only in terms but also in style and depth, this problem must not discourage anyone from speaking up. It is only fair to expect tolerant, forbearing and forthcoming attitudes from the readership, especially from English native speakers reading texts by colleagues who have never had the chance to study abroad. Finally, it is the policy of this editor in this capacity not to judge the contents of the papers in terms of agreement with his own ideas or “political correctness”. However, in the interest of coming closer to objective reality, the convention of using the word “he” to represent both men and women has been dropped. Instead, the pronouns “he” and “she” are used interchangeably unless this leads to logical confusion.

The contributions in this volume
The entire book consists of eight chapters, with forty papers, and an appendix. The chapters are compiled with the purpose of providing a loose structure, in order to make it easier for the reader to find her way through the volume. This arrangement does not express the preferences of the editors. One chapter has been reserved for the issue of education, although only two related papers have been submitted. In this way, the high degree of attention that many aspects of education received during discussion is indicated, which is not shown proportionally by the quantity of published papers.

This collection of essays begins with four papers introducing “General Issues in Medical Ethics”, all with a focus on China and its place in the world. Qiu Renzong (Beijing) opens the forum with a visionary description of the role medical ethics could play in the transforming of Chinese society. Chen Renbiao et.al. (Shanghai) follow with a historical account of the development of biomedical ethics in the People’s Republic of China, from the perspective of Shanghai. A Chinese view on China by Hu Ching-li (Shanghai) encourages Chinese ethicists to become more engaged in bioethics on an international level, especially in the World Health Organization. An engaged statement of Yang Huanming (Beijing) concludes this chapter about universal ethical principles and their impact on China, with a focus on human genetics.
A discussion of “Medical Ethics in International Perspectives” is provided in Chapter Two. First, Paul U. Unschuld (Munich) elucidates the different ways modern societies have responded to the challenge from HIV/AIDS, and what lessons can be drawn from this. Then, Protestant minister and historian Peter Degen (Frankfurt) focuses on informed consent with an emphasis on German history. Sheila F. Weiss (Potsdam/NY) enlarges the historical scope by revisiting the international eugenics movements of the first half of the twentieth century and their impact on contemporary bioethics. Xu Zhiwei (Edwin C. Hui, Vancouver) explores controversial cross-cultural issues of medical ethics and reproduction in light of contextualism and the principles of freedom and autonomy.

The third chapter features “Medical Ethics and Genetics”. In a philosophical essay, Ip Po-keung (Vancouver) discusses the ethical implications of “enhancement” in human gene therapy. Stephen T.S. Lam (Hong Kong) offers a view from Hong Kong regarding the sometimes disturbing problems in the practice of genetic counseling, reflecting on informed consent in pediatric genetics. In addition, Irmgard Nippert (Münster) introduces international perspectives on abortion and genetic counseling, which emphasize the importance of cross-cultural dialogue. Comments by Chai Jianhua (Shanghai) about genetic resources and genetic information conclude this part.

Eight papers are assembled in Chapter Four, all related to “Medical Ethics and Culture“. Lee Shui-chuen (Zhongli) introduces a genuinely new assessment of the Confucian ethical concept of personhood. Another philosophical essay inspired by Confucianism is a discussion of moral development and medical ethics education by Ole Döring (Hamburg). Daniel F.C. Tsai (Taipei), in an interdisciplinary approach explores the ethics of patient-doctor relationship - also in Confucian terms. Chen Rongxia (Shanghai) reaches beyond narrow bio-scientific rationality, exploring the impact of religious emotions in bioethics. Cao Kaibin (Shanghai) makes a historical approach to “health” in ancient China. Zhang Daqing (Beijing) explores medical ethics in traditional China. Philosopher Shen Mingxian (Shanghai) instrumentalizes Chinese culture to justify euthanasia. The fourth chapter is concluded by Wang Yifang’s (Qingdao) critical discussion of the role of ideals in ethics, with special attention to the reliability of Ren, as a concept of “humaneness“.

“Controversial Issues in Medical Ethics“ in China make up the thread of Chapter Five. The first of seven assorted papers discusses moral views and real experiences of Chinese people in abortion, as found by Nie Jingbao (Dunedin) in his pioneer field project. Zhai Xiaomei (Beijing) offers an intellectually provocative analysis of homosexuality as an issue of medical ethics in China. Another hot issue is then raised by Wang Yanguang’s (Beijing) proposal of a Chinese AIDS/HIV-policy based on tolerance. There follows a deliberation about criteria for withdrawing medical treatment from patients by Du Zhizheng (Dalian). Yan Qingshan’s (Changsha) paper emphasizes the ethical obligations of the public towards the disabled. Zhou Jianping (Shanghai) in a controversial paper argues that the state’s family planing policy can be justified as an ethical means to balance legitimate interests of reproduction and population control. Supporting this view, Gao Xiangdong and Xu Yan (Shanghai) claim that, under the given circumstances, the use of sterilization is appropriate to sustain China’s prosperity.

Chapter Six includes five papers about “Social Issues in Medical Ethics“. Chang Ly-yun (Taipei) discusses Taiwanese experiences of dealing with medical negligence and patients’ complaints. Fan Minsheng (Shanghai) struggles with the problem that patients should not be regarded as consumers in terms of a market economy, but as humans whom we are obliged to help. Ma Qiang et al (Shanghai) wish to establish the mass media as a tool for propaganda in medical morals and to introduce new biotechnologies to the public. On a clinical level, Zhu Yongming (Shanghai) reports advances and ethical problems in blood transfusion and bone marrow transplantation. The
The final paper of this chapter, by Hans-Martin Sass and Wang Yanguang (Georgetown/Beijing), reflects upon theoretical and practical levels of the meaning of “the good” in the quality of life of senior patients.

The two papers in Chapter Seven relate to “Medical Ethics and Education”. First, Qiu Xiangxing and Gao Zhiyan (Shanghai) describe main issues of ethical and moral education in medicine and its history on the Chinese mainland. Second, Michael Tai (Taizhong) discusses a quality approach of medical education from his experiences of teaching humanism in medicine in Taiwan.

The final chapter assembles five elaborate case discussions. They are introduced, together with some explanations and observations, by Zhai Xiaomei and Ole Döring (Beijing/Hamburg) about the concept of the case discussion and related experiences during the Shanghai Symposium. Au Kit-sing (Hong Kong), (in what can be regarded as one of the most affecting articles in this volume), presents the first case about terminal sedation. Yu Kaiming et. al. (Shanghai) ponder genetic counseling and a case of multiple fetal malformation. Peter Kampits (Vienna) gives details about a case of assisted suicide upon request and wonders how to make a decision between the restrictions of laws and ethics and empathy for the patient. How to build a patient-doctor relationship that makes dying with dignity more likely is a problem discussed by Hans-Martin Sass (Bochum/Georgetown). In the final article, Shen Xiaoling and Wang Zucheng (Shanghai), illustrate why psychiatric patients should not only be hospitalized but also receive better outside care.

The appendix documents the structure of the Shanghai Symposium, the programme, and two welcoming messages. The addresses of authors are also included.

The aftermath and prospects

It was utterly impossible to fulfil all of the aspirations that were raised during the meeting, as reasonable, justified and urgent as they were. The expected contribution of a foreign low-budget project is naturally very limited, and as long as no substantial domestic efforts are made to build up a comprehensive infrastructure for medical ethics research and practice in China, the prospects are more in favor of non-organized development. On the other hand, it would take more than one book to describe the recent activities in the field of medical ethics in China, which partly relate to this project on Medical Ethics in Contemporary China. Some discussions were continued in June 2000 at international medical ethics conferences in Chungli and Taipei (Taiwan), organized by Lee Shui-chuen with support from (among others) the Institute of Asian Affairs (Hamburg). In September 2000, a workshop organized by myself (with the invaluable assistance of Zhai Xiaomei), the Institute of Asian Affairs and the German-Chinese Medical Association was held in Xi’an. It focused on issues of education in medical ethics. Immediately afterwards, as part of the Fifth World Congress of Bioethics in London, a Asian Bioethics Workshop was organized and conducted by myself, again supported from the Institute of Asian Affairs and the Dr. Helmut Storz Foundation. These and other events intentionally included participants from the Shanghai Symposium, so as to ensure a continuity in personal relations as part of the cooperative attempts to develop medical ethics in China and over the world. The related proceedings will be published in the year 2001.

Finally, a group of German scholars and academic institutes are currently taking pains to set up a systematic research project about Cross-Cultural Bioethics, with a focus on China and other Asian as well as “Western” countries. In this way it is hoped that we can harvest from the efforts of this pilot project, and at the same time depart from the preliminary stage begun in 1996. In case of its successful application, we can be sure to continue our work of understanding and making ethical progress possible internationally, for a longer time range, and in more depth. It is
a given fact that the project, as it has been organized over the last six years, is coming to an end. In the summer of 2001, a project that had been designed as a one-year study will be over. Disregarding manifold related international publications, this volume will be the greatest achievement in this area. Hence, it shall be convenient for our readers to assess the quality and impact of the project by studying this book.

The field of medical ethics in China is growing rapidly. The call of the day goes beyond mere encouragement of China’s ethical activists. Given a fair dose of optimism, it can be foreseen that gradually more and more Chinese experts in medical ethics will be trained and take over influential positions in their country. This would be the most reliable way to prevent undue influence of meddling secondary interests, let they be in commerce, power, ideology or research. Medical ethics is a discipline that can only function inasmuch as it is guided by reason and the imperative to do good. We have every reason to continue our learning and development. As the Lunyu says it, “What a joy it is to learn and to practice it constantly!”³.

³ Lunyu 1.1.