“Don’t open your window at night,” the doctor told me. I was in South Korea, learning from daily life and from a cold that eventually became pneumonia, about Korean health beliefs and health care. (The country has universal health care.) I was fascinated by some of the differences in health beliefs. Cold air is considered bad, in general, and particularly for people with respiratory problems. As a result, masks are worn frequently in the winter, and it is considered dangerous to open one’s window at night. Masks are also worn when one has a cold.

We could learn from that Korean practice. A virologist told me that, on a plane, a single sneeze can spread the virus throughout the entire plane; masks cover better than elbows do. I wore a mask on the plane back until shortly before landing in the US: at that point I whisked it off and hid it, not wanting to be barred from entry. Masks are so unusual here that they brand the wearer. Koreans, of course, could also learn from us—no one understood why I didn’t want to shake hands while I was sick. But for all kinds of reasons, some defensible, some not, the learning is likely to be one-way; they will learn from us, we are unlikely to learn from them. Since Korea opened to the West, cultural influence has been almost entirely one-way.

The same one-way influence is clear, so far, in bioethics. During my months in South Korea I spoke at several universities. I learned, not surprisingly, that bioethics there uses the same concepts, cases, and approaches that are used in the West. At a conference in Pusan, in spite of the fact that the presentations were in Korean, I could often follow what was being discussed. Pictures of fetuses, babies, and in English “right to life,” “right to choose,” and “death with dignity” appeared in slides. All of this made my heart sink. What I hope for from Asian bioethics is something new, something to help us break out of our own limited bioethics vocabulary.

At dinner a group of educated, reflective physicians held a sophisticated discussion of ethical relativism—again a conversation which might have taken place in America. When I remarked that I hoped for an infusion of new ideas from Asian bioethics, they responded that they had trouble with “autonomy.” Again I felt discouraged—not at the possibility of difference, which I welcomed, but at its phrasing in Western terms. The idea of “autonomy” (a word I rarely use without quotation marks) has been contested in the states for decades; furthermore, it expresses at best a rough concept, not clear enough for useful conversation.

I had similar, although briefer, experiences in other cities. In one situation, for instance, I spoke on research ethics, emphasizing that obtaining informed consent is only one among many important issues. A participant emphatically summed up my talk with “and above everything else, informed consent!”
Fusion Bioethics

One highly publicized Korean bioethics case (there have been very few) concerned discontinuing life support for an older woman. The press at first referred to her as Grandmother Kim. Kim is a very common family name there; older women are often referred to as “grandmother,” whether or not they have grandchildren. It is a generic, respectful term. It also places the woman within an assumed family context, as “auntie” and “uncle” do in many cultures for unrelated adults. During the time I was there she was increasingly referred to simply as “Ms. Kim.” It was a subtle move toward an essentially Western model, which identifies people first as separate individuals. Family status is often deeply important in the US, but it enters the picture a little later.

The power of the Western model shows up everywhere. When Korean nursing students were asked to identify ethical issues they faced, it is not surprising that the list held no surprises. The terms and concepts were those we use in the West.1 After my initial dismay at the dominance of Western tools in Korean bioethics, I realized that it would be hard for the situation to be otherwise, at least at this early stage. Bioethics as the specific activity it is began in the United States, roughly 40 years ago. In contrast, concern about moral behavior among doctors and nurses is not recent at all, in South Korea or anywhere else; that concern within medicine and the other health care professions goes back thousands of years.

Before bioethics, the conversation took place only among professionals and ordinarily was not so much a conversation as a transmission. It is bioethics as a systematic, public, and critical inquiry into those professional norms that is recent. Bioethics was born of a particular cultural era, and was naturally shaped by its concepts and concerns. Bioethics formed around a set of cases—often these reached the headlines first, through journalists, and the public conversation was then taken up by professionals and academics, gradually learning to call themselves bioethicists. They set out to clarify and deepen the discussion, and to subject the implicit and explicit norms involved to critical consideration.

When bioethics under this description takes root in another country, or continent, it will generally be for one of two reasons: either Westerners have brought it, or someone there has encountered our bioethics and found it interesting. Westerners bring it along with Western medical education, which is often very warmly welcomed; and we bring it as hedges on the research we do in other countries, being painfully aware of how often and easily we have exploited vulnerable populations, and needing to be sure that our work does not violate what are (now) our strongly held principles. (Needless to say, these hedges are too often inadequate.) When Asians, or Africans, or South Americans, find bioethics interesting and try to develop it at home, what they find interesting is the set of concepts and cases that constitute the field in the West. In both scenarios, Western lenses will be used. Subrata Chattopadhyay and Raymond DeVries have commented on the ubiquity of this phenomenon around the world.2 Their concern, that non-Westerners will be poorly served by a blinkered bioethics, complements mine – that we are poorly served by the blinders.

One sort of situation is different. Sometimes an issue becomes publicly controversial in a way that does not evoke, and may actively contradict, Western assumptions. That happened, for instance, when Japanese doctors began to transplant organs. The United States now uses a “whole brain” definition of death, a definition explicitly developed to make it possible to take organs from a “heart-beating cadaver,” one...
Fusion Bioethics

whose heart is kept functioning by machines after the brain has stopped. The definition was fairly easily accepted in the United States, but is strongly incongruent with Japanese understanding of life and death. So a conversation grew up that really couldn’t be fit into the Western box. As a result, I am told, there is active discussion in Japan about developing a specifically Japanese bioethics.

A different set of circumstances is also promising: scholars versed in both Western and non-Western moral traditions have begun to make available concepts and assumptions from the rest of the world, not as curiosities but as points of view which could enlarge our own. One of the most provocative questions I’ve ever read was posed by Bruce Cumings, in his history of Korea: What would it be like actually to prefer hierarchy to equality? I’m still thinking about that.

More directly relevant to bioethics is work like that of William LaFleur’s *Liquid Life: Abortion and Buddhism in Japan.* He describes ways of thinking about abortion that do not fit within our oversimplified and polarizing “pro life” and “pro choice” framework. The differences between the Japanese and Western frameworks are partly metaphysical. Their form of Buddhism holds that the life rejected in abortion may later take form in a different body. That belief may not be available to us. But we might learn from the customs that embody the belief: formal means for expressing regret for having cut short this life.

Other examples of what a fusion bioethics might be like include the work of Insoo Hyun, of Case Western Reserve University, on the way Korean egg mythologies affect policy on stem cell research; and that of my colleague, Ann Mongoven, about organ transplantation. One source of Japanese discomfort with transplantation is knowledge of what organ removal from a heart-beating body—we would say cadaver—is really like. That knowledge is not common in the United States; in fact, transplantation in the United States is swathed in comforting slogans like “The Gift of Life” and in barely concealed Christian symbolism. The more discomfiting facts about transplantation are not given wide circulation.

As bioethics matures, more of this cross-fertilization should occur. A number of Koreans have done graduate or post-doctoral work at Michigan State; most recently, Dr. Jin-Kyong Kim of Dong-A University and Pusan National University spent a year with us at the Center for Ethics and Humanities in the Life Sciences. I have a number of ideas, or hopes, about what truly cross-cultural scholars might produce. One domain is that of research ethics. Bioethics has often begun with scandals, and Korea is no exception. The national humiliation when Dr. Hwang Woo-Suk falsified his stem cell data was extreme, and led to the creation of research ethics committees (RECs) around the country.

But if bioethics begins with scandals, it should not end there. Many of us welcome attention to less sensational, but deeper, questions. After all, it doesn’t take an ethics course to make the point that falsifying scientific data is wrong. Some of those quieter issues played a role in the Hwang scandal. Dr. Hwang obtained ova from his female research assistants; in some sense they consented, but again, especially in a strongly hierarchical culture, the request must have been essentially irresistible.

Our own culture is hardly immune to the power and misuse of authority; a thorough probing of the dynamics underlying Hwang’s exploitation would serve everyone. Similarly, a Korean serving on a REC (after the scandal) has noted an inherent tension: those knowledgeable enough to judge the research are
likely to be colleagues of those doing it, bound by ties of friendship and respect, and inherently reluctant to criticize or condemn the work. Such forces may be particularly powerful in a country as Confucian as Korea, but they are at work everywhere—human beings, after all, are social animals. The insight deserves more attention than it has yet received.

Turning back to large-scale issues, the atrocities performed by the Germans during World War II in the name of research are well known here; what the Japanese did in its Unit 731 gets scant attention. It is horror of a slightly different flavor; since it was done with meticulous care (the German research was often sloppy and yielded few useful results). Questions about what to do with the results have, therefore, far more power. And once again a still deeper issue arises. One reason these atrocities have gotten little attention is that the United States gave amnesty to the perpetrators, in return for the information they had gained. These events, and their related ethical considerations, should be both common knowledge and fiercely debated. In fact, the debate has begun with the work of Jing-Bao Nie. These are only a few of the ways our moral world could expand if, as I hope, a sort of fusion bioethics should emerge.

We could also deepen our moral understanding by looking more closely at what, for lack of a better term, I will call the moral metaphysics of other cultures. Chattopadhyay and DeVries describe a belief in “the matrix of relationships in dynamic equilibrium of the cosmos.” I’m not sure what that means—the authors contrast it with Western “autonomy” which concerns the locus of decision-making. I suspect the phrase, not really at odds with our own world view, but certainly suggesting a different focus, could lead to interesting work in concepts of health, and even in environmental bioethics. “Green” health care is a bare beginning of what the latter might address.

I learned a lot from my few months in South Korea. We could all learn a lot from serious attention to other cultures. There is great hope from the work of emerging scholars on both sides of the globe. The rest of us should push ourselves; time and energy are scarce, and Western hegemony is huge, but an enlarged understanding is worth great effort.

5. Unit 731 was an Imperial Japanese Army research and development unit that engaged in biological and chemical warfare as well as in lethal human experimentation, prior to and during World War II.
6. Jing-Bao Nie’s professional path is in itself an example of bioethics hybridity. He was born in China, educated in Texas, and is an associate professor at Dunedin School of Medicine in New Zealand.
**Fresh Perspectives**

by Tom Tomlinson

*Fusion Bioethics.* It’s a very evocative term, and I love the comparisons it invites. Like fusion cuisine, or fusion music, an enticing and fruitful *fusion bioethics* can’t be a hodge-podge—a little bit of autonomy here, a little bit of community there—a cacophony of clanging contradictions. It needs sauces, motifs, bridges, linking the contrasts in ways that make the whole concoction both familiar, and surprising.

I have no idea what this might eventually look like, and no recipe for just how to create it. But I do have some ideas about how to find the right ingredients.

**Look for the familiar, not just the different.** We’re probably hard-wired to notice the unexpected, so differences are the first things to strike us when we’re in a strange environment. But they shouldn’t be the last. A slower, closer look will always reveal the familiar alongside the different (and not just the Golden Arches™). The same warning applies to bioethics. Virtually all the scholarship comparing “Western” and “Eastern” bioethics features, even celebrates, contrasts—often dichotomous ones. Rights vs. duties; autonomy vs. relationship; individual vs. community.

But are we really that starkly different? The obligation of filial piety, for example, has been around the West since at least the 5th Commandment. Americans’ moral commitments to their families, evidenced by the family care-giving that makes up the bulk of care for elderly and infirm parents, is probably rooted in the same natural family affection that is at the heart of Confucian moral psychology.

**Understand the complexity of our traditions.** Stark contrasts are often fueled by simple-minded stereotypes. The Western respect for individual autonomy, for example, is some- continued on page 6

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**Putting the Global in Fusion Bioethics**

by James E. Trosko

In writing about her recent experience in Korea, Dr. Andre coined a new term, *fusion bioethics.* To her credit, she has created a focus for an intellectual examination of the complex interaction of biological, social, and cultural factors that can influence moral/ethical philosophies and behavior.

My interest in Dr. Andre’s interpretation of the term bioethics stems from that term’s history. Dr. Van R. Potter coined the terms, “Bioethics and Global Bioethics.”™ Once coined, the term was usurped to mean something akin to a branch of medical ethics. Dr. Potter intended a much broader interpretation of this term. Rather than being an abstract rationalization, associated with the Western discipline of philosophy, what he referred to was a universal scientific understanding of the biology of human nature that should be taken into account by ethical philosophers and by each individual when making a moral decision. Along these lines, bioethics is not just the explanation of a doctor-patient relationship, a scientist’s decision to do research on any specific problem, or the use or non-use of any scientific knowledge or technology.

My many years as a scientist and teacher in both Japan and Korea allow me to identify with the several examples that Dr. Andre used to examine her awareness of the importance of cultural factors impinging on medical/scientific/professional and ethical behavior. I was there when she delivered a lecture to both veterinary and graduate students at Seoul National University, in the very Department of Veterinary Public Health where Dr. Hwang Woo-Suk was accused of falsifying data on the cloning of human embryonic stem cells. My ex-postdoctoral fellow, Dr. Kyung-Sun Kang, a young assistant professor in that same department, first raised the internal...
times equated with an atomistic and utterly self-interested individualism, so that “respect” is owed to whatever an individual decides to do. But just a little acquaintance with American and European law reveals a great variety of limits on individual action. And even when someone is acting within her legal rights, she always remains open to possible moral censure for failing to meet her moral responsibilities to family, friends, or neighbors. “Respect” for someone’s rights is one thing; “respect” for what they do is something else altogether. Once this is understood, the putative contrast between Western “autonomy” and Eastern “relationship” becomes a lot more complicated.

**Examine the particular, not just the theoretical.** Big thinkers produce big ideas. Aristotle, Mill, Kant, Confucius, Lao Tzu, Buddha. Each developed a moral system, a set of general principles and methods for discerning the right thing to do. At this level of abstraction, differences can surely be found, and similarities hard to see. But notoriously, the real ethical work begins when we have to decide how to interpret and use general principles and methods in the face of a particular problem. A Benthamite utilitarian and a Kantian deontologist will often arrive at similar ethical conclusions, despite their different starting points. And the same may be said about Western and Eastern starting points.

The case of Grandmother Kim, mentioned by Dr. Andre, may be a case in point. The Korean Supreme Court ruling attached great authority to the patient’s individual values in its decision authorizing the removal of the ventilator. Since this idea is a commonplace in Western bioethics, it is tempting to see this as an example of the coloni- nization of Korean thought by Western morality. But this explanation gives too little credit to the intellectual integrity of Koreans, so we should look for an alternative—that this conclusion can also be derived from a Confucian starting point.

Here’s a stab at it, drawn from a paper that Dr. Jin-Kyong Kim of Dong-A University and Pusan National University and I are writing. In Confucianism, all persons are bound by the obligation of ren (benevolence) toward others. But in specific cases the question will always be, in what does benevolence consist? Is it benevolent to deliberately...
Fresh Perspectives  cont. from page 6

violate the wishes of another with regard to what she believes should be done? On our reading of various accounts of Confucian morality, the answer may be “no.” In that case, what should I do if I know, as a member of Ms. Kim’s family, that she would not wish her treatment to continue? Would not ren require me to honor those wishes, unless there were countervailing considerations of benevolence pulling in another direction?

I’m no Confucian scholar, so no doubt there are complexities I’m missing. But the idea is sound: that the contextually rich interpretations of our different traditions required by applications to real cases will reveal to all of us how much we can agree on, and reveal fresh perspectives that are nevertheless compatible with our fundamental moral commitments. Then we may get a fusion bioethics that is both palatable and zesty.

Putting the Global  cont. from page 6

needed. Yet instead of fusion bioethics I would suggest Dr. Potter’s “Global Bioethics” which takes into account both cultural and ethical philosophies and their moral value differences, shaped by the universal biological needs of all human beings in addition to their differing geographic contexts.


Jin-Kyong Kim

Jin-Kyong (Regina) Kim, Ph.D. in Ethics from Dong-A University, is an ethics lecturer at Pusan National University and a post-doctoral researcher in the Ethics Department at Dong-A University in South Korea. As mentioned in Fusion Bioethics, she completed a post-doctoral year in 2010 with the Center for Ethics and Humanities in the Life Sciences at MSU. In Fresh Perspectives, Tom Tomlinson compares Asian and American perspectives from the paper they are co-authoring based on the Grandmother Kim case.

Pondering Fusion Bioethics

by Ike Val Iyioke

Dr. Andre’s essay Fusion Bioethics encourages the growth and gelling of bioethics principles and concepts in a manner that both reflects the unity as well as the multiplicity of the cultural milieus around the globe. Having been born in the U.S. in the 1970s, bioethics is firmly rooted in parts of Europe such as The Netherlands, and the U.K. But Andre’s palpable concern is with bioethics in parts of Asia. “What I hope for from Asian bioethics,” in her words, “is something new, something to help us out of our limited bioethics vocabulary.”

Andre’s article adds a twist to approaches like those by DeVries, Rott and Paruchuri. These authors argue that when bioethical principles are transported abroad, for instance to Nigeria, some of the features, for example autonomy, tend to face fresh challenges in the new environment due to their cultural bearing. This is as true of bioethics principles as it is of the frequent face-off between universalist and relativist theories: universalists believe in a universal ethical standard, relativists hold

continued on page 8
that ethical concepts can only be judged in terms of the society in which they appear.

Principles that convey universalism—autonomy, beneficence, non-maleficence and justice—are inherently linked to Western individualistic notions of personhood, whereas much of the rest of the world considers the person not as an isolated individual, but instead as embedded in kinship, group and community. Fusion bioethics is apparently not an either/or; it retains universalism and principlism where they are most suited, but urges relativism in its varied forms—multiculturalism, “care” ethics, narrative ethics, etc.—to give a local perspective to particular circumstances. In other words, to adopt and adapt Western ethical concepts and principles where they fit while pushing for other concepts and principles to sprout and blossom.

This development is not unexpected in a field as young and as impressively burgeoning as bioethics. The discipline is also currently fashioning a credentialing process for clinical ethicists—a boundary bidding that inevitably happens to any young field. Just as cultural practices like avoiding a hand shake or wearing a mask when one has a cold are customs that could be exchanged with beneficial outcomes, Fusion Bioethics maintains that the moral world and the ethical theories guiding this rapidly growing area stand to gain if serious attention is paid to other cultures, enabling cross-pollination and crossbreeding of ideas.


2. By the “West” Andre seems to mean the U.S. However, there are notable differences in the bioethics of Europe (which is part of the West) and those of the U.S. Even North America’s neighbor Canada shows decipherable bioethics’ identity as well; for instance, it is fair game to “ration” medical care because everyone has access to it. In the U.S. people are more individualistic and sensitive and fret that the government is going to take something from them. Whereas in Canada it is the opposite—“we are in this thing together.”
GLOBAL BIOETHICS:
Perspectives from the 10th World Congress of Bioethics, Singapore

by Monir Moniruzzaman and Ann Mongoven

From July 25-August 2, 2010 Center for Ethics and Humanities faculty members Ann Mongoven and Monir Moniruzzaman attended the 10th World Congress of Bioethics in Singapore. Singapore is well-known for its rapid, state-sponsored development of biotechnology research. Along with such biotechnology investment, the state promotes open bioethical discourse; government, universities, medical organizations, and even the arts community have mechanisms for facilitating such discourse. For these many reasons, Singapore was well-positioned to serve as the host city. Moniruzzaman presented a paper on organ trade at the World Congress, while Mongoven presented a paper on cross-cultural bioethical curricula at the concurrent 11th Asian Bioethics Conference satellite meetings.

Employing a human rights and social justice lens, the Congress addressed challenges of bioethics in a globalized world. The predominance of quite explicit human rights language was particularly noteworthy in Singapore; key figures in Singaporean public life have attracted international attention by provocatively questioning whether in fact human rights may be a limited, western, non-universal ethical concept. The social justice prism was evident throughout the plenary sessions.

The medical humanities were also integral to the conference, with sessions on narrative ethics, art and literature, and country-specific connections between cultural imagery and bioethical discussion. At the Asian Bioethics Conference satellite meeting, discussions of comparative bioethical curricula revealed considerable integration of medical humanities materials into East and South Asian bioethical curricula—both in universities and medical schools. Although the sample was too small from which to generalize, it seems possible that those tensions that have developed in the U.S. between philosophical and medical humanities approaches to bioethics might be less acute in Asia for historical, cultural, or institutional reasons. In some of the relevant cultural traditions, boundaries between philosophy, social science, and humanities may be less frequently drawn, or may be blurred.

Full-scale medical and biotech development in Singapore not surprisingly has created its own ethical challenges, such as the one highlighted in Moniruzzaman’s presentation. Singapore has a well-established organ transplantation program. In a session on transplant ethics, Moniruzzaman argued that bio-capital has become such a powerful entity that it often bypasses ethical safeguards—and that this is the case even in Singapore. Notably, Singapore’s Human Organ Transplant Act (HOTA) bans the sale of organs and blood, yet a national debate percolates on whether regulated organ trading should be legalized. Based on interviews with organ sellers, Moniruzzaman discussed the case of a 32-year-old impoverished Bangladeshi farmer who sold one of his kidneys to a wealthy American recipient. Despite the aforementioned HOTA regulation, the transplant operation was performed in a renowned hospital in Singapore. Given the presence of many from the Singaporean transplantation-medicine community in the audience, and given also the clear evasion of Singaporean law revealed in the story the presentation not surprisingly generated intense discussion.

Other sessions addressed those tensions inherent in the simultaneous desire for biotechnology research to explicitly benefit public health, to be conducted in ways that respect bioethical norms, and to
Global Bioethics, Singapore

increase economic prosperity. The Singapore Bioethics Advisory Committee recently issued practical recommendations to govern those tensions in Singapore’s biotech sector—recommendations currently under review by the health minister. While Singapore may be particularly advanced in the deliberativeness with which government, the financial sector, business, and medicine have partnered to support biotech research, the issues raised are both global and local.

The 10th World Congress of Bioethics experience underscored that to be meaningful bioethics must be a global discourse. Conversations ranged from pedagogical issues—“how do you teach bioethics in your country?”—to cross-cutting topical issues such as access to health care, global organ trade, biobanking, conduct of clinical trials. There were animated discussions on the tensions within many Asian countries between pressures to be conversant with English-language bioethics law and commentaries from “the West,” and desires to explore the import of Asian ethical traditions on bioethical norms. Mongoven recalls an iconic moment listening to an attendee who had been raised in one country, educated in another, and who worked in a third, discussing ethical and legal challenges of research on tissue-sharing across national boundaries. With bodies, body parts, and medical knowledge all traversing the globe, bioethicists must too—if not literally, then through openness to bioethical literature produced by international colleagues. Challenges of linguistic and conceptual translation are great, but must be met.

1. The organ sale did not improve the seller’s post-transplant social situation; the $2000 dollar organ payment was quickly exhausted on past debts while his physical and psychological health deteriorated.

BIOETHICS: EAST-WEST

Cross-Cultural Conversations at the Edges of Life

by Ann Mongoven, Siddharth Chandra, and William Londo

By virtue of size and scope of activities, multifaceted Tier 1 research universities invariably afford resource-rich opportunities. Yet that same expansive institutional scale can be daunting, and devising ways to capture those resources in the service of undergraduate and graduate education is particularly challenging. During the 2010 spring semester a philosophy bioethics course developed and taught by Center for Ethics and Humanities faculty Ann Mongoven capitalized on a synergy between her course and a tandem colloquium lecture series sponsored by Michigan State University’s Asian Studies Center. The following described pedagogical approach serves as a case study in alternative methods of bioethics’ education, and exemplifies the benefits of creating hybrid discussions through cross-cultural debate, multidisciplinary participation, and diverse group discussion. The class and the associated lecture series represent a unique approach that blurs common divides and enlivens broader discussions that aid in bioethical inquiry.
Bioethics: East-West cont.  continued from page 10

- Should abortion be socially regulated by law or by ritual practice?
- Are embryonic stem cells life?
- What bioethical challenges are posed by rapidly aging populations?
- Is “brain death” equal to “dead-as-a-doornail death”?
- Correspondingly, is organ donation from the brain dead ethically licit?
- How should birth and death be defined: should they be conceived of as biological moments, or as social as well as biological processes?

Such questions are relevant discussion topics in bioethics discourse. In fact, they represent useful starting points of inquiry for a broad audience including faculty, students, and the community. The fruitfulness of bioethical discussion and education is enhanced by efforts that not only create cross-cultural discussions but that also form collaboration among uncommon participants. The Bioethics East-West: Cross-Cultural Conversations at the Edges of Life colloquium series featured ten guest speakers from five countries. The series addressed basic questions related to how people conceive of both coming into and going out of life, considering issues such as abortion, stem cell research, organ donation and transplantation, and aging—as those issues are currently addressed in North American and Asian contexts. To the extent possible, both the lecture series and the course were organized by the chronological human life cycle, moving from beginning-of-life toward end-of-life issues.

Key take-home lessons from the colloquium series and from the accompanying course include, 1) concern about bioethical challenges is a genuine human universal, and 2) bioethics is an inherently multi-cultural and global endeavor. The challenges of cross-cultural bioethical discourse, and of bioethical discourse within a pluralistic, diverse democracy, are one and the same. Among the twenty students in the course accompanying the series were three East Asian-Americans and two South-Asian Americans; three students who were immigrants and several others whose parents were immigrants; students whose two parents were of two different cultural and linguistic heritages; and students who identified with Jewish, Christian, Muslim, Buddhist, agnostic and atheist religious affiliations. There is nothing unusual about such a course make-up at an American public university. What may have been unusual was the opportunity that the explicitly cross-cultural material created for exploration of the domestic diversity that characterizes the United States.

Guest lecturer Miho Ogino, a Japanese cultural historian of feminism, explained how Japan’s history of World War II-era eugenics laws and resentment of those laws, has shaped Japanese discussion of prenatal genetic testing. Some philosophically-oriented members of the audience noted that they had not previously considered questions about the ethics of prenatal genetic diagnosis as historical ones. Students were galvanized by Ogino’s professed confusion as to why in the U.S., America’s history of eugenics is generally not discussed in relation to prenatal genetic testing issues. Those students knew virtually nothing of the U.S. history of eugenics, but they were prompted by a Japanese visitor to learn more.

Meeting the associated challenges of linguistic and conceptual translation is necessary for American bioethics to develop in appropriately self-critical ways, and for global bioethical discourse to flourish. The synergy established both among students in the bioethics course and participants in the Asian Studies Center lecture colloquium series effectively advanced such development. This sort of innovative collaboration is feasible at institutions such as Michigan State University that have a demonstrated commitment to higher education’s global responsibilities.
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January 19

The Strangely Stubborn and Subtly Stigmatizing Search for Health Effects in Genetic Disease Carriers

Sean Valles, Ph.D.
Assistant Professor
Lyman Briggs College and Philosophy Dept.
Michigan State University

February 16

Explaining Unexplained Chronic Pain: Epistemic and Ethical Challenges

Barry DeCoster, Ph.D.
Visiting Instructor, Lyman Briggs College
Michigan State University

March 16

Including Spirituality in the Practice of Medicine: Historical, Professional, and Ethical Analyses

David Kozishek, M.A., B.C.C.
Assistant Professor
Center for Ethics and Family Medicine
Michigan State University

April 6

Back Roads and Crossroads: The Challenges of Rural Palliative Medicine

Malinda Bell, M.D.
Emergency Medicine Physician and Palliative Care Consultant
Michigan
**President of the Azerbaijan Medical Association Visits MSU**

In October, the Center hosted Dr. Nariman Safarli, an ophthalmic surgeon and President of the Azerbaijan Medical Association. During his visit Dr. Safarli met with our Center faculty, the Russian and Eurasian Studies Center, Michigan State Medical Society officials, and area physicians, to discuss the difficult ethical challenges facing the health system and the medical profession in Azerbaijan. This visit launched an ongoing collaboration designed to help Dr. Safarli and his colleagues develop effective responses to these challenges.

**Delegation from Southeast University in Nanjing, PRC Visits MSU**

In September, the Center, the Department of Philosophy and Asian Studies hosted a delegation from Southeast University, in Nanjing, PRC. Visitors included Dr. Fan Heping. Dr. Fan is the Dean of the Humanities College at Southeast, and Director of the Ethics Studies Center there, a well-known leader in Confucian ethics scholarship in China. Additional visitors included representatives of the medical school, the international studies programs, and others. The Center is especially interested in developing collaborative research projects in comparative bioethics, as well as faculty and student exchanges.

Front Row, left to right: Wang Jue, Elizabeth Bogdan-Lovis, Ann Mongoven
Back Row, left to right: Len Fleck, Tom Tomlinson, Margaret Holmes-Rovner, Fan Heping, David Kozishek
Brocher Foundation Sabbatical

Len Fleck is one of ten individuals invited to spend sabbatical time doing research at the Brocher Foundation in Geneva Switzerland from February through April of 2011. A number of European bioethics scholars will be working there as well. Scholars in residence take their dinner meals in common to encourage collaborative efforts.

Fleck will be working on two major projects. One is an edited volume on ethical issues related to bedside rationing with Marion Danis (NIH), Samia Hurst (University of Geneva), Reidun Forde (University of Oslo), and Anne Slowther (University of Warwick). This volume will address those issues from both European and American perspectives and will include essays that are both normative and empirical.

The other project is a monograph addressing a number of ethical and policy issues related to cutting edge genetic technologies. The primary normative consideration for that volume will be health care justice and the role of rational democratic deliberation in addressing these issues. More specifically, some very difficult justice issues will be assessed and analyzed in connection with personalized medicine and the use of genetic information, to determine access to very expensive cancer drugs whose effectiveness may vary dramatically depending upon genetic features of either an individual or their cancer.

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Publications

Grant Submission
Tomlinson, Tom and Gable, Lance. Research Ethics section of the NIH CTSI application submitted by a consortium including Michigan State University, Wayne State University, Henry Ford Health System, Karmanos Cancer Center, and the Van Andel Research Institute.

Grant Awarded

Presentations
Moniruzzaman, Monir. No Alladin’s Lamp to Regulate the Organ Market. 10th World Congress of Bioethics Meeting, Singapore (July 2010).
Fleck, Leonard. Health Care Rationing and the Role of Rational Democratic Deliberation. Conference on Democratic Deliberation, University of Michigan, Ann Arbor, MI (September 2010).
Tomlinson, Tom. The Self-Destructive Patient: Challenges to Ethics and Professionalism. Nursing Grand Rounds, Ingham Regional Medical Center, Lansing, MI (September 2010).
Tomlinson, Tom. Skills in Ethical Problem-Solving. State Wide Campus System Ethics Workshop for Osteopathic Residents, Lansing, MI (October 2010).
Tomlinson, Tom. ART: Ethical Challenges. Assisted Reproductive Technologies Conference, MSU College of Law and Department of Obstetrics and Gynecology, East Lansing, MI (October 2010).
Fleck, Leonard. Patient Care Advocates: The Ethical Challenges of Conflicting Loyalties. Patient Care Advocates, Sparrow Hospital, Lansing, MI (November 2010).
Kelly-Blake, Karen, Holmes-Rovner, Margaret, Dwamena, Francesca, et al. Improving Coordination of Care for Stable Coronary Artery Disease (CAD): Primary Care Shared Decision-making. Poster, American Public Health Association 138th Annual Meeting & Exposition, Denver, CO (November 2010).
Moniruzzaman, Monir. Who Owns Your Body Parts? Johnson Lecture Series, University of Ottawa, Ottawa, Canada (November 2010).