Hindu Bioethics
FOR THE
Twenty-first Century

S. CROMWELL CRAWFORD

Hindu Bioethics
for the Twenty-first Century

SUNY series in Religious Studies

Harold Coward, editor

Hindu Bioethics for the Twenty-first Century

S. Cromwell Crawford

STATE UNIVERSITY OF NEW YORK PRESS

Published by
State University of New York Press, Albany

Printed in the United States of America

For information, address State University of New York Press,
90 State Street, Suite 700, Albany, NY 12207

Production by Kelli Williams
Marketing by Michael Campochiaro

Library of Congress Cataloging-in-Publication Data

Crawford, S. Cromwell.
Hindu bioethics for the twenty-first century / S. Cromwell Crawford.
p. cm. — (SUNY series in religious studies)
Includes bibliographical references and index.
ISBN 0-7914-5779-6 (alk. paper)
1. Bioethics–Religious aspects—Hinduism. 2. Medical ethics—Religious aspects—Hinduism. I. Title. II. Series.
QH332.C73 2003
174'.957—dc21 2002044796

10 9 8 7 6 5 4 3 2 1

To Matild

This page intentionally left blank.

CONTENTS

ACKNOWLEDGMENTS

Thanks first to the Indian Council of Philosophic Research, Delhi, for selecting me to present the National Lectures for 1999 at four Indian universities on the subject of this volume.

Many ethicists have contributed to my thought, including Tom L. Beauchamp, Howard Brody, Daniel Callahan, James Childress, Werner Fornos, H. F. Haberman, Paul Jersild, Dale Johnson, Julius Lipner, Gerald James Larson, David R. Larson, B. Andrew Lustig, Jack W. Provonsha, James Rachels, Margaret and James Stutley, Robert M. Veatch, Mitchell G. Weiss, and Kenneth G. Zysk.

Among specialists in Indian medicine on whose writings I have liberally drawn, thanks go to L. S. Bhatnagar, Prakash N. Desai, G.P. Dubey, H. N. Gupta, Sudhir Kakar, Vasant Lad, K. R. Srikantha Murthy, A. Menon, P. Ray, M. Roy, P. V. Sharma, Shriram Sharma, R. N. Singh, Shrinivas Tilak and K. N. Udupa.

Colleagues at the University of Hawaii who have given me their support are Arindam Chakrabarti, Eliot Deutsch, Rama Nath Sharma, and Lee Siegel.

The International Religious Foundation has invited me to conferences to present papers on Indian medicine, thanks to Thomas G. Walsh and Frank F. Kaufmann.

Finally, *mahalo* to Harold Coward, editor of Series in Religious Studies, and Nancy Ellegate of the State University of New York Press for their confidence in this work.

This page intentionally left blank.

INTRODUCTION

THE DISCIPLINE OF BIOETHICS

This is a philosophic study of Hindu bioethics. It represents a single Hindu model of the new discipline of bioethics, which is the application of ethical principles to the problems of medicine and biological research.

Bioethics is a product of the mid-1960s. Until that time, Hippocratic medical ethics served as the dominant Western model for some two thousand years. Its characteristic feature was paternalism. At all times the physician bore a profound sense of responsibility toward the patient's welfare, but this did not include the sharing of vital information, or acceding to the patient's wishes. Its fundamental premise was: the physician knows best. The Hippocratic tradition left its mark on modern medical ethics that, till a generation ago, comprised little more than a set of Victorian bedside manners and the doctor's duties to his professional fraternity. The thrust of paternalistic practice is capsulized in the dictum of the American Medical Association Code of 1847: "unite condescension with authority."[1]

Hippocratic medical ethics was obliged to abandon its paternalistic stance during the 1960s. In his essay, "Biomedical Ethics Today," Daniel Callahan recounts that Henry Beecher and a few colleagues at Harvard Medical School had observed that extensive biomedical research was being conducted on human subjects, often without their informed consent or without an objective assessment of the risks and benefits involved. Beecher blew the whistle on these activities, which led to the establishment of the Institutional Review Board system (1967) by the National Institutes of Health (NIH). "This was important as a public response to the moral problems of human subject research, and also as the first important signal to the medical community that in the future the public would have a role in monitoring and policing the ethical behavior of those with the biomedical research."[2]

Bioethics emerged as a discipline during the 1960s with the burgeoning of ethical dilemmas consequent upon the rise of two factors: (1) the explosion of medical knowledge and (2) new developments in medical technology, especially the technology of life support.

Following the wake of the deciphering of DNA's double-helix structure (1953), and the discovery of polio vaccine by Dr. Jonas Salk (1955), there emerged a phenomenal series of breakthroughs, such as the first heart transplant by Dr. Christian Barnard; speculations about genetic engineering; the routine use of dialysis; behavior modification by medical and surgical means; widespread use of respirators; the entry of the government into health care delivery through Medicare and Medicaid; and the work of Dr. Elizabeth Kubler-Ross with its stunning critique of excessive intrusions of medical technology for dying patients. All of these triumphs of modern medical knowledge and technology spawned a host of ethical dilemmas, not only for the medical community but also for American society at large; but as yet there was no scholarly organization independently able to tackle the new moral problems precipitated by these advances. Then, in 1968, as a result of the initiatives of Dr. Daniel Callahan, a philosopher, and Dr. Willard Gaylin, a psychiatrist, the Hastings Center was established in New York. The center is the oldest independent, nonpartisan, interdisciplinary research institute of its kind. Through studies, writings, and discussions, its goals are to explore ethical issues in the life sciences—particularly in biology and medicine, and also in the area of the environment. Equally noteworthy was the establishment of the Kennedy Center for Bioethics at Georgetown (1972), and the President's Commission on Biomedical Ethics (1983).

Advances in medical knowledge and technology continued into the 1970s and beyond. In 1972 British engineers invented the computer tomography (CAT) scanner, which assembles thousands of X-ray images into a highly detailed picture of the brain and also of the entire body. In 1978 Louise Brown, the world's first test-tube baby, was born in England. In 1979 the World Health Organization declared that smallpox had been eradicated. In 1981 doctors in San Francisco and New York reported the first cases of acquired immunodeficiency syndrome, or AIDS. In 1982 the U.S. Food and Drug Administration approved the first drug developed with recombinant-DNA technology, a form of human insulin. In 1995 surgeons at Duke University successfully transplanted hearts from genetically altered pigs into baboons, proving that cross-species operations can be done, and with the goal of giving pig hearts to humans. In 1997 Scot-

tish embryologist Ian Wilmut reported that he and his colleagues at the Roslin Institute's genetic research facility in Edinburgh had cloned a sheep named Dolly from a mammary cell of a pregnant ewe—a procedure that made fiction become true, raising dreaded possibilities that stunned the world.

Today the modern medical revolution that began with Alexander Fleming's discovery of antibiotic penicillin in 1928, bravely marches on. Change has become almost addictive, a jolt to energy and creativity. Doctors vaporize tumors with laser rays, make babies in test tubes; and isolate memory cells. The most historic feat that changes medicine forever is the mapping of our DNA under the leadership of J. Craig Venter, CEO of Celera Genomics, and Francis Collins, director of NIH's Human Genome Research Institute. After a decade of heroic number crunching, groups led by these researchers deciphered essentially all the 3.1 billion biochemical "letters" of human DNA, the coded instructions for building and operating a fully functioning human.

Parallel to these advances in medical knowledge and technology, there have been other social developments that have precipitated the need for greater emphasis on ethics in medicine. These societal factors include:

- A heightened level of public awareness and education in matters of health
- The rise of peoples' participation in matters of their own health
- Civil rights and consumer groups that expect doctors to maintain high standards of treatment
- Legal and economic pressures on medical practice
- The emergence of diverse moral systems in society, and the need for greater awareness of the values and sentiments of non-Western religions, such as Islam, Buddhism, and Hinduism.

TRADITION AND THE BRAVE NEW WORLD OF BIOETHICS

Given the fact that the discipline of bioethics emerged from the scientific knowledge and technology of the late twentieth century, is it plausible to think that the dilemmas generated by these forces can be illuminated by religio-philosophic traditions that took shape in times that could not have imagined the possibility of bionic bodies, test-tube babies, organ transplants, and gene therapy?

First, it must be clearly understood that bioethics is only a special type of ethics to the extent that it has reference to a specific sphere of facts, namely medicine, and not because it incorporates some unique set of principles or methodology, which set it apart from traditional ethics. *The Encyclopedia of Bioethics* states: "Bioethics is not a new set of principles or maneuvers, but the *same old ethics being applied to a particular realm* of concerns."[3] (Italics supplied.) This being the case, no traditional form of ethics, be it Hindu, Christian, Muslim, or Buddhist, is disqualified from entering the field of bioethics just because it originated in a premodern, pretechnological era. As an example: *ahiṁsā* ("do no harm") is a cardinal virtue of most Hindu groups. This ancient moral rule is not challenged in medical ethics. Questions that do arise when *ahiṁsā* is applied in clinical situations are:

- Is the withdrawal of lifesaving therapy a case in which *ahiṁsā* is violated?
- Is the refusal to inititiate a life-support system necessarily contrary to the rule of *ahiṁsā*?
- Are we going against *ahiṁsā* when we allocate limited resources to another person with better chances for survival?

At no time does bioethics question the moral legitimacy of *ahiṁsā*, nor its philosophic presuppositions, grounded in Hindu tradition. It accepts the adage "Do not injure" as a rule of the old ethics. It only asks whether in a particular clinical setting, injury *actually* takes place. Furthermore, the entry of religion into the brave new world of medicine can work positively for medicine itself, and indeed is often an indispensable component.

First, religious traditions represent the collective wisdom generated by several thousand years of deep thinking on moral issues. They speak to our common humanity and address values that are unaffected by the march of time. They have developed universal ethical principles, such as the Golden Rule, which can be adapted to the latest situation. Dr. Willard Gaylin of the Hastings Center argues: "The genetic age will transform medicine, but the questions we pose are the eternal questions of justice, human rights, suffering and freedom. . . . While the metaphors of medicine are creative and captivating, the questions are for all of us to ponder."[4]

Second, through their affirmation of the transcendent dimension of human life, religions provide the element of sustainability in the bioethi-

cal enterprise, which serves as a necessary corrective to merely secular interests. Ethicist Jack W. Provonsha points out:

> Bioethics as an infant progeny of ethics has already largely taken over the house as infants are prone to do. Bioethicists are multiplying and new bioethics centers are appearing almost monthly. There is no question that these issues are fascinating. But the capacity for maintaining that interest through the perplexing years ahead is more likely to characterize those whose committment includes faith. So much about the answers to these questions is related to one's ultimate purposes as over against this-worldly professional goals.[5]

Third, the importance of religions for the bioethical enterprise comes out of their common origin in the human experience. People in all parts of the world and in every age face three fundamental problems: (1) how to maintain good health; (2) how to cure illnesses; and (3) how to delay death and reduce its attendant suffering. All three problems are as much concerns of religion as of medicine. Both players are *inescapably* brought into dialogue when confronted with beginning-of-life issues such as: procreation, genetics, abortion, contraception, fertilization, and birth. Religion and medicine are equally involved when we face end-of-life issues: soul, sanctity of life, quality of life, aging, autonomy, dignity, caring, suffering, pain, and dying.[6]

All these issues will be discussed in these pages. Given the unambiguous interface of religion and medicine, both historically and contemporaneously, it would be a grievous mistake to erect partitions between religion and medicine. What life has joined together, specialists and technocrats must not put asunder. There is indeed a duality of labor but a unity of spirit. As Jewish philosopher Abraham J. Heschel puts it: "The art of healing is the highest form of the imitation of God. . . . *Religion is not the assistant to medicine, but the secret of one's passion for medicine*."[7] (Italics supplied.)

WHY THE HINDU POINT OF VIEW?

We have drawn attention to the fact that the new discipline of bioethics has many vexing topics to contend with: genetic engineering, total life support, fetal surgery, embryo transfer, to name a few. Added to the problems of the individual are the medical and health problems of society at large. As societal interrelationships become more complex, such

medicine-related considerations as the food supply, housing, population control, and the ethics of the "lifeboat" have to be addressed. Under such mounting pressures, bioethics can use all the help it can get as it works its way into a new discipline. We propose to demonstrate that in this difficult venture, the Hindu tradition can prove a valuable ally. *In philosophical terms*, its diverse schools of thought, such as Sāṁkhya, Yoga, Nyāya, Vaiśeṣika, and Vedānta, are admirably suited to the demands of our pluralistic age. *In ethical terms*, the contextual structure of the Hindu approach gives it flexibility and adaptability, and invests it with the type of dilemmatic thinking that is required by contemporary bioethics in a world of rapid change. *In medical terms*, while Hinduism shares with all other faith traditions positive attitudes toward medicine and the healing arts, Hinduism is distinctive because it has evolved its own indigenous system of medicine that is based on medical manuals that comment directly on health issues.

Hindu bioethics flows from three basic principles of Hindu philosophy and religion:

1. The transcendent character of human life, expressed through the principles of the sanctity of life and quality of life.
2. The duty to preserve and guard individual and communal health.
3. The duty to rectify imbalances in the processes of nature and to correct and repair states that threaten life and well-being, both of humans and nonhumans.

Armed with these and other principles, we shall attempt to apply them consistently, comprehensively, and systematically to headline issues such as:

- Who tells a patient what information, in what manner, and how much?
- Who decides triage problems in patient selection and the allocation of scarce resources?
- Who resolves the issue of confidentiality when an adolescent consults a physician about contraception, about abortion, about drug use?
- When is a patient dead? When do physicians discontinue life-support mechanisms? How is the family involved?
- How should medics weigh the risks and benefits of new or experimental treatment?

The task of answering these questions is formidable. The road we have chosen is not only less traveled, but there are virtually no signs to give us directions, and a few that do appear point in all directions of the compass. The Hindu philosopher cannot help envy the Roman Catholic moral theologian who is left in no doubt in respect to issues such as contraception, abortion, surrogacy, and the like, because the mandates of the Vatican are clear, consistent, authoritative, and binding. But in Hinduism Varanasi is not the Vatican and a pandit is not a pope. Prakash N. Desai, a Hindu physician, accurately represents the present situation facing the Hindu bioethicist when he says:

> An organized body of knowledge for the ethical resolution of conflicts inherent in modern medicine is yet to be formulated in India. Given the diversity of belief and practice this task is overwhelming. But in the day-to-day life of Hindus, folk history is an important source of inspiration and moral examples. Ancient myths are renewed and reshaped, and as in the Hindu use of history, they become answers to philosophical and psychological dilemmas. It cannot be overemphasised that without an authoritative book or prophet to interpret ethical conduct for all Hindus at different times, the mythologies of ancestors serve as examples, and a single proper course does not exist.[8]

Desai goes on to explain that when people encounter some new conflict, they "make up a code of conduct by searching ancient lore for an appropriate example." As illustration, "abortion was legalized after legislative debates, and public argument was carried out mainly in secular newspapers and professional journals that borrowed heavily from ancient texts, both medical and religious, for supporting and opposing arguments."[9]

For the masses, whose illiteracy rate is as high as 75 percent, even this level of information is inaccessible, therefore they must "resort to minstrels, narrators of mythology, and folk theaters for the interpretation of such problems."

What role does the contemporary Hindu philosopher play in all of this?

A major irony here is that Hindu philosophers, notwithstanding certain assets of their traditions, have yet to leave their ivory towers and meet real challenges to their philosophies, not just in *logic* but in *life*. Jewish and Christian philosophers are deeply engaged in bioethical studies, but Hindu philosophers are still isolated in intellectual *asrams*. Why?

First, doing bioethics assumes a prior interest in ethics, which, judged by the number of Indian publications in this field, does not enjoy priority

status. Even when ethics is discussed, it is pervasively through Western categories and modalities. The situation is even less complimentary when it comes to applied ethics. This lacuna is equally evident in the writings of Jain and Buddhist philosophers. In the Introduction to his work on *Buddhism and Bioethics*, Damien Keown expresses some despair: "Despite the contemporary importance of issues . . . there has been comparatively little discussion from a Buddhist perspective."[10]

Second, it must be acknowledged that the phenomenal growth of bioethics in the West has been the natural response to informational and technological developments. This situation has not arisen in India to the same degree, especially access to expensive medical technology, hence a similar urgency has not been felt.

Third, the philosopher doing bioethics must wear two hats—that of the philosopher and of the medic; yet the majority of philosophers in the Hindu area have not developed corresponding expertise in the facts, relationships, and concepts of the medical world to which the moral principles must be applied, and therefore they have not been able to engage in the bioethical dialogue.

The upshot of all of these factors is that in the present study we undertake a *maiden voyage* upon unchartered seas, but the perils of the passage will be more than compensated for by the thrill of discovery that this ancient tradition we call Hinduism is indeed *sanatana dharma*, even in the brave new world of bioethics.

Excitement for this project must not inflate its importance. If Hindu bioethics is a temple, we are merely laying its foundation stones, and like the work of all Hindu temples, the efforts of its earliest builders are made significant through the contributions of those who carry on the unfinished task.

Part One of this book presents foundations for an understanding of Hindu ethics and Hindu medicine. The ethical principles garnered from these investigations are then applied to diverse problems taken up in the sequel. Part Two deals with dilemmas pertaining to beginning and end-of-life issues.

PART ONE

FOUNDATIONS