

The evolution of bioethics and its influence on the evolution of societies

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The influence of bioethics on the evolution of societies

In my presentation, I shall look beyond the narrow definition of bioethics as a distinct, academic discipline which arose as a response to the social, cultural, legal and ethical implications of 20th century advances in biomedicine and their associated technologies. More recently, the field of bioethics has been extended to include animal rights and humanity's relationship with the biosphere. Ethical concerns, policies and practices related to life and death, medicine and the healing arts, and man's relationship with other living beings and the environment, have existed from ancient times in many countries. This is essentially bioethics, in a broader context than in the modern definition.

In Sri Lanka, as in most other countries of the ancient world, the moral and ethical dimensions of such issues were closely influenced by the predominant cultural and religious beliefs existing at the time. From the 3rd century BC until the 15th century AC, the predominant cultural and religious ethos in Sri Lanka was Buddhism. Buddhism was introduced to Sri Lanka from North India during the reign of King Devānampiyatissa (247-207 BC) by the missionaries sent by his contemporary in India, the Mauryan Emperor Aśoka, who had embraced Buddhism after experiencing the horrors of war. With Buddhism came Āyurveda, the Indian system of medicine written in Sanskrit and Pali, the ancient languages of India. Sri Lanka was ruled by its own kings from the 6th century BC until 1815, when the British annexed the Kandyan kingdom. This long reign of kings is described in the written document, the *Mahāvamsa*, (the Great Chronicle) and other chronicles, which together with the lithic inscriptions left by the ancient kings, and the epigraphical edicts of Emperor Aśoka in India, provide a record of Buddhist influence on health, medicine, man's relations with nature, and the duties of Kings towards their subjects in these areas.

Buddhist views on ethics in medicine, as stated in the *Vinaya Pitaka*, show a remarkable similarity to the Hippocratic code of ethics. "It is to

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Gautama (Buddha) and his followers that we owe, apparently, the hospital idea”(1). In Buddhism, provision of hospitals, medicine and food for the sick were considered to be highly virtuous deeds, accruing much merit to the doer. This was the force that drove the kings to construct hospitals in ancient Sri Lanka. Buddhist ethics is an ethics of virtue, rather than an ethics of duty. There are no absolute moral commandments in Buddhism. In ancient Sri Lankan society, the practice of *karunā* (compassion), and the resulting *ahimsā* (non-maleficence) were predominant in guiding the meritorious actions of both king and commoner in the areas relevant to “bioethics”. In addition, the values embedded in the Āyurvedic compendia of Caraka and Suśruta provided ethical guidelines for physicians and laity alike. Long thought to be derived from the Vedas, it is now believed that Āyurveda is a North Indian medical tradition arising from the ascetic milieu of Buddhist monks in the 5th century BC (2). The *Caraka Samhita* refers to positive beneficence in this way: “He who practices not for money nor for caprice but out of compassion for living beings (*Bhuta-daya*), is the best among all physicians” (3).

Karuna and *ahimsa* were reflected in Buddhist society’s treatment of animals and the environment as well. Buddhists should not destroy any living thing, nor cause others to do so. This precept of abstaining from killing was followed by many kings whose edicts laying down rules for the protection of animals have been inscribed on stone (4). Sri Lankan society for the most part, did not eat meat until the introduction of Western influences from the 16th century onwards. Respect for nature and the environment is reflected in the treatment and uses of water in ancient Sri Lankan culture.

With the advent of the Portuguese in 1505 and the Dutch in 1656, who successively occupied the Maritime Provinces, and finally of the British in 1796, who ruled the entire country from 1815 to 1948, Sri Lankan society changed from being predominantly Sinhala-Buddhist (with Hindu roots) to a multi-religious, multi-cultural society. With Christianity and Western medicine, the scientific community was introduced to a medical ethics having a Christian (or “Western”) morality as its model. As pointed out by many writers, there are some fundamental differences between the Western model and the Buddhist or Hindu (or indigenous) ethics. In Western ethics, the importance of the individual is considered fundamental in decision making, while “Buddhism emphasizes the primacy of the individual’s duty over his right” (5). This may give rise to a certain resistance to Western ideas alien to indigenous cultural values (6).

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Bioethics at present seems to be influenced predominantly by social, cultural and legal concerns at the cost of spirituality. This may possibly be due to the increasing secularism of the Western world. I believe that bioethics should be open to a more spiritual or religious orientation. If a

multitude of religions should preclude universal norms, this perceived impediment could be overcome by utilizing a virtue common to all religions. The practice of compassion is, I believe, common to all religions. As Victoria Moran says, compassion should be the ultimate ethic (7).

References

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