

CROSSCULTURAL ASPECTS OF RISK ASSESMENT

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Chiron, 是德国波鸿医学伦理中心的标志，他半人半神，在希腊神话中以智慧和公正著称。他是治疗艺术的大师，也是欧洲医药之父**Aesculap**的老师。**Chiron**作为伦理与专业技术结合的典范，有人头马身，这代表着智慧与力量的整合。一次他在战场上被毒镖射中时，为救他人而放弃了自己的永生，这象征超越了使命召唤的勇敢。

Chiron, the logo of the Bochum Center For Medical Ethics, was a half-Gods in Greek mythology, famous for his wisdom and justice, a master in the arts of healing and the teacher of **Aesculap**, one of the father figures of European medicine. **Chiron**, a role model for combining ethics with expertise, having the head of a human and the body of a horse also represents the unity of intelligence and power. When hit by a poisoned dart in a battle, he rescinded his immortality for the sake of a human, symbolizing bravery beyond the call of duty.

Orientation tools
to understand the world and me
了解世界和自己的初始工具

- differentiate between good and evil
辨别善与恶
- position individual in community
确定个体在社会中的位置
- define humaneness and nobleness
定义人性与高贵
- express visions and goals for good actions
表达好的行为的动机与目的

Nature
自然

- exemplary harmony
和谐的典范
- cruel and in need to be cultivated
残酷的需要改造的

Culture
文化

- an old queue protecting bad habits
一个保护旧的习俗的老规矩
- a tool promoting doing good and doing well
一个鼓励做好事并把事做好的工具

The fight against the suppressive powers of cultures and traditions and the liberating use and empowerment of culture and tradition are the two edges of culture everywhere.

任何地方文化都有两面性:

- 同文化、传统中反动的势力作斗争
- 解放文化和传统中的用途与能力

Application of cultural and moral traditions
文化与道德传统的应用

- Authoritative 权威的
- Regulative 规定的
- Educative 教育的
- Exhortative 训诫的
- Discursive 推论的
- Adjuvantive 辅助的

GOLDEN RULE

- 'Do not do to others, what you would not desire yourself' [Confucius]
己所不欲，勿施于人 —— 孔子
- 'Love God by loving your neighbor' [Jesus]
爱神即要爱你的邻居 —— 耶稣
- Do not use fellow humans only as means as you would do with horses [Mohist, Kant]
不要以召唤牲口的方式使唤别人（墨家，康德）

The concept of humaneness and nobleness would fail if we would even start thinking about applying it only to a more or less arbitrarily in selected groups of fellow humans, if we would not make a difference between strangers of different cultures and enemies of culture and humaneness.

如果我们把人性与高贵的概念武断的用在其他同伴的身上，如果我们并不能区分哪些人是反人性与反文化的，而另一些人只是因来自其他文化而带有陌生观念，如果我们讨论的“文化”本身就容纳了奴役，折磨与强暴或其他的对人性的违背，那么我们关于人性与高尚的概念就完全的失去了意义。

Rule of humaneness: 人性的法则：

Whenever and as long as philosophers, theologians, politicians, or pressure groups fight over principles, theories, then the preferred course of action should be that the primary decision moral agent, i.e. the person closest to the moral challenge, should be given the right to follow her own conscience and calling, and that community, groups and individuals should help them in access to information and advice for making responsible and well reasoned choices.

无论何时只要哲学家，神学家，政治家或权威团体为原则与理论进行了争论，那么首选的行为过程就应该是：主要的决策性道德主体（如一个正在面临道德挑战的人）应有权按照自己的良心与需要行事；社区，集体和个人应帮助他们获取更多的信息，使他们做出负责的和合理的选择。

'We make doors for a room, but it is these empty spaces that make the room livable'
[Tao Teh Ching, no 11]

“房间需要一个门，但真正使房间适于居住的是其里面的空间。”——《道德经》第11条

As new technologies provide for new options to care for people and to build morally and culturally richer communities, the best way to avoid abuse and moral risk is to support and to educate the individual person in moral and technical risk competence; legislation and regulation may help but will not be successful alone.

新的科技为服务于人民，为建立道德上的，文化上的更富足的社会，提供了更多选择。最好的避免恶习与道德风险的方式是去帮助并教育个体，使他们有更好的承担道德与技术上风险的能力。法令与规定会起到作用，但只依靠它们是不会成功的。

Uniformity in culture is not richness, but diversity, creativity, and cultural and moral competition in problem identification and solving is richness.

文化的单一性并不代表富有，而多样性、创造性、以及在发现问题和解决问题方面的文化上和道德上的能力，才代表富有。

Solidarity and subsidiary are the two principles which in combination allow for humaneness and nobleness in applying ethics and expertise in competition, communication, and cooperation of individuals, communities and cultures.

团结与互助是两条原则，二者的结合可以实现伦理学应用和竞争中技术应用的人性化及对人的尊重，实现个体间的、群体间的（共同体间的）以及文化间的交流与合作

SUCCESSFULLY TEACHING PHYSICIAN'S ETHICS

医生伦理的成功教育

• Influence on ethics attitude 对伦理态度的影响

- 68% clinical experience 来自临床经验
- 63% role model of chiefs and colleagues
来自领导和同事的角色榜样
- 58% family background 来自家庭背景
- 53% peer discussion 来自与同伴间的讨论
- 3% medical-ethics classes 来自医学伦理课程

Results of class-room teaching

课堂教学结果

- 83% better communication with patient 与病人更好交流
- 81% better informed consent 在知情同意方面做得更好
- 68% partnership in decision making 决策中的伙伴关系
- 56% protecting privacy 保护隐私
- 52% better palliative care 更好的姑息性护理
- 16% special care for terminal patients 临终病人的特殊关怀
- 12% abortion issues 流产问题
- 7% life-prolonging of severely handicapped babies
严重残疾婴儿生命的延长
- 5% organ donation 器官捐献

TECHNICAL AND ETHICAL DECISION MAKING PROCEDURE

决定技术和伦理问题的步骤

1. PROBLEM IDENTIFICATION 问题鉴别

- a. collect medical data 收集医疗数据
- b. collect significant human data 收集有意义的人口数据
- c. identify value elements 辨别有价值因素
- d. discuss relations between medical and moral issues
讨论医学和道德间的关系

TECHNICAL AND ETHICAL DECISION MAKING PROCEDURE

决定技术和伦理问题的步骤

2. DEVELOP ALTERNATIVE SCENARIOS FOR ACTION 拟订可选择方案

- a. establish reasonable possibilities for each scenario
明确每种方案的可能性
- b. identify ethical principals in each scenario
明确每种方案的伦理要素
- c. determine ethical uncertainties and risks
明确伦理上的不确定性与风险
- d. discuss ethical and technical risk and uncertainty
讨论伦理及技术上的不确定性与风险

TECHNICAL AND ETHICAL DECISION MAKING PROCEDURE

决定技术和伦理问题的步骤

3. PRESENT A SET OF ALTERNATIVE SCENARIOS 展示可选择方案

- a. discuss uncertainty in each scenario prognosis
讨论每种方案可能结果的不确定性
- b. present technical cost-benefit-risk assessments
提供 代价-受益-风险 技术评估
- c. present ethical cost-benefit-risk assessments
提供 代价-受益-风险 伦理评估
- d. discuss differences in benefit-cost-risk balances
讨论 代价-受益-风险 平衡中的差别

TECHNICAL AND ETHICAL DECISION MAKING PROCEDURE

做出技术和伦理决策的步骤

4. FORMULATE A JUSTIFICATION FOR YOUR SELECTION 阐述你选择的理由

- a. specify your reasons for selected course of action
对你所选的行为过程的理由做出说明
- b. clearly present the ethical basis for your action
明确的说出你行为的伦理基础
- c. understand ethical shortcomings of justification
了解你所做出的伦理辩护的缺陷
- d. anticipate and discuss objections to your selection
预测反对意见会是什么，并对此进行讨论

BIOETHICS PRINCIPLES I

生命伦理原则 I

- Humaneness 人性
- compassion 同情
- cleverness 聪明
- wisdom 智慧
- sincerity 真诚
- honesty (Yang Chuan) 诚实

BIOETHICS PRINCIPLES II

生命伦理原则 II

- Autonomy 自主
- nonmaleficence 无伤害
- beneficence 有利
- Justice (Beauchamp, Childress) 公正

BIOETHICS PRINCIPLES III

生命伦理原则 III

- Autonomy 自主
- Dignity 尊严
- Integrity 完整
- Vulnerability (Kemp and others) 易受伤害性 (Kemp和其他人)

BIOETHICS PRINCIPLES IV

生命伦理原则 IV

Patient 病人:

- self-determination versus compliance 自主与遵医
- quality of life versus length of life 生命质量与寿命
- health care competence 健康保健的能力
- trust 信任

Health expert 健康专家:

- nonmaleficence versus beneficence 无伤害与有利
- professional responsibility versus respect for autonomy 职业责任与尊重自主
- expertise 专家意见
- trust (Sass) 信任

BOCHUM WORKING PAPER FOR MEDICAL ETHICAL PRACTICE

波鸿医学伦理实践工作报告

1. MEDICAL TECHNICAL DIAGNOSIS 医学技术诊断

- a. general medical facts and reflections 总体医学实际情况及思考
- b. special medical facts and reflections 特殊医学实际情况及思考
- c. medical challenge: competence, knowledge, risk 医学挑战: 能力, 知识, 风险

2. MEDICAL ETHICAL DIAGNOSIS 医学伦理诊断

- a. patient's wellbeing and well-feeling 病人的感觉好及状态好
- b. patient's self-determination 病人的自我决定
- c. professional responsibility: risk and conflict management 职业责任: 风险及冲突管理

3. CASE MANAGEMENT 案例管理

- a. identify the optimal course of action 明确最佳行为方式
- b. identify specific obligations of parties involved 明确各方的特定责任
- c. discuss arguments against your decision, keep the patient involved 对反对自己决定的意见进行讨论, 始终让病人参与

4. DIFFERENTIATING SPECIAL SCENARIO QUESTIONNAIRES

制定特殊的方案调查表

- a. identify and assess specific moral issues 明确并评估特殊道德问题
- b. micro-allocate and mix-allocate principles 微分配及混合分配原则
- c. create, amend and revise special scenario checklists 创建, 改进, 修正特殊方案清单

(Hans-Martin Sass, Herbert Viehues)

EIGHT HEALTH CARE RULES FOR THE LAY PERSON

卧床病人的8个健康护理法则

1. Find truly educated and trustworthy health experts
找到真正受过训练的、可信任的健康专家
2. Develop competence and responsibility in health risk management. 发展管理健康风险的能力与责任
3. Make extended use of predictive and preventive medicine. 广泛使用预见性及预防性的医疗
4. Expect healing or relief from acute medicine, but be aware of the limits and risks of any medical intervention. 可使用快速的疗法治病或减轻症状, 但要清楚任何医疗介入的局限性和风险

5. Expect information and advice from medical experts and be a fair partner with them. 可从医疗专家处寻求信息和建议并且与之建立公平的伙伴关系

6. Define and implement your sense of qualities of life, from childhood to old age, in sickness and in health. 明确并且实现自己的有质量的生命意义, 从幼年到老年, 无论疾病或健康

7. Prepare advance directives and name proxy decision makers for circumstances of incompetence. 为一旦在没有行为能力的情况下指定决策代理人, 准备“事先指令”

8. Act responsibly in the use of communal health care funds. 负责地使用公有健康基金

EIGHT HEALTH CARE RULES FOR THE HEALTH PROFESSIONAL

健康专家的8个健康护理法则

1. Treat your patient as a person, not just his or her symptoms.
把病人当作人看, 不要只注意其病症
2. Assist your patient in developing health risk competence.
辅助病人锻炼抵御健康风险的能力
3. Integrate the 'clinical status' and the 'value status' of your patient into differential ethics, diagnosis and prognosis.
把病人的“临床地位”与“价值地位”结合为特异的伦理, 诊断和预测
4. Be aware of the benefits, limits and risks of acute intervention and discuss those with your patient.
明确急性医疗干预的益处、局限及风险, 并就此同病人讨论

EIGHT HEALTH CARE RULES FOR THE HEALTH PROFESSIONAL

健康专家的8个健康护理法则

5. Be an expert partner with your patient and respect her or his wishes and values. 成为病人的专家伙伴并尊重其意愿和价值
6. Continuously educate yourself and provide the best possible clinical and personal service. 不断接受教育, 努力提供最好的临床及个人服务
7. Assist your patient in preparing advance directives and in working with proxies for the benefit of your patient. 帮助病人准备“事先指令”, 与代理人合作让病人受益
8. Act responsibly in the use of communal health care funds. 负责地使用公有健康基金

May the INSTITUTE OF ETHICS at
SOUTHEAST UNIVERSITY IN NANJING
successfully contribute to humaneness
[ren] and skills [ji] for the good of the
people
Good luck!