

Cultures in Biomedical Ethics



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临床生命伦理学

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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 When hit by a poisoned dart in a battle, he rescinded his immortality for the sake of a human, symbolizing bravery beyond the call of duty.

CROSSCULTURAL REFLECTION ON BIOETHICS (I+II)
生命伦理学中跨文化问题的思考

1. Ethics principles as tools for virtuous action
伦理原则是道德行为的工具
2. Different tools and rooms, same duties and services
不同的工具与空间，相同的责任与服务
3. Basic human needs and moral priorities
人类基本需要和道德优先权
4. Stakeholders in cultures and ethics
文化和伦理中的“当事人 (Stakeholders)”
5. Cross-cultural and inner-cultural communication and cooperation
跨文化与文化间的交流与合作
6. Teaching medical ethics
医学伦理教育
7. Culturally sensitive sets of bioethics principles
生命伦理原则中文化上敏感的几点
8. Checklists and interactive rules of conduct
实际操作的交互规则和清单

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
定义人性与高尚
- 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）

Risk in ethics orientation 伦理定位的风险

- ambiguity in moral choice
道德选择的模棱两可
- eccentric interpretations of humaneness
人性的反常论证
- confusing laws with ethics
法律与伦理的混淆
- unfair treatment of 'strangers'
对“陌生人”的不公正待遇

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尚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，以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。

**GERIATRIC ETHICS
FOR HEALTH CARE PROFESSIONALS:
老年医学伦理学 (对于健康护理专业人员而言):**

- (1) Treat patients based on their needs, values and wishes. 在病人的需要, 价值, 愿望的基础上对其治疗
- (2) Communicate and cooperate in trust and make your patient a partner in medical and nursing decisions whenever possible, including decisions to withhold or to terminate certain treatments. 与病人相互信赖的交流与合作, 尽可能的在医疗护理决策中把病人当作伙伴, 这些决策包括继续或中断某种治疗等

**GERIATRIC ETHICS
FOR HEALTH CARE PROFESSIONALS:
老年医学伦理学 (对于健康护理专业人员而言):**

- (3) Assist your patients in developing health literacy and in establishing values and wishes for treatment in old age and dementia.

帮助病人了解医疗知识, 辅助老年或痴呆病人建立治疗的价值及愿望的观念

**GERIATRIC ETHICS
FOR HEALTH CARE PROFESSIONALS:
老年医学伦理学 (对于健康护理专业人员而言):**

- (4) Respect your patients' wishes and values, including advance directives, in medical and nursing care; share decision making with those nominated by the patient as their trusted representatives.
尊重病人的价值与愿望, 包括医疗护理过程中的事先指令 (advance directives); 把病人的委托人看作病人信赖的代表, 与其共同制定某些决策

**GERIATRIC ETHICS
FOR HEALTH CARE PROFESSIONALS:
老年医学伦理学 (对于健康护理专业人员而言):**

- (5) If patients' values and wishes are unknown or cannot be presumed, give priority to palliative and comfort care over life-prolonging treatment.
如果病人的价值与愿望未知也不可猜测, 优先采取缓和及姑息性治疗, 而不是优先延长生命

**GERIATRICS ETHICS FOR THE PATIENT:
老年医学伦理学 (对于患者而言):**

- (1) Learn to understand that old age differs from earlier stages in life by different qualities in life, not a reduced quality of life.
明白老年区别于其他时期意味着一种不同的生活质量, 而不是降低的生活质量
- (2) Develop your own goals for fulfillment and happiness in old age; find out which services or remedies will benefit you most.
建立老年期幸福与满足的目标; 找出自己受益最大的服务与治疗

**GERIATRICS ETHICS FOR THE PATIENT:
老年医学伦理学 (对于患者而言):**

- (3) Discuss hopes, fears, values and wishes for medical and nursing care in old age within the family, with friends and health care professionals; put your directives in writing, if possible.
在家庭内, 和朋友并与健康护理专家讨论对医疗护理的希望, 恐惧, 价值及愿望; 如可能, 写出自己的意愿

GERIATRICS ETHICS FOR THE PATIENT:
老年医学伦理学(对于患者而言):

- (4) Request good medical, palliative and nursing care in old age, but do not expect medicine to deliver eternal youth.

在老年期寻求好的医疗, 护理和姑息性护理, 但不要希望医学能永保青春

GERIATRICS ETHICS FOR THE PATIENT:
老年医学伦理学(对于患者而言):

- (5) Expect best possible palliative and comfort care in agony and in dying, but do not expect that medicine will besiege morbidity, death and the finitude of human life.

在痛苦及死亡过程中寻求最好的姑息性与安抚治疗, 但不要希望医学能逾越病态, 死亡及人类生命的界限

CULTURAL GERIATRIC ETHICS
IN RESPECT OF OLD AGE:
尊重老年人的、文化上的老年医学伦理学:

- (1) Respect older people, value their experiences and their former and present contributions to society, and assist them to master the physical, mental, and social challenges to old age.

尊重老年人, 尊重他们的经历及其现在和以前对社会的贡献, 帮助他们 战胜生理, 心理及社会的挑战

CULTURAL GERIATRIC ETHICS
IN RESPECT OF OLD AGE:
尊重老年人的、文化上的老年医学伦理学:

- (2) Families, neighborhoods, social and medical institutions must work together and are responsible for the support and protection of quality of life in old age.

家庭, 邻里, 社会及医疗机构要共同努力, 并且有责任提供和保障老年人的生活质量

CULTURAL GERIATRIC ETHICS
IN RESPECT OF OLD AGE:
尊重老年人的、文化上的老年医学伦理学

- (3) Public policy must recognize a duty to establish and protect legal, financial and medical frameworks for the care and support of senior citizens.

应认识到我们有责任制定政策来建立并保护一个法律上, 经济上, 医疗上的机构, 以照料和支持年老公民

CULTURAL GERIATRIC ETHICS
IN RESPECT OF OLD AGE:
尊重老年人的、文化上的老年医学伦理学

- (4) In the care for senior citizens, social integration and respect, financial security and moral respect and legal recognition of the individual senior's preferences in life's choices are as important as good medical and nursing treatment.

老年人的生活喜好应得到社会的尊重, 经济的保障, 道德上的尊重和法律的认可, 这和好的医疗护理一样重要

**CULTURAL GERIATRIC ETHICS
IN RESPECT OF OLD AGE:**

尊重老年人的、文化上的老年医学伦理学

(5) A moral and cultivated society has the duty to provide senior citizens with good nursing and medical care, including best possible palliative and comfort care; as all life is finitude, a priority must be to add life to the years, not years to the life. 一个有道德的和有教养的社会有义务为老年人提供良好的医疗护理，其中包括尽可能好的姑息性与舒适性的照料。所有的生命都有界限，我们应该优先考虑的是“在年岁上加上生命，而不是在生命上加上年岁”。

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

**STAKEHOLDERS IN HEALTH CARE
健康护理中的“有关方面（当事人）”**

- Individuals as moral agents 作为道德主体的个体
- healthy citizens 健康公民
- Patients 病人
- Physicians 医生
- Nurses 护士
- Researchers 研究人员
- Sponsors 赞助者
- other service providers 其他的服务提供者

**STAKEHOLDERS IN HEALTH CARE
健康护理中的“有关方面（当事人）”**

- Corporate persons as moral agents 作为道德主体的团体的人
- Hospitals 医院
- primary care facilities 初级医疗设施
- old age homes 养老院
- research centers 研究中心
- Insurers 保险公司
- professional organizations 专业组织
- other corporate stakeholders 其他的团体当事人

**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

Tools in ethical reasoning 伦理推理的工具

commodities:

有用物品:

- humaneness 人性
- nobleness 高尚
- justice 公正
- trust 信任
- responsibility 责任

semi-finished products:

半成品:

- codes of professional conduct 职业行为规范
- sets of bioethics principles 生命伦理原则

Tools in ethical reasoning
伦理推理的工具

amalgamated tools:

综合性工具:

- informed consent [combination of respect for autonomy and professional duty]
知情同意 (综合了对自主和职责的尊重)
- patient's best interest [balance nonmaleficence with beneficence], checks-and-balances in markets of values and valuables
病人最佳利益 (对无伤害与有利的平衡, 在价值与有价值之物的市场中的控制与平衡)

end products:

成品:

- individual case management 个案管理

Tools of different shape i.g. harm,
工具——各种类型的伤害

- discomfort 不适
- various forms of pain 各种形式的疼痛
- various forms of stress 各种形式的紧张
- injury 损伤
- temporary harm 暂时的伤害
- permanent harm 永久的伤害

Tools of different shape i.g. harm,
工具——各种类型的伤害

- loss of function 功能丧失
- various forms of infringement (mobility, information, social contact) 各种形式的侵害 (活动性、信息、社会联系)
- multiple conflicts with personal concepts of 'quality of life' 与个人的“生命质量”概念多重冲突

Tools of different shape, i.e. benefit
工具——各种类型的受益

- protection 保护
- restorations or improvements of functions 功能的恢复或改善
- well-feeling 感觉良好
- wellbeing 状态良好
- elimination or reduction of risks 风险的消除或降低
- causes, symptoms, side-effects 病因, 症状, 副作用
- prolongation of life 生命延长
- reduction of suffering 减轻痛苦
- 'good death' “好死”

Tools of different shape, i.e. informed consent
工具——各种类型的知情同意

- informed 知情的
- uninformed 不知情的
- partly informed 部分知情的
- uneducated 未受过教育的
- presumed 假定的
- proxy consent 代理同意

Tools of different shape, i.e. informed consent
工具——各种类型的知情同意

- living will 生前预嘱
- forced consent 被迫同意
- consent based on inducements 基于引诱的同意
- consent based on false hopes 基于虚假希望的同意
- family consent 家庭同意
- community consent 社区同意

Tools of different shape, autonomy
工具——各种类型的自主

- human rights 人权
- informed consent 知情同意
- civil rights 公民权
- informed decision-making 知情决策
- legal competence 法定能力
- decision under uncertainty 不确定情形下的决策
- limited legal competence 受限的法定能力
- irrational or impulsive decision 非理性的或冲动的决策

Tools of different shape, autonomy
工具——各种类型的自主

- majority (full age) 法定年龄
- proxy decision 代理决定
- coming of age 成年
- non-informed consent 非知情同意
- religious freedom 宗教自由
- free choice 自由选择
- freedom of speech 言论自由
- consumer protection 消费者保护

Tools of different shape, autonomy
工具——各种类型的自主

- freedom of expression 表达自由
- market regulation 市场调节
- free trade 自由贸易
- protection of proprietorship 所有权保护
- trade license 贸易许可
- industrial self-regulation 产业自我调节
- right to be heard 得到倾听的权利
- autonomy protecting regulation 自主保护规定

Tools of different shape, autonomy
工具——各种类型的自主

- human rights 人权
- informed consent 知情同意
- civil rights 公民权
- informed decision-making 知情决策
- legal competence 法定能力
- decision under uncertainty 不确定情形下的决策
- limited legal competence 受限的法定能力
- irrational or impulsive decision 非理性的或冲动的决策

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 正直
- Vulnerability 易受伤害性 (Kemp and others)

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 Viefhues)

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(互助)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（互助）健康基金

**The Doctor is the Servant of the
Patients, not their Master**

医生是患者的仆人，而不是他们的主人。

Best Wishes for Your Professional Life!

Thank you very much