Solutions for bioethical problems were sought in various areas, such as education (Fujijoko Nojo), politics and government (Chet Khoon Chan and Mary Ann Chert Ngi), medical technology and regulation (Wang Yanguang), science and technology (Min Jiajun), individual ethics (Ng Santeeth Sandhi and Anwar Nasim), economic distribution and development (Chang), and a global paradigmatic change of thought and behaviour (Samakoto Hyakutani, Moritsa Masahito, and Lee Shui Chuen).

Interestingly, rather than mirroring the cultural and regional background of the speakers, which was varied enough: Sikh, Islam, Christian, Hindu, Confucian, Shinto, Theravada Buddhism, Japanese Buddhism, and secular differences in the interpretations of bioethical problems differed according to their disciplinary background: genetics, biochemistry, medicine, philosophy, and international relations. There were especially different views of view with regards to the ‘correct’ representation of commonly used concepts such as ‘human rights’ and ‘individualism’ (Samakoto) and ‘autonomy’ and ‘harm’ (Lee). These disagreements led to doubts about the validity of arguments made about the need for a paradigmatic change in favour of so-called Asian bioethics.

Asian Values & Tailor-Made Children

The debate on ‘Asian values’ came to a head in the context of defining the nature of East and West. Moritsa argued that dichotomies of East and West, discernable in the work of the first speaker, Samakoto, ignore the variety of bioethical views found in both East and West. Chan, who argued that Asian and African values are suspiciously similar, agreed.

An interesting point was made by Gurujatey Gandhi, who discussed the issue of prenatal sex selection in favour of boy babies by means of amneocentesis. Many participants had argued that sex selection is related to the need for a male successor in so-called under-developed societies. The example of the Sikhs, however, showed that the occurrence of sex selection and infanticide of baby girls in this case correlates positively with the education received by the surveyed Sikh population and its standard of wealth.

This presentation also showed that the former Sikh ideal of non-discrimination and human harmony did not seem to hinder any of the ‘bad’ ‘neo-Sikh’ ethos of gender discrimination. In the case of the solution to bioethical problems was not thought to lie in religious ethics at all. On the other hand, Tanida’s data on various religious attitudes to the introduction of cloning and, in particular, the problems of cloning and stem cells in Shinto, Christianity indicated a correlation between religious background and its evaluation. However, Hongladarom remarked that surveys do not necessarily reflect actual behaviour. Nevertheless, it would be interesting to know if similar religious correlations are found elsewhere. The discussion on the different nature of Theravada Buddhism, as defined by Hongladarom, in Thailand suggests that different views on euthanasia can be found among Buddhists in Thailand and Japan.

Moritsa’s atheist optimism held modern technology capable of solving fertility problems by means of ‘artificial wombs’, indicating that the Enlightenment is still alive in China. Min’s paper also raised the question of the emergence of homogeneous Asian values in the field of bioethics. Similarly, Wang’s advocacy of a new Chinese concept of eugenics expressed the optimistic belief in technological solutions and government policies to correctly execute guidelines. It was remarked that the protection of patients by law was left out of the picture. A study of people’s trust in politicians, as the one conducted by Ng in the Philippines, may be of great influence on whether a new concept of Chinese eugenics is endorsed or not.

The question of representation came up when Min presented his view as his own and Wang claimed hers to be representative of China. Neither seemed especially accurate. Former Sikh ideal of non-discrimination and human harmony did not seem to hinder any of the ‘bad’ ‘neo-Sikh’ ethos of gender discrimination. In the case of the solution to bioethical problems was not thought to lie in religious ethics at all. On the other hand, Tanida’s data on various religious attitudes to the introduction of cloning and, in particular, the problems of cloning and stem cells in Shinto, Christianity indicated a correlation between religious background and its evaluation. However, Hongladarom remarked that surveys do not necessarily reflect actual behaviour. Nevertheless, it would be interesting to know if similar religious correlations are found elsewhere. The discussion on the different nature of Theravada Buddhism, as defined by Hongladarom, in Thailand suggests that different views on euthanasia can be found among Buddhists in Thailand and Japan.

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