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BIOETHICS AND BUDDHISM: THE HEART OF BUDDHIST ETHICS

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ABSTRACT

The principle of applying thoughts and concepts in the real world to address biomedical problems is shared by both bioethics and Buddhism. Because philosophy is like a therapy that relieves human suffering, the Buddha stressed the usefulness of Buddhist ethical teachings. As a result, the Buddha avoided speculative metaphysics and placed an emphasis on practical ethics, which includes the eightfold way to end suffering in humans. Philosophical thought, which includes ethical thinking, is particularly intended to improve human existence by integrating its philosophical ideas into everyday activities.

The formation of a Buddhist ethics that is truly universal and shamelessly normative is a larger process that needs to occur, and it is my hope that this book will just be a small part of it. Such an ethics is necessary in the world, both practically and philosophically. Theoretically, Buddhist ethics require application to a wide range of problems as well as a concise but universal explanation. More topics of public relevance exist than he has even able to touch on briefly in this book. These need to be discussed in much greater detail from a Buddhist perspective. The implementation of Buddhist principles in daily life is rather sporadic. Although there are some Buddhists who take ethics very seriously, they frequently only do so in regard to their own practice. This method promotes the idea that Buddhist ethics is primarily on personal purity, despite the fact that Buddhism's core values are in total opposition to such a focus. Buddhism should be tackling these issues if it is interested in the universal human problems.

Keywords: Buddhism, Ethics, Bioethics, Philosophy, Buddhist Ethics

1. INTRODUCTION

A new Buddhist ethics is required because, I would want to express the hope that this article will just be a small part of a larger process that has to occur, a process of the formation of a really universal and unapologetically normative Buddhist ethics. Such an ethics is necessary in the world, both practically and philosophically.

Theoretically, Buddhist ethics require application to a wide range of problems as well as a concise but universal explanation. More topics of public concern exist than I have even been able to quickly touch upon in this article. These need to be discussed in much greater detail from a Buddhist perspective.

For instance, *Buddhist environmental* stances frequently overlap with those of *Deep Ecology* or other "Nature"-based philosophies. Better theory is needed to clarify Buddhist ethical practise in this area. This mostly refers to thinking that acknowledges the Middle Way's primary significance as the most distinctive Buddhist perspective.

Buddhist Ethics must therefore be thoroughly rethought, clarified for Buddhists, applied to a far wider variety of situations, and communicated to a larger audience. Buddhists themselves are the ones who need to accomplish this, at least in the sense of those who are attempting to incorporate fundamental Buddhist tenets into their daily lives. Only a small part of what I hope will be a much larger process of restoration is what this book seeks to accomplish.

2. HEALTH ETHICS

The worth of a person's life When the value of human life is called into question because it must be compared to other things we value; it becomes the central question of medical ethics. When it comes to the abortion debate, for instance,

the value of a human foetus must be measured against factors like the health, freedom, or other requirements of a woman who wants an abortion. A clinician must measure the value of human life against the possibility of allocating medical resources, such as staff time and financial resources, to other patients while determining whether to provide medical care to a patient who has a slim probability of benefiting from it.

What is the value of a human life in this situation? So, the premise that all people are persons is an externalist viewpoint, not a Buddhist one. Hence, it is not always correct to prioritise human life above all other considerations without first taking into account why and how that life is valuable and how it relates to personhood.

3. MEDICAL IMPORTANCE

When there aren't enough medical resources to treat everyone who requires or would benefit from treatment, medical priorities turn into a moral dilemma. Here, when I refer to "medical resources," I don't simply mean money; I also mean qualified physicians, nurses, and other medical personnel, as well as physical necessities like beds, hospital infrastructure, operating rooms, pharmaceuticals, etc. Extreme circumstances like a nearby massive fight or a small rural hospital being abruptly overrun by a natural disaster would bring this concern to the forefront, Hospitals and other medical facilities are constantly impacted by the issue of medical priorities as a result of budget constraints, staff shortages, or just providing insufficient healthcare for the needs of the general people.

Prioritizing medical care is a persistent issue in health since there are so many individuals who are suffering and so few resources that can help them. The First Noble Truth of Buddhism, which holds that suffering (or, at the very least, frustration) is likely to persist despite our persistent attempts to avoid it or lessen it, is in many respects simply reflected in this situation.

Even the best efforts cannot save every life or ease every pain, so even the most dedicated medical professionals may wonder if a patient's death could have been prevented with a little more effort. In some circumstances, they may have been in. Medical resources are limited and will never be sufficient to (as some people might erroneously believe) end all pain. A fundamental prerequisite for medical staff must be that they reconcile themselves to this reality.

4. ABORTION

most traditional arguments in favour of and against abortion are founded solely on dogma, hence the first goal of Buddhist thinking on the subject is to eliminate this. Without this dogma limiting our thoughts, we discover a slowly growing foetus that isn't even completely a person by conventional standards. Due to its growth towards personality, this foetus should be treated with as much care as possible, but if there is a clear conflict of vital interest with its mother, it is obvious that the mother's interests take precedence.

However, it may turn out that the mother's interests are more extensive and wide-ranging than first believed, and anxiety over the abortion's long-term repercussions on the mother works against it. Therefore, it is evident that no abortion should be performed casually without very good reason, and that we must take into account our propensity to underestimate the long-term consequences of such a violent act. However, if abortion does occur, late abortion is significantly worse than early abortion.

5. TREATMENTS FOR INFERTILITY

We go on now to the predicament of women who are not pregnant but really want to be, having just finished with those who are pregnant but dread being pregnant. There is still some moral discussion surrounding the artificial aids that have been developed in recent years to assist them in getting pregnant. Treatment options for fertility issues can range from sperm donation to egg donation to in vitro fertilisation (1VF) to surrogate motherhood, depending on their specifics. IVF, which was created just a few decades ago, is now frequently utilised after other methods of conception have failed. Therefore, it would appear that any attempt to confront the circumstances surrounding fertility treatments without making dogmatic assumptions and to broaden our awareness and identifications can only result in a negative response, at least for fertility treatments that are more involved than artificial insemination. It's difficult to envisage situations in which IVF and surrogacy might be morally acceptable, though they are not impossible.

6. TRANSPLANTATION

Since many years ago, it has been scientifically conceivable to transplant organs from one body to another. The practise is now widely used, success rates have drastically increased, and medical technology is still evolving. Although one of the two kidneys (surplus to requirements) can occasionally be removed from a living donor, usually a close relative, and

organs are most frequently removed from recently deceased bodies or from bodies that are only kept technically alive to keep the tissues in good condition even though death is inevitable. Today, this method is frequently used to transplant organs such kidneys, livers, corneas, hearts, and hearts with lungs.

There are several potential moral problems with the process. The first is whether there is something wrong with receiving an organ from a donor who doesn't require it and integrating it into one's own body. Due to the power of our natural link to our bodies, this is not quite the same as taking any other less intimate property, either as a gift or a legacy, and caution is required to prevent any potential regrets on the part of a live donor. Yet, giving a kidney to someone else is a really selfless act of kindness.

Giving permission for your organs to be used after your death is also a generous act since it forces you to accept the fact that you will eventually pass away and no longer require those organs. Hence, it appears that most of the time, organ donation is a commendable act that should be promoted, both as a gesture of generosity, a method to practise letting go of attachment to things we do not actually need, and as a way to acknowledge the transience of our bodies. If we acquire such a freely given organ, we don't need to worry about moral issues because, rather than coercing someone, we've given them a chance to be kind.

The consequences of having someone else's organ inside of you have occasionally been a source of worry. Medically speaking, this entails continuing to take anti-rejection medications, which may have negative effects. This still seems much better than going without a really needed transplant, though. Psychically, there are many enigmatic tales about people absorbing traits or memories from the organ donor through the organ. There is definitely room for greater research into these kinds of tales, and there may be scientifically unrecognised variables at play. Yet, there may not be enough convincing information at this time for it to warrant considerable concern for someone who is desperately in need of an organ.

When it comes to receiving donated organs, the other difficult situation is when the organs are not willingly given. Organs can sometimes be stolen from people who don't want them; in China, for instance, it's common practise to sell the organs of people who have been given the death penalty. In several other instances, poor individuals in underdeveloped nations sell their organs and wealthy individuals purchase them. Both of these situations can be viewed as accepting the unavoidable due to the financial or physical coercion present.

Conventionally, a condemned prisoner owns his or her body (just as he or she should own his or her other property and life), therefore using those organs without the prisoner's agreement supports both theft and the death penalty, which I shall discuss in the following chapter. Because the prisoner who is put to death does not necessarily suffer any more as a result of the execution than they would have otherwise, we should also take into account the long-term effects of supporting the death penalty by giving the executioners a lucrative side business.

Although buying an organ from a needy person may provide them with some temporary respite, doing so is systemically promoting or enabling an exploitative trading system (see chapter 4). The best course of action here may be to pay significantly more than market value for the organ, utilising the extra money to attempt to ensure that the need to sell organs does not emerge again, in keeping with my recommendations for ending unfair trading in chapter 4.

Some philosophers have argued that trading organs is not inherently evil and that there is no reason why they should be treated any differently from other necessities of life. They may be right that it is not inherently wrong, but because we have such a close relationship with our organs—one that is comparable to the intimacy of sex when sexual services are traded—the potential for coercive practises and invasions of human dignity is much greater in the trade of organs than it is in the trade of most other goods. In order to prevent exploitation and the egoistic hurdles it creates, the system in place in the UK (and many other Western countries) of solely accepting free donations for organs appears vastly preferable.

This system's potential downside is that it might be perceived as at least moderately coercive. If, like in the instance of the Chinese prisoner who was executed, we should respect the wishes of the deceased, shouldn't we do the same when an individual hasn't consented to the use of their organs? The difference in this instance, though, is that if given the chance, the Chinese prisoner would have revoked his assent. With the planned "opt-out" (as opposed to "opt-in") approach, anyone can revoke their consent at any time.

Hence, even if it takes advantage of an ambiguity, assuming that someone's organs can be utilised when they haven't voiced a clear preference is not coercive in the slightest. Since the deceased person really doesn't need their organs anymore and there haven't been any expressed wishes, it doesn't seem justified to take anything less than the most helpful and kind interpretation of the situation. There doesn't seem to be any reason to oppose this change to UK law, which could undoubtedly save lives. We would likely avoid being too dogmatically attached to the notion of consent at all costs in the process. The sustainability of transplantation as a medical procedure is arguably the biggest criticism.

Compared to most other forms of treatment, it entails very costly and sophisticated operations that use a lot of resources. It also initially had very poor success rates, and when it did work, it might only provide the recipients a few extra years of life. But, this track record has improved significantly and may very well continue to improve. The riskiest, most costly, and, from this perspective, most dubious operations are likely heart transplants and heart/lung transplants.

But we must remember that in order for medical science to advance and eventually reach more respectable success rates, surgeons must start with low success rates. Yet, the notion that we should always pay for costly treatments indefinitely, especially when there is little possibility that they will improve, entails the absolute priority to life ideology covered in earlier sections of this chapter, and more balanced approaches are required.

Euthanasia: Euthanasia is the deliberate killing of a person with the intention of ending their suffering in the belief that this will be better for them than remaining alive. Contrast it with suicide, which is when a person kills them self (though this is sometimes only a technical distinction). On the surface, it appears to give an exception to the widely-accepted moral principle that it is wrong to kill another person. To determine if killing to end suffering could be an acceptable exception, it is definitely vital to first consider why killing another person might be inappropriate from a Buddhist perspective.

One accepts the training concept to avoid striking living things in the first precept of Buddhism. According to universal consensus, this refers to all intentional injury, including killing and non-lethal violence. It stands to reason that this maxim could be morally beneficial. When I use violence against someone, I drastically shut off my ability to identify with them, leading to anguish that I then have to distance myself from. I make an assertion of my ego and cast someone fully outside of its bounds, blocking the doors to empathy.

Euthanasia includes killing, but none of the justifications for why violence and killing are bad apply to it. Far from cutting myself off from identification with someone, when conducting an act of euthanasia, I am likely to be in a state of intensified identification with them, in which I am intensely concerned with their pain. Instead than causing conflict, I might be able to resolve the tension that exists between the dying person's desire to stop their suffering and their sense of obligation to continue living. This would relieve their friends and family rather than incite animosity.

First off, the basis for voluntary euthanasia (when a person elects to be murdered) depends on the fact that the person has given their unequivocal agreement to death. Traditionally, all someone has to do to give their approval to something (like going for a walk in the park) is to express their desire for it explicitly. But, from a Buddhist perspective, it is obvious that we are frequently undecided and inconsistent about what we want due to the Buddhist idea of anatta and the fragmentation we probably find in ourselves when we try meditation.

How well we have integrated our ego with other aspects of ourselves determines how consistent we are. It is very likely that we will be much less integrated than usual when it comes to making the decision to end one's own life, especially during a period of intense physical pain and stress. By requiring many requests for death in front of witnesses, we can try to prevent this from happening legally, but morally, perhaps the only way to gauge how badly someone really wants to die is based on how integrated they are. One who has truly consented is one who is clear-headed, logical, and seeks death out of compassion for themselves. One who is overcome with panic and merely wants to run away, however, might not be able to be seen as truly consenting until they make their request again when they are calmer

Second, not all pain is bad, and avoiding suffering is not always the best course of action. When a person is nearing death, accepting their agony and the possibility of death may have an enormously good spiritual impact. Examples of pain leading to useful consequences include getting dental work done. This spiritually beneficial outcome might not occur if the person is continuously given powerful medications like morphine, which also dull the mind, and encouraged to prematurely stop their experience of agony. We don't have to consider the importance of such spiritual development prior to death in terms of rebirth; rather, we should consider its value in wrapping up a life and the enormous impact it has on others, who are likely to be paying close attention at the time of a close friend or relative's passing.

Another way to say this is that suffering shouldn't just be brushed off as the enemy. We reject a part of ourselves when we reject our grief. The avoidance of our last chance to transcend the ego's stifling boundaries may be the case if choosing to embrace death is a negative activity that is primarily a means of avoiding pain. On the other hand, if a request for death merely entails accepting death and realising that continued resistance will be helpful, this is facing up to the conditions rather than rejecting them and should be supported as a positive step.

However, the difference between these two forms of euthanasia is not always clear, and this difference puts doctors in the absurd position of being able to give a patient large doses of morphine if the main goal is to relieve pain but not if the main goal is to hasten the end of life, even though they act in full knowledge that the morphine will accomplish both goals. Here, in order to match a dogmatic moral starting point, the complexity of human intention is quite unnaturally simplified. The prohibition against intentionally killing someone, even when doing so is clearly the best course of action

for them, also contributes to a great deal of unnecessary suffering that is brought about by "nature," which is actually an environment that has been greatly influenced by humans.

By allowing doctors to perform euthanasia with the consent of family members, on patients who make a clear and repeated request in front of witnesses, and on patients who are incapable of expressing their wishes with the approval of both family members and a medical ethics committee, this law could be significantly simplified. Obviously, there must be certain legal protections to prevent doctors from abusing their position of trust, but moral and spiritual considerations, not legal ones, should be used to decide whether or not to perform euthanasia. Even while reflection may stop Buddhists from making that request too quickly for themselves, the law shouldn't preclude individuals from acting compassionately for those who ask for it.

The Middle Way on Euthanasia appears to endorse all instances of non-voluntary euthanasia where pain may be eased and there is little possibility of recovery, in light of the foregoing. Regarding voluntary euthanasia, we should exercise great caution for our own sakes and avoid acting hastily in an attempt to take advantage of the opportunities presented by the dying process. Others should be urged to take advantage of these possibilities as well, but if it is obvious that they cannot or will not be utilised and a patient calmly and consistently seeks euthanasia, there is no moral reason to refuse their request.

7. CONCLUSION

The implementation of Buddhist principles in daily life is rather sporadic. Although there are some Buddhists who take ethics very seriously, they frequently only do so in regard to their own practise. This method promotes the idea that Buddhist ethics is primarily on personal purity, despite the fact that Buddhism's core values are in total opposition to such a focus. Buddhism should be tackling these issues if it is interested in the universal human problems.

Yet, there has been a rise in "engaged Buddhism" recently, with more Buddhists getting active in matters like the environment and conflict. This new development is fantastic. Unfortunately, the foundation upon which they approach these issues is frequently unclear. It is important to understand exactly why one is protesting and, if one is demonstrating on behalf of Buddhism, what is specifically Buddhist about one's position.

CONFLICT OF INTERESTS

None.

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BIBLIOGRAPHY

The Digha Nikaya, Translated from the Pali by Rhys Davids, The Dialogues of the Buddha, 3 voles, Delhi: Motilal Banarsidass, 2007 (reprints).

The Majjhima Nikaya, (Trans.) Bhikkhu Nanamoli, Bhikkhu Bodhi, The Middle Length Discourses of the Buddha, 3 voles, Boston: Wisdom Publications, 2009 (reprints).

The Sammuyuta -Nikaya, (Trans.) Bhikkhu Bodhi, The Connected Discourses of the Buddha, 5 voles, Boston: Wisdom Publications, 2000; (Trans.) Rhys Davids & F.L. Woodward, The Book of the Kindred Sayings, 5 voles, Delhi: Motilal Banarsidass, 2005 (reprints).

Anguttara-Nikaya, (Trans.) F.L. Woodward & E.M. Hare, The Book of the Gradual Sayings, 5 voles, Delhi: Motilal Banarsidass, 2006 (reprints).

The Dhammapada, (Trans.) F. Max Muller, a Collection of Verses, Delhi: Motilal Banarsidass Publishers, 1992,

The Udana and Itivuttaka, John D.Ireland, Priyanka: Buddhist Publication Society, 1997,

The Visuddhimagga, (Trans.) Bhikkhu Nanamoli, the Path of Purification, Colombo, Ceylon: Published by R. Sewage, 1956.

D.K. Bara, an Analytical Study of Four Nikaya, New Delhi: Mushaira Manoharlal, 2003.

Bhikkhu Bodhi (ed.), in the Buddha's words An Anthology of Discourses from the Pali Canon, Boston: Wisdom Publication, 2005.

Bhikkhu Bodhi, A Comprehensive Manual of Abhidhamma: The Abhidhammattha Sangaha of Acarida Anuruddha, Seattle, WA: BPS Pariyatti Editions, 2000,

Bhikkhu [KI5riannoli (trans.), Mindfulness of Breathing — (Buddhist texts from the Pali Canon and Extracts from the Pali Commentaries), Buddhist Publication Society, 2010_
Bhikkhu N a pa moil (trans.), Visuddhimagga, The Path of Purification, Buddhist Publication Society, Colombo, Priyanka.
Bhikkhu Nanamoli (trans.), the Path of Discrimination (Patisambhidamagga), Oxford: The Pali Text Society, 1991.
Chinatala Ventra Siva Sal, Compassion and Peace in Buddhism, Delhi: Somali Publication, 2006.
Harvey B. Aronson, Love and Sympathy in Theravada Buddhism, Delhi: Motilal Banarsidass, 1980.
Yama kami Soren, Drat. Sharma (ed.), Systems of Buddhism Thought, Delhi: Eastern Book Linkers (EBI), 2009.