Social Responsibility and Health from a Confucian Perspective: A Response to Prof Fan from the Christian Point of View

Prof Fan presented a critique of parts 1 and 2a of Article 14 of the UNESCO Declaration on Bioethics and Human Rights on the basis of Confucian teachings (especially those expounded in the Book of Mencius). His critique contended that Confucianism would endorse the first article that a central purpose of governments would be to promote health and social developments of its people. A large part of the rest of the critique revolved around whether “the highest attainable standard of health” should be interpreted in a radically egalitarian fashion, or taken to mean a highest attainable decent minimum one, and why Confucianism would reject the former and endorse the latter. Having the benefit of accessing Prof Chia’s response to Prof Fan, I will also draw upon the observations of the latter in assessing how Catholicism would see the response of Confucianism to these elements of Article 14.

The promotion of health and social development by governments

Fan asserted that Confucianism promoted a “service conception” of governments, in which benevolent governments exist for the benefit of people and are justified by their ability to protect and promote the wellbeing of people, a view echoed and expanded on by Chia in his response. It should also be noted that Fan put the teachings of Mencius in this area in the context of harsh taxation by the warlords of that era, a point also noted by Chia, and this recalls the saying from another Confucian classic, that oppressive government is more terrible than tigers. The Confucian view of a benevolent government in service to the people would not find any contradiction in Catholic teachings: “Those who exercise authority should do so as a service.”

Mencius taught about the importance for governments to recognize the family for promoting the health and wellbeing of the people and to protect the integrity, stability and prosperity of these families. This would certainly find resonance in Catholic teaching: “The importance of the family for the life and well-being of society entails a particular responsibility for society to support and strengthen marriage and the family.”

1 Draft for conference used only.
2 The Book of Rites, Tang Gong II, 193. (English version: "Sacred Books of the East, volume 28, part 4: The Li Ki", James Legge, 1885) The passage recounted Confucius passing by a woman wailing in grief at a tomb. She had lost her husband’s father, husband and son to man-eating tigers but refused to leave the locality because there was no oppressive government there. Hence Confucius taught his followers – oppressive government was more terrible than tigers. 荷政猛於虎
3 Catechism of the Catholic Church (CCC), para 2235
4 CCC, para 2210
the political community towards the family, as expounded in paragraph 2211 of the Catechism of the Catholic Church (CCC), certainly complements the advice given in the quote of Mencius 1A.7 in Fan’s article. The importance of the family in Confucian teachings also relates to the rulers, who are taught first to have “their persons … cultivated, their families … regulated, their states … rightly governed, [before] the whole kingdom was made tranquil and happy.” Not only were the governing elite to pay attention to the importance to the family for the stability of society, they were also enjoined to make sure their own families live in a harmonious and peaceful manner, for he whose family is dysfunctional can never hope to govern the state properly.

The right to health

Health has been defined in the WHO Constitution as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and the same document also affirmed that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”. This expansive concept of a right to health can also be found reflected in the various sub-ponts of Article 14.2, of which we are mainly considering 14.2a. As with Prof Chia, I also note that the Report of the International Bioethics of UNESCO on Social Responsibility and Health (IBC Report) proposed two philosophical concepts of health and discussed their limitations. Leaving aside the non-medical aspects of such a right, this begs not only the question of attainability, as outlined in paragraph 18 of the same report, but also the question of whether applying an ambitious reading of this right is considered appropriate in the various socio-political and cultural contexts around the world. Fan argued that this is not compatible with the Confucian outlook and proceeded to reject the radical egalitarian interpretation of “the highest attainable standard of health” (see next Section).

Given the realities of daily life where, even in the most affluent of societies, inequalities of access to top treatments exist, not only by design but also due to serendipity and other factors which cause certain modalities of therapies to be developed in one place rather than another, is it appropriate to consider the all available technologies (shown to be of benefit to patients) should be universally and equally distributed, or that everybody in the world be given equal access, no matter how?

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5 The Book of Rites, Da Xue, 2. (English version: "Sacred Books of the East, volume 28, part 4: The Li Ki", James Legge, 1885) 修身齊家治國平天下
7 Ibid, paras 22-24
The Catholic approach would not see this as appropriate. The CCC teaches that “Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them”\textsuperscript{8}, but “If morality requires respect for the life of the body, it does not make it an absolute value.”\textsuperscript{9} Traditional Catholic medical ethics speak of ordinary and extraordinary means of therapy (which can cause confusion due to conflation between the philosophical usage with the everyday usage of the words ordinary and extraordinary), a clearer exposition of the concept can be found in the 1980 Declaration on Euthanasia which discussed it in terms of proportionate and disproportionate means.\textsuperscript{10} In this way, Catholic medical ethics would not support this type of right to health.

Rejection of the radical egalitarian approach

It may be argued that the formal rejection of the radical egalitarian interpretation of Art.14.2 by Fan is unnecessary; paragraph 39 of the IBC Report seemed to have rejected this interpretation when it noted two different levels of governmental responsibility:

“Governments have a first and primary obligation to the people for whom they are directly responsible. Beyond this duty, there is an obligation to help other countries, which is increased in so far as more resources are available and the governments abroad lack the means to protect the health of their people.”

This would be very similar to the “Confucian moral system of differentiated and graded moral obligations” Fan defended in section IV of his paper and with which Chia agreed in the final “Decent Minimum Healthcare” section in his response to Fan.

Radical egalitarianism also does not form part of the Christian vision of mankind; another kind of equality is envisaged. “The equality of men concerns their dignity as persons and the rights that flow from it.”\textsuperscript{11} But there also exists “differences among persons belong to God's plan, who wills that we should need one another. These differences should encourage charity.”\textsuperscript{12} The radical egalitarian reading of “the enjoyment of the highest attainable standard of health [being] one of the fundamental rights of every human being” would also require a Marxist type pledge “to build a just social order in which all receive their share of the world’s goods and no longer have to depend on charity.”\textsuperscript{13} But whether that is achievable or not, there can be “no ordering of the State so just that it can eliminate the need for a service of love. ... The State which would provide everything, absorbing

\textsuperscript{8} CCC, para 2288
\textsuperscript{9} Ibid, para 2289
\textsuperscript{10} Declaration on Euthanasia, Congregation for the Doctrine of Faith, 1980, Section IV, Due Proportion in the Use of Remedies
\textsuperscript{11} CCC, para 1945; also see para 1935
\textsuperscript{12} CCC, para 1946; also see paras 1936-7
\textsuperscript{13} Deus Caritas Est, Benedict XVI, 2005, para 26.
everything into itself, would ultimately become a mere bureaucracy incapable of guaranteeing the very thing which the suffering person—every person—needs: namely, loving personal concern.” In any case, “Love - caritas- will always prove necessary, even in the most just society. ...There will always be suffering which cries out for consolation and help. There will always be loneliness. There will always be situations of material need where help in the form of concrete love of neighbour is indispensable.”

Charity and human solidarity

Love of neighbor has a special place in the Christian vision – in answering a question on the laws and commandments, Jesus taught that second to loving God, “You shall love your neighbour as yourself.” (Mt 22:39) In a separate account, Jesus taught the same to a lawyer, and further explained who a neighbor really is, by telling the parable of the good Samaritan. This latter is further explored by Prof Martinez in the Christianity session and also by Prof Heyd in response, so this will not be further dealt with here. A further indication of the importance God places on loving the needy comes in the passage on the judgment of the nations, which can be summarized as “Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me.” (Mt 25:40)

Fan did not directly address the issue of human solidarity, but hints at it in Section IV, when he discussed the rectification of names and its importance in ordering obligations in different societal relationships in Confucianism. Chia expanded on this in the Family and Community section with a discussion of the Confucian Five Relationships. What these already illustrate is that Confucianism regulates human relationships and thus codifies the proper level of obligations between different members of the society, and hence in a way gives structure to human solidarity in ancient Chinese society. In one sense, this is different to the Christian view, because the good Samaritan is really an alien, and outsider, but then “[Christians] reside in their own nations, but as resident aliens. They participate in all things as citizens and endure all things as foreigners...”. The outsider, the good Samaritan, does what is over and above what is required of him, and the concept of supererogation will be further elaborated in Prof Heyd’s paper.

Decent Minimum Healthcare

14 ibid, para 28(b)
15 ibid
16 Lk 10:26-8
17 Mt 25:31-46
18 Quoted in CCC 2240.
Having rejected a radical egalitarian interpretation of the right to health, Fan argued that there should be a decent minimum standard of health globally, which need not be internationally ambitious, but which should be enhanced as science and technology advanced. Chia agreed, but cautioned that this should not be set so low as to make life marginally tolerable right from the very beginning, and this latter warning against marginally tolerable health recalled Parfitt’s Repugnant Conclusion, in his critique of utilitarianism. The Catholic view of ordinary or proportionate and hence morally obligatory interventions may offer one way to ensure that a decent minimum level be set above the marginally tolerable level.19 This is not unlike the critical level principles which some use to counter the Repugnant Conclusion.20 Yet like Chia’s last observation, this can take into account the context of the patients in terms of the different socio-economic they face in different settings around the world, as well as urge the more affluent countries to do more to raise the level of such a decent minimum standard in those societies that are less well-off.

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19 cf CCC 2278-9