A Buddhist Perspective on Vulnerability

Soraj Hongladarom
Department of Philosophy and Center for Ethics of Science and Technology
Faculty of Arts, Chulalongkorn University

The concept of human vulnerability is one commonly used in the context of research in biomedical sciences where the research the potential, not only of producing real and lasting benefits to human society as a whole, but also has the potential of harming those participating in the research in a variety of ways. This is very well known among those in the field of research ethics in the biomedical sciences. What appears to be less well known, however, is that among the participants in the research there are some groups who are “vulnerable” in the sense that they need more protection from possible exploitation since they are in a weaker, more precarious situation than the mainstream group. There have been a number of works in bioethics and research ethics discussing how the concept of vulnerability should be understood. Apart from the physical, outward properties that show some people to be clearly vulnerable, are there any other, less obvious, ones that make them vulnerable too? Usually there are four groups of population that are considered vulnerable, at least in the context of biomedical research. These are the children, women, the elderly and the disabled. These groups are clearly vulnerable because they are weaker, both in the physical sense and also in the social sense of being less advantaged, than the dominant group. But the problem does not limit itself here. Among these groups themselves there are issues that cut across them such that there are degrees of vulnerability within each group too. For example, there are more socially advantaged women, such as those who enjoy more education and more income than their counterparts in the same society. So it is clear that the women who have these privileges are less vulnerable. This shows that vulnerability is not an issue of physical properties (whether one is a woman, a child, or is disabled), but has an important social dimension.

In this paper I would like to analyze the concept of vulnerability further and I propose to use insights obtained from the Buddhist teachings to do so. The main questions of the paper, then, are: What is the perspective of Buddhism on human vulnerability? What kind of justification or reasons does Buddhism have in support of the idea that the vulnerable should be protected? The latter question is important because the mainstream position in bioethics in the West today appears to be one that relies on the concept of individual rights. Since the vulnerable have their own rights because they are also human beings, their needs should be protected. But this line of reasoning does not differentiate between the vulnerable and those who are not. Or perhaps the argument is such that the vulnerable have a right to be treated differently than the nonvulnerable because doing so would restore the normal functions of the vulnerable so that they could become fully participating citizens in the “kingdom of ends,” to use Kant’s term. Based on the Buddhist teachings, I would like to argue in this
paper that the language of rights is too demanding and legalistic, and in many cases would not be as effective in promoting the welfare of the vulnerable as the language of interdependence and compassion. One talks of interdependence and compassion when one finds that there is an essential link that binds up all human beings with one another, so that each one of us is in some way one and the same. Hence promoting the welfare of the vulnerable, recognizing them for what they are and reducing the conditions that have led them to become disadvantaged are what we should be doing as beings who are compassionate to one another. This view of beings who are compassionate to one another is based on the Buddhist metaphysical view of interdependence of all human beings, indeed all beings, on one another. I will show how looking at our fellow human beings, vulnerable or not, in this way is more effective in realizing the goals of having the concept of vulnerability in the first place than the right-based way.

Concept of Human Vulnerability

The whole concept of vulnerability itself is easy enough to understand. The word ‘vulnerable’ originally means ‘easily wounded.’ It comes from Latin ‘vulnerabilis’ meaning ‘wounding’ or ‘injurious.’ ‘Vulnerare’ is a verb meaning ‘to wound’ and ‘vulnus’ means ‘wound.’ Thus one who is vulnerable is easily wounded; one has a picture of a soldier who is injured in battle but continues fighting. He is vulnerable, especially at the location of his wound. His vulnerability exposes him to the enemies who certainly would target his wound as a way of easily defeating him. A classic example, of course, is Achilles, who is vulnerable at his heel. The vulnerability distinguishes him from another soldier who is not wounded because his wounds make him less able to fight alongside those who are fully healthy. In the same vein, we also say of a city that it is vulnerable when there are some weak spots in its defense that makes it easy for the enemy to attack. Perhaps a wall at one side of the city is weaker than those at other sides, so if the enemy knows this they can target this wall which could result in the whole city falling down. Here one does not mean that the city has a wound, but is making a metaphorical comparison between the city and the body of a soldier. When the soldier is vulnerable, he can become an easy target for attack. So is the city when it is vulnerable.

The term ‘vulnerability,’ then, when used in the military context refers to a situation where the defense is weaker at one spot or another, making it exposed to the enemy attack. Any kind of defense, then, is liable to being vulnerable. We would say that a tank is vulnerable when its armor is too thin to withstand enemy fire, for example. Furthermore, one can also use the term in the context of attack, such as when one says that an attack is vulnerable because it contains some weakness that would result in its failure. This use, however, is much less frequent than the use in defense. Thus one sees that the term is used in a situation when either an attack or a defense contains some weak spots that would result in failure in achieving the military objective.

The term is also being used outside the military context, of course. One says of someone’s “vulnerable reputation,” meaning that he has some weak spot in his reputation that could result in his reputation being damaged. Hence, generally speaking, one uses ‘vulnerable’ when one wants to refer to any type of situation where there are some weak points that could result in being invaded or attacked resulting in damage, loss or failure of the whole thing. It is interesting to see how much this original sense of
‘vulnerability’ is retained when the context is as complicated as that of biomedical science and research.

In that context, a person is vulnerable when he or she contains some weak spots, so to speak, that would result in he or she being injured or suffering from loss of dignity or worse. Usually children are considered especially vulnerable, because they are small and are incapable of defending themselves and retaining their autonomy vis-a-vis the adults. Thus it is universally acknowledged that children deserve special care and protection when it comes to biomedical research. Other groups, such as women and the elderly are in the same general situation.

It seems, then, that the concept of vulnerability is understandable enough when it is transported to the context of biomedical science and research. However, there are a lot of debates and controversies in the literature on bioethics on precisely how the concept is to be understood. These controversies do not focus on the general meaning of the term, which is clear enough, but they focus on how the general meaning could be translated into finer shades of meanings which reflect a wide variety of viewpoints. For example, Ruth Macklin offers a definition of a vulnerable person as one who can be exploited easily (Macklin, 2003), and adds that neglecting the vulnerable persons is morally wrong because exploitation is morally wrong (Macklin, 2003). The problem for Macklin then is how to play up the concept of exploitation with that of vulnerability. She sees that one can be exploited without being oneself vulnerable to harm, and one can also be harmed without being exploited. Thus Macklin tries to show that defining vulnerability through the concept of exploitation does not work because there are cases of there being the former but not the latter (Macklin, 2003). However, Macklin’s focus on harm does not seem to do away with the difficulty here, for one can also imagine another situation where one is not harmed but still vulnerable, such as when someone is in a precarious situation even though no actual harm to her has not occurred. Furthermore, the harm can happen at many levels, such as the physical, mental, or psychological ones, and not only individuals can be harmed, but entire groups can too. When the structure of a society is such that an entire group is disadvantaged and underprivileged, then it can be said that the group is vulnerable.

Perhaps the original document in research ethics on vulnerability is the Helsinki Declaration, which states as follows:

Some research populations are vulnerable and need special protection. The particular needs of the economically and medically disadvantaged must be recognized. Special attention is also required for those who cannot give or refuse consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those for whom the research is combined with care. (quoted from Macklin, 2003).

The Helsinki Declaration makes clear it that those who are vulnerable need special protection. What is interesting here is that the passage gives us some idea on how the vulnerable is to be recognized. First of all they are economically and medically disadvantaged. This of course leaves many details unmentioned, for example how much disadvantaged a population should be in order to be qualified as vulnerable, how ‘medical disadvantage’ should be defined. If someone has a tendency to get diabetes because of her genetic make up, does that qualify as a medical disadvantage? Who should decide whether a population or an individual has a medical disadvantage or not?
These are very thorny issues, and a lot of sustained effort and discussions are needed to sort them out.

The passage from the Helsinki Declaration also tells us some of the conditions for someone or some population group to become vulnerable. Apart from being disadvantaged economically and medically, they also include those who “cannot give or refuse consent for themselves.” This condition also has raised a number of concerns. For example, there might be those who are able to give or refuse consent for themselves, but their conditions are such that they are vulnerable nonetheless; hence they should also be protected. The elderly or the poor who are still able to think and decide for themselves may, on the surface at least, be able to give or refuse consent, but their situation is such that, by the very nature of their being elderly or economically poor, they might need special protection. For the elderly, their physical constitution appears to be in need of special care; hence since much of the research in advanced biomedical sciences today involve intervention and risks to the bodies of the participants, then the elderly need more protection simply because of their being elderly. This should be the case even if the elderly in question are fully capable of making autonomous decisions. As for the poor, there are many discussions about them being induced to participate in the research because of their economic needs. We will talk more about this later, but here the issue is that biomedical research should at least contribute to a fairer world where there is less inequity and injustice. Thus, simply on this principle alone the economically poor need some special protection even if they are fully able to make decisions for themselves. At the very least, the research should not exacerbate existing patterns of economic exploitation and injustice that abound in the world. Ethics for researchers should not be limited only to how the researchers interact with their participants alone, but should take need of the overall social and economic context in which the research is done too.

Another of the conditions mentioned in the Helsinki Declaration is that those are vulnerable who “may be subject to giving consent under duress.” Again questions concern how to tell when the participant is actually subject to giving consent under duress. Of course we can think of extreme cases, such as the researcher pointing a gun to a potential participant’s head demanding the latter to consent to the research. But in almost all cases that does not happen; on the contrary, the “duress” in question here can be very subtle. Many discussions and debates are centered on whether giving inducements qualify as putting the potential participants under duress or not. In normal, non-research situations, putting someone under duress is not the same as providing him or her with inducements. If I demand something from you and threaten to harm you physically, that is duress, but if I ask you to do something for me and promise to give something in return, that would not count as duress under normal circumstances. However, in the context of biomedical research providing inducements is generally prohibited because that would jeopardize the principle of autonomy. But in normal circumstances, that is in other contexts outside of biomedical research, someone has full ability of making autonomous decisions even when there are “inducements” – I am the one who decide whether I should take the so-called inducements or not. At any rate we are seeing here that the words of the Helsinki Declaration need to be spelled out clearly in order for them to work fully. That would require much more thinking and deliberation.

The next to last condition, namely “those who will not benefit personally from the research” could somehow still be qualified as “vulnerable” if not benefitting from
the research counts as an instance of inequity or injustice. Hence those who do not get
the benefits are vulnerable because they are shortchanged and taken advantage of while
other groups obviously do benefit from the successful research. Here the concept of
vulnerability seems to be extended to include those who do not have any real wounds at
all, either physical, psychological or social, but they are included in the scope of the
concept because their metaphorical “wound” is their very position which excluded them
from benefitting from the research.

The last condition mentioned in the Helsinki Declaration concerns those “for
whom the research is combined with care.” This is very important and it points to the
unequal relation between the doctor and her patient. Here the vulnerability lies in the
patient’s lack of power or in her position as subordinate to the doctor, which makes the
patient exposed to being wounded by the doctor who in this case is doubling as a
researcher. Many ethical guidelines pay special attention to therapeutic misconception
as a serious threat. Here also there are deeper shades of meaning that need to be spelled
out later on. For example, how can the patient make a fully informed and autonomous
decision when she is lying in the hands of the doctor who is also conducting research in
addition to providing the medical care? If the topic of research happens to be the same
as the illness that the patient is suffering, then the issues become harder to distinguish.
One might also question the presupposition behind this guideline, which seems to be
that research and care should be clearly separated. But perhaps one could imagine a
situation where the caregiver and the researcher, who is embodied by one person, is
treating a patient and conducting research and, out of compassion, steers the research
solely for the purpose of finding the best care for the patient. Here the research and the
care become one and the same. This scenario does not happen much any more when
biomedical research has become very capital-intensive and multi-national, but the
possibility of combining research and care shows that the vulnerability does not come
automatically from combining research and care together.

**The Buddhist Position**

So what is the Buddhist position in all of this? A key idea in Buddhist
philosophy is that of interdependence and compassion. Interdependence means that
everything in nature does depend on one another for their very being. A thing is what it
is because it is connected and related to all other things in nature. The reason why a
table is what it is is due to many factors, such as its shape and function. The shape of a
thing is defined through the relation of the thing with others surrounding it; if there were
no such relation then that thing would not be a thing at all because one cannot find the
edge beyond which that thing ceases to be that thing. Furthermore, even if a thing may
have a shape of a table, but if it is not used as a table then one could say that it is not a
table at all. If a big, wooden object which looks like a table is used as, say, fuel, then it
becomes fuel, at least in the conception of those who would like to burn it, rather than
remains a table. So whether the thing is a table or fuel depends ultimately on how it is
being used or going to be used. Either way its being as a table (or fuel) depends on its
function, its role in relation to those who are using it. Hence, things are what they are
because of their relations to other things, and according to the Buddhists this is the case
at all levels, from the huge macro-object to the tiniest one.

Another idea is that of compassion. In Buddhism this is arguable the most
important element. It is the essential quality of the Bodhisattva, or those who dedicate themselves to ultimately becoming a Buddha, an Enlightened One, so that they are able to help ferry sentient beings across the sea of suffering called samsara to the shore of Liberation. Compassion is the feeling one has when one feels that the sufferings of others are those of one’s own. The term ‘compassion’ in English is the usual translation of the Sanskrit karuna, meaning the wish that all beings are relieved of suffering. When we perceive somebody to be suffering, for example when we enter a hospital and see a number of patients are who suffering from a large variety of illnesses, we feel compassion when we sincerely and genuinely feel that their sufferings should go away and wish them to get rid of all sufferings of any kind and are willing to do anything in order to relieve them of suffering. Interdependence is the basis for compassion because when one sees that things are all interdependent, one then realizes that one’s own being is connected with those of others. The connection can be so deep as to see that the very being of oneself would not be there if not for the being of others, in effect seeing that oneself is in others and that others are in oneself. Seeing things that way the bodhisattva then realizes that the sufferings of others are in fact his own suffering. Since everybody is essentially connected the pains and sufferings felt by one cannot be entirely separated to that person alone, but must be shared by others. This sharing is not the mere feeling of sympathy, such as when one feels sorry for others who are less fortunate and who are suffering. On the contrary it is an objective understanding that the sufferings felt by others are in fact one’s own, since the bounds that separate oneself from others are ultimately speaking an illusion from the beginning.

We don’t have to be bodhisattvas or liberated beings in order to become deeply compassionate being who sees the objective interconnection of all beings with one another. In any case, the Buddhist viewpoint on human vulnerability stems directly from the understanding of interdependence and compassion here. Since everyone is dependent on each other, everyone deserves compassion by all others. And if this is the case, then the vulnerable actually need more compassion than others because of their precarious situation. As mentioned before, the compassion here is not limited only to the feeling one may have toward others who are less fortunate, but essentially includes active aspect where doing things for others so as to relieve their sufferings count very much as compassion too.

Here one finds the main difference between the Western, right-based approach and the Buddhist one presented here. In the former the reason why we should actively care for the vulnerable is because they have rights, which demand that others have duties to care for them. Their rights are based on the idea that they are fully capable human beings, who are made vulnerable because of external circumstances. Thus their status as being vulnerable does not detract from their status as fully functioning members of the kingdom of ends. Their individual status as subjects who are capable of understanding and making autonomous decisions entitles them to be subjects of rights, which means that others must act in one way or another in order to meet their needs.

This view has incurred some philosophical difficulties since it is based on the idea of autonomous decision making. But many are vulnerable precisely because they are incapable of making such decisions. The ideal is that one who is capable of making autonomous decisions is accorded the status of the subject of rights, but there are, for example, those suffering from dementia or other forms of illness which render them incapable of making autonomous decisions, or any decisions at all for that matter. In this case, the right-based approach would say that these people are still subjects of rights
because of their default status as capable human beings. That is, they used to be fully functioning human beings before and their suffering from dementia is a condition that happens to them, something added on to them which does not alter their original status. This point would be clearer if the comparison were instead made with another kind of being who is not capable of making any autonomous decisions from the beginning, or as part of their biological nature. This is of course why animal rights are not recognized as enjoying the same legal protection as human rights.

This way of looking at rights is based on the metaphysical idea of individuals who are separate one from another. The ultimate reference point is that of the autonomous subject. This presupposes that the subjects are metaphysically constituted in such a way that any interconnection among them is not emphasized. This is in contrast to the Buddhist position discussed above. In Buddhism, it is the interconnection or interdependence, not the status as autonomous subject, that is the ultimate reference point of ethical consideration. And the consideration is based in Buddhism on compassion rather than on performing duties as in the Kantian position.

In this sense, then, the vulnerable are, according to the Buddhist perspective, those who need special protection and care due to their conditions which make them more susceptible to harms. Giving them special attention and more care is justified because they are weaker and get hurt more easily. The harm here is not limited to physical one, but includes social harm such as social injustice and inequity. Thus the vulnerable also include those who are on the “wrong side,” so to speak, of the justice scale so something needs to be done about them so that justice is restored. According to the Buddhist perspective, the vulnerable needs more compassion because of their special position. It is true that in fact everybody needs compassion because everyone is our fellow beings all swimming in the sea of suffering or samsara, but still the vulnerable need more compassion, or more action directed at helping them because they are more likely to be harmed. For example, one who is bodily injured needs some special attention to dress and treat his wound and so on. He is vulnerable because of the injury and while it is true that one should be compassionate to everybody it is also true that one should be doing something extra in order to help this particular person who is being injured so that his wound is healed. I believe that this point underlies the Buddhist viewpoint toward the vulnerable.

In what follows I will discuss the four main vulnerable groups, namely the children, the women, the elderly and the disabled and discuss how these groups are viewed in Buddhist thought and how their special needs should be addressed.

Children

Children are especially vulnerable because they are precisely incapable of defending themselves and are in need of protection by the adults. Moreover, they are not yet capable of making autonomous decisions to enter into informed consent on their own or any contractual obligation for that matter. Thus children are usually protected very strongly against being subject to research. This, however, has led to a reverse situation where research which would lead to material and health benefits to children themselves are not conducted adequately due to the stringent conditions required for doing research on children. Nonetheless, it is clear that children as a group demands special care and protection from exploitation because if left to themselves they
are powerless against the adults who might want to make use of them in one way or another. As adults are obliged to protect children even if the children are not their own offsprings, so too must the research community protect the children as a group because of their vulnerable status. It is only in certain, specifically defined situation where the research has clearly demonstrated potential to benefit children that the research is allowed to be conducted on them. In this situation special provisions and conditions designed to make sure that their vulnerable status is not being taken advantage of.

Some international documents on research ethics do mention children specifically as an example of vulnerable groups needing special care and protection. For example, the UNESCO Universal Declaration of Bioethics and Human Rights says the following as part of Article 14:

2. Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:

(a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good;1

The purpose of this Article in the Declaration is to integrate scientific and technological developments into justice and equity in general, and health care in particular. Progress in science and technology should promote access to health care and essential medicines, especially for the health of women and children. Hence the UNESCO declares that access to health care and essential medicines are human rights and states should make sure that these basic health needs are met, especially for women and children. The reason why these two groups are singled out is because they are vulnerable and are weaker relative to the dominant group, which is that of adult males. So states need to ensure justice and equity for all the groups in their domains. In order to do that sometimes it might become necessary to allocate some resources to these vulnerable groups first.

Furthermore, the CIOMS guidelines for researching on children are more specific:

Before undertaking research involving children, the investigator must ensure that:

• the research might not equally well be carried out with adults;
• the purpose of the research is to obtain knowledge relevant to the health needs of children;
• a parent or legal representative of each child has given permission;
• the agreement (assent) of each child has been obtained to the extent of the child’s capabilities; and,
• a child’s refusal to participate or continue in the research will be

---

The purpose of these guidelines is to ensure that children as a vulnerable group are not being taken advantage of during their participation in biomedical research. Note that instead of informed consent what the guidelines are calling for is “agreement” or “assent” from the child, presumably in verbal form. The research, however, needs to make sure that the children understands what is going on, to the extent which he or she is capable of doing so. All this needs to proceed out of genuine care and compassion for the child. The researcher should not merely follow the letters of the guidelines in order only to avoid legal complications or merely to follow the procedures for the purpose of having the protocol approved by the review committee. To do that would not be too compassionate to the child. The researcher should think that no research work is too complicated for a child to understand, and if the researcher is not capable of even explaining his or her basic ideas to a child, then it is likely that the researcher does not even fully understand her own work.

As for Buddhism, typical attitude toward children is not that much different from the attitude of a typical adult toward them. That is, Buddhism does not seem to have much to say in particular about children. The passages in the Scripture (the Tripitaka) that mentions children often do so either as part of a story or as a metaphor for being unexperienced. For example, a passage says that an illustration of impossibility is for children to sail a big ship. This shows that the attitude is such that children are weaker and less experienced. The typical Buddhist attitude toward all stages of life is that life is full of suffering. The four main stages of life are the epitomes of suffering, namely birth, old age, sickness and death. Children appear to be closer to birth thus it can be seen that they suffer too because birth itself is suffering. What is really meant by ‘suffering’ in Buddhism then needs to be sorted out because it has led many observers to declare that Buddhism is a pessimistic religion bent on seeing everything as full of pain and suffering. Birth is taken to be an epitome of suffering because to come to the world is to experience sorrows, griefs and all other kinds of uneasiness and unsatisfactoriness. Besides, the process of birthing itself is painful and full of suffering because the mother has to endure tremendous pain during childbirth, and the child endures a lot of suffering too because he or she is being pushed and pulled through the very narrow birth canal. Thus even if the children may be outwardly happy and smiling, they are mired in suffering because their conditions are not stable. They may be happy at one stage and crying out loud in misery the next. This changeability in life is one condition of suffering mentioned by the Buddha. All this may sound pessimistic, but the purpose of pointing out that birth is a kind of suffering is to teach the practitioner to see the pointlessness and unsatisfactoriness of life, which will provide motivation for them to continue practicing until eventually they arrive at the ultimate goal, nirvana, which is the state which is totally beyond any suffering.

So the point for research ethics is that Buddhism sees children to be in need of special care and protection because of their vulnerable status. Since they also suffer, they evoke the sense of compassion because children are also connected intimately with other humans and all other sentient beings. They are moreover in need for more active compassion because they are still young and are not able to do things by themselves as adults can.

---

Unlike children, Buddhism has a tremendous amount to say about women. The Buddhist Scripture, the Tripitaka, consists of three main parts, namely the Vinaya, the Sutra and the Abhidharma. The Vinaya consists of monastic rules for monks and nuns; the Sutra consists of the main body of the Buddha’s teaching which was put to memory by his students during the Buddha’s teachings when he was alive. The Abhidharma contains the teachings in form of abstract treatises. What is interesting to us is that much of the Vinaya, the monastic rules contains many rules pertaining women. Since monks must be celibate, there are many restrictions that are intended to make sure that they stay in line and do not cause troubles because of their attachment to women. One of the most serious offenses for a monk is their violation of the celibacy rule. A monk who has sexual intercourse with a woman will be expelled from the order. Furthermore, there are lesser offenses related to women, such as if a monk touches a woman, then he will be penalized but not expelled, and so on. This shows how serious the Buddhist monastic order views the woman problem. In order to maintain order for monks in a monastery which may contains hundreds or thousands of monks, all of whom must be strictly celibate, it is quite understandable how serious these rules pertaining to women are. Hence in general the Buddhist attitude toward women, at least as appears in the Vinaya rules, is that women are the “enemy of the practice,” meaning that they represent a threat to the monks because they arouse sexual attachment in the monks, tempting them to stray from their celibate vows. This does not mean that Buddhist denigrates women; it only means that the women represent a threat when one is intent on defeating one’s own attachment to the worldly desires. If one who is practicing to avoid the worldly desires is herself a woman, then men represent a threat to her in the same vein because of the men’s potential to arouse sexual attachment in the woman too.

Nonetheless, women are also a traditionally vulnerable group because of their still inferior status in many societies as well as their physical constitution. Thus both the UNESCO Declaration and the CIOMS guidelines pay special attention to their situation. The text of the UNESCO Declaration does “[recognize] that an important way to evaluate social realities and achieve equity is to pay attention to the position of women.”3 This shows clearly that paying special attention to the status and conditions of women in society is necessary for any kind of social equity. The CIOMS Guidelines, however, are much more detailed. According to the Guidelines,

Investigators, sponsors or ethical review committees should not exclude women of reproductive age from biomedical research. The potential for becoming pregnant during a study should not, in itself, be used as a reason for precluding or limiting participation. However, a thorough discussion of risks to the pregnant woman and to her fetus is a prerequisite for the woman’s ability to make a rational decision to enrol in a clinical study. In this discussion, if participation in the research might be hazardous to a fetus or a woman if she becomes pregnant, the sponsors/investigators should guarantee the prospective subject a pregnancy test and access to effective contraceptive methods before the research commences. Where such access is not possible, for legal or

---

3 UNESCO Declaration
religious reasons, investigators should not recruit for such possibly hazardous research women who might become pregnant.\textsuperscript{4}

The idea behind this guideline is that the woman should be protected because of her special position as one who gets pregnant, which is also a condition that makes her especially vulnerable. A noticeable aspect of the guideline quoted here is that if there’s a possibility that the woman who is recruited as research participant might become pregnant during the course of the research and where the pregnancy might endanger the health of the woman and the fetus, then the woman should not be recruited unless contraceptive methods are available. In Buddhist countries this is not much of a problem because Buddhism as a whole does not have any qualms against contraception. Preventing birth from happening is not actually an ‘unwholesome’ \textit{(akusala)} action such that the perpetrator of the action will get serious consequences afterwards. (However, many Buddhists feel that if conception has taken place it would be wrong to take the life of the embryo since that is to take the life of a living being, which is against one of the precepts of Buddhism.) Again the idea is that the vulnerable, in this case women, should be protected because doing so would maintain the ideal of equity among all the population groups as well as of respect of dignity of all human beings.

\textit{The Elderly}

Another group sometimes considered vulnerable is the elderly. As mentioned before, Buddhism views old age as another of the life stage that shows clearly that life is full of suffering and unsatisfactoriness. In the Scripture it is specifically mentioned as one of the undesirable aspects of life that indicate suffering in concrete terms. Old age is contrasted with the healthy youthful age in that the former consists of wrinkled skin, loose teeth, white hair, general decay of the body, and so on, all of which point to the unsatisfactoriness of old age. This is often mentioned in the Buddha’s teaching to help people realize that no one will be able to escape these conditions; hence one should start practicing the teaching in order that one understands fully that these are unavoidable natural conditions due to the general nature of the body and of the things in the world. This realization then is among the first stages along the path to eventual Liberation.

The picture of advanced old age painted in Buddhism is intended to show the unsatisfactory nature of old age where one loses one’s bodily function and becomes weaker and more frail. However, in all cultures there is also a positive image of the elderly as one who are more experienced and wiser. They are consulted upon when there are issues that the community would like to have the benefit of past experiences and the wisdom that is associated with old age. One has an image of an elderly man who tells his children and grandchildren the secrets of meaning of life. This image shows that being elderly in itself is not a condition for vulnerability. If one is healthy and is able to participate well in community, then one is not vulnerable. It is only when there are such conditions that specifically make them vulnerable that they become so.\textsuperscript{5}

In the context of research and clinical setting, being advanced in age \textit{per se} does

\textsuperscript{4} CIOMS Guidelines

not seem to be a specially vulnerable position. If the elderly is healthy enough and is able to live a healthy, active life, then he or she is no different from those less advanced in age who are also healthy and active. However, if the elderly becomes ill, or when they are institutionalized, or when they fall prey to social and economic conditions which give them hardships, then they become vulnerable. The general conditions of old age mentioned in the Buddhist text—that of having wrinkled skin, loose teeth, white hair, and so on—are natural features of old age which by themselves can make someone vulnerable. Loose teeth, for example, can result in the elderly not being able to eat and chew properly, so they would need some kind of care. Though these conditions could be prevented to a certain extent through modern medical intervention, the fact that the elderly by nature are susceptible to these conditions and are in need of the intervention seems to show that the elderly could perhaps potentially be vulnerable even though they might outwardly look vigorous and healthy.

According to the CIOMS Guidelines,

Elderly persons are commonly regarded as vulnerable. With advancing age, people are increasingly likely to acquire attributes that define them as vulnerable. They may, for example, be institutionalized or develop varying degrees of dementia. If and when they acquire such vulnerability-defining attributes, and not before, it is appropriate to consider them vulnerable and to treat them accordingly.\(^6\)

This view still recognizes that if the signs that show that the elderly become weaker and less healthy do not yet appear, as a result of good personal care for example, then the elderly in themselves do not appear to be vulnerable. However, the increased likelihood that the elderly can fall prey to the debilitating conditions that are usually associated with old age shows that they can become vulnerable. This is why the last sentence in the quoted passage above says that they should only be considered vulnerable if they show these signs of debilitation.

**The Disabled**

The last group to be considered here are the disabled. They are clearly vulnerable because of their conditions which make them less able to function in the same way as normal people. What come to most people’s minds when they think about people with disability are images of blind and deaf people, or people who lost their limbs. However, according to Gregor Wolbring, there is another kind of disability which is social and not directly physical. In this sense one is also disabled when one is stuck in a socio-economic condition which renders one unable to function properly in society as do those with “normal” conditions. The underprivileged and the poor, then, are disabled because of their being put in the condition which makes them incapable of performing many tasks that should be routine for those who are not in the same condition. The parallel with physical disability is that one who has lost his legs, for example, is unable to walk; in the same vein, one is put into the socially disabled condition is unable, for example, to enjoy many of the perks and advantages of life that those with better socio-economic condition do routinely enjoy. For Wolbring the term ‘ableism’ refers to a set

\(^6\) CIOMS Guidelines
of practices, attitudes, and beliefs that are based on the view that certain forms of ability of bodily function (such as the ability to walk) should be a defining characteristic of a group who should be given special privileges simply because of possession of such ability. In the same way as racism favors certain ethnic groups over others because of the mistaken belief in the special characteristic of the favored groups, ableism refers to a set of attitudes that favor certain groups of people who possess certain forms of ability, thereby putting those not having the same set in an unfavorable position.\(^7\) The notion of ableism is introduced in order to raise the awareness of the public on the need of the disabled group that they should be accorded the same rights and treatment as that of the normal one. Here one can see that being disabled (in both the physical and social sense) is a vulnerable condition.

The Buddhist teaching on compassion is especially relevant to the disabled group. However, one should take care not to let the compassion and the active help that arises out of compassionate feelings be confounded with the feeling that one is superior to the disabled and are helping them because one feels pity to them. This kind of feeling does not eliminate the unfavorable social condition that has led to the claim of ableism from the beginning, and also contrary to the Buddhist teaching. In Buddhism when one develops compassion and acts in order to help fellow sentient beings out of compassion, one does not with no regard for one’s own self. If one performs any action out of egoistic motive, that is, if one does something to help another because one desires some material or immaterial benefits to oneself, then the compassion here is not pure and can even result in negative karmic consequences. On the other hand, if one performs compassionate act out of genuine, altruistic desire to help others with no regard for one’s own self, then it is a pure act that is genuinely good. Helping others because one feels pity toward them or because one feels some sense of superiority toward them is not purely compassionate because one still retains some recognition and consciousness of one’s own ego.

The CIOMS Guidelines does not have anything specific to say about the disabled as their own distinct group; however Guideline 19 has the following to say:

> Investigators should ensure that research subjects who suffer injury as a result of their participation are entitled to free medical treatment for such injury and to such financial or other assistance as would compensate them equitably for any resultant impairment, disability or handicap. In the case of death as a result of their participation, their dependants are entitled to compensation. Subjects must not be asked to waive the right to compensation.\(^8\)

This guideline does not say anything about those who are already disabled before joining the research. However, it says that in case where the disability or injury occurs as a result of the participation in the research, then the participant is entitled to equitable compensation. One can also extrapolate from this that the treatment toward the disabled as a distinct group should be done with equity and justice in mind. And it is the point of this paper that equity and justice should arise out of compassionate feelings according to the Buddhist teaching.


\(^8\) CIOMS Guidelines
Conclusion

This paper attempts to delineate the Buddhist viewpoints toward the four main vulnerable groups, namely the children, women, elderly and the disabled. The concept of vulnerability is here defined with an eye toward its original meaning of being in a position which makes oneself more liable to attack and being wounded. Thus one is vulnerable in the context of bioethics and biomedical research when one is in a position which makes oneself more liable to attack by diseases or other physical threats, or by various forms of social determinants such as being poor and disempowered. Then we have discussed how Buddhism looks at the four main groups. The key idea in understanding how Buddhism views these vulnerable groups is that of compassion, the feeling that one should help others and care for them, relieving them of suffering, is based on the understanding that everything is interconnected and is in the very real sense one and the same. The understanding of interconnectedness or interdependence leads naturally to the feeling that one does not stand alone in the world, but in fact what we normally take to be our own selves are but constructions that are contingent and always liable to change, and that our putative selves here can remain only through the relationships and kindness by others. Thus it is necessary that we pay the kindness back to all other beings in return.

Acknowledgment

I would like to thank the organizers of the UNESCO Workshop on Human Vulnerability for their generosity in inviting me to the Workshop, as well as the partial support given me by Chulalongkorn University, through a grant in the National Research University Project, grant no. AS569A.