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The Heritage of Fritz Jahr for Reconstructing 21th Century Bioethics.
Towards Integrating Communication, Cooperation, Competence, Compassion and Cultivation.

Hans-Martin Sass
hansmartin.sass@rub.de, sasshm@aol.com

FRITZ JAHR'S ORIGINAL CONCEPT OF BIOETHICS

Our terminologies are closely related to our theories, also to our actions, instructions, commands and visions. If our words and terms are not accurate and precise, our thinking will be confused or wrong and our acts will be inaccurate, erroneous, and mistaken. If our language is not clear and our reasoning is not clear, then our subsequent deeds will be wrong or incorrect, even harmful and immoral.[ii] How clear is our terminology and subsequent our reasoning and practice when we use medical ethics and bioethics synonymously for the same things. Apples are apples and oranges are oranges; apples and oranges together with other produce are called fruits; potatoes and rice belong to different types of crop.

Do we clearly and distinctly understand what we mean when we talk about bioethics or do we mean medical ethics when using the term bioethics? Ethics is the theory of moral behavior discussing principles and promoting and supporting virtues. Medicine deals with issues of human health and disease, life and death. Bios means life. Biology is with science related to life in general. Medical ethics is the theory and practice of ethics as far as they are related to human medicine. Clinical ethics is related to theory and practice of ethical interaction between individuals of different expertise and patients within a corporate entity. Bioethics is the theory of individual and collective activity as far as theory and action are related to the world of bios in general. Then there are many other specific fields of life and various sub disciplines in the sciences and the humanities that deal with these entities. So, bios is the general and summarizing term for all fields of life such as fruit is a wider term for apples, peaches and other fruits.

In 1924, Fritz Jahr, a Protestant pastor, educator and cellist in Halle an der Saale, Germany, coined the original term bio-ethics in an article 'Life Sciences and the Teaching of Ethics. Old Knowledge in New Clothes'. He argues that 'the modern science of life, i.e. biology, does not exclusively deal with botany and zoology. It is also related to anthropology. Such a relationship is of practical value in medicine: animal experiments, blood serum research and much more has to be mentioned.'[iii]. He emphasizes that, as established by Wilhelm Wundt at the psychology institute in Leipzig, physiological processes can also be interpreted in psychology as pain, angst, or happiness. Thus animals and plants are in a certain way 'our brothers and sisters' as 'old knowledge' in classical religions and philosophies have known for millennia. The old Aristotelian term 'matter', as far is living matter, i.e. bio-physics is concerned, needs to be complemented by a new term and discipline 'bio-psychics', as had been suggested by philosopher Rudolf Eisler. Jahr, then uses Eisler's term 'bio-psychics' to coin the term 'bio-ethics' for a new science and reflections on our 'assumption of 'ethical responsibilities not only towards humans but towards all living beings' [Jahr 17].

Thus, this modern term and the vision of bio-ethics are based on the cultural and moral interpretation of new scientific research. It has become an imperative to always review the results and application of most recent scientific research in the light of traditional values and visions, risks and benefits. Jahr's reasoning is a good example for such a necessary scientific and moral benefit-and-risk assessment as he reaffirms old knowledge and finds it in new clothing. He uses the influential Kantian Categorical Imperative, the most guiding formula in European Enlightment 'Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end.' [Kant 1785, AA 4:387]. Such an imperative includes direct and perfect duties of mine in my personal and professional environment, such as not holding someone as a slave, and also imperfect duties such as working on a larger scale or even globally to eliminate slavery in all its forms everywhere. Jahr takes this anthropocentric imperative and applies it to all forms of life, i.e. to a wider biocentric responsibility. He summarizes his arguments for the protection of animals, plants and environments based on respect for and compassion with co-life: 'This results in the guiding principle for our actions in the Bio-ethical Imperative: "Respect every living being in general as an end in itself and treat it, if possible, as such!"' [Jahr 21]

THE BIOETHICAL IMPERATIVE

Jahr refers to 'old knowledge' in Asian and Christian moral reasoning when addressing the call for compassion with co-creatures. Of course, there has to balance between, what he calls, 'altruisms' and 'egoism', .i.e. between care for my own life and wellbeing and the life and wellbeing of individual plants and animals, of biotopes and environments. He discusses a necessary balance and harmony between care for my life and care for other lives [Jahr 51-57]. Contemporary environmental science would argue that protecting natural habitats and social and natural environments is in the outmost egoistic interest of humankind, not just an altruistic matter. Substances and smog dangerous to my and other humans' health are also dangerous to other forms of life which life in symbiosis with us. We humans need clean air and clean water, unpolluted and healthy foodstuff, non-hazardous conditions in our workplaces, apartments and neighborhoods. Each of us is host of up to 4o billion microbes with a weight of over a kilogram; are these microbes in our bodies hosting us because without them we would be dead? The host-and-guest model is wrong; we live in true symbiosis with these microbes and other lives. Life never is one individual separated life, we all live with everything in one great sym-biosis, i.e. interacting and integrating life depending on each other. The Greek terms 'sym' and 'biosis' mean 'together' and 'life'. There are a lot of symbiotic mutualistic relationships in nature between most different species which could not live without the other; thus 'symbiosis' is a most basic precondition for each and any individual and collective form of life. In our individual and collective 'struggle for life' we have to find a morally acceptable and cultivated balance between egoism and altruism. We have to eat and even vegetarians have to feed on plants and crops as co-life. There never can be an individual or a species life which is not in sym-biosis with other life; we may call this a universal law in the Aristotelian sense.

But how do different individuals and species get along with each other and how should we make bioethical decisions? Jahr refers to 19th century German philosophers Herder and Krause who had suggested that 'needs' and 'destiny' of other individuals and species may play a role in making

bioethical decisions: ‘So the needs of animals seem to be lower in quantity and less complicated in content than those of humans. This is even more true for plants, so that practical moral obligations, which are already there towards animals (if not basically, but practically) create less difficulty. Additionally we have to take into account the principle of struggle for life and existence, a principle which in some way also modifies our obligations towards fellow humans, even if they might feel unhappy about it. Our entire life and activity, in politics, in business, in administration, in the laboratory, in the fields is … in its reasoning and goals not focusing on love in the first place, quite often rather focused on struggle with some sort of fellow competitor. Quite often we don’t recognize it, as long as such a struggle is without hate and in an open and legally accepted way. As much as we cannot avoid the struggle with fellow humans, similarly the struggle for survival with other living entities is unavoidable. Nevertheless, neither in the first nor in the second case, we will lose the idea of moral obligations as a principle.’[Jahr 39f][iv]

Actually, Jahr gives credit to species-specific struggle for life as a basic natural law: ‘It is well known, that plants take away foods and light from each other and that animals use others as food. In principle we see the same in humans ... Is it not the drive of the business man to outdo his competition or at least to be equally successful. He would be a poor businessman, besides, if he did otherwise! Similarly, national economy and world economy cannot and will not do without making good use of the struggle between different professions and states’. The wide distribution of cultivated plants and animals as a result of cultivation primarily is also based on ‘self-interest and the struggle for life of the individual and collective I’. And even a young person asks herself or himself primarily about her or his gifts, interests and job opportunities and only indirectly this will serve the general public best [Jahr, 52].

Neverthelss, Jahr argues, the Bioethical Imperative, the Categorical Imperative and other foundations of peacefully, honestly and successfully living with others in social and natural environments do have a natural base because without such a natural fundament, they would not work. ‘Compassion with animals shows up as an empirically given phenomenon of the human soul’, is the introductory statement of Jahr’s 1928 article ‘Animal Protection and Ethics’ [Jahr, 35-40]. The Bioethics Imperative as a conceptual, moral and political guide post for all, is in need for implementation, application and diversification. Individuals, groups and societies are not physically tied together as closely as the organs of a body are; so agreements, promises, contracts and covenants have to be developed and honestly, competently and compassionately internalized and lived.[v] The content of these contracts may be different depending on cultures, goals and parties involved, but the Bioethical Imperative can serve as a central guide post. Thus, universal virtues and principles such as communication and cooperation, competence and compassion will have to serve as basic integrating and integrative factors for making healthy and successful decisions in all schools of bioethics, independently of their geographical and historical environment.

DEFICIENCIES IN CONTEMPORARY PRINCIPLISM APPROACHES

Jahr’s Bioethical Imperative, similar to the good old physicians’ ethics in the East and in the West, calls for virtues and principles based on a firm bioethical guidance. Such a horizon is much wider than the modern principlism approach in so-called bioethics, representing actually only principles for expert ethics: most prominently the successful American model of ‘autonomy, nonmaleficence,

beneficence, justice'[vi] and the less successful European model of 'autonomy, dignity, integrity, vulnerability' as 'guiding ideas'[vii]. Both models of four principles each are deficient already as expert ethics by not referring to the two most important virtues/principles during over two millennia old virtues and principles of physician's ethics: professional competence and professional compassion[viii]. This is a serious omission. We all know from our own experience that most cases of moral concern discussed in clinical ethics committees and consultations are related to unprofessional behavior, such as sheer incompetence, sloppiness, careless as well as a lack of personal and professional compassion and humane care. Instead, the American and the European models divide the classical 'primum nil nocere' – 'first do no harm' - into the two principles of 'nonmaleficence' and 'beneficence'. 'Respect for autonomy' and 'social justice' are central principles in constitutional law of modern states, based in the philosophy of European Enlightment and in many other enlightened philosophies such as in Buddhism, Daoism and Confucianism. They too, of course, need to be implemented in medical care as well; but in the absence of clear legal and cultural support and actual legal recognition and enforcement of these principles in the society at large there will be limited room for implementing these essential principles in the health care sector alone.[ix] Of course, free and compassionate care for the poor and frail had always been a prime virtue in physician's ethics of the East and the West, even when rulers and cultures were not supportive, caring physicians were. Recently, Michael Tai has suggested virtues and principles based on millennia old traditions of Asian physicians: 'compassion, respect, righteousness, responsibility, ahimsa' [x], and there are many other approaches which may replace the dominant shortsighted models of today.

RECONSTRUCTING CLINICAL BIOETHICS

Modern health care is not provided by individual barefoot doctors anymore; it is predominantly provided by teams and corporations. Corporations and institutions are like people; they have body parts and organs (individuals, teams); they have to work together; they are integrated and interacting with their respective environment, with partners, friends, competitors, foes: 'The corporation as a community manifests its existence only in the acts of individual human beings, of those individuals who are its organs', as Hans Kelsen (1881-1973) defines. Of course, individuals are not inseparable from the corporation such as individual people from their body parts: 'An act performed by an individual in his capacity as organ of the community is distinguishable from other acts of the individual which are not interpreted as acts of the community'.[xi] Indeed we all know of those conflicts which arise between us being a part of a corporation and being just me in my own to which they belong or which they represent also have a live of their own outside of the corporation.[xii]

If we follow the broader vision and framework of Fritz Jahr's integrated and integrating imperative of recognizing and respecting bios in all its forms, in 'the struggle for life of the individual and collective l' [Jahr, 52], then Clinical Bioethics is just the right term to describe what we are supposed to do in the clinics. If we would just simply say 'clinical ethics', then that term would need more specification such as 'doctor's ethics in oncology' or 'nursing ethics in geriatrics' or 'hospital business ethics'. And those terms would not provide the overall picture of the clinic as a complex living being. Here are a handful of arguments why clinical bioethics is a good and forward looking term in the care for individual and public health and for healthy worlds in general and everywhere.

First, there is the clinic or nursing home or the small ambulatory medical practice as a corporate person. It can be hated or loved; it may have special character traits, being somewhat strange or fitting well into the service requirements and social environment. This corporate person is part of a living neighborhood; it should be known for a special expertise and a competent service; it needs to

be respected as a good neighbor in order to be successful, to have a good life and survive as a living entity. As such it needs a corporate profile and identity which includes its very special corporate ethics as a leading tool for being recognized in the neighborhood and for internal education, training, treatment and care.

Secondly, there may be various wards or teams providing different services to the neighborhood or internally, services such as in ambulatory or stationary treatment and care in areas as diverse as oncology, surgery, gynecology, pediatrics, psychiatry, gerontology, each with its different and very specific competence and compassion required, also the internal services such as accounting, kitchen, cleaning, and leadership, without which the corporate person would not be alive, capable of surviving and being productive and successful.

Thirdly, there are the individual persons of different profession, age, temperament, character, experience and compassion who need to work together. And there are also patients of different wishes and visions, with their specific genetic and health risk profiles.

Fourth, there are the patients who seek relief from pain and suffering, the restoration of health, also preventive and life-style advice. Together with the families and the surrounding neighborhood, all these individual organs make up the clinic as a well integrated and respected person the same way as individual organs have to be integrated and working in harmony in an individual person, animal or plant.

Fifth, as corporate persons need to integrate well into their social and professional environment like everyone else, they should also be present as good and helpful, competent and compassionate neighbors in the new environments of cyberspace. It would be a great service of the clinic in my neighborhood, if I could go there via the internet for normal and non life threatening issues such as constipation, diarrhea, sore throat, sunburn, stress management, sleeplessness, lifestyle modification and advice on physical and mental activity at my own time. Their presence would not only help individuals and families in the neighborhood; it would very positively contribute to their public character profile and to the self-understanding of the people and the various branches and organs inside the clinic.

Similarly, other institutions have to have a comparable corporate character profile to be valuable and respected neighbors providing good and civilized service. As far as health care is concerned, public health services, insurance services, and society in general and together have to develop an integrated and harmonious approach in the care for healthy people, healthy neighborhoods and healthy environments. Extremely important and still neglected is the promotion and cultivation of health education and health competence for individuals, families and neighborhoods.

Clinics should contribute their share and establish together or individually easy to understand e-health website as one of their services as good corporate neighbor[xiii]. In the old days of Hippocrates and Dr. Gong it were only the doctor and the patient as partners, now treatment and care for health is provided in much wider environments and in modern corporate settings. Therefore clinical bioethics has to reconstruct itself just in the described way in all its organs, integrate them well and become not only an academic tool in research and teaching, but also an attitude and character profile for the entire field of caring for health. The rules for the survival and the good and respected

life of a Clinic are the same as for all other living entities. The better they are interconnected with their social and natural environment, the more stable and harmonious and productive is their life; this is our challenge in the reconstruction of clinical bioethics.

A reconstruction of clinical bioethics as a truly and fully living being and as a productive and integrated part of the social, political and cultural environment goes far beyond the actual European and American principle models. In further developing, integrating and applying clinical bioethics we can use the 5-C virtues/principles set 'communication, cooperation, competence, compassion, and cultivation'[xiv], which is neutral to various competing religious and ideational visions and practices but at the same time fully open towards different religions and philosophies. It actually can be demonstrated empirically that it had been an integral part of all successful religions and human endeavors for millennia. As they are 'universals' in the Aristotelian sense, they had been and in the future will be indispensible for each and every successful human activity, for better and healthier lives, and for harmonious living-together. The reconstruction of bioethics cannot be the domain of one single school of contemporary bioethics form either culture or from either continent. Reconstructing bioethics is a common global and integrating enterprise and should be recognized as such. Here is a first and preliminary approach in reconstructing clinical bioethics via three interacting lists guiding the three groups of main players: citizens of all stages in health and age, experts and expert teams, corporate persons. Of course, each of these three groups cannot do their job independently from each other, they have to interact as all life is depending on the other; thus the reconstruction of clinical bioethics becomes an issue in self-cultivation and co-cultivation for all involved.

Citizens and Communities: 1. Communicate and cooperate well with truly competent and compassionate trustworthy health experts. - 2. Develop competence and responsibility in health risk management. - 3. Make extended use of predictive, preventive and natural medicines. - 4. Expect healing or relief from acute medicine, but be aware of the limits and risks in life and in all medical intervention. - 5. Expect competent and compassionate treatment and advice from medical experts and be a fair partner with them. - 6. Define and implement your sense of qualities of life, from childhood to old age, in sickness and in health. - 7. Prepare and implement your health care plan, your advance directives and name proxy decision makers for circumstances of incompetence. - 8. Cultivate your health and your health care competence, care compassionately for others and for healthy cultural, political, social and natural environments.

Experts and Expert Teams: 1. Treat your patient as a person competently and compassionately, do not treat just her or his symptoms. - 2. Communicate and cooperate with your patient to promote her/his competence in health care matters. - 3. Integrate the clinical status and the value status of your patient into differential ethics, diagnosis and prognosis. - 4. Be aware of benefits, limits, and risks of acute intervention and discuss those with your patient. - 5. Be a competent and compassionate expert partner to your patient, to your colleagues and to your team. 6. Cultivate and educate yourself in providing the best possible clinical and personal care. - 7. Assist your patient in providing easy to understand direct or internet-based health care information and in preparing and implementing health care strategies and advance directives, and in working with proxies for the benefit of your patient. - 8. Cultivate and care competently and compassionately for your own health, your health care partners, and for healthy natural, social, and professional environments.

Corporate and Institutional Persons: 1. Provide and improve competent and compassionate efficient health care settings for providers and customers. - 2. Protect, support and develop good communication and cooperation in the education and training of competent and compassionate professional health care. - 3. Set institutional frameworks for a whole range of health care services. - 4. Support providers and customers of health care service. - 5. Establish yourself as a competent and compassionate health care center for prevention, education and treatment. - 6. Provide continuing professional education for health care experts. - 7. Offer outreach programs and be a good corporate neighbor. - 8. Cultivate and care responsibly for your own health, for your patients and individual and corporate partners, and for healthy corporate, political, social and natural environments.

Naturally, everything and everyone have to work together in order to be successful; this is the pre-condition and the challenge of sym-biosis of life and lives. It is in part our own failing if we live in disharmony or unhappiness with our environment; the same is true of corporate persons who not only have to blend in, but become an important part of their living biotope. An old Roman fable tells us that the organs of the body went on strike because they did not want to feed the lazy stomach, which in their understanding was just consuming and doing nothing else. Soon, however, after they stopped feeding the stomach, they all got weak, sick and unhappy, recognizing they all was one body.

What good does it do, when clinics serve successfully as repair shops for health and people eat unhealthy foods, live in stressful social environments and polluted biotopes and cities, don't take care of their bodies and souls and know nothing about caring for health and happiness? We find an instructive answer in Lao Zi's [Tao Te King 54] 2500 years old knowledge of integrating knowledge, care and success in developing health and harmony of individuals, families, and communities: 'Cultivate the self and virtue will be true; cultivate the family and virtue will be complete; cultivate the village and virtue will grow; cultivate the country and virtue will be rich; cultivate the world and virtue will be wide.' In regard to building a rich, successful and virtuous clinical bioethics in hospitals as great corporate persons anywhere and everywhere in the world, we may say: Cultivate communication and cooperation and the clinic will be true; cultivate competence and compassion and the clinic will be complete; cultivate the clinic and health and happiness will grow; cultivate the community and health and happiness will be rich; cultivate the world and health and harmony will be wide. Fritz Jahr would have agreed to such a modification and extension of Lao Zi's wisdom regarding the collective and integrated virtue and happiness of persons, corporate persons and environments everywhere and in all fields of personal and professional, and of cultural and social activities in the 21th century, - and therefore in the fields of health and caring health as well. This is the challenge for reconstructing Clinical Bioethics in our times.

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[i] ABSTRACT : The Bioethical Imperative - "Respect every living being in general as an end in itself and treat it, if possible, as such!" - coined and defined in 1926 by Fritz Jahr, a pastor and teacher in Halle/Saale, must serve as a Golden Rule for a 21th century reconstruction of bioethics, which includes and integrates virtues and principles not only to fellow humans, but also towards animals, plants, environments, and to the entire earth as a living being. Unfortunately, the term bioethics still is widely used as identical with medical ethics, but methodological and conceptual paradigm changes are required in evaluating bios/life, not only as a new

perspective in the natural and environmental sciences, but also in organizations, cultures, and the humanities. Medical ethics, clinical ethics, hospital ethics, health care ethics and other fields of ethics are essential fields of the Ethics of Bios; they need to be specifically developed in their particular field and integrated with each other. It is time to define and develop a new interdisciplinary discipline and a new global ethics of communication, cooperation, competence, compassion and cultivation in dealing with Bios in an integrated way**.**

[ii] Wittgenstein in his Tractatus Logico-Philosophicus 1921 [4.116] said: 'Everything that can be thought at all can be thought clearly. Everything that can be said can be said clearly'. Descartes once defined as genuine truth 'illud omne verum, quod valde care and distincte percipio', i.e. only 'that, which I clearly and distinctly perceive'.

[iii] Jahr F 2013 Essays in Bioethics 1924-1948, Muenster: Lit, p. 17 [here quoted as: Jahr] . See also the German edition Jahr F 2013 Aufsätze zur Bioethik 1924-1948 Werkausgabe, 2nd ed., Münster: Lit; cf also Sass HM 2007 Fritz Jahr's Concept of Bioethics. Kennedy Institute of Ethics Journal 17:297-295, and the website www.fritz-jahr.de

[iv]Of course, we do not feel moral obligations towards mice, cockroaches and dangerous microbes in our hospitals and feel professionally and personally obligated to kill and eradicate them, wherever they threaten our patients and our co-workers. But in our parks and in the wilderness we don't prosecute microbes, plants or animals living in symbiosis with each other in their own 'struggle for life'. On the other hand, we provide 'good' healthy microbes to patients after antibiotic treatment has killed many symbiotic microbes in their intestine. Thus, the bioethical imperative is conditional and situational, not categorical as requested by Kant. Actually, all forms of moral deliberations, decisions and executions are situational, because making decisions, avoiding vices, applying virtues - this is the original and never ending 'business' of ethics and being ethical. Another formulation of Kant's Categorical Imperative reads: 'Act only on that maxim through which you can at the same time will that it should become a universal law'. In Jahr's bioethical interpretation this would translate into the maxim that it is and always will be imperative to make good and responsible moral choices and to strive for the universal law of harmony, cultivation and self-cultivation of individual and collective persons, of social and natural environments. Compassion does not apply only to humans, but to all creatures, in particular when saving of life 'pekuach nefesh' in Jewish tradition is concerned. Jesus is quoted to have said: 'Who among you, if your son or ox falls into a cistern, would not immediately pull him out on the Sabbath day?' [Luc 14:5]. The Koran holds that 'whoever slays a soul, unless it is for manslaughter or for mischief in the land, it is as though he slew all men; and whoever keeps it alive, it is as though he kept alive all men' [Koran V] and request that animals are dealt with humanely, so camels should not be too heavily burdened with packages and given enough water and rest when traveling. And then there is rare unusual and exceptional love for co-creatures such as the narrative about Buddha in one of his former lives reports that he self-sacrificed himself to be eaten by a hungry tigress who had to feed her half a dozen cubs.

[v] Veatch RM 1981 A Theory of Medical Ethics. New York: Basic Books, p. 324-330 recommands for traditional medical ethics a triple contract in a harmonious community of individuals and families of otherwise different goals and interests: (1) a basic contract on a few selected attitudes and principles independently of other goals and principles the contract partners might have, (2) a societal contract to honestly keep promises and fulfill contractual obligations, (3) a contractual relationship between individuals such as a physician and a patient based on the two other levels of contract. He describes the Covenant which Moses initiated with tribes and families of nomadic Jews and God in a unifying list of 10 basic commandments as a typical model for such a three-level contract. Veatch' approach works very well in other cultural settings as long as expected and promised services and commitments are executed honestly, compassionately and competently. As far as the

ethics of medical care in such a triple contract is concerned, honest, competent and compassionate health care experts will have to provide services as defined by Confucian doctor Yang Chan centuries ago: 'trust only those doctors who have a heart of compassion and humanness, who are clever and wise, sincere and honest [cf. Sass HM 2006 Bioethics and Biopolitics, Xian: press fmmu.sn.cn, p. 200]

[vi] Cf. Belmont Report. Ethical Principles and Guidelines for the Protection of Human Subjects of Research, Report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Federal Register, April 18, 1979. - Beauchamp T & Childress J 1979 Principles of Biomedical Ethics, Oxford U Press.- A recent Special Issue of the "Hastings Center Report' Jan/Febr 2013 discusses at length 'Learning Health Care Systems' but limit the involvement of citizens to 'patients have an obligation to contribute, to participate in, and otherwise facilitate learning'[p.S23].

[vii] Kemp P & Rendtorff JD 2008 The Barcelona Declaration. Towards an Integrated Approach to Basic Ethical Principles. Synthesis Philosophica 46(2)239-251

[viii] For compassion cf. Gelhaus P 2012 The desired moral attitude of the physican: (II) Compassion. Med Health Care and Philos 15:397-410. Even stronger is the Asian approach to strongly include the role of religion and spirituality; see Viveka 2007 Towards a philosophical framework for Bioethics Education in India – the role of religion and spirituality. Eubios J Asian Intern Bioethics 17:98ff

[ix] While the American set of principles is based on the 1979 US Belmont Report these four principles nevertheless were imported from the research field into the teaching and practice of medicine in general. They truly had an initially positive effect in the transition from sometimes quite arrogant medical paternalism towards a better respect for personal wishes and visions of the patient. The European principles, summarized in the 'Barcelona Declaration', were supported by a European Commission grant 1995/98 to develop a genuine and 'integrated approach to basic ethical principles in European bioethics and biolaw' refers to the UNESCO Declaration on the Human Genome 1997 and intends to represent 'a conceptual clarification and articulation of major ethical principles which are central international concerns for a universal bioethics and biolaw' are supposed to be 'guiding ideas' for the development of fair and just health care models in Europe and were not necessarily targeted at teaching medical and clinical ethics in professional schools and in health care facilities. Thus both sets are not primarily addressing health care providers and health care institutions and therefore are not even good guidelines for developing, teaching and training professional ethics in the health care sector. They also do not represent a new partnership model between experts and citizens in general and between health care providers and patients and their families in particular. They also have nothing to do with bio-ethics, the ethics of bios, life in general and in its integrated forms.

Both models are rather conventional forms of professional instructions by principles for experts in research and policy setting; they don't represent a new model of partnership ethics which is urgently needed in many fields of expert-lay interaction in the 21rst century. They also do not live up to the requirements stated by Confucian doctor Sun Simiao of the Tang dynasty: 'a superior doctor takes care of the state, a good doctor takes care of the person, an inferior doctor takes care of the disease'[cf Sass 2006:203].

[x] Tai MT 2007 The Way of Asian Bioethics. Taiwan: Princeton Intern Publ, 122-126. - For centuries interacting and integrating partnership virtues between experts and the lay were observed in the West and in the East. 15th century Confucian doctor Gong Tingxian has published eight interacting rules for principles and virtues guiding experts and lay people. These are the 1rst rules: For the doctor: 'In the first place they should adopt a disposition of humanness; this is a justified demand. They should make a very special effort to assist the people and to perform far reaching good deeds'. For the people: 'In the first place they are to choose enlightened physicians (ming-i) and thereby receive help in their ailment. They have to be careful. Because life

and death follow each other closely' [cf Sass 2006:234]. Hippocratic medicine of the West would have no problems to agree with Dr. Gong's requirement. Hippocratic medicine similarly had taught many dietetic rules for the lay to avoid health risk of all kind. In modern times and in the presence of E-Health sites and a higher level of education and self-determination we need even more ethics of partnership and a partial de-professionalization of health care and true partnership between the lay and the expert, not only in health but also in the care of bios, i.e. a true and integrating bioethics as envisioned by Fritz Jahr.

[xi] Kelsen H (1945) 2009 General Theory of Law and State. Clark NY: Law Book Exchange; cf. Sass HM 1991 Professional Organizations and Professional Ethics. Ethics Trust and the Professions, Pellegrino et al, ed., 263-284

[xii] Clinical bioethics, indeed, would be a deceptive and wrong term if it would just cover either one of the mentioned European or American sets of contemporary principles; additionally it would unrepresentative of the needs for a partnership ethics in health care facilities because they do not address the two most important issues in clinical treatment and care: competence and compassion. International guidelines and reimbursement schemes present and follow objective standardized models of treatment and financing, but people are different as all individual forms of life are different. Clinical bioethics has to go the extra steps to transform clinical ethics into institutional ethics, i.e. clinical bioethics [cf 'From Clinical Ethics to Institutional Ethics' J Intern Bioethique 2012, 23(3-4)]. Already 2000 years ago doctor Galen, physician to Roman Emperor Marc Aurel, reminded his colleagues 'non homo universalis curatur, set unus, quique, nostrum',: 'we don't treat a universal person, but a special one, a unique one, ours'; we don't find that wisdom in our contemporary reimbursement schemes and quality norms. Zhai, recently discussed the harmonization of international guidelines with national traditions and cultural values for the true introduction and promotion of personalized medicine and health care: 'diversified and in harmony, but not identical' [Zhai XM 2011 Diversified and in Harmony, but not Identical. Asian Bioethics Review 3(1)31-35]. Moses Mendelsohn, the enlightened European philosopher and Rabbi argued 1819: 'Brethren, if you want true peacefulness in God, let us not lie about consensus when plurality seems to have been the plan and the goal of providence. No one among us reasons and feels precisely the same way as fellow humans do. Why do we hide from each other in masquerades in the most important issues of our lives, as God without reason has given each of us his/her own image and face' [Cf. Sass 2006:227]. What is true for our visions and beliefs is as well true for our bodies and our individual DNA, our health risk profiles and our individual social and natural environments.

[xiii] Sass HM & Zhai Xiaomei 2004 E-Health. Eubios 14:147-148

[xiv] Sass HM 2012 The 5-C Model for Guiding Science and Technology. A Précis of Reasonable Moral Practice amidst a Diversity in Worldviews. Synesis 3, G52-59; cf. Sass HM 1994 Ethik und Ethos in der Medizin. Litterae, European Academy of Sciences and Arts 4(3/4)61-80; cf. Sass HM 2011 Cultivating and Harmonizing Virtues and Principles. Asian Bioethics Review 3(1)36-47.