Recent reports of important breakthroughs in the scientific understanding of the earliest cells involved in human development have sent positive shock waves through the medical research community. At the same time as opening promising new areas of research, the news has also raised concerns over the ethical implications of the findings and prompted President Clinton to direct the National Bioethics Advisory Commission to consider them.

National Institutes of Health (NIH) Director Harold Varmus weighed in on the issue when he announced that federal funding and research on existing embryonic stem cells should be allowed and would not violate the longstanding federal ban on research involving human embryos. While offering vast therapeutic potential, the collection and use of embryonic stem cells challenges our views about the ethics of using human embryos and tissue from fetuses for research and the limits society should place on science. Big issues to be raised by such little cells.

The ability to isolate stem cells is a giant step towards the holy grail of human developmental biology: understanding how every cell in the body can start from a
Chinese society is homogeneous, authoritarian, and somehow static; that Chinese culture emphasizes the importance of family and country, rather than the individual; that traditional China did not develop sciences, logic, and even philosophy; that Chinese medical ethics is communitarian-oriented just as traditional Chinese medicine is holistic-based.

These myths assume a series of apparent truths and offer a series of specious observations and arguments. Let me mention just a few of them. These myths overlook the fact that the conception and images of Chinese culture are recently invented and conceptually created. They make scholars and the general public talk about Chinese culture as something like a natural phenomenon. Chinese culture (including Chinese medical ethics) is described as monolithic and unified. According to these myths, changes or discontinuities in Chinese culture are much less significant than its stability or continuity. Moreover, Chinese culture is often reduced to what classical works and orthodox ideologies have promoted, just as medical ethics in China is frequently simplified to what great doctors, official documents, and medical ethicists have said.

Following the anthropologists of earlier generations, like Lucien Levy-Bruhl, who aimed to discover the particular mentality of primitive societies and peoples, twentieth century sinologists and scholars in other disciplines have attempted to discover the unique ways of seeing and acting in Chinese civilization. Quite a few theories have been put forward for this purpose, such as categorical thinking, the "system of correspondence," the organic world-view (correlative thinking), the philosophy of organism, synchronicity (Synchroniziet), and so on. These theories imply that the unique Chinese mentality dominates almost every Chinese individual and pervades every aspect of Chinese socio-cultural life.

As a result, both American and Chinese scholars assume that there is a distinctive Chinese medical ethics—whatever that could be. They tend to discuss the characteristics of American bioethics and Chinese medical ethics through a set of general comparisons and contrasts: individualism vs. communitarianism; individual vs. family, community, and state; individual rights vs. personal virtues; individual development and self-realization vs. the common good; contract vs. trust; individual freedom vs. the concept of duty and obligation; and so on.

Yet, the fact is that both individualistic and communitarian traditions exist in American and Chinese medical morality. The real issue here for cross-cultural discussion is how similar and dissimilar Chinese individualism is from American individualism on the one hand, and how similar and dissimilar American communitarianism is from Chinese communitarianism on the other (Nie J, 1996).

As Martha Nussbaum has reported, a new trend in the study of non-Western cultures is emerging, which stresses the following points about the idea of culture: “Real cultures are plural, not single;” “real cultures contain argument, resistance, and contestation of norms;” “in real cultures, what most people think is likely to be different from what the most famous artists and intellectuals think;” “real culture has varied domains of thought and activity;” “real cultures have a present as well as a past.” Cultures—non-Western and Western as well—are "complex mixtures, often incorporating elements originally foreign." (Nussbaum M, 1997)

Undoubtedly, Chinese culture in general and Chinese medical ethics in particular are not exceptions from these features.

Given the wide geographical conditions, long history, great economic differences, varieties of social customs and cultural norms, and even ethnic diversity, there usually does not exist the Chinese way of doing such and such a thing or the Chinese perspective on such and such an issue. Consequently, when I am now asked about the Chinese way of doing things or the Chinese perspective on a particular issue, I take the following steps. First, I point out the difficulty of any generalization about China and the Chinese. In order to address this kind of question properly, one must first of all define which particular group of Chinese, which historical period, and which geographic location we are talking about. Then, I state the current general trend in mainland China according to my knowledge. Lastly, and most importantly, I list those contrasting and different perspectives or practices that existed not only in history but also in the present, and try to point out how the current general trend is always in flux.

To the question of truth-telling in Chinese health care, I say something like this: There is not a distinctive Chinese way—either disclosing or concealing the diagnosis of terminal disease. For the sake of patients’ well-being, many contemporary mainland Chinese physicians, along with family members and friends, do not directly tell the whole truth to patients who are suffering terminal diseases. But this is far from the
Faculty Profile

Jing-Bao Nie, MD (tcm), PhD

Jing-Bao Nie is the 1998-99 postdoctoral fellow at the Center. He will soon take a position as a Lecturer at the Bioethics Center of the University of Otago Medical School in Dunedin, New Zealand. In 1988-91, he was a Lecturer in the Department of Social Sciences, Hunan College of Chinese Medicine in Changsha, China.

Born in July 1962, Dr. Nie grew up in a small, remote village in Taoyuan, Hunan, southern China. He obtained the Bachelor of Medicine degree (equivalent to an MD) in Traditional Chinese Medicine (tcm) and a Master’s degree in the History of Chinese Medicine from Hunan College of Chinese Medicine. He received a Master’s degree in Sociology from Queen’s University in Canada and a doctoral degree in the Medical Humanities from the University of Texas Medical Branch in Galveston, Texas.

As a scholar, Dr. Nie writes in both Chinese and English in several fields. He has co-authored an acclaimed book on comparative studies of Chinese and Western medicine and a textbook on the history of science. He has published nearly thirty articles in American and Chinese journals including: JAMA, Cambridge Quarterly of Healthcare Ethics, Medical Humanities Review, Journal of Medicine and Philosophy, Chinese Journal of Medical History, Chinese Medical Ethics, Acta of Chinese Medicine and Pharmacology, Jiangsu Journal of TCM, and High Education of TCM. His works are included or will appear in such anthologies as Health Care Crisis, Confucian Bioethics, and Globalizing Feminist Bioethics.

Dr. Nie has taught in mainland China and North America, where his students have included medical students, undergraduate and graduate students in various courses in philosophy and history of medicine, sociology of medicine, and medical ethics.

As “a diplomat for medical humanities,” Dr. Nie co-organized two groups of American scholars to give lectures throughout China, and a team of Chinese scholars to visit the United States. He initiated and is co-editing a Sino-American joint book series Medicine and the Humanities: China and the West. With his Chinese and Western colleagues, he is planning more Sino-Western scholarly exchanges and cooperative research projects.

Dr. Nie is finishing a book on abortion in China which will be the first in-depth academic effort in any language that explores contemporary mainland Chinese people's moral views and experiences of abortion. His work is based on a survey of 601 subjects and interviews with 60 doctors and women and 30 Chinese-Americans. He would also like to write an overview text on Western moral understandings of abortion for a Chinese audience.

For his next major research project, he will focus on the constellation of moral issues in dying and death in rural China, or the Chinese practice and views of yousheng (well-birth or eugenics).

Selected Publications:

* The items with an asterisk are in Chinese, the others in English. (Chinese titles have been translated.)

Books


Articles


Nie J. Inquiring for the Foundation of Moralities as the Soul of Medical Ethics. Chinese Medical Ethics 1996;5(5) & (6).


Dr. Nie is the 1998-99 Postdoctoral Fellow at the Center for Bioethics, University of Minnesota.
single egg and sperm. Somehow, as the embryo divides, cells are programmed to become heart, liver, skin, hair, eyes, and the multitude of other body parts it takes to become a fully formed human. Embryonic stem cells have the potential to become any of these so-called differentiated cells, which is why they are so special.

Their future is unlimited, and because of this ability, they are extremely valuable in understanding what makes cells become one type instead of another, and also for the therapeutic potential that could come with controlling that process. Once cell control is harnessed, we may be able to grow whole organs, treat diabetes in wholly new ways, or even reverse some neurological disorders and paralysis. But understanding will require a sufficient supply and variety of stem cells. And therein lies the rub.

Two different sources are being successfully used to collect these cells, and both carry substantial moral baggage. One technique uses discarded fetal tissue, and the other uses embryos created in fertility clinics and donated by couples who no longer need or want to use them. Each source obviously raises ethical questions. Fetal tissue comes from either miscarriages or therapeutic abortions, and so some activists argue that research on embryonic stem cells will create new demand for fetal tissue and incentives for abortions. This seems unlikely given the ample ongoing supply of fetal tissue, and the important prohibition against paying donors for the tissue so as not to create financial incentives for abortion.

The use of human embryos, on the other hand, challenges us to confront their moral status, whether they are so-called “spare” embryos that were created for infertile couples who no longer need them, or are created expressly for research uses. Does the intention for which the embryos were created matter? Do embryos deserve special respect because of what they are and the potential they represent? Does the fact that stem cells have been collected and can be shared among the research community excuse all future users of the supply from considering how the cells they use were created?

This last point is at the heart of the NIH position: Since the stem cells that are now available to researchers were collected legally (no federal monies for research on human embryos, and fetal tissue research only under specific criteria), the government should be free to fund and carry out research on them.

It will be difficult to stand on principles that prevent using or creating sources of embryonic stem cells when there are real opportunities for research and treatment from their use—especially when we need new varieties of cells (say for immune system matching, as in organ transplants). This collision of principles and pragmatism will require us to confront the limits of our convictions. As the ethics surrounding embryonic stem cell research are being pushed to change, it seems ironic that it is a nearly invisible collection of cells that is creating issues that are too large to ignore.

A version of this article appeared in an “Ethics Matters” column on CNN Interactive (www.cnn.com/health/).
Center News

Faculty

Carl Elliott, MD, PhD is a member of a core group with Principal Investigator, Leigh Turner, PhD, University of Toronto Joint Centre for Bioethics, to study a project on “Bioethics, Casuistry, and Culture: Practical Moral Reasoning in Multiethnic Settings.” The project is funded by a grant from the Social Science and Humanities Research Council of Canada. Other members of the core group include Ellen Badone, Michael Gordon, Trudo Lemmens, Laura Purdy, and Alison Dundes Renteln.

Throughout North America, physicians, nurses, social workers and other health care providers encounter patients from diverse ethnic, religious, cultural, educational, and linguistic backgrounds. This project will consider how effectively the standard methods and theories of bioethics address moral concerns arising within multicultural settings. Combining work in bioethics with ethnographic studies in the anthropology and sociology of medicine, project members will assess the adequacy of existing tools in bioethics, and devise new ways of responding to the concerns of diverse patient populations. For more information, contact Leigh Turner, University of Toronto Clinical Ethics Centre, via e-mail: clinical.ethics@sunnybrook.on.ca.

Steven Miles, MD, has been promoted to Full Professor in the Department of Medicine, University of Minnesota Medical School, effective July 1999.
Calendar of Events

**JULY 13**  
Jeffrey Kahn, PhD, MPH, will speak on “Ethical Issues in Research Involving Women and Fetuses” as part of the Institute for Interdisciplinary Research Development’s conference, “Issues in Prenatal Substance Use.” The conference will be held on the University of Minnesota St. Paul Campus. For information, call 612-626-4772.

**JULY 15-17**  
The 1999 Midwest Intensive Bioethics Course (MIBC) will be held in Chicago, IL. For information, call the Medical College of Wisconsin at 414-456-4299.

**JULY 16**  
An audio seminar “Joining the Fellowship for Suffering: Advocacy for Excellent End-of-Life Care” is sponsored by the Society for Healthcare Consumer Advocacy of the American Hospital Association. For information, call 312-422-3999.

**JULY 23**  
Jeffrey Kahn, PhD, MPH, will speak on “Evolving Issues in the Ethics of Human Subject Research” at Taiwan’s National Health Research Institute in Taipei, Taiwan. For information, call 612-624-9440.

**JULY 26**  
Steven Miles, MD, will speak on “The Use of Side Rails and Restraints in Nursing Homes” at Itasca Medical Center in Grand Rapids, MN. For information, call 218-326-7509.

**AUG 2-6**  
The University of Washington Department of Medical History and Ethics hosts its summer seminar in healthcare ethics in Seattle, WA. For information, call 206-616-1864 or e-mail: mbarnard@u.washington.edu.

**AUG 3**  
Jeffrey Kahn, PhD, MPH, will speak on “The Ethics of ART” at the Society for the Study of Reproduction’s 1999 Annual Meeting, in Pullman, WA. For information, visit the SSR website at http://www.ssr.org.

**SEP 9-10**  
On 9/9, Steven Miles, MD, will speak on “Futility: Concepts and Controversies.” On 9/10, Jeffrey Kahn, PhD, MPH, will speak on “The Ethics of Human Subject Research Issues.” Both presentations are part of the National Department of Veteran Affairs Ethics Conference held in Minneapolis, MN. For information, call 612-682-6311 or e-mail: tylerann@lnr.va.gov.

**SEP 28**  

**SEP 30**  
Dianne Bartels, RN, MA, will speak on “Ethical and Spiritual Issues at the End of Life” at a conference sponsored by the Osteopathic Foundation and Family Medicine Center in Colorado Springs, CO. For information, call 719-635-9057.

**OCT 14-15**  
Steven Miles, MD, will speak on “Personal Perspectives of the Care of Ms. Wanglie” and “End of Life Religious Rituals in the ICU: Lessons for the Futility Debate” at the University of New Mexico School of Medicine’s Seventh Annual Symposium in Albuquerque, NM. For information, call 505-272-3942.

**OCT 22**  
Steven Miles, MD, will speak on “Retraint Use” as part of the Minnesota State Bar Association’s 1999 Elder Law Institute, at St. Paul RiverCentre in St. Paul, MN. For information, call 651-227-8266.

**Fall Semester Bioethics Courses**  
The following bioethics courses will be offered during Fall Semester at the University of Minnesota. For more information on these and other courses, see the Center’s web site (www.med.umn.edu/bioethics/).

**LAW 7831**  
Genetics and Assisted Reproduction: Law and Ethics 2 cr, Wolf and McGee

**LAW 7242**  
Biotechnology and Law 2 cr, Burk

**NURS 4104**  
Ethical Sensitivity and Reasoning in Health Care 2 cr, Ryden

**NURS 5141**  
Ethical Issues in Health Care of Elders 3 cr, Ryden

**NURS 8140**  
Moral and Ethical Positions in Nursing 3 cr, Crisham

**PHIL 5325**  
Biomedical Ethics 3 cr, Ross

**PUBH 5743**  
Ethics in Health Care Organizations 2 cr, Aroskar

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**Visit the Center’s Web site at http://www.med.umn.edu/bioethics/**.  
All editions of the Bioethics Examiner are posted on the Web, let us know if you would prefer to access it on the Web rather than receive it by mail.

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**Susan M. Wolf, JD, has been promoted to Full Professor of Law and Medicine, University of Minnesota Law School, effective August 1999.**

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Moral and Ethical Positions in Nursing 3 cr, Crisham

**PHIL 5325**  
Biomedical Ethics 3 cr, Ross

**PUBH 5743**  
Ethics in Health Care Organizations 2 cr, Aroskar
Recent Faculty Publications

Books

“This book presents a formidable rereading of the nature of moral development which builds from and reconceptualizes the process of moral growth in a way that compensates for some of the shortcomings of the standard Kohlberg account of moral growth while maintaining those elements of the Kohlbergian approach that allow for assessment of global shifts in moral thought. It is likely to be considered a 'must read' in the field of moral development research.”

– Larry Nucci
University of Illinois, Chicago

Articles


Center Publications and Tapes

Reading Packets
Center reading packets contain an overview of legal and ethical issues, key articles, and a bibliography. Reading packets are available for $5 each:

No. 1: Organ Transplantation (August 1997)

No. 2: Withholding or Withdrawing Artificial Nutrition and Hydration (July 1997)

No. 3: Termination of Treatment of Adults (September 1997)

No. 5: Distributing Limited Health Care Resources (April 1997)

No. 6: Resuscitation Decisions (June 1997)

No. 7: The Determination of Death (May 1997)

Managed Care and End-of-Life Care Packets
A Center program addressing ethical issues in managed care has led to the publication of annotated bibliographies on end-of-life care that are available for $5 each.

• References on Ethical Issues in Managed Care—articles addressing ethical issues in managed care.

• Advance Directives—focuses on empirical research related to the dissemination, clinical use, and effects of advance directives.

• Palliative Care—articles describing clinical, legal, and ethical issues in pain control for terminally ill persons and articles describing and comparing hospice care to conventional care for terminally ill persons.

Reports
In October 1998, Steven Miles, MD, organized a meeting which brought together representatives from Minnesota's health care organizations to address implementation of Minnesota's new health care directive law. To receive a copy of the proceedings “Summit on Implementing Minnesota's New Health Care Directive Law” contact the Center. This report is available at no charge.

Ordering Information
To order reading packets, tapes, or reports, make checks payable to: Center for Bioethics, University of Minnesota. Send to: Center for Bioethics, University of Minnesota, Suite N504 Boynton, 410 Church Street SE, Minneapolis, MN, 55455-0346.

All orders must be prepaid.
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Associate Director

Carl Elliott, MD, PhD
Director, Graduate Studies, Center for Bioethics; Associate Professor, Department of Pediatrics, University of Minnesota Medical School; Department of Philosophy, University of Minnesota

Steven Miles, MD
Professor, Center for Bioethics; Department of Medicine, University of Minnesota Medical School; Staff Physician, Department of Internal Medicine, Regions Medical Center

Susan M. Wolf, JD
Professor of Law and Medicine, University of Minnesota Law School and Center for Bioethics

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