ASIAN HORIZONS

Vol. 9, No. 1, March 2015 Pages: 113-124

DIGNITY OF LIFE: BUDDHIST AND CATHOLIC MORAL REASONING

Cherdchai Lertjitlekha, MI & Supaporn Daodee, SPC* Thailand

Abstract

The purpose of this study is to explore a common ground for Buddhist and Catholic ethics in one specific area of bioethics, namely 'dignity of life,' by focusing on the duty of conserving life at the terminal stage. The study builds upon documentary research which examined religious texts regarding the doctrines and ethics in both Theravada Buddhism and Catholic and the attempts to see the common ground and their particularities of augmentations of the dignity of life. It creates an ethical dialogue which involves Theravada Buddhist ethics and Catholic ethics in an interreligious context for the betterment. Its result will provide the information that may support the healthcare personnel to give proper services to Buddhist or Catholic dying patients.

Keywords: Interreligious Dialogue, Bioethics, Catholic Bioethics, Buddhist Bioethics, Dignity of Life, Palliative Care

The religions of the world are becoming increasingly aware that what unites them in ethics is greater than what divides them in theology. An interesting counterpoint to the disintegration of moral

^{*}Fr Cherdchai Lertjitlelha is a Camillian priest, and holds a doctorate in theology from the Gregorian University, Rome. He is teaching moral theology at Saengtham College, the Major seminary in Thailand. He has worked as a member of commission counsellor for theology of Bishops' conference of Thailand and is at present the provincial of Camillian province of Thailand. Email: cherdchai@camillianthailand.org

Sr Magdalena Supaporn Daodee is a Sister of St Paul de Chartre and is teaching medical-nursing ethics at St Louis College in Thailand. Her academic qualifications: BSc and MSc (Nursing Sciences); PhD in Educational Administration (Leuven); Masters in Bioethics (Regina Apostolorum, Rome); Post doctoral diploma in Grief and Palliative Counselling (Australia). She has been working as member of the UNESCO international conferences. She was Director of Academic Affairs and Vice President of St Louis College. Email: supadaodee@yahoo.com

consensus in the postmodern world can be seen in the impetus towards dialogue and mutual understanding on the part of traditions which for much of their history have been antagonistic. As they search their ancient teachings for solutions to contemporary dilemmas, Christianity, Islam, Judaism, Hinduism and Buddhism are becoming increasingly aware of the common ground they share.

The Parliament of the World's Religions produced a declaration known as "A Global Ethic" which set out fundamental points of agreement on moral issues among the religions of the world. However, the declaration did not deal explicitly with medical ethics. The declaration states: "We affirm that a common set of core values is found in the teachings of the religions, and that these form the basis of a global ethic." In its affirmation that there is "an irrevocable, unconditional norm for all areas of life, for families and communities, for races, nations and religions,"¹ it characterizes these core values as objective and universal moral truths.

Adding further weight to the suggestion that a consensus on ethical fundamentals exists among the major religious traditions is the view of the eastern religions, whose voices have been little heard to date. Perhaps the most influential of these is Buddhism — a religion whose adherents were formerly only in Asia — which is rapidly making inroads in the West. Arnold Toynbee has described the encounter between Buddhism and Christianity as "one of the greatest collisions of the 21st Century,"² and although it is too soon to predict the outcome of this encounter it is undeniable that it will be of significance.

The purpose of this study is limited to indicating the existence of common ground in one specific area of bioethics, namely 'dignity of life, by focusing on the duty of conserving life at the terminal stage. The study builds upon documentary research which examines religious texts regarding the doctrines and ethics in both Theravada Buddhism and Catholicism and the attempt to see the common ground and their particularities of augmentations of the dignity of life. It also creates an ethical dialogue which involves Theravada Buddhist ethics and Catholic ethics in an interreligious context for the betterment. Its result will provide the initial information that may

¹H. Küng and K.J. Kuschel , ed., A *Global Ethic: The Declaration of the Parliament of the World's Religions*, London: SCM Press, 1993, 14.

²A. Toynbee, *Christianity among the Religions of the World*, London: OUP, 1948, 14. See also D. Keown "Christian Ethics in the Light of Buddhist Ethics," *Expository Times*, 106, 5 (1995) 132-137.

support the healthcare personnel to give proper services to Buddhist or Catholic dying patients.

The Open Spirit: An Interreligious Dialogue

The model of the study of Christianity and Buddhism in the context of interreligious dialogue requires the spirit of sincerity and openness of giving and receiving which are indispensable to all dialogue. For an authentic interreligious dialogue each partner must enter into the religious experience of the other party, in order to understand it from within.³ This effort to understand and sympathize has been termed intra-religious dialogue. It is an indispensable condition of true dialogue. For true interreligious dialogue, each partner cannot leave their faith outside and try to seek a common denominator. On the contrary the honesty and sincerity of dialogue requires the various partners to commit themselves to it in the integrity of their faith. Therefore, true interreligious dialogue occurs when each partner takes faith seriously as self-identity, which is incompatible in the absolute sense. Thus, each tries to understand the other partner in his own religious experience from within.

This true model of interreligious dialogue, with the spirit of sincerity and openness, is valid for the dialogue between Christianity and Buddhism.⁴ This interreligious dialogue assumes a specific characteristic since it apparently seems to be incompatible, antithetical and even contrasting. This radical otherness of the two partners, at a cursory glance, seems to render dialogue impossible, i.e., Buddhists see the world as illusion, Christians holds creation as a reality ordered by God; Buddhists deny a positive meaning of personal self, Christians emphasizes the imperishable person, especially in a Christ-based view. At last, these are not antagonistic in the sense of absolute incompatibility between these two paradigms (Christianity and Buddhism). In sum, even though faith affirmation for interreligious dialogue is absolutely required, positive attitude and complementarity are also demanded for true interreligious dialogue.

Christocentric Perspective: A Point of Departure

Catholic beliefs and doctrines have their roots in Scripture and Tradition. The Catholic scripture is developed over time. It was a maturing process based on much experience and the things handed

³J. Dupuis, "Interreligious Dialogue," in *Dictionary of Fundamental Theology*, ed., R. Latourelle and R. Fisichella, New York: St Paul, 1994, 521.

⁴Cherdchai Lertjitlekha, Buddhist Pañña: A Study of Theravada Buddhist Ethics in Dialogue with Christian Morality, Bangkok: Saengtham College Press, 1998, 35.

down from previous generations. This is what the Catholic Church calls Tradition. The Dogmatic Constitution on divine Revelation emphasized that the sacred scripture is the soul of all theology (DV, 24). Vatican Council II has attested that a greater stress should be given to the role of the scriptures in moral theology than has been given in the past (OT, 16).

The scriptural renewal proposed by the Second Vatican Council has made a great contribution to the development of Christian ethics because of a greater emphasis on the person of Jesus Christ. The emphasis on his person as central to Christian ethics which we call "Christocentric ethics" implied a discipleship of following Christ, or a personal self-commitment.⁵ What does it mean that the person of Christ is the foundation of Christian ethics? Is it inclusive or exclusive? How is the historical person of Jesus Christ normative for Catholic moral living? The proposal is that the entire story of Jesus is normative for Christian ethics as a concrete universal. The story is concrete because it has a particular shape in a definite time and place. It is universal because that shape and the moral dispositions engendered by the story are morally relevant in every situation in the Catholic believers' life. The renewal of Christian ethics based on sacred scripture emphasizes the following of Christ and the initial self-communication from God as a gift or grace to man. This requires the personal response on man's part to follow Christ, wherein man commits himself totally to Him in his personal vocation.

Precisely, the following of Christ primarily emphasizes the inner attitudes (virtue ethics) or the motivations rather than giving norms of moral behaviours (normative ethics). Following is not understood as mere imitation of a copy but must be understood in the sense of devotion and surrender of oneself to a living person, as a disciple follows a master. This means that Christian ethics must be Christocentric in the sense that Christian believers seek to put the person of Jesus Christ in the central focus of the moral lives of Christians.⁶ This is a vocation which is a reality far greater than acts or the sum total of acts. Christian life is a vocation, a profession, a marriage, the cause to which one commits oneself, the organizations to which one belongs, or a lifestyle. Further, Catholic life is a network of personal relationships and a development process involving many different stages of personal growth.

⁵J. Fuchs, "Moral Theology according to Vatican II," in *Human Value & Christian Morality*, Dublin: Gill and Macmillan, 1970, 1-15.

⁶K. Demmer, *Christi vestigial Sequentes* (2nd ed), Roma: Editrice Pontificia Università Gregoriana, 1992, 18-19.

The Christocentric perspective of Catholic morality is never understood exclusively. It is inclusive.⁷ It means that Buddhists' wisdom contributes to find the truth for Catholic moral reasoning. In other words, the person of Christ is implicitly perceived in some way in Buddhist ethics, since there is really one morality for all humanity, namely, that morality founded on the person of Christ. Therefore, who seek truth with all sincerity of heart, even if they are not reflexively self-aware of a personal God, they un-reflexively encounter God in their innermost being. It is not reasonable to say that Buddhist ethics shares only the common basis of natural moral law with Catholic morality. The presence of Christ is someway active in the innermost heart of all humans, since all mankind, as created and redeemed, is already grounded in Christ.⁸ This is a challenging starting point for interreligious dialogue between Catholicism and Buddhism that we will discuss in this study.

Sanctity of Life in Catholic Bioethics

Discussing about the bioethical issues, such as abortion, care of the newborn, care of the dying, and euthanasia, it is common for Catholicism and Buddhism to appeal to the "sanctity of life" the notion that human life is in some sense 'sacred' or has an absolute value. It may be argued, for example, that the sanctity of the foetus' life forbids abortion, or that the sanctity of the dying person's life rules out active euthanasia.

However, can we say that human life in and of itself possesses 'sanctity' or 'absolute value?' In recent years, a number of philosophers have argued that it is not the mere fact that a human individual is alive that demands our respect, but rather the capacity, potential or quality of an individual's life. Thus, a severely disabled newborn infant may be judged to have such a poor quality of life that she should be allowed to die or even be killed;⁹ a terminally ill patient may request euthanasia because her life is 'not worth living,' or it may even sometimes be right for others to make that decision on her behalf if she is incapable of making it for herself. So is the sanctity or the quality of life the better moral criterion to bring to bear on difficult decisions at the margins of life? If we use the criterion of the quality of life, euthanasia seems to be permitted,

⁷Cherdchai Lertjitlekha, Buddhist Pañña, 260.

⁸J. Fuchs, "Moral Theology according to Vatican II," 14-15.

⁹Helga Kuhse and Peter Singer, *Should the Baby Live?* Oxford: Oxford University Press, 1985.

however, if the criterion of the sanctity of life is used, euthanasia is not accepted. $^{10}\,$

The Catholic theologian Richard McCormick takes up the question of quality versus sanctity of life, and argues that this is a false dichotomy. His conclusion is that it is possible to make "a quality-oflife judgment in a way that both expresses our concern for the sanctity of life." He develops a different understanding from the traditional notion of the sanctity of life. His account is partly based on a Christian opposition to what he calls 'vitalism' that is, the notion that life itself is an absolute value or the highest human good (to preserve life at all cost). He argued that we should focus our attention on obligations to preserve life and avoids degrees of discrimination in quality of life criteria. The two approaches ought not to set against one another and the sanctity of life must not be replaced by the approach of the quality of life. To separate the two approaches between sanctity of life and the quality of life is a false conceptual split.¹¹

The Catholic theological reflection confirms us the inseparability of 'sanctity' and 'true guality' of life. The guestion of the sanctity of life is closely related to the question 'who is a person?' which often appears in the medical-ethical debates. The sanctity of life and personhood debates are also related to the question of the status of dying patients, their dignity, and also the decision-making on the ethical issue of hastening or prolonging life of dying patients. From the Christian perspective, it is guite clear that human life in and of itself possesses sanctity or absolute value because this life is from God, created by God, and aims to commune with His divinity. According to William May,¹² the value of human life does not change depending on the capacity which an older tradition would have called a "bonum utile" (useful good), but it is based upon the existence of a "bonum honestum" (good in itself) from God's creation. Therefore, in Christian ethics we have duties towards the preservation of a "bonum honestum," that is a good of life in itself. This clarification is useful for both the dying patients and the healthcare personnel who take care of them.

¹⁰Supaporn Daodee, "Dignity of Dying Patients in Buddhist and Catholic Ethic:s Divergence and Convergence," *Rivista della Facolta di bioetica* 4, 3 (2011) 92.

¹¹Richard McCormick, "The Quality of Life, The Sanctity of Life," in Neil Messer, *Theological Issues in Bioethics: An Introduction with Readings*, London: Darton, Longman and Todd Ltd., 2002, 39-43.

¹²William May, "Ethics and Human Identity: The Challenge of the New Biology," *Horizons* 3 (1976) 138.

The Sanctity of Life in Buddhist Bioethics

According to Buddhism human life has high value because each person has the potential to attain the ultimate goal of liberation or nirvana. So prohibition of taking life is the First of the Five Precepts in Buddhism. For whatever reason, taking one's life is never allowed in principle. According to Keown and Keown,¹³ the Buddha included the precept of not taking human life in the monastic code on discovering that a number of monks had either killed themselves or asked others to kill them after developing disgust for their bodies, an attitude not unknown in ascetic traditions. Some monks committed suicide, some killed one another, and others invoked the aid of an assistant from outside the order. When the Buddha found the problem of killing, he immediately took action to prevent any recurrence by introducing a precept forbidding the destruction of human life. The precept expressly forbids both killing a human being and seeking assistance in dying.

Buddhist scholars give an absolute and universal meaning within the First Precept to mean all killing for whatever reason is not allowed. Saddhatissa first gives a description of the content of the first precept in an absolute and ideal world. The author describes: "Here the Buddhist undertakes to abstain from destroying, causing to be destroyed, or sanctioning the destruction of the living being. 'Living being' implies anything that has life, from insects up to and including man."¹⁴

Prohibition of taking life does not have an absolute and universal character even when it is implying to human life. But there is a room for taking life for just cause in Buddhism. A story in the Jartika tales concerns the bodhisatta, the future Buddha, who kills a bandit in order to save 500 merchants. The exception also includes self-defence and suicide in some circumstance. Self-defence is justified only when all alternatives have been exhausted. As a rule suicide is prohibited. Yet in some cases, according to Buddhist scriptures, taking one's own life is allowed for noble ends. The giving of one's own life to save the lives of others is an example of this exception.

According to Keown and Keown, the contrast in Buddhaghosa's teaching appears to be between the person who rejects medical care

¹³Damien Keown & John Keown, "Killing, Karma and Caring: Euthanasia in Buddhism and Christianity," *Journal of Medical Ethics* 21, 5 (1995) 266.

¹⁴H. Saddhatissa, *Buddhist Ethic: Essence of Buddhism*, New York: George Braziller, 1970, 87-90.

with the express purpose of ending his life, and the person who resigns himself to the inevitability of death after treatment has failed and the medical resources have been exhausted. The moral distinction is that the first patient seeks death or makes death his aim, to use Buddhaghosa's teaching, whereas the second simply accepts the inevitability of death and rejects further medical treatment or nourishment as pointless. The first patient wishes to die; the second wishes to live. However, the second patient is resigned to the fact that he is beyond medical help.¹⁵

This example suggests that Buddhism does not teach to hasten death or believe there is a moral obligation to preserve life at all costs. Recognizing the inevitability of death, of course, is a central element in Buddhist teaching. To seek to prolong life beyond its natural span by recourse to increasingly elaborate technology when no cure or recovery is in sight is a denial of the reality of human mortality, and would be seen by Buddhism as arising from delusion (*moha*) and excessive attachment (*tanha*).

Dignity of Life: Convergence and Divergence between Buddhism and Catholicism

Man is endowed with dignity because he is recognized as person. All persons are equal in dignity and are to be respected from birth till death. Dignity of the person cannot be diminished and no one can talk of a less dignified human being or more dignified human being. It doesn't make sense to separate between PERSON and LIFE in modern philosophy where only a Person (excludes Life) is endowed dignity that cannot be violated. All human beings have the maximal dignity from birth. Therefore, every person takes part in the intrinsic dignity, which must be respected.

Both Buddhism and Catholicism recognize the dignity of man as a person and its inviolability. This is the convergence of the two religions and the crucial point where Buddhism and Catholicism are united in their opposition to euthanasia and suicide. The respect of human dignity is due to its sacredness expressed in the theological and philosophical teachings Buddhism and Catholicism. Both Buddhist and Catholic ethics safeguard human life as a fundamental good since dignity is inherent in every person. Buddhist and Catholic believers agree that life is not an absolute value to be preserved in all circumstances.¹⁶

¹⁵Damien Keown & John Keown, "Killing, Karma and Caring," 267.

¹⁶Supaporn Daodee, Dignity of Dying Patients in Buddhist and Catholic Ethics, 93.

Although there are many convergent points between Buddhism and Catholicism in moral reasoning, there are also divergences. In Buddhism, man is considered as the potential being to attain the ultimate goal of liberation (*nirvana*) and this is the prerequisite for the dignity of all human beings. Sanctity of life is not based on the divinity, but it is grounded on the principle of non-harming (*ahimsa*) or non-malfeasance to others for the spiritual destiny of perfection. According to this Buddhist anthropology, human life is sacred because each person has the potential to attain *nirvana*.

In the Christian vision, the dignity of the human person resides in the creation by God. A human being has dignity and the dignity of his/her life is derived from the sanctity of life created in the likeness and image of God and which shares in the divinity of God; therefore, human life ought to be respected and preserved. Since human life is sacred and must be respected, it should not be violated in any way by any person. Even when a person is in the condition of extreme incapacity, his dignity remains the same. Each one has a duty to conserve his/her life and life of the others and has an obligation to seek help from others when it is necessary. Taking of life is prohibited since it is sacred. No one can arbitrarily choose to live or die. The decision pertains absolutely to God, the Creator, alone.

Both Buddhism and Catholicism have as their goal eternal life, yet they have different ways to attain it. Buddhist believers need to put their efforts in practicing the meditation and virtues. No one can help another person because each one is the master or the saviour of oneself; so, the salvation comes through one's own efforts, whereas in Christianity, the salvation is possible only by God's grace. The redemption brought about by Christ through His incarnation, death, and resurrection brings us back from sin to the divine nature and communion with God. Human effort alone cannot rescue one from sins nor bring him/her to eternity.

Ethical Dilemmas: End of Life Decisions

A duty to conserve life is seen in the five fundamental precepts in Buddhism and in the fifth commandment in Christianity. An important value of Buddhist teaching is compassion. Compassion is used by some Buddhists as a justification for euthanasia because the suffering person is relieved of pain. Nevertheless, it is immoral to embark on any course of action whose aim is to destroy human life since life is considered as sacred. Theravada Buddhism recites the formula: "I undertake the precept to abstain from destroying living beings" which is the first of the Five Precepts concerning the duty of conserving life and this is the Buddhist way of life that is called *ahimsa*, meaning nonviolence or to do no harm. As an action or omission involving the intentional destruction of life, it is undoubtedly prohibited by Buddhist precepts. In the light of the belief that killing brings bad karmic results for both the patient and those who committed it, Buddhism strongly opposes active euthanasia and physician-assisted suicide and it is absolutely not an act of compassion or permission for a good death.

In fact, Buddhist scripture and tradition hold that suicide and euthanasia are forms of *murder*. The confirmation can be found in the Monastic Rule which is an authoritative source for Buddhist ethics that the Buddha himself introduced a precept forbidding the destruction of human life, both killing a human being and seeking assistance in dying to death. When euthanasia or assisted suicide is requested by the patients, Buddhism advises us that instead of acting upon the request, we should try to find other available means to ease their suffering, may it be physical, emotional or psychological, i.e. providing palliative care, etc. Such is the way of genuine compassion.

Catholic teaching clearly condemns euthanasia as a crime against life and a crime against God. The teaching of the Catholic Church, which prohibits the direct taking of innocent life, whether one's own or another's, is amply attested to in the Church documents throughout the centuries. In Gaudium et Spes (no. 27), euthanasia was numbered among the crimes against life that it condemned. On June 26, 1980, a statement on the question of euthanasia was issued by the Sacred Congregation for the Doctrine of the Faith, "The Declaration on Euthanasia" (Iura et Bona). There are three considerations of the consequences of the dignity of human life that must be preserved as follows: (1) No one can make an attempt on the life of an innocent person without opposing God's love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity; (2) Everyone has the duty to lead his or her life in accordance with God's plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life; (3) Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan.¹⁷

¹⁷The Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Vatican: Libreria Editrice Vaticana, 1980, part I.

The question of euthanasia and suicide was revisited again in 1995 by Pope John Paul II in his encyclical Evangelium Vitae. The Pope reaffirmed the Christian conviction regarding the value of human life and the individual's responsibility to care for it. The Pope confirms that euthanasia is a grave violation of the law of God since it is the deliberate and morally unacceptable killing of a human person. The Pope also affirms that suicide is always as morally objectionable as murder.¹⁸ The Church's tradition has always rejected it as a gravely evil choice.¹⁹ Although a certain psychological, cultural and social conditioning may induce a person to carry out an action which so radically contradicts the innate inclination to life, thus lessening or removing subjective responsibility, suicide, when viewed objectively, is a gravely immoral act.²⁰ Instead of helping or providing to overcome pain and suffering with euthanasia or suicide, the Pope recommended to the modern medical science to increase the attention given to palliative care to dying patients that will seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal.

Based on the principle of the sanctity of life, both in the Buddhist and Catholic ethics, killing is forbidden for whatever reason. However, there are some rare cases where killing is justified in Buddhism that is in the case of self-defence and of taking one's life for noble ends. This is likewise seen in Catholicism, namely, killing is justified in the case of self-defence to protect one's own life and the duty to love oneself no less than loving others. The Catholic Church has always rejected euthanasia, suicide and all kinds of killing. They are considered as gravely immoral acts because they involve the rejection of life and the renunciation of the obligation of justice and charity towards one's neighbour, towards the communities, and towards society as a whole.²¹ Although in the Catholic context killing is justified in the case of self-defence, the life of the body in its earthly state is not an absolute good, especially as he/she may be asked to give up his life for a greater good,²² as we see in the case of martyrdom. The martyrs do not commit suicide, but they accept death, as in the case of Jesus.

¹⁸John Paul II, Encyclical Letter Evangelium Vitae, (1995), no. 66.

¹⁹Dogmatic Constitution on the Catholic Church *Lumen Gentium*, (1964), no. 25.

²⁰John Paul II, Evangelium Vitae, 66; Declaration on Euthanasia, I: AAS 72 (1980), 545; Catechism of the Catholic Church, 2281-83.

²¹Evangelium Vitae, 66.

²²Evangelium Vitae, 47.

Conclusion

In Buddhism and Christianity, despite the widely different theological presuppositions concerning the dignity of the dying patients and regarding the respect for the human person, there is a striking similarity. Both religions admit that human life is sacred and should be respected from birth till death. Though life is sacred, it is not an absolute value to be preserved at all costs. Only life of the innocent is absolute and inviolable. These lead to the similarity of their opposition to the intentional killing of patients or euthanasia, suicide and forms of aggressive inappropriate medical treatment.