Family and Healthcare Decision Making: Implications for Bioethics in China

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Introduction

Now that we are more than a decade into the twenty-first century, scholars in many disciplines around the world are forecasting and portraying what the future may hold due to the unprecedented advances in medical technology. The changes in the social and economic climates of medical practice and family medicine are producing challenging ethical and legal questions in many countries of the world. What moral values will we need to deal with the variety of dilemmas posed by these questions?

China, a country with a fifth of the world's people, has experienced a headlong rush into the modern world with sweeping changes on numerous levels. For centuries, Chinese Confucian culture and the medical ethical tradition merged to form a single historical continuity, rich in content and great in character. However, to position Chinese Bioethics alongside the vigorous pace of the development of modern medicine, new content for cherished paradigms in family medical decision-making need to emerge. This paper discusses the contemporary implications for bioethics in China in framing the commitments of the revered role of the family with current demands in healthcare decisions, often curtailed by competing medical or socio-political dimensions. The bioethical concerns of informed consent, truth-telling and long term care all of which involve family medical decision making are discussed to position the role of Chinese bioethics as a discerner of good and right practice.

I. The Beginning of Bioethics and Family Medicine in China

Less than two decades separate the inaugural events contributing to the origin of bioethics in the United States during the early years of the 1970s and the precipitating incidents leading to the first Chinese Bioethics Association in the late years of the 1980s[1]. Family medicine now adequately recognized as an academic discipline was almost nonexistent before 1986 in China, but in 1997 the Chinese government made it a policy to promote family medicine training for primary care doctors[2]. As an indicator of this mandate, at least eight different sets of relevant textbooks have been published in China and great strides towards establishing family medicine continue to be documented in tandem with prominent universities offering master's and doctoral degrees in family medicine education[3].

Historically, in the Western world, medical ethics answered most of the difficult cases until bioethics burst on the scene in the early 1970s. The dilemmas associated with biomedicine required a new discipline to provide the framework for good answers and better paradigms to discern disturbing issues. The approach of four *prima facie* principles of biomedical ethics, (autonomy, beneficence, non-malfeasance and justice) defined and explained in *Principles of Biomedical Ethics*, provided the new basis for moral decision making[4]. Frequently debated and often challenged, the four principles approach was considered as a set of universal guidelines for bioethics with a scope of application that encompassed most of the

moral issues that arise in healthcare[5]. If moral principles are trans-cultural and use the common moral language of different societies, then they can be applied cross-culturally to address bioethical concerns. The characteristics of Chinese medical ethics number fifteen and reveal an underlying paradigm of Confucian ideology, with Taoism and Buddhism playing some part in providing immanent values[6]. In traditional Chinese culture, greater social and moral meaning rests in the interdependence of family and community. In Western bioethics, the principle of autonomy often triumphs since the power of the concept of respect for individual persons and their dignity commands the discussion. Much of conventional Western bioethical analysis is based on dichotomies such as autonomy versus paternalism and duties versus rights. These "either/or" distinctions are a sharp contrast with the concept of moral order in Chinese culture that views apparent opposites, such as the individual and the group, as complementary rather than mutually exclusive. Therefore, Chinese bioethics would regard the "person", "family", "clan" and "community" as existing in a dynamic state of reciprocal definition[7].

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A. Family Autonomy

The concept of autonomy best delineates the contrast between Western and Chinese cultures. In the context of health care in the West, the principle of autonomy implies that every person has the right to self-determination; the patient is the best person to make health care decisions. According to the norms of the Chinese culture, the person is considered as "a relational self". This construct of "self" involves a dimension of social relationships and provides the basis for moral judgment. Rationality and individualism expressed in the notion of autonomy finds no counterpart in traditional Chinese culture. Self-determination would erode the value placed on personal connectedness and the social and moral meaning of such relationships. Yet, in the United States as well as in China, the great variation in the two medical moralities has been unfortunately minimized[8]. The theme of medical moralities, both traditional and modern, exhibiting individualistic and communitarian aspects has provided the stimulus for a discussion of interpretative cross-cultural bioethics. The plurality of medical morality within any culture offers a challenge and a need to create new understandings. The Confucian paradigm recognizes the family as an entity existing in its own right and irreducible to its members or their interests. Family autonomy is the gold standard. Thus, the family's role in self-determination is integral to Chinese bioethics. Since the family is based on an extended or clan structure, the notion of family plays a central role in an individual's life. The family is a semi-autonomous unit comprising an elaborate hierarchy of kin. It is the family's responsibility to care for their aged, sick, unemployed and disabled members. The traditional family structure is patriarchal, with communication flowing downward. All major decisions made by the family are thus informed by these hierarchical structures[9]. This pattern of familial collectivity possesses deep roots. In the second century BC, a Confucianist social order, focusing on the quality of selflessness, emphasized the notion of allegiance, first to family, second to clan, and then to community. In Chinese culture, the family functions as a powerful conduit for moral, religious, and social norms[10].

B. Relational Self

In Western bioethics, the notion of the *relational self* has gained a distinctive importance

in bioethical deliberations that seek to reshape the concept of autonomy. The enhanced patient autonomy approach requires the inclusion of family members in the decision making process[11]. The Chinese culture and medical tradition reflected now in Chinese bioethics has contributed in a substantial way to expanding the western notion of patient autonomy. The enormous force of cultural viewpoints and the contemporary transformation of the doctor/patient relationship require new inquiries into accommodating both bioethics and culture. The ethical dilemmas that emerge in culturally diverse context, such as Chinese patients receiving care in Western countries, have prompted numerous journal articles and chapters in anthologies reporting similar dilemmas that develop in multicultural settings. The point of greatest tension revolves around the application of the notion of patient autonomy and the acknowledgement of the role of the family in medical encounters[12]. The majority of physicians in the West now agree that patient autonomy is actually a complex concept referring to both one's capacity to choose and to one's ability to implement one's choices. Defined as a necessary attribute of rational human beings, the notion of autonomy is universally valid. Nonetheless, both internal and external factors and resources contribute to one's autonomy. From the beginning to the end of our lives, we are embedded in a context of social relations that sustain and shape us. Thus, autonomy is more correctly described as relational, rather than merely a matter of individual choice. The recent effort in mainland China to combine both Chinese and Western medicine is leading to a repertoire of significant bioethical literature. Interestingly, tensions and constraints are also being experienced as modern medicine in China includes the family in decision making and deals with the current complexities of the 21st century.

The notion of relational autonomy is consistent with Confucius concept of a moral ideal person expressed as *junzi,* a person of high moral achievement who consistently tries to improve and cultivate himself to attain various stages of perfection[13]. The *junzi* exemplifies the autonomous person, a true moral agent who is self-activated, self-determined, self-reliant, and actively improving himself by moral cultivation of righteousness (*yi*), propriety (*li*) and wisdom (*zhi).* Matched with this expression of autonomy is the relational perspective. A Confucian person is socially situated, defined, and shaped by a relational context in which he must achieve humanness (*ren*) through interaction with other particular individuals.

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C. Confucian Bioethics

Although officially out of favor, Confucian approaches to ethical dilemmas still permeate Chinese medicine and society[14]. Traditional Chinese values never completely disappeared; some Confucian values are still salient in Chinese social life[15]. Therefore, the key to understanding the moral dilemmas of practical medical issues in contemporary China is to examine the Confucian idea of persons. The art of medicine is the art of humanness. Deepening the construct of Chinese bioethics will involve facing the new issues brought about by the recent advancement of healthcare and biotechnology. Bioethical dilemmas involving the end of life, informed consent, truth-telling, reproductive technology and allocation of resources are becoming more common in China. The importance of making medical decisions within the family carries the benefit of acting in accord with a fundamental, right-making condition[16]. The ethos of familism benefits the individual and gives moral worth to family-oriented decisions. The advantages enrich the dimension of human flourishing.

The label of one prominent Chinese scholar of the status of Chinese bioethics as «morality in flux» has not yet been replaced by any other title[17]. However, another Chinese scholar contends that bioethics is a subject far removed from the Chinese, even from many Chinese medical students and medical professionals[18]. Bridging the gap between morality in flux and awareness of attitudes and practices appears foremost, especially in considering the Chinese paradigm for informed consent and truth-telling practices. In order for the ancient to serve the present, Chinese modern medical ethics needs to preserve the cultural notions of benevolence, righteousness and benefit, human value and filial piety as the practices that frame Chinese bioethics endeavor to reconstruct and fashion for future generations a legacy of great learning.

II. Contemporary issues in Family decision-making

This paper has thus far covered the terrain of familial autonomy revealing the distinctive landscape of Confucian virtue ethics. Now the discussion maps out two areas of contemporary concern in the field of Chinese bioethics: informed consent and truth-telling practices. The Chinese model for decision making is traditionally termed doctor-family-patient relationship. The tradition of filial piety, too strong to be eradicated or replaced, remains a significant influence on people's behavior. Emphasis on the concern for the interests of the whole family is translated as a decision made by the whole family. The sense of individual rights in China has become prominent during the last two decades, one cause for diminishing the patriarchal style. Family co-decision-making style is discernible in current Chinese practice; what appears as conflicting with Asian Bioethics are the highly debated issues of informed consent and truth-telling issues.

Informed Consent

Individual consent and autonomy expressed by patient authorization remain at the core of a bioethical framework that coincides to a great extent with the American story of bioethics[19]. One of the chief aims of American bioethics was to effectively isolate paternalistic practice and to convincingly present an ethic for patient autonomy[20]. Social movements characterized the ambiance of 1970s in the USA; those ideologies, moral intuitions and accounts of appropriate medical ethics led to a shift in practice away from a professional standard for disclosure of information in the physician-patient relationship to a patient-oriented approach symbolized by the norm of *reasonable and prudent person standard*. The patient received the amount of information necessary for a reasonable and prudent person to accept the treatment, refuse treatment, or even to select alternative treatment.

The difficulties of Chinese bioethicists to provide an adequate moral and theoretical account of the role of families and physicians in medical decision-making mirror some of same challenges experienced in American contemporary bioethics. For instance, Texas law, as well as other states, ordains that the family members and physicians will have authority to make decisions for the patient if the patient does not plan ahead for the time of decisional incapacity by appointing a proxy under durable power of attorney or by completing a medical directive[21]. In this context, the patient is considered first decision maker and then family and physician follow. If the patient relinquishes their role or is unable to access their role, then the family and physician take precedence in decision making. Informed consent from the patient is the starting point but may shift to the family and physician.

In China, the approach to decision making starts with the family. The first task on the list would be to account for the authority of the family. In mainland China, one would need to assume that persons are generally accepting of familial authority and therefore tacitly agree to have the family make the medical decisions on their behalf. However, it is conceivable that in current Chinese culture, patients may announce that they wish

to make their own medical decisions. In this instance, they would be required to explain why they are exempting themselves from a standard social practice since the patient is typically excluded from a central role in decision making.

Confucian scholars explain the practice of informed consent as familial in nature since the authority of family is *sui generis.* In this context, the family has moral authority over its members that cannot be easily reduced to a simple authorization given by its members or even a tacit authorization by the patient of the role of the family[22]. A reconstruction of the Confucian account of family would need to take into account the robust umbrella overshadowing familial virtues, responsibilities, and core values.

According to Chan, informed consent Hong Kong style is an instance of moderate familism. This approach locates itself somewhere between American understanding of informed consent and practice in mainland China. Who receives the information first and who does the consenting is crucial in medical practice. The information flow indicates authority and worth. In Chan's study, it is interesting to note that all eleven physicians addressed the issue of whether it was morally permissible to relay bad news first to family members without the prior approval of the patient. Their inquiry represents an understanding of the importance of a patient knowing: this is a new area for Chinese bioethics to consider how knowledge of a diagnosis supports the family's role in decision making[23].

The attempts to reform healthcare in mainland China would need to consider the vacuum created by a loss of the meaning to the virtues, responsibilities, and values of individual family members. Who is first to know and give consent represents a singular element and arguably the concept of ownership. In a communitarian model of plurality, namely the family, even if the patient would be the first to know he would be obligated to relay information to family members so they could participate in the decision making process. This modality symbolizes sincere sharing. Achieving the best interests of the patient, a hallmark of informed consent, can occur in Chinese bioethical practice as the consultation with the family and the physician. Actually, who receives the information first is far less important than how that information may transform relationships and re-define living.

On the darker side of the issue of informed consent in China looms the reality that scientists and medical staff are not properly trained, not only in terms of understanding the ethical principles related to their work, but also, especially for medical staff, the challenges of communicating with patients[24]. This aspect is quite critical as the general level of education in large parts of the Chinese population is rather low. Therefore, it is difficult or nearly impossible to guarantee that patients understand all the relevant details of their treatment or the research being carried out when they meet with medical staff or researchers. Medical doctors and even more researchers need sufficient training in dealing appropriately with the interests of the patients. This could be further complicated by the cultural challenges in China that make it difficult to explain and discuss sensitive topics openly with patients and more easily communicated to family members.

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At present, the standards of clinical trials in China are lower than international standards and might not be accepted by authorities in other countries[25]. Foreign research could easily escape controls in China by taking advantage of the undeveloped structure of medical services in rural regions[26]. There is little information available on how informed consent for treatment or research trials is obtained in China[27]. The bioethical

concern is that most physicians in the majority of hospitals and medical staff outside main cities do not have sufficient knowledge and education to inform their patient properly according to international regulations or national Chinese regulations. This will require substantial effort to train and educate scientific and medical personnel at all levels and avoid corruption which neglects even the most basic of patients' rights[28].

Truth-telling

Chinese medical ethics remains committed to hiding the truth as well as to lying when necessary to achieve the family's view of the best interests of the patient[29]. In contrast, the Western medical practice of truth-telling to competent patients is currently affirmed as a cardinal virtue and moral duty of bioethical practice. In modern times, lying to the dying patient has been vigorously discredited in the West. Lying and deceiving on the part of medical personnel are viewed as the weapons of paternalism.

However, the construct of Chinese medical ethics requires that for any serious diagnosis with adverse results, namely cancer, the physician must first inform a close member of the patient's family. The family then decides whether or how to tell the truth to the patient. If the family decides not to tell the patient, the physician must respect that decision and hide the truth. From time to time, the physician will need to lie to the patient in order to comply with the family's request for non-disclosure[30].

In the Chinese context, truth and deception are two sides of the same coin paying tribute to protective role of the family. Any decision to communicate the truth about a diagnosis or prognosis to the patient depends on three conditions: (a) the patient's condition, (b) the impact of the information, and (c) the family's wishes in the particular situation[31]. The moral justification for deception or withholding the information relies on beneficent motives.

According to both Chinese cultural tradition and Chinese law (1998), information needs to be disclosed in detailed manner to close family members[32]. In practice, the treatment plan must receive approval from the family who consent by signing form. All of this said and done, the patient may already have a tacit understanding of their condition even if it is hidden. Truth has a way of making itself known even in silence. When the whole family makes medical decisions for the patient, the patient can still request the whole truth. Actually, in this day and age, it may be very difficult to hide the truth. Patients may ask to read their medical records or they are hospitalized in the "tumor hospital" so that even if the physician maintains the family's request for non-disclosure, the patient will know by the character of the hospital.

In the Chinese medical ethics tradition, refinement (*jing*) in skills and sincerity (*cheng*) in relating to patients are two cardinal virtues required of heath care professionals. This notion of absolute sincerity carries a strong sense of parental protectiveness[33]. Protective truthfulness is part of the care given to the patient. Truth-telling would become an insincere act if by knowing their condition a patient would lose hope and confidence in life after learning of his/her disease. One Chinese scholar, Mei-che Pang[34], reported that the nurses in her study expressed ambivalence regarding truth-telling to patients. They were conflicted about whose interests were being protected: it was not that they preferred to be untruthful. Nurses in Pang's study wished only to tell the truth when this would be a benefit to the patient. This view represents beneficence. The nurses based their decision to reveal the truth on the fact that the patient would receive relevant treatment and better nursing care. In a system of protective medicine, the moral tensions experienced by health care professionals cannot be resolved without changes in the social and ethical values. A discussion of guiding principles for family decision making other than the one of protectiveness to safeguard the patient's best interest is required for Chinese bioethical practice is to advance.

Currently, the laws in China relating to HIV disclosure are inconsistent. To tell or not to tell after a patient has tested HIV-positive is a quandary for service providers who struggle to decide who should be informed first: patients, family members or both[35]. The family first notification policy does not always prove to be in the best interest of the patient; the case of Wang[36] in August 2003 whose wife committed suicide after learning about her husband's condition of HIV-positive. Wang subsequently asked the hospital to take responsibility for his wife's death. The court verdict ruled that the hospital was not at fault regarding the test result notification and bore no legal responsibility. This legal ruling reflects new dilemmas related to HIV-positive information disclosure; how do health care providers protect confidentiality and privacy of patients living with HIV versus informing family members at risk of being infected? HIV disclosure to family members is not just an ethical dilemma but has important clinical implications. Some studies demonstrates that family support generates multiple levels of positive impact on patients living with HIV; however, other recent studies revealed serious problems, i.e. in some families the disclosure resulted in the family discrimination, clearly adding to the patient's psychological burden[37]. The specific reasons supporting a patient's decision to inform family members were in part due to their need for alleviating psychological stress, treatments costs, and daily care. As there are no enforced policies for HIV status notification in China, service providers are trusted to use their judgment in choosing the best method of test result notification.

As more medications become available, service providers play a greater role in helping patients and their family members focus on treatment and care, rather than the fatal nature of the disease. HIV treatment adherence requires a patient's full participation. Appropriate disclosure to patients is the important step in effective treatment. This discussion of HIV reveals that regardless of cultural tradition or mores, the type and the condition of the disease will mandate the procedure of truth-telling.

Conclusion

Bioethical issues in China are regarded as well covered by various national guidelines and regulations which are clearly defined and adhere to internationally recognized standards. However, the implementation of these rules remains difficult since they provide only limited detailed instructions[38]. The Confucian mentality, which is "the Chinese mind", permeates and penetrates at all levels of society. Chinese bioethics will undoubtedly represent this mindset and naturally explain biomedical principles in accordance with this honored tradition. The Chinese cultural background places emphasis on filial piety, family values and the common good. In this context the individual will sacrifice their right to autonomous decision making to the preferential choice of families or social values. A close and careful study of the principles and characteristics of ancient Chinese medical ethics reveal that the moral standard for a physician was basically the same as that of an ideal Confucian person (*junzi*)[39]. Confucian philosophy holds that the moral cultivation of an individual is the key to achieving social order and the flourishing of human beings. In facing new bioethical issues, the family's role in healthcare decision making cannot be limited to the historical dimension but rather needs to give new meaning to participating in medical decision as an art of humaneness. It is the nature of ethics to make us uneasy and soul searching. Challenging choices are at the heart of ethics prompting us to think deeply and decide wisely.

The two issues of informed consent and truth-telling practices attempt to show that family authority in health care decision is itself in transition. Sometimes, the family's role does indeed favor the best interests of the patient. Other times, the patient needs the information to make plans, select treatment options and include the family in bearing any burdens. In addition, a country

where there are fewer children to support parents who live to be fragile, the financial sustainability of long term care is a significant problem.

Any bioethical system or set of principles that suggests a single answer to all dilemmas will be quickly dismissed as useless. The Confucian virtue ethics paradigm seems an appropriate domain for bioethics in China. However, bioethicists in China will need to take into account the far-reaching effects of the current social and political policies and structures. The Chinese family is now defined as three. The awareness of this reality conditions choices and the manner of health care decision making.

NOTE

[1] In China, the first bioethics association was founded in 1988, in part as a response to the Han Zhong affair in which two physicians were found guilty of murder for assisting in the death of a terminally ill patient. (T. Xu, «China: Moral Puzzles», in *Hastings Center Report*, March/April (1990), 24-25).

[2] C. Lam, «The 21st Century: The Age of Family Medicine?», in *Annals of Family Medicine*, 2 (supplement 2) (2004), 50-54.

[3] T. Chen, Y. Du, A. Sohal, & M. Underwood, «Family Medicine Education and Training in China: Pst, Present and Future», in *British Journal of General Practice*, 8 (2007), 674-676.

[4] T. Beauchamp & J. Childress, *Principles of Biomedical Ethics,* Oxford University Press, 5th edition, New York 2001.

[5] R. Gillon, *Principles of Healthcare Ethics,* J. Wiley & Sons, Chiceshter, England 1994, 184–188.

[6] The earliest and most representative literature of medical ethics in China appeared in the seventh century. Sun Szu-miao (581-682 A. D.), a famous physician, Taoist and alchemist, wrote a monograph entitled, *On the absolute sincerity of great physicians.* He emphasized the necessity of thorough education, rigorous conscientiousness and self-discipline, and explained that «compassion *(tz'u)* and humaneness (*jen)*» were the basic values of medical practice. The fifteen duties are listed on page 316 of D.F Tsai, «Ancient Chinese medical ethics and the four principles of biomedical ethics», op. cit., 315-321.

[7] K. Bowman, & E. Hui, «Bioethics for Clinicians: 20. Chinese Bioethics». in *Canadian Medical Association Journal*, 163/11 (2000), 1481-1485.

[8] J-B Nie, «The plurality of Chinese and American medical moralities: Toward an interpretative Cross-cultural Bioethics», in *Kennedy Institute of Ethics Journal,* 10/3 (2000), 239-260.

[9] P.U. Unschuld, *Medical ethics in Imperial China,* University of California Press, London 1979, 26-33. Primary Source: Chen Meng-lei et al., *Ku-chin t'u-shu chi-ch'eng,* Place and year of publication not available, Publisher: Chung-hua shu-chu.

[10] N. Siven, *Traditional Medicine in Contemporary China,* Center for Chinese Studies, University of Michigan, Ann Arbor MI 1987, 94-112.

[11] T. Quill & H. Brody, «Physician Recommendations and Patient Autonomy: Finding a balance between Physician power and patient choice», in *Annals of Medicine,* 125 (1996), 763-769.

[12] J. Muller & B. Desmond, «Ethical Dilemmas in Cross-Cultural Context: A Chinese Example», in *Western Journal of Medicine*, 15 (1992), 323-327.

[13] D.F. Tsai, «Ancient Chinese medical ethics and the Four Principles of Biomedical Ethics», op. cit., 315-321.

[14] M.D. Feldman, J. Zhang & S. Cummings, «Chinese and UN Internists adhere to Different Ethical Standards», in *Journal of General Internal Medicine,* 14 (1999), 469-473.

[1] Y. Cong, «Doctor–Family–Patient Relationship: The Chinese Paradigm of Informed Consent», in *Journal of Medicine and Philosophy*, 29/2 (2004), 149–178.

[1] R. Fan, «Confucian Familism and its Bioethical Implications», 2007, Chapter 5, in S. Lee (ed.), *The Family Medical decision-making, and Biotechnology: Critical Reflections on Asian Moral Perspectives,* vol. 91, Springer Netherlands Press, 15-26.

[1] R-Z Qui, «Morality in Flux: Medical ethics dilemmas in the People's Republic of China», in *Kennedy Institute of Ethics Journal,* March (1991), 16-27.

[1] Y. Cong, «Doctor–Family–Patient Relationship: The Chinese Paradigm of Informed Consent», op. cit., 149.

[19] D. Rotham, *Strangers at the bedside*, Basic Books, Harper Publishing, New York 1991; A. Jonsen, *The Birth of Bioethics*, Oxford University Press, New York 1998; M. Stevens, *Bioethics in America: Origins and Cultural Politics*, John Hopkins University Press, Baltimore MD 2000.

[20] T. Engelhardt, *The Foundations of Bioethics,* Oxford University Press, New York 2002.

[21] M.J. Cherry & H.T. Jr. Engelhardt, «Informed Consent in Texas: Theory and Practice», in *Journal of Medicine and Philosophy*, 29 (2004), 195-206.

[22] R. Fan & J. Tao, «Consent to Medical Treatment: The complex interplay of Patients, Families and Physicians», in *Journal of Medicine and Philosophy,* 29/2 (2004), 139-148.

[23] H.M. Chan, «Informed Consent Hong Kong Style: An Instance of Moderate Familism», in *Journal of Medicine and Philosophy*, 29 (2004), 195-206.

[24] W. Henning, «Bioethics in China: Although National Guidelines are in Place, Their Implementation remains Difficult», in *EMBO Reports*, 7/9 (2006), 850-854.

[25] H. Jia, «China beckons to Clinical Trial Sponsors», in *National Biotechnology Journal,* 23 (2005), 768.

[26] Foreign companies conducting clinical trials in China risk practical and legal consequences. Under its 6th Framework Programme, the European Commission has therefore established BIONET, a consortium that deals with bioethical issues in the interactions between Europe and China. Its task is to summarize events and discussions on the ethical aspects of research in European-Asian collaboration during the next three years. The ultimate aims are to guarantee that European countries conducting biomedical research in China follow fundamental rules of bioethics, and to develop clear guidelines for research cooperation that satisfy both Chinese and European laws. (W. Hennig, «Bioethics in China», in *Embo Reports,* 7/9 (2006), 853). See also X.Y. Chen, «Clinical Bioethics in China: The challenge of Entering a Market Economy», in *Journal of Medicine and Philosophy,* 31 (2006), 7–12.

[2] D. Cyranosky, «Consenting adults? Not necessarily… », in *Nature,* 435 (2005), 138-139.

[2] Xinhua, *Shanghai Daily*, 15 March (2006); newspaper issue reported on how corruption impairs medical treatment. The company Pukang Biotech in Zhejiang illegally marketed a hepatitis vaccine without approval by the governmental health service to a private dealer who sold the vaccine at a price of CNY25, although the market price was CNY6. The Dazhuan Town hospital, in the Anhui province, used the vaccine to immunize children in 19 schools. Of more than 2,500 vaccinated children, 311 fell ill and one died of the poor quality of the vaccine. Four officials were punished by the Communist Party several hospital employees were imprisoned for 18 months to 2 years. Cited in W. Hennig, «Bioethics in China», op. cit., 851-852.

[29] R. Fan & B. Li, «Truth-telling in Medicine: The Confucian View», in *Journal of Medicine and Philosophy*, 29/2 (2004), 179-193.

[30] M.S. Pang, «Protective Truthfulness: The Chinese Way of Safeguarding patients in informed treatment decisions», in *Journal of Medical Ethics*, 25 (1999), 247-253. See also L. Li et al., «To tell or not to tell: HIV Disclosure to family Members in China», in *Developing World Bioethics*, 8/3 (2008), 253-241.

[31] R. Fan & B. Li, «Truth-telling in Medicine: The Confucian View», op. cit., 182.

[32] Clause 26 of the Law of the Medical Profession of the People's Republic of China (issued by the standing committee of the People's Congress on June 26, 1998 and being effective since September 1, 1999) stipulates that physician should disclose the truth of an ill condition to the patient or to the patient's family members and in so doing should avoid adverse effects on the patient (People's Congress). R. Fan & B. Li, «Truth Telling in Medicine: The Confucian View», op. cit., 182-183.

[33] M. S. Pang, *Protective Truthfulness: the Chinese Way of safeguarding patients in informed treatment decisions*, 1999, 247.

[34] *Ibid*., 248.

[35] L. Li et al., «To tell or not to tell: HIV Disclosure to family Members in China», op. cit., 235.

[36] The Wang case was reported by X. Liu, «Informing HIV Status by Service Providers», in *China Medical Tribune-Online.* Available at: http://www.cmt.com.cn/article/060629/a0606291804.htm.
Wang, a 40 year old male felt sick and went to the local hospital where he had blood tests. Three days later, Wang was told to bring his wife and come again for a confirmatory test. A week later doctors informed his wife that Wang was HIV-positive and suggested that she have an HIV test. Under tremendous mental stress, Wang's wife went home and eventually committed suicide. Wang files a lawsuit against the hospital but the court ruled that the hospital should not bear the legal responsibility for his wife's death.

[37] L. Li et al., «To tell or not to tell: HIV Disclosure to family Members in China», op. cit., 241.

[38] W. Hennig, «Bioethics in China: Although National Guidelines are in Place, Their Implementation remains Difficult», in *EMBO Reports* 7/9 (2006), 853.

[39] D. F. Tsai, «Ancient Chinese medical ethics and the four principles of biomedical ethics», op. cit., 316.