

Author Query Form

Journal : JMPHIL

Article Doi : 10.1093/jmp/jhq029

Article Title : A Confucian Philosophy of Medicine and Some Implications

First Author : Ping-Cheung Lo

Corr. Author : Ping-Cheung Lo

AUTHOR QUERIES - TO BE ANSWERED BY THE CORRESPONDING AUTHOR

The following queries have arisen during the typesetting of your manuscript. Please answer these queries by marking the required corrections at the appropriate point in the text

Q1	Please check the suggested running head.
Q2	Please check that the author surname (family name) has been correctly identified by a pink background. If this is incorrect, please identify the full surname of the relevant author. Occasionally, the distinction between surname and forename can be ambiguous, and this is to ensure that the author's full surname and forename are tagged correctly, for accurate indexing online.
Q3	Please provide the correspondence address. Also please provide the abstract.
Q4	Please provide the citation after "3rd edition (2004)."
Q5	Please provide the citation after "nature itself provides the standards of goodness."
Q6	Please check if the term "biological" should be "biologically" in this display quote.
Q7	Please check as to what "* added *" refers to.
Q8	Chan (1967) has not been listed in the references. Please include this in the reference list or delete from the in-text citation.
Q9	Please provide the pages instead of "pg #" in all its occurrences.
Q10	The term "into" has been removed from the display quote. Please check if this is correct.
Q11	The term "prevent" has been changed to "protect" and "from the infection" has been changed to "the infection" in the display quote. Please check if these are correct.
Q12	Please add quotation marks if this is a direct quote.

Q13	"Nor does this" has been replaced. Please check if the edit is correct.
Q14	"Totally" has been changed to "completely." Please check if this is correct.
Q15	Please check if "there" is missing after "Is" in this display quote.
Q16	Intellectual Property Office (2007) has not been cited. Please include this in the text citation or delete from the reference list.
Q17	Please provide the edited book title, editor names, page range, and publisher's location if "Intellectual Property Office" is treated as the publisher for Liu (1851), Wang (1699), Xu (1736), and Zhang (1624) and (1795).
Q18	Please check if "National Bioethics Advisory Commission" could be treated as the publisher in National Bioethics Advisory Commission (1997) and provide online access if any.

	JMPHIL	jhq029	PK
	JOURNAL NAME	Art. No.	CE Code

Journal of Medicine and Philosophy, 0: 1–11, 2010
doi:10.1093/jmp/jhq029

A Confucian Philosophy of Medicine and Some Implications

PING-CHEUNG LO

Hong Kong Baptist University, Hong Kong, China

Q2

Address correspondence to: Ping-Cheung Lo. E-mail: pclo@hkbu.edu.hk

Q3

Keywords: *Confucianism, Fagot-Largeault, naturalism, philosophical anthropology, philosophy of nature*

Two crucial topics in the philosophy of medicine are the philosophy of nature and philosophical anthropology. In this essay I engage the philosophy of nature by exploring Anne Fagot-Largeault’s study of norms in nature as a way of articulating a Confucian philosophy of medicine. I defend the Confucian position as a moderate naturalism.

I. INTRODUCTION

The major objective of this article is to articulate a foundation for a philosophy of medicine taken from ancient China. In order to have this philosophy make better sense to English readers, I use it to respond to some intriguing questions concerning the philosophy of nature and philosophical anthropology as it is articulated by Anne Fagot-Largeault, a French philosopher and physician. In the three sections below, I first summarize the questions that Fagot-Largeault raises in an English article (2000). I next articulate one philosophy of Traditional Chinese Medicine (TCM) that has not received enough attention in both Chinese and English scholarship. I then argue that this philosophy can be characterized as a moderate naturalism, which can help solve some puzzles for Fagot-Largeault.

II. FAGOT-LARGEAULT’S QUERY OF “PHILOSOPHICAL NATURALISM”

There is a paucity of good contemporary literature in English concerning the philosophy of nature. In fact, the article “Nature,” present in both the 1st and 2nd editions of the *Encyclopedia of Bioethics*, is mysteriously edited away in its 3rd edition (2004). Fortunately, there is a fine scholarly paper published

Q4

elsewhere by Fagot-Largeault (2000) that provides a good point of departure for my exposition of a Confucian philosophy of medicine. I shall therefore devote this section to summarizing her discussions.¹

The central concern of Fagot-Largeault's essay is, "To put it shortly . . . are bionorms to be found in biological nature or in human rationality"? (Fagot-Largeault, 2000, 27). On the one hand, she notes that some practices in medicine (correction of pathological traits), agriculture (extra irrigation in times of drought), and cattle farming (vaccination) "often imply that nature is not all good," and that "living nature, far from being perfect, can and must be improved" (Fagot-Largeault, 2000, 29). On the other hand, she also notes that there is the idea that "nature itself provides the standards of goodness." Both the argument of "*naturam sequi*" of ancient moral philosophers and the recently recast arguments of respect for life in protecting planet Earth's eco-system can be understood "as if any 'artificial' human intervention were potentially disastrous and irreverent" (Fagot-Largeault, 2000, 29).

She calls the second position "naturalism" and observes that it is more persistent than often expected. In practice, we can see its influence in some biomedical decision making, for example, the decision whether or not to terminate a pregnancy after prenatal genetic counseling:

Thus physicians adhere to "natural" criteria: the medically acceptable cases of termination are those in which the life span is shortened, and/or the quality of life is miserable. Those fetuses who are eliminated are those whom natural selection would eliminate anyway, should our medical technology not be there. On the other hand, medical deontology protects those biological apt fetuses which would be the victims of a social ("artificial") discrimination (for example, girls) (Fagot-Largeault, 2000, 32).

We can also see this naturalism reflected in survey results from parents who had or might have handicapped children concerning what kind of children they wanted. The near unanimous answer was "We did not want our child perfect, we wanted it normal." Fagot-Largeault cites this survey result as "a clear example of a bionorm moderating potential eccentricities of human rationality" (Fagot-Largeault, 2000, 33).

In addition to its presence in medical-ethical judgments and in "common ethics," Fagot-Largeault also observes that philosophical naturalism has actually been quite alive among continental philosophers. She cites the examples of Henri Bergson, Georges Canguilhem, Hans Jonas, and Gilbert Simondon. After a brief exposition of their philosophies, she solemnly observes:

I find it interesting to note that, in an [sic] period when the human race acquired sophisticated means of manipulating living organisms, even thinkers who were not at all technophobic had sympathy for a worldview in which nature rather than man was the ultimate ethical reference. I find this intriguing. But nature, being silent, does not deliver unambiguous hints or clear indices. As soon as our hermeneutics (and decision process) is at work, we are out of naturalism (Fagot-Largeault, 2000, 36).

Fagot-Largeault then cites two medical cases to support her refutation of naturalism. First, perinatal mortality and morbidity were significantly reduced in a decade in France after some deliberate programs were enforced. She concludes “This program, unique on the French scene, demonstrated that human rationality scores better than the natural course of things” (Fagot-Largeault, 2000, 36). Second, the medical attempt to evaluate or justify health care strategies in terms of quality adjusted life years obviously appeals to some values or preferences that cannot be read out of nature. She then proceeds to say:

The basic idea behind the enterprise is ethical, but it involves a philosophy of nature: accidents to health are natural injustices, which we artificially compensate or correct with our human science and technology, trying to produce efficiently a better quantity-quality of life. That is our sense of justice imposed on nature, and our sense of what a good life is (or what the conditions for a good life are) (Fagot-Largeault, 2000, 38).

Hence it seems to her that naturalism in the philosophy of medicine is not a viable option.²

III. A PHILOSOPHY OF TCM AND ITS MODERATE NATURALISM

Philosophy of medicine should be an interaction between philosophy and medicine (both practices and theories). In the case of the philosophy of TCM to be discussed below, such an interaction is aplenty. On the one hand, some medical practitioners were well educated in Confucian philosophy, and they made use of Confucian cosmology to articulate a cosmic/ultimate significance of medicine. On the other hand, these practitioners elaborated on this significance and formulated a specific view that contributed to an ongoing Chinese philosophical debate on human–nature or the artificial–natural relationship. The issues in this debate were akin to some issues raised by Fagot-Largeault.

A special feature characterizing TCM is that, even in modern times, it does not rely on high technology. This is partly due to TCM’s worldview in which the oneness of human beings with nature is of paramount importance. But this nonreliance on high technology does not prevent subsequent TCM theorists from recognizing that healing is still an “artificial” act, a human intervention into the natural process. In order to provide a philosophical justification for this artificiality and intervention within the worldview of human nature, oneness is needed. Such philosophical justifications became more frequent only in the Ming and Qing Dynasties (1368–1644 C.E., 1644–1911 C.E.).

A few words about the background: During the Ming and Qing Dynasties, due to some political–social factors, the number of medical doctors in society increased dramatically. Many of them were learned in the neo-Confucianism of

the Song–Ming dynasties, whose major writings were required textbooks for the well educated. Up until this point, *added* TCM used to have more affinity with Daoism. Such a change of circumstance led to the emergence of “Confucian doctors” whose medical writings were filled with neo-Confucian idioms. With the invention of movable type, the number of medical manuals and reference books published also increased dramatically. Although these manuals and reference books dealt with strictly medical discussions, from time to time some learned authors in the prefaces to these treatises articulated a neo-Confucian philosophical vision in which the cosmic significance of TCM was highlighted. This apology for the medical profession was necessary because, at that time, the social status of medical doctors was still low. Most young people preferred to prepare themselves for the imperial exams to become government officials. For many aspiring young people, to become a medical doctor was only a reluctant second choice, hence the need for apologies and eulogies for the medical profession from its senior members.

As to the intellectual background, by the time of the period we are examining, *The Four Books* (that includes *the Analectus*, *Mencius*, *The Great Learning*, and *the Doctrine of the Mean*), edited and glossed by the neo-Confucian master Zhu Xi (or Chu Hsi, 1130–200), had become the simplified Confucian canon to be studied by every educated person. The commentaries on the earlier and more elaborate canon by Zhu Xi were also stipulated by the government as the standard reference, which contained much discussion of metaphysics and cosmology. There were two key passages from the Confucian canon that became enormously influential in the formation of the neo-Confucian “anthropocosmic” vision. For our purposes in this paper, I shall focus only on one of them, which is found in *The Doctrine of the Mean* (*Zhongyong* or *Chung-yung*, early Han Dynasty, 206 BC–220AD), Chapter 22:

Only those who are absolutely sincere can fully develop their nature. If they can fully develop their nature, they can then fully develop the nature of others. If they can fully develop the nature of others, they can fully develop the nature of things. If they can fully develop the nature of things, they can then assist in the transforming and nourishing process of Heaven and Earth. If they can *assist in the transforming and nourishing process of Heaven and Earth*, they can thus form a trinity with Heaven and Earth. (Chan, 1963, 107–8; emphasis mine).

Wing-tsit Chan aptly comments on this passage, “The important point is the ultimate trinity with Heaven and Earth. It is of course another way of saying the unity of man and Heaven or Nature, a doctrine which eventually assumed the greatest importance in Neo-Confucianism” (Chan, 1967, 108). Confucian TCM practitioners were especially fond of this passage because “the transforming and nourishing process of Heaven and Earth” could be easily understood as the biological processes of birth, growth, maturation, deterioration, and death. The task of medicine is precisely to participate in such natural processes.

Q7

Q8

This passage from *The Doctrine of the Mean* contains a vision of the significant role of human beings in this cosmos. As Tu Wei-ming of Harvard University, a chief spokesperson for Confucianism in the United States, puts it:

160 It is true that human nature is imparted from heaven, but human beings are not merely creatures and heaven alone does not exhaust the process of creativity. In an ultimate sense, human beings, in order to manifest their humanity, must themselves fully participate in the creative process of the cosmos (Tu, 1976, 118).

165 Medical practitioners who were well versed in neo-Confucianism would use this anthropocosmic vision to explain the cosmic significance of the human art of healing. In some prefaces of the medical manuals published in the Ming and Qing Dynasties, two key phrases were used to explain medicine's assistance and participation in the nourishing process of Heaven and Earth.

170 One key phrase starts with the word “*bu*,” that is, to add to, to supplement, to make complete, and to fill up deficiencies.³ Another frequently used phrase was “*wanbui*,” that is, to save, to remedy, and to rectify.⁴ I shall quote a few key texts below so that readers can see the context of the discussion.⁵ The first text is from a very influential writing of Zhang Jiebin (1563–40), a famous medical theorist and philosopher of the Ming Dynasty. As he explains:

175 The giving of life is the great virtue of Heaven and Earth [the ultimate creating and sustaining vital forces], and medical practitioners participate in the maintenance of this life . . . That human beings have life is due to the mandate of Heaven; and among all living things, human beings received the most superior endowment. Hence the existence of nature is the result of the Dao of Heaven and Earth, and the guiding of nature is the work of sages. . . Medical practitioners are most endowed with the task of supplementing the meritorious task of Heaven (Zhang, 1624, pg #).

Q9

In the Qing Dynasty, we can find more philosophical articulations similar to the quote above. Some examples are as follow:

185 The ancient sages investigated the principles of the transformation of life, *viz.*, Heaven, Earth, Yin, Yang, and the Five Elements. They applied this knowledge in regulating the Yin, Yan, Qi, Xue, which are the source of the transformation of life, to heal sickness and save life. Alas! The sages adopted the heart of Heaven and Earth as their own heart and thus could wield the power of nature to complete what is lacking therein (Zhang, 1795, pg #s).

Q10

190 That human beings exist is the work of Heaven. Nevertheless, when cold weather, hot weather, and rainy weather come at the wrong time and human beings get sick, this is also the work of Heaven. Heaven provides the condition for human disease and cannot heal such sickness. Medical practitioners realize that life is dear to Heaven and so complete what is lacking therein. Human beings receive life first from Heaven, then from medical practitioners. Medical practitioners are the stewards of Heaven (Liu, 1851, pg #s).

195 What is the origin of medicine? The life-giving force of Heaven endows human beings with health-*qi*, but cannot protect them from dying young and the infection

Q11

of epidemic diseases. Hence it provides the remedy by making use of the inter-
 200 promotion and inter-restraint relationships among things and delegates the power to
 medical practitioners. Accordingly, the dying can be restored to long life, the weak
 can become strong, the sick can be healed, the hard pressed can stand up. Medical
 practitioners give life to human beings on behalf of Heaven; they participate in its
 meritorious work and perfect the imperfection (Wang, 1699, pg #s).

205 Heaven and Earth give life to human beings and the sages help preserve it. The
 work of nature is not monopolized by Heaven and Earth as half of the work is done
 by sages (Xu, 1736, pg#s).

On the basis of these passages, the philosophy of nature and the philo-
 210 sophical anthropology of this Confucian philosophy of medicine can be
 analyzed as follows. First, nature (and specifically biological nature) is
 good, but it is not good enough. Nature is good because it is generated and
 animated by Heaven; all humans are endowed with a body which consists
 of a self-regulating, health-maintaining, harmonious mechanism. We can
 stay healthy as long as we maintain a healthy lifestyle. Our biological na-
 215 ture is not good enough, however, because we can get sick due to circum-
 stantial factors (e.g., abrupt change of weather, epidemics, etc.). Hence this
 good but imperfect nature needs remedial work by medical practitioners.
 To put it differently, though nature as a product is finished (we, or most of
 us, are born healthy), the work of nature is unfinished (we get sick and our
 220 life can be endangered), and it is the task of medical practitioners to bring
 this life-giving work to fruition.

Second, this philosophy of nature implies a philosophical anthropology
 for healthcare workers. Medical practitioners are deputies or stewards of
 Heaven. The art of medicine is to supplement, to make up for or to complete
 225 what is lacking in nature on behalf of Heaven. Heaven gives human life, and
 medical practitioners save and preserve human life. To use a Western medi-
 eval idiom, Heaven is *natura naturans* (generating or active nature) whereas
 our body is *natura naturata* (generated or passive nature), and medical
 practitioners are mediator between the two. Though medical practitioners
 230 themselves are part of *natura naturata*, their task is to be the surrogate of
natura naturans; to continue to give life to *natura naturata* as Heaven
 would have done.

Third, though medicine is a human intrusion into the natural course of
 events, in this intrusion nature is still to be respected rather than to be sub-
 235 dued or challenged. This is because, as explained earlier, all humans are
 endowed with a body that consists of a self-regulating, health-maintaining,
 harmonious mechanism. When we get sick, a general and figurative way of
 saying it in TCM is that there is a disease-*qi* (“evil *qi*” literally) that disrupts
 this harmony. What therapy does is only to augment and strengthen the in-
 240 nate health-*qi* (“righteous *qi*” literally) and diminish the disease-*qi* so that
 natural harmony will be restored. Therapy (such as herbal tea, acupuncture,

etc.) is a human act of merely assisting the restoration of equilibrium, balance, and harmony to the bodily processes, which our body is capable of doing to begin with. The passages quoted above underscore that medical practitioners should adopt the “heart” of Heaven and Earth as their own heart and that their mandate is to bring to fruition the life-giving work of Heaven that has been set into motion. In other words, in medicine the “artificial” should be a continuation, extension, and fruition of the “natural.” The oneness or harmony of humans with nature, rather than their antagonism, is the basis of medical interference with nature.⁶ Medical practitioners should be co-workers with nature rather than revolutionaries against nature. The well-known Confucian Heaven–Earth–Human triad implies that we are simultaneously a part of nature (*natura naturata*) and co-workers with nature (*natura naturans*).⁷ This double identity reminds us that we need to be active and proactive in such a way that is also passive and that we should intervene boldly while at the same time acknowledging our finitude. Hence this philosophy of medicine is a moderate naturalism, not the extreme naturalism of rejecting all artificial intervention of the natural course of events (cf., Fagot-Largeault, 2000, 29).

Such a Confucian vision in the philosophy of nature and philosophical anthropology seems to fall in the middle ground between abdicating our responsibilities in the name of subservience to nature and taking everything into our own hands in an attempt to conquer nature. Such a vision is akin to the three models of responsible dominion over nature described in chapter 3 of the 1997 Presidential report on *Cloning Human Beings*, viz., stewardship, partnership, and created co-creators. Though human initiatives in these three models are of different degrees, all agree that human beings should not have complete or absolute autonomy in changing nature (National Bioethics Advisory Commission, 1997, 44–5). Or, as Ian Barbour puts it, human beings are endowed with the ability and the responsibility to be co-workers of God in the fulfillment of God’s purposes (Barbour, 1992, 198).

Q12

IV. HOW THIS MODERATE NATURALISM CAN SOLVE FAGOT-LARGEAULT’S PUZZLEMENTS

Fagot-Largeault poses a central question: “are bionorms to be found in biological nature or in human rationality?” (Fagot-Largeault, 2000, 27). From the Confucian perspective articulated above, the answer is “both.” For one thing, naturalism does not have to be characterized so narrowly as the “mere ‘following nature’” (Fagot-Largeault, 2000, 29). For another, when we attempt to “improve” nature we should not ignore the basic goodness of nature (“nature is not all good,” as she misleadingly puts it; Fagot-Largeault, 2000, 29). The three practices she cites from medicine (correction of pathological traits), agriculture (extra irrigation in times of drought), and cattle farming (vaccination) can all be justified by the moderate naturalism of the Confucian philosophy

of medicine explained in the last section. As co-workers of nature (*natura naturans*), we have the responsibility to remedy nature (*natura naturata*) and to bring to fruition the life-giving work of nature (*natura naturans*). The humanly enforced programs in France that led to the significant reduction of perinatal mortality and morbidity in the 1970s should not be characterized as a demonstration that “human rationality scores better than the natural course of things” (Fagot-Largeault, 2000, 36) or “a spectacular proof of systematic human action . . . doing better than nature” (Fagot-Largeault, 2000, 37). This is because medical rationality does not operate in a vacuum. Medical practices remedy nature only in accordance with the way nature works. This is more a matter of the human–nature partnership than of a human imposition on nature. This also does not involve subservience to nature in the way Fagot-Largeault puts it, “Why should the fiercely autonomous beings we claim to be want to slip back into heteronomy and beg nature to shape and regulate our evaluations and judgments?” (Fagot-Largeault, 2000, 31). The moderate naturalism of Confucian philosophy of medicine is in fact very close to the views of Gilbert Simondon examined by Fagot-Largeault, namely, “artificiality is emulated naturality . . . The technical operation allows a potentiality of nature to get expressed. You cannot produce any thing that is not inherent in nature” (Fagot-Largeault, 2000, 2000, 35).

Furthermore, the philosophical claims that “accidents to health are natural injustices” and that medicine is “our sense of justice imposed on nature” (Fagot-Largeault, 2000, 38) are alien to this Confucian philosophy of medicine. This is because “accidents to health” are seen only as the work of nature being incomplete and in need of being completed by medicine. The work of giving life and health is unfinished and requires the supplementary work of medicine. Medicine should not involve “our sense of justice imposed on nature” (*natura naturata*), but our sense of responsibility in assisting nature (*natura naturans*).

Fagot-Largeault is correct to a certain extent when she says “But nature, being silent, does not deliver unambiguous hints or clear indices. As soon as our hermeneutics (and decision process) is at work, we are out of naturalism” (Fagot-Largeault, 2000, 36). Indeed, the book of nature is sometimes obscure; bioethical discernment is not always a straightforward task. But as the saying goes, the fact that there is dawn and dusk does not mean that we cannot distinguish day from night. Fagot-Largeault acknowledges that there are cases in which “bioethics or biolaws are grounded in nature” (Fagot-Largeault, 2000, 31–5), and the merit of this position is that it can moderate the “potential eccentricities of human rationality” (Fagot-Largeault, 2000, 33). She is so impressed by the persistence of naturalism that she ventures to offer an explanation “Perhaps it is because the 20th century failed to build a proper philosophical anthropology; perhaps it found out that human rationality is worse than nature’s opportunism” (Fagot-Largeault, 2000, 31). It is true that we need some hermeneutics when we “read the book of nature,”

Q13

Q14

but the interpretation is not completely open ended. Natural indices or hints are necessary, but not sufficient, for bioethical judgments.

330 It is striking that in the concluding part of her paper she is less certain about rationality as a better moral guide than nature. She poses the puzzle in the form of two contrasting perspectives:

335 Q1. Can and should biological nature be remodeled, recreated, corrected, according to human ideas? If so, then the course of things is indeed what it is, cruel or frustrating for living beings, but we rational beings have an ability and perhaps a duty to disagree with the course of things, and to impose a different order.

Q15 Q2. Is an overall sense of the good inscribed in nature, that we should trust? If so, then although nature is unfinished and probabilistic, and we can put a final touch here and there, on the whole we must identify ourselves with nature's creative inspiration.

340 In the second perspective (Q2), the whole creation aspires to the better, so to speak.

In the first perspective (Q1), the living world is silent and *we* aspire to the better (Fagot-Largeault, 2000, 39).

345 A recent discussion on the philosophy of nature certainly echoes Q1. In chapter 11 of his book, Lee Silver speaks of the "intense chaos of Mother Nature at large" and he advocates "slowly, inevitably, human nature will remake all of Mother Nature in the image of the idealized world that exists within our own minds" (Silver, 2006, xv–xvi). On the other hand, the Confucian philosophy of medicine articulated above finds more affinity to Q2. This is because (1) the Confucian account of nature is also dynamic; the work of nature in terms of sustaining and restoring health is unfinished. (2) Medical doctors need to be humble; as deputy or steward their task is not to bring about a new order, but to restore and bring to fruition the native order. (3) Human beings should have a sense of respect and awe toward nature; our medical imperative should serve a cause larger than human beings alone.

355 What I have attempted to do in this paper is to articulate a Confucian philosophy of medicine vis-à-vis the thoughtful discussions on this topic by Fagot-Largeault. What I have offered here is only a rough sketch; more needs to be said to render it defensible and applicable. In the mean time, I have shown that we do not have to choose between crude naturalism and neutral reason. A moderate naturalism, Confucian or not, is a worthy candidate for the future rearticulation of philosophy of medicine.

NOTES

365 1. See Lustig, B. A., Brody, B. A., and McKenny G. P. (eds). 2008. *Altering Nature*. Dordrecht: Springer, which came to my attention regrettably only after I finished writing the first draft of this paper. This impressive two-volume set is likely to set a benchmark for any future discussion of the philosophy of nature.

2. In the concluding section of the essay, however, her tone is less certain about this. I shall explain this in Section (IV) below.

3. Hence “*bu zaobua*,” to supplement and thus complete nature; “*bu tiandi*,” to supplement and thus complete the task of Heaven-Earth; “*bu tiangong*,” to supplement and thus complete the meritorious work of Heaven; “*bu tianzhibiqieban*,” to make up for or to complete what is lacking in nature.

4. Hence “*wanbui zaobua*,” to remedy nature.

5. All translations of the passages are mine.

6. It needs to be pointed out, though, that some Western admirers of TCM have done an excellent job of initiating the dialogue between these two medical worlds, and I find their discussions helpful. (See: Beinfield, H. and Korngold, E. 1991. *Between Heaven and Earth: A Guide to Chinese Medicine*. New York: Ballantine Books; Kaptchuk, T. J. 2000. *The Web that Has No Weaver: Understanding Chinese Medicine*. New York: Contemporary Books.) But they often perpetuate the stereotype of the philosophy of TCM as staying in tune or in harmony with Nature, with the consequent outright rejection of the use of medical technology. My explanation above, hopefully, will help to dismiss this misunderstanding.

7. According to Joseph Kitagawa, an historian of religions at the University of Chicago, “[U]nlike their Western counterparts, who believe themselves to be situated somewhere between God and the world of nature, Eastern people have always accepted the humble role of being a part of the world of nature.” Human beings are “subservient to the regulative order or inner balance of the cosmos, variously known as *Rta*, *Dbarma*, and *Tao*” (Kitagawa, 1987, 246). I have to say that this articulation is only partly right. The Confucian vision also advocates human beings acting as deputies of nature; human beings work with nature rather than just being subservient to nature.

ACKNOWLEDGEMENTS

This research was supported by the Research Grant Council of Hong Kong, HKBU 2421/05H. I am deeply grateful to the editor and the anonymous reviewers for their perceptive comments on an earlier draft of this paper.

REFERENCES

Barbour, I. 1992. *Ethics in an age of technology*. London: SCM Press.

Chan, W. 1963. *A source book of Chinese philosophy*. Princeton, NJ: Princeton University Press.

Fagot-Largeault, A. 2000. Evaluating and judging—bionorms vs. human judgment. In *Bioethics and biolaw, volume 1, judgement of life* (pp. 27–39), eds P. Kemp, J. Rendtorff, and N. Mattsson Johansen. Copenhagen, Denmark: Rhodos International Science and Art Publishers.

Intellectual Property Office, Ministry of Economic Affairs, R.O.C. (Taiwan). The database for the classics of Traditional Chinese Medicine. Available: http://210.69.13.134/bin/show_gen.exe?STARTPRO=/kmsdata/iposrh91/bin/oldbk1.pro&template=mdold_view&pre_index=-1 (accessed December 1, 2007).

Kitagawa, J. M. 1987. *The history of religions: Understanding human experience*. Atlanta, GA: Scholars Press.

Liu, C. 1851. “Preface,” *Directions to Medicine [Yixue Zhiguil]*, by Shutang Zhao. In Intellectual Property Office.

National Bioethics Advisory Commission. 1997. *Cloning human beings: A report. Volume I. Report and recommendations of the National Bioethics Advisory Commission*. Rockville, MD.

Silver, L. 2006. *Challenging nature: The clash of science and spirituality at the new frontiers of life*. New York: Harper Collins.

Tu, W. 1976. *Centrality and commonality: An essay on Chung-yung*. Honolulu: The University Press of Hawaii.

Q16

Q17

Q18

- 415 Wang, J. 1699. Preface to *Genuine Transmission of Medicine [Yixue Zhenchuan]*, by Bingjun Gao. In Intellectual Property Office.
- Xu, Dazhuang. 1736. Preface, *A Hundred Records from Shennong's Classic of Materia Medica [Shennong Bencaojing Baizhonglu]*. In Intellectual Property Office.
- Zhang, J. 1624. Preface to *Illustrated Classified Neijing [Leijing Tuyi]*. In Intellectual Property Office.
- 420 Zhang, N. 1795. *Classified Explanation on Selected Sections of Plain Questions and Miraculous Pivot [Lingsu Jiezhubian]*. In Intellectual Property Office.