

## Editorial

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Since Potter used the word “Bioethics” for the first time in 1970’, forty years have passed. In that time bioethics has come to be acknowledged as a central theme of applied ethics. The problems in the bioethical fields have even made us rethink some philosophical themes, for instance the identity of person. When we see the drastic progress on medical techniques and biotechnology, it should not be surprising.

Though, there are not many, if any, agreements on the various themes and problematics in bioethics. Surely we all take it for granted that human rights, human dignity and human life or quality of life have core, important ethical values. However once we go into details, there are differences not to be overlooked even in these fundamental concepts: Such differences reveal in the treatment of embryos and ES cells or genetic diagnosis and selective pregnancy termination and so on.

This journal, on one hand, introduces discussions in Japan on the ethical differences in various themes. In many cases we set out to digest others’ thoughts, mainly those of American or European thinkers, introduce various discussions on the thoughts and brush up at last our own thoughts. This approach may, for the westerner readers, seem too much focused on the interpretations of the texts and thought of others. It could be a meaningful approach as a means of elaborating a rigid milestone of bioethics.

On the other hand, our journal tries to introduce so called “cultural” differences as one of many perspectives or even as problems to be confronted: For instance in Japan there are rooms for deceased in every hospital, where a corpse is laid with the face covered with a white cloth, in front of the corpse sticks of incense are set and the relatives of the

deceased burn sticks and pray for the deceased. Many Japanese take the scene as a profanation that corpses with the name tags around their wrists lie in the box made of duralumin. In another instance I heard that nurses open the window slightly so that souls of the deceased get out of the room when a patient takes his last breath.

Primarily, we ourselves need to realize what differences or influences “cultural” factors make; we can of course guess the influences of sentiments towards the deceased and corpses on the organ transplantation from corpses. But in many cases “cultural” factors are taken for granted as those embedded in ordinary social scenes. We do not reflect on their influences, problems and dispositions.

At same time we think it meaningful to communicate “cultural” differences to others. Understanding that there are “differences” rooted in various societies we try to put bioethical matters on the same table for discussions. In these trials and openness for discussions, we can avoid cultural relativism and also universalism which overlooks or ignores cultural and societal differences. We hope that our journal will be a step forward for productive dialogues which put a bridge over societal differences.