

Patterns of reasoning in religious positions on organ donation in Japan and Germany¹

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Abstract

This paper examines the positions and patterns of Japanese Buddhist reasoning on organ donation, drawing on an exemplary selection of statements brought forward by Buddhist denominations in the 1990s. It compares the Buddhist positions to the perspective of the Christian churches in Germany on the problem of organ donation, and contrasts the results of the analysis of Buddhist approaches and patterns of reasoning against its Christian counterparts. In conclusion, it is suggested that differences in the patterns of reasoning are one of the reasons for the different degrees of public and political influence that Christian and Buddhist positions achieve to exert. Further, methodological problems of the Buddhist patterns of argumentation as revealed by the analysis of the denominational statements of Japanese Buddhism are addressed, and a recent attempt to resolve these by offering an alternative approach to the topic, is discussed.

Keywords

organ donation, religion and medical ethics, Japanese Buddhism, three-level-structure-analysis

¹ This article is a corrected version of that originally published in the January-March 2011 issue of the *Eubios Journal of Asian and International Bioethics* (*EJAIB*, 21(1&2), pp. 60-68). It was supported by MEXT KAKENHI Grant-in-Aid for Scientific Research (B) 20320006, "Structurization of a theory of bioethics based on the reexamination of basic concepts in bioethical discussions in Japan".

I. Introduction

The Japanese debate on medical ethics, especially on the problem of brain death and organ donation, continues to attract considerable interest of Western scholarship and has frequently been the subject of studies in Western languages.² Likewise, Buddhist approaches to contemporary biomedical issues have been introduced to Western readers through extensive studies, for example by the works of Damien Keown.³ However, systematic analysis of *Japanese* Buddhism's contributions to the debate on medical ethics has not been undertaken yet, which in view of (a) the necessity to differentiate between the various forms of Buddhism, and (b) the significance of Buddhism in the Japanese context as one of its major religious traditions, is still a desideratum.

Focusing on the problem of postmortem organ donation, the purpose of this paper is therefore to offer an exemplary descriptive analysis of perspectives and arguments of Japanese Buddhism on this particular problem of medical ethics. Accordingly, this paper is intended as an investigation of the question: What positions on organ donation are derived by Japanese Buddhism from its traditional doctrines, its dogmata and canonical scriptures, and what kind of patterns of argumentation are made use of in order to support its positions? Based on the assumption that religious factors play a crucial role in contemporary debates on the various dilemmas in the field of medical ethics, this paper aims at deepening the understanding of not only structure and patterns of reasoning in Buddhism's contributions to the Japanese discussion on medical ethics, but thereby also of the specific cultural and religious background of Japanese medical ethics in general.

To extract the characteristics of the Buddhist discourse on medical ethics in Japan, the position on organ donation held by the main German Christian churches will be used as a comparative foil, in front of which the specifics of Buddhist positions and the characteristics of the patterns of Buddhist argumentation are expected to emerge in an articulate way. In its analysis, this paper focuses on religious voices in their institutionalized form, i.e. official memoranda and communiqués on the problem of brain death and organ transplantation released by Buddhist denominations in Japan, as well as the respective views held by the Christian churches in Germany. Positions and opinions of individual Buddhist thinkers or Christian theologians will not be considered in this paper.

For its method and framework of analysis, this paper turns to the model of "three-level-structure-analysis"⁴ (in the following abbreviated as "three-level-model") proposed by Takao Takahashi (2009) for the analysis of structures of argumentation in the field of applied ethics. This paper thereby constitutes the attempt to apply this model on the analysis of patterns of *religious* reasoning on a problem of medical ethics. Interpreted in the light of the "three-level-model", the "concrete decision or statement" (Takahashi, 2009, p. x) of a religious denomination in favor or against organ donation, constitutes the first level of argumentation. "Intermediate principles which the first level takes as its premises" (ibid, p. x) represent the second level – in the religious

² On the problem of brain death and organ transplantation, e.g. Lock (2002).

³ E.g. Keown's much-quoted monograph on *Buddhism and Bioethics* (Keown, 2001), which primarily focuses on Theravāda-Buddhism (p. xi), whereas the Buddhist schools of Japan form part of the tradition of Mahāyāna-Buddhism.

⁴ For details refer to Takahashi (2011), and Takahashi (2009).

context i.e. virtues, precepts, dogmata etc., from which the decision on the first level is deduced. The third level finally offers “examination concerning content, grounding, definition, explanation, meaning, point of reference, relation and order of priority, good and evil, right and wrong etc. of the intermediate principles” (ibid, p. x). In religious reasoning, the third level corresponds to the fundamental anthropological and ethical beliefs as well as to the worldview of the relevant religious tradition, from which the intermediate principles of the second level originate and have their foundation in respectively. Such concepts of the third level may be horizontally interconnected with other third-level concepts, but are not further based on deeper-lying principles. Since it is to be expected, that in the attempt to legitimate their positions, Christian as well as Buddhist statements refer to their particular canonical texts, the question arises as to how such references to authoritative scripture should be located in the three-level-model. To answer this question, both the grade of authority assigned to a certain text, as well as the argumentative function of the reference has to be considered.⁵

At first, this paper examines the perspective of the Christian churches in Germany on the problem of organ donation, whereby special emphasis is placed on the analysis of their theological-ethical assessment of the problem as well as the patterns of argumentation and reasoning applied (Section II). The next step is to identify the positions and patterns of Japanese Buddhist reasoning on organ donation, drawing on an exemplary selection of statements brought forward by Buddhist denominations in the 1990s (Section III). Finally, the results of the analysis of Buddhist approaches and patterns of reasoning are contrasted against its Christian counterparts. In conclusion, it is suggested that differences in the patterns of reasoning are one of the reasons for the different degrees of public and political influence that Christian and Buddhist positions achieve to exert. Further, methodological problems of the Buddhist patterns of argumentation as revealed by the analysis of the denominational statements of Japanese Buddhism are addressed, and a recent attempt to resolve these by offering an alternative approach to the topic, is discussed (Section IV).

II. The position of Christian churches in Germany on organ donation – theological-ethical assessment and patterns of argumentation

It is not only the large body of theological contributions to the debate on biomedical problems and the strong institutional basis of academic theology within universities, enjoying relative independence from the churches, which is considered as one of the characteristics of German bio- and medical ethics (Schoene-Seifert, Sass, Bishop, & Bondolfi, 2004, p. 1627). In comparison to the situation in Japan, also the high degree of impact on media and public opinion achieved by statements and communiqués of the Christian churches on dilemmas in medical ethics, stands out as a striking feature of German medical ethics.⁶ Further, a profound influence of Christian medical ethics on

⁵ In this context, the observation made by Takahashi (2009), that further gradation *within* the second level is possible, seems to be particularly instructive (p. xi). Applied to the religious context, it seems conceivable for example to locate a quotation of a canonical text at a lower area of the second level, where it could serve to legitimate another intermediate principle also located at the same second level, but slightly above such a scriptural quotation.

⁶ For an account on the media-impact of statements made by the Christian churches and their representatives, using the example of the German debate on human genetics,

relevant political decisions and legislation can be observed (Pinter, 2003). This influence is exerted for example through the election not only of representatives of academic theology, but also of leading members of the two large Christian churches in Germany (Protestant Church and Roman-Catholic Church) into the German Ethics Council (Deutscher Ethikrat).⁷ Although also dissenting – and at times quite influential – positions are voiced by (especially protestant) academic theology and individual Christian thinkers, it can be further observed that the two large Christian churches strive to demonstrate an ecumenical consensus in their “official” statements on the various issues of medical ethics.⁸

Concerning the problem of brain death and organ transplantation, such an ecumenical consensus on the institutional level has been demonstrated long before the passage of the German Transplant Law in 1997, and has been expressed in two statements issued conjointly by the Protestant Church in Germany (Evangelische Kirche in Deutschland EKD) and the Roman-Catholic Church (represented by the German Bishops’ Conference (Deutsche Bischofskonferenz DBK)) in the late 1980s and in the beginning of the 1990s respectively.⁹ The ecumenical statement *God is a friend of life: Challenges and tasks in regard to the protection of life* (Kirchenamt der Evangelischen Kirche in Deutschland, & Sekretariat der Deutschen Bischofskonferenz [EKD & DBK], 1989) is considered to constitute the fundamental consensus of the German Christian churches on bioethics, moreover since it is subscribed to by another 13 German Christian churches. While this statement does not confine itself to the discussion of brain death and organ transplantation, and offers an examination of a broad spectrum of bioethical problems as well as theological, ethical and biblical foundations of Christian bioethics, the statement *Organ transplantations* (Sekretariat der Deutschen Bischofskonferenz, & Kirchenamt der Evangelischen Kirche in Deutschland [DBK & EKD], 1990) offers a more in-depth treatment of the Christian position on brain death and organ transplantation. Although the release of both statements dates back even before the passage of the Transplant Law in 1997 and yet two decades have passed, these two statements still have to be considered to represent the current fundamental position of the major Christian churches on the problem of brain death and organ donation. Until present, both statements have not been revised or replaced by announcements or statements of comparable weight.

In their evaluation of transplantation medicine, the Christian churches arrive in both statements at a positive assessment by accepting in principle the concept of brain death and acknowledging the authority of the medical field to establish the concrete criteria for brain death diagnosis. The decision for organ donation is valued as an expression of charity, of “love of neighbor” (*Nächstenliebe*) and “solidarity” (*Solidarisierung*) with diseased fellow human beings. A potential recipient’s desire to save or prolong his endangered life by means of a donated organ, is accepted in principle, although

see Pinter (2003, pp. 26-27).

⁷ The current members of the German Ethics Council are introduced on its homepage <http://www.ethikrat.org/about-us/members/members>.

⁸ On the ecumenical consensus of the Christian churches in Germany on the various problems of medical ethics, refer to Pinter (2003, pp. 29-31); for an extensive analysis of the positions of the Christian churches on euthanasia, focusing especially on the ecumenical aspects involved, see Schardien (2007).

⁹ The following analysis focuses on this ecumenical consensus in regard to the problem of organ donation. For a separate treatment of protestant and catholic perspectives, see for example Holzniekemper (2003, pp. 184-203).

admonishments are made as to adopt a humble attitude towards the possibilities modern medicine offers, and to accept God as the master of life and death. Further, the churches declare their intention to support organ transplantation, in particular by their efforts to increase peoples' willingness to donate organs, but also through offering religious rituals accompanying organ transplantations as well as care and counseling for the persons concerned and their relatives.¹⁰

Turning now to the patterns of theological-ethical reasoning underlying both statements, the way in which the Christian churches justify their positive evaluation of postmortem organ donation shall be analyzed by means of the abovementioned three-level-model. Firstly, on the level of concrete judgment and decision (level 1) not only the explicit acknowledgement of the legitimacy of organ donation in general, but also a clearly positive appreciation of an individual's personal decision to donate their organs can be noted. This attitude also corresponds to the efforts of the churches, to actively "arouse and strengthen" (EKD & DBK, 1989, p. 103) the willingness of the people to donate their organs, however without going so far as to declare organ donation a "Christian duty".¹¹

As for the intermediate level of argumentation (level 2), both texts draw explicitly on "love of neighbor" as an important concept of Christian ethics, as the argumentative basis on which they advocate organ donation. Thus, the statement *God is a friend of life* states: "In principle, the intention to help suffering fellow human beings or those whose life is even threatened, by means of organ donation and organ transplantation, is to be approved of. Therefore, the churches' statements have hitherto encouraged organ donation upon one's own passing away. The churches want to continue to arouse and strengthen the willingness to donate organs. Organ donation can constitute an act of love of neighbor beyond one's death" (EKD & DBK, 1989, p. 103). In addition to "love of neighbor", the statement *Organ transplantations* further refers to the principle of "solidarity": "From the Christian perspective, the willingness to donate one's organs upon death is a sign of love of neighbor and solidarity with the sick and handicapped" (DBK & EKD, 1990, p. 26). However, beyond this postulate of the possibility and legitimacy to interpret organ donation in view of the Christian teachings as an act of love of neighbor, the analyzed texts offer no further explanation to clarify or support this proposed argumentative relation between the positive assessment of organ donation (level 1) and "love of neighbor" and "solidarity" as principles of Christian ethics (level 2). Only the statement *Organ transplantations* refers to John 15:13,¹² which can be interpreted as an attempt to strengthen the argumentative relation between levels one and two by identifying the willingness to donate organs upon brain death (level 1) as the ultimate manifestation of the Christian love of neighbor (level 2) and legitimating it through scriptural evidence: "At the same time, organ donation may reveal some of the 'greater love' (John 15:13) which Jesus demands of his disciples" (DBK & EKD, 1990, p. 23).

In regard to further grounding of the intermediate concepts "love of neighbor" and

¹⁰ For a more detailed analysis of the assessment of the concept of brain death, organ donation, explantation and reception as expressed in both statements, see Bauer (2010).

¹¹ As a press release of the Protestant Church in Germany on the occasion of the passing of the Transplant Law states, "For Christians, organ donation is not an obligation" (Pressestelle der EKD, 1997).

¹² "Greater love has no man than this, that a man lay down his life for his friends." (Revised Standard Version)

“solidarity” (level 2) in fundamental principles of the Christian worldview, anthropology, and ethics (level 3), no explicit explanations are presented. One reason that the third level of reasoning is not addressed might be related to the character of both statements, which are not intended as academic-theological treatises but rather aim at providing the general public – both Christians and Non-Christians alike – with an appealing and at the same time concise explanation of the churches’ point of view.¹³ It can admittedly only be assumed here, that the level-two-concepts the statements draw upon – the social principle “solidarity” certainly to a far higher degree, but also “love of neighbor” – were regarded by the authors of the statements as basic and widely accepted concepts of German society. The assumption can further be made that the authors therefore considered the validity of these concepts to be intuitively comprehensible also to Non-Christians (even though probably not shared in all of its implications), so that the lack of explanation of the third level would not be perceived as a deficit by the readers.

Despite this lack of an explicit foundation of the level-two-concepts in fundamental principles of the third level, some of such potential principles can be deduced from the statement *God is a friend of life*, especially from its discussion of the Christian concept of human dignity (EKD & DBK, 1989, pp. 39-53). Among the fundamental theological, anthropological and biblical principles of Christian bioethics discussed in the statement, for example “image of God” or the “unconditional dignity of the human person” can be seen as such principles potentially serving as the argumentative foundation (level 3) of organ donation as an act of “love of neighbor” and “solidarity”, although this is not explicitly expounded on in the statements.¹⁴

III. Buddhist denominations on organ donation in Japan – positions and patterns of reasoning

In contrast to the ecumenical consensus amongst the Christian churches of Germany on the problem of brain death and organ transplantation in general and in their positive assessment of organ donation in particular, statements and communiqués issued by the various Buddhist denominations of Japan show a rather broad spectrum of differing points of view. Both in their assessment of transplantation medicine as a whole, and in their evaluation of its individual aspects such as the concept of brain death, organ donation, and reception of an organ, the denominations of Japanese Buddhism develop a wide range of different patterns of argumentation.

In the following, several of these voices of Japanese Buddhism in its institutionalized form – i.e. official¹⁵ statements and communiqués issued by Buddhist denominations –

¹³ The statement *God is a friend of life* explicitly addresses itself also to non-Christian readers, in order to convince them as well to engage in the “protection of life”: “We need a *joint* effort: Therefore, this statement addresses itself to people from different areas of life, with different political convictions and philosophical backgrounds, to Christians and Non-Christians” (EKD & DBK, 1989, p. 11).

¹⁴ The *Dictionary of Theology and Church* for example cites “image of god” and “dignity of the human person” as some of the foundations on which “love of neighbor” is based on (Ernst, 2009, pp. 614-615). – For an examination of third-level-concepts, i.e. of theological, anthropological and ethical principles of the Christian worldview, on which the bioethical argumentation of the Christian churches in Germany is based on, refer to Höver & Eibach (2003, pp. 17-27).

¹⁵ Although some of these statements were initially addressed at the clergy and/or the

shall be analyzed in their respective patterns of argumentation by means of the three-level-model. The four texts selected for exemplarily analysis represent the statements of Buddhist denominations made public in the 1990s, previous to or shortly after the passage of the Japanese Transplantation Law of 1997.¹⁶ Although the revision of the Transplant Law in 2009¹⁷ – especially with its equation of brain death = human death (Asahi Shinbun, 2009c) – certainly constitutes a further challenge to fundamental ethical and anthropological doctrines of Japan’s Buddhist denominations, up until now this revision has not yet led to the announcement of renewed official statements of comparable weight.¹⁸ Therefore, the four statements treated in the following must be esteemed as still expressing the denominations’ valid and current positions on the problem.

As in the analysis of the Christian positions, the voices of individual Buddhist thinkers or other participants in the debate who make use of “Buddhist” arguments cannot be examined here, although such voices may very well exceed the statements made by the Buddhist denominations in terms of public impact and media attention. Likewise, as for the illustration of the context from which these Buddhist statements emerge, the debate on brain death and organ transplantation in Japan, “the most contentious ethical debate of the last thirty years” (Lock, 2002, p.3), this paper has to confine itself to refer to the treatment of this problem given by Fujii (2011) and to the relevant literature (e.g. Lock, 2002, pp. 130-146, pp. 167-190 as the standard reference on this topic).

lay followers of the respective denomination, most of them were also made accessible to a wider audience and are currently made readily available on the homepages of the various denominations. For example, the statement of the Sōtō-school, which will be treated below, was – as its wording, especially in its foreword suggests – initially intended to provide its clergy with the necessary knowledge to be able to participate in the debate (Sōtō Shūmichō, 1999, foreword), and was first published in a more or less internal periodical of the denomination. However, up to present, the statement is also prominently mentioned on the main welcome page of the Sōtō-school (<http://www.sotozen-net.or.jp>), from where it can be directly accessed.

¹⁶ For an overview of the major official statements announced by the denominations of Japanese Buddhism in the 1990s, see for example Olschina (2008) (in German), for online references also Kimura (2007, pp. 194-195) (in Japanese), for an analysis of the reactions of the Japanese religious world in general Ikoma (2002, pp. 86-143) (in Japanese).

¹⁷ The revision of 2009 aimed at further promoting transplantation medicine, in view of the fact that the Transplantation Law of 1997 resulted only in a very small number of postmortem organ transplantations, amongst others due to its strict legal requirements for donation, and its age restriction, banning children under 15 from organ transplantation. Also, the criticism of transplant tourism – a prevalent practice among Japanese patients – uttered by the WHO, which was widely covered by Japanese media, can be considered as a key motive for the revision (Yomiuri Shinbun, 2009a).

¹⁸ Nevertheless, the revision of the Transplantation Law was accompanied by critical voices of the Buddhist denominations (Asahi Shinbun, 2009b, Yomiuri Shinbun, 2009b), for example in the form of open letters addressed to leading political decision makers (Jōdoshinshū Honganjiha, 2009a, Jōdoshinshū Honganjiha, 2009b).

1. The Nichiren-school¹⁹

In 1994, the Nichiren-school released a brief statement commenting on the final report of the Japanese government's "Provisional Commission for the Study on Brain Death and Organ Transplantation", which was published two years before and provided the basis for the legislative process (Lock, 2002, pp. 167-170). Although the Nichiren-school expresses in its statement criticism towards the notion of brain death, it nevertheless arrives at a positive evaluation of organ donation and transplantation (level 1): "From the viewpoint of the Lotus-Sutra and the dogmatics of the Nichiren-school, we determine that the view is appropriate that, (1) to decide human death by means of the brain death criterion, still many problems remain unsolved and this momentous shift in the concept of death cannot be entrusted to medicine alone. However, concerning (2) organ donation, we arrived at the conclusion to recognize organ donation as an act consistent with the Buddhist spirit of compassion (*jihishin* 慈悲心) and to not oppose to open the way for transplantation medicine based on brain death" (Nichirensū Shinbun, 1994).

Thus, on the intermediate level of argumentation (level 2), the statement of the Nichiren-school refers to the virtue of "compassion" (Skt. *karuṇā*), a basic principle of Buddhist ethics, especially valued in the tradition of Mahāyāna-Buddhism, which Japanese Buddhism is generally categorized in. Yet, no further efforts to substantiate this interpretation of organ donation as an act of compassion to diminish suffering of a fellow human being are presented here. Due to the brevity of this statement (the quotation given above constitutes about half of the statement's text), naturally no detailed third-level-arguments can be expected here.

2. The Tendai-school

In its communiqué made public in 1996 (Tendaishū 'Nōshi oyobi zōki ishoku' ni kansuru tokubetsu iinkai, 1996), the Tendai-school arrives at an affirmative stance on organ transplantation in a similar way as the Nichiren-school. While rejecting the notion of brain death, the Tendai-school formulates a positive assessment of organ donation by mainly drawing on paradigms of the Lotus-Sutra, the prime authoritative scripture of Tendai-Buddhism. The basic idea is the assumption, that willingness to donate one's organs upon being declared brain dead can be interpreted as the deliberate renouncement of one's own life in favor of a fellow human being. Under certain terms, organ donation could thus be made plausible as a soteriological meaningful act of self-immolation, originating from the insight into the Buddhist teachings, an act of "generosity" (Skt. *dāna*, J. *fuse* 布施).

At first, for a possible legitimization of self-immolation from the viewpoint of Tendai-Buddhism, the statement refers to the ideal of "indifference regarding one's life"

¹⁹ For the characteristics and doctrinal differences of the various Buddhist denominations, refer for example to Tamura (2000), for Buddhism in the context of Japanese religion in general and further references also to Swanson & Chilson (2006).

(*fushaku shinmyō* 不惜身命) taught in the Lotus-Sutra.²⁰ According to the Tendai-school's interpretation of this ideal, one should not hesitate to sacrifice one's worldly body and life in order to "gain eternal life, true life" (ibid, p. 11). On the one hand, this soteriological rationale for organ donation links the self-sacrifice of one's body to a positive effect on reaching enlightenment, but on the other hand, precisely this donor's insight into the true reality of all things (in the statement referred to as "eternal life, true life") is at the same time considered to be the premise on which a – in the Buddhist sense – genuine act of self-immolation and generosity could take place. This required insight of the organ donor is further identified with the "revelation and recognition of the Buddha-nature" (*busshō no kaiken* 仏性の開顯), meaning "to become aware of the dignity of man, the dignity of all life" (ibid, p. 11). As for the question, how such an insight as the prerequisite for an organ donation acceptable from the Buddhist viewpoint can be attained, the statement of the Tendai-school refers to the Buddha's vow to guide all beings to enlightenment as described in the Lotus-Sutra as well as the "fivefold meditation" (*gokan* 五観) also taught in the Lotus-Sutra: "Through the understanding, that all things in the universe transform moment by moment and possess no constancy, and through giving up the attachment to them (*shinkan* 真観), they can be perceived in their beauty as they are in their forms of appearance in the world of reality (*shōjōkan* 清浄観). Thereby, it can be understood, that our own existence is part of all things of nature mutually harmonizing and constantly changing, and – at the same time – represents them in their entirety (*kōdaichiekan* 廣大智慧観). Then, suffering of others can be felt as our own suffering (*hikan* 悲観), and our own joy can be shared with others (*jikan* 慈観)" (ibid, p.11). According to the Tendai-school, on grounds of such kind of insight on the part of the organ donor, his self-sacrifice upon brain death has to be acknowledged as a Buddhist act of generosity.

Summarizing the perspective of this statement, it can be stated that the Tendai-school – in a similar way as the Nichiren-school – explicitly recognizes and highly values the willingness to postmortem organ donation under certain conditions (level 1), whilst clearly opposing the the notion of brain death (ibid, pp. 10, 12). In its attempt to relate organ donation to its doctrinal system, the Tendai-school also employs a core concept of Buddhist virtue on the second level of argumentation, the virtue of generosity. In order to support the argumentative link between the first two levels, the Tendai-school – in the same manner as the statement of the Christian churches in Germany – refers to its authoritative scripture, the Lotus-Sutra, while further extending the validity of the second-level-principle generosity as far as to also comprising the sacrifice of one's body and organs. However, the Tendai-school takes a step further by also including principles of the third level in its reasoning, i.e. references to the doctrinal background of "generosity", specifically to the "Buddha nature" (*busshō*) innate to all sentient beings and the contemplation of five essential aspects of the Buddhist worldview (*gokan*). It is these fundamental Buddhist beliefs, a potential organ donor has to be conscious of in his decision, for that his donation can be interpreted in the light of the Buddhist teachings as an acknowledgeable act of generosity. However on the other hand, this insight in the third-level foundation is at the same time considered to be the fruit of an act of

²⁰ As for the relevant sections of the Lotus-Sutra expounding on this concept, Nakamura refers to fascicle 13 "Encouraging Devotion" and fascicle 16 "The Life Span of the Thus Come One" (2001, Vol. 3, p. 1438): "We care nothing for our bodies or lives / but are anxious only for the unsurpassed way" (Watson, 1993, pp. 194-195) and "single-mindedly desiring to see the Buddha, not hesitating even if it costs them their lives" (ibid, p. 230).

generosity in the form of organ donation.

3. The Ōtani-branch of the Jōdo-shin-school

The Ōtani-branch of the Jōdo-shin-school published its perspective on brain death and organ transplantation in two brief statements. The first statement was released in 1997, on the occasion of the passage of a first bill of the Transplantation Law in the House of Representatives (Shinshū Ōtaniha, 1997), the second commenting on the first organ transplantation carried out on the basis of the Transplantation Law two years later (Shinshū Ōtaniha, 1999).²¹ Both statements express a fundamental rejection of both the notion of brain death and the practice of transplantation medicine rendered possible by the legal provisions. In contrast to the two Buddhist positions analyzed previously, the Ōtani-branch does not combine the rejection of brain death with a positive acknowledgement of individual willingness to donate one's organs. On the contrary – the statement of 1999 in principle denies the individual to decide matters of life and death as one pleases, to “appropriate” the life one was bestowed with, as it is expressed in the following section:

“There are amazing advancements in modern medicine, and many of us receive its blessings in our lives. And yet, life and death are also realities of human existence. Death cannot be overcome by efforts to keep away death and to extend only life. Rather, we are being lived by ‘the working of a life beyond the idea of self’ (the immeasurable life, *muryōju* 無量寿).²² At the time, when we become aware of ourselves and thereby repent our tendency to ‘appropriate life’ and accept both life and death as something bestowed on us, we can awake to the meaning of ‘life’ in the precious here and now“ (Shinshū Ōtaniha, 1999, p. 94). These rather vague formulations, which seem to primarily intend to assess the reception of an organ donation or transplantation medicine in general, are interpreted by some authors as including also a rejection of organ donation. This interpretation is for example proposed by the Jōdo-shin-school-Buddhist Mitsunori Kitazuka in his analysis of the section quoted above (2001, pp. 16-31).²³ With the intention to trace the Buddhist foundations underlying the above-quoted section of the statement, Kitazuka identifies the fundamental Buddhist concept of “dependent origination” (J. *engi* 緣起, Skt. *pratītya-samutpāda*) as the background on which the rejection of organ donation as the “appropriation” of the “bestowed” life is assumingly based on. According to Kitazuka, it is this concept of dependent origination, the statement of 1999 implicitly uses in order to oppose the idea of placing the human body at one's disposal and thereby also rejecting the donation of one's organs. In regard to this assumed deduction of the prohibition of donating one's body from the concept of dependent origination, Kitazuka – who actually criticizes and refutes the reasoning of the statement – further quotes the former president of Ōtani University, Ichijō Ogawa, who is considered a spokesman of the Ōtani-branch (Ikoma, 2002, p. 88):

²¹ The ongoing validity of both statements of the 1990s has since been reaffirmed in an announcement released by the Ōtani-branch on the occasion of the revision of the Transplantation Law in 2009 (Shinshū Ōtaniha, 2009).

²² “Immeasurable life” is also frequently interpreted in a personified way as another term for the “Buddha of immeasurable life” (*Muryōjubutsu* 無量寿仏), an epithet for Amida-Buddha (*Amidabutsu* 阿弥陀仏), the primary deity of the Jōdo-shin-school.

²³ Olschina arrives at the same assessment, that this section comprises a rejection of organ donation (2008, p. 125).

“This is based on the fundamentals of Buddhism, namely that our life is not our property, but rather non-self, non-ego. Our existence is ‘dependent origination (*engi* 縁起)’. We are beings of contingent karma (*gūen* 遇縁), constituted in relation with others. For that reason something called ‘self’ does not exist. Through relation with others the self becomes the self. It is not ‘the self is living’ but ‘the self is being lived’. This is the foundation of Buddhism. (...) I do not think that ideas emerge from Buddhism, which assert humans could choose euthanasia by themselves, or choose an easy death, or have the right to do so. I think such an idea emerges only from the thought of European rationalism, since Buddhism holds that basically our lives are not our own. My existence is entirely something bestowed on me. To consider using the bestowed [existence] as I wish in this way or another is itself problematic and at the same time, things do not turn out the way they are planned. I think this is what is called the world of life in Buddhism. To put it bluntly, I think that it is the position of Buddhism, to accept it when life comes to its end due to a painful disease” (quoted from Kitazuka, 2001, pp. 22-23). In view of Kitazuka’s interpretation of the Ōtani-branch’s statement of 1999, it could be argued that the crucial point of its reasoning resulting in the rejection of organ donation (level 1) can be identified as the use of a fundamental third-level-concept of the Buddhist worldview, “dependent origination”. Yet, this argumentation lacks the use of Buddhist doctrines as intermediate principles. Although a second-level-argument is being constructed in form of the rejection of the “appropriation of life”, the short and vague wording of the statement hardly succeeds in bridging the argumentative gap between the levels one and three.

4. The Sōtō-school

The statement of the Sōtō-school, made public in 1999, differs from the Buddhist positions analyzed above in that it explicitly refrains from presenting its clergy and lay followers an authoritative solution to the problem of brain death and organ transplantation. At the beginning of its statement, the Sōtō-school points out its conviction, that this problem is not a question easily to be answered with a clear yes or no – the decision rather has to be entrusted to each individual (Sōtō Shūmichō, 1999, foreword). Since admittedly both positive as well as negative stances on this problem could be deduced from the doctrine of Buddhism, the Sōtō-school deems it impossible to proclaim a binding evaluation of the problem and therefore refrains from announcing a particular stance to its followers (ibid, p. 3). In this regard, the Sōtō-school even warns against the exploitation and improper use of Buddhist teachings to justify a particular position for or against brain death and organ transplantation, and to impose that position on the general public (ibid, p. 6). Therefore, the statement rather provides a discussion of several possible ways of interpreting the problem from a Buddhist point of view, intended as material for the individual process of decision-making. Consequently, in its statement, the Sōtō-school discusses at length and – compared to most of the official positions of other denominations – in a rather extensive and deeper going way, the various positions and arguments possible to derive from its doctrine and authoritative scripture.²⁴

According to this kind of approach, in regard to organ donation, arguments both for and

²⁴ The statement comprises of nearly 50 pages, supplemented by a substantial appendix, also including a detailed discussion of the specific perspective of the Sōtō-school on the topic as well as an annotated bibliography.

against are likewise introduced: “(1) Argumentation opposing organ donation: Buddhism teaches the unity of body and mind (*shinjin-ichinyo* 身心一如), the non-duality of life and death (*shōji-funi* 生死不二). This is a perspective, which in a way regards body and mind as monistic. As it is taught in the fascicle *Life and Death (Shōji)*²⁵ of the *True Dharma Eye Treasury (Shōbōgenzō)*,²⁶ the body itself is the venerable life of the Buddha (*hotoke no on’inochi* 仏の御いのち): ‘Your present birth-and-death itself is the life of Buddha. If you attempt to reject it with aversion, you thereby lose the life of Buddha’ [quoted from Wadell & Abe, 2002, p. 106]. Therefore, even the organs are naturally the life of the Buddha, not mere parts of the body. In consequence, this means that under no circumstances these [the organs, i.e. the venerable life of the Buddha, T.B.] must get lost. (2) Argumentation in favor of organ donation: First of all, in accordance with the fundamental thought of Buddhism, the conception of the temporary union of the five aggregates (*goun-ke-wagō* 五蘊仮和合), Buddhism teaches non-attachment (*mushūchaku* 無執着) to the body itself. Consequently, the idea arises as to accept donating one’s organs without attachment in case someone else should desire them. Then, the most emphasized concept is the act of generosity (*fusegyō* 布施行). The act of self-immolation ([literally, the “act of relinquishing one’s body”, T.B.] *shashingyō* 捨身行) taught in numerous Buddhist scriptures, is considered as the highest form of generosity. True generosity, however, is said to require threefold purity (*sanrin-shōjō* 三輪清淨), in other words giver, receiver, and gift – all three parties have to be ‘empty’ and pure. The giver must not become intoxicated in view of his own deed nor anticipate the receiver’s joy or gratitude. Likewise, by no means, the receiver must indulge in expectations concerning the gift. Also the act of generosity taught in the fascicle *Four Elements of a Bodhisattva’s Social Relations (Bodaisattashishōbō)* is in accordance with this spirit. Further, for that act of generosity to be realized, the self-consciousness of being a follower of Buddhism must be made an imperative premise. If in this point things are made ambiguous, there is also the risk, that the act of generosity is made use of as a theory unnecessarily urging the general public to organ donation“ (Sōtōshū Shūmuchō, 1999, pp. 26-27).

Interpreted from the perspective of the three-level-model, it can be observed that on the first level the Sōtō-school presents arguments derived from its doctrine and scripture both supportive and negative of organ donation as equally legitimate alternative options. As for arguments rejecting organ donation, the statement refers directly to fundamental level-three-concepts of the Buddhist worldview and anthropology, e.g. the teaching of the “venerable life of the Buddha”, considered as being in conflict with the donation of one’s organs. Although this reasoning is supported by the reference to authoritative scripture of the Sōtō-school, no further intermediate principles of the second level are spelled out. Therefore, the argumentative leap from the fundamental Buddhist concepts (level 3) to the rejection of organ donation as their practical implications remains rather vague. Patterns of argumentation introduced by the statement in favor of organ donation however draw primarily on ethical concepts of the second level, the virtue of generosity and its particular form, the ideal of self-immolation. The concrete requirements for legitimately justifying organ donation by these second-level-concepts are also discussed. In addition, the also mentioned ideal of non-attachment to one’s body (level 2), another argument in favor of organ donation,

²⁵ A fundamental concept in the teachings of the Sōtō-school, *shōji* (生死) is translated as both “life and death” and “birth and death”. See also Wadell & Abe, 2002, p. 106, fn. 1.

²⁶ The major work of Dōgen (1200-1253), founder of the Japanese Sōtō-school.

is further supported by the anthropological concept of the “temporary union of the five aggregates”, which can be located on the third level of argumentation.

IV. Conclusion

In comparison with the perspective of the Christian churches in Germany on organ transplantation, the analysis of the solutions to this problem proposed by denominations of Japanese Buddhism affirms the latter’s broadness of the spectrum of positions uttered, as suggested at the outset of this paper. This diversity of Buddhist assessments of organ donation (level 1) is further reflected in a wide variety of arguments on second and third level, which the denominations draw upon in order to support their respective positions. From the comparison of Christian and Buddhist patterns of reasoning, it seems reasonable to suggest that precisely this diversity and polyphony of both positions as well as patterns of argumentation constitute one of the reasons for the lack of success of the Buddhist denominations to exert significant influence on the political discourse and the legislative process.²⁷ The revision of the Japanese Transplantation Law of 2009, especially its equation of brain death with human death, which virtually all Buddhist denominations take a critical view of, articulately demonstrates their failure to make their positions heard. Also in regard to media attention and public awareness, the statements are apparently not communicated effectively. For example, a newspaper article of 1999 introducing the reactions of Japan’s religions on brain death and organ transplantation, cites as Buddhist voices only the statement of the Ōtani-branch while giving the misleading impression that the other Buddhist denominations remain in a state of “bewilderment, caution, difficulties, silence” (Asahi Shinbun, 1999).

In regard to the Christian churches in Germany, it can be observed that it is not only their public demonstration of ecumenical consensus on organ donation which results in their far larger extent of public and political influence. It can rather be suggested that this success in making their voices heard, is also due to their reference to “love of neighbor” as a concise, widely know, acceptable and communicable social principle of the second level, evoking positive connotations in large parts of the public and the political decision-makers. Although in the Buddhist discourse on medical ethics, the virtue of “generosity” (*fuse* 布施) has emerged as one possible doctrine to support organ donation, the Buddhist denominations of Japan are yet to establish a similar consensus on an adequate Buddhist concept of the second level, in the light of which organ donation could be localized in Buddhism’s doctrinal framework. In the current buddhological discussion, both affirmative as well as negative stances on the first level are deduced from the one and same doctrine of “generosity” as a second-level-principle (Bauer, 2006). As yet, the ongoing discussion within Japanese Buddhism, whether organ donation can truly be interpreted as an “act of generosity” or not, still has not arrived at a conclusion, thereby at present making it impossible for the Japanese Buddhists to present themselves to public and politics with an unequivocal statement on the problem.

²⁷ Although, according to Lock, the possibility that religious organizations achieved some influence on the legislative process in 1997 cannot be ruled out altogether (2002, p. 180), the content of the revision of 2009 clearly attests to the marginal impact of the Buddhist interventions. In regard to the revision of 2009, Steineck speaks of a “lost battle for religion” (2009).

In view of this diversity of possible patterns of reasoning in Buddhism and the fact that on the first level affirmative as well as negative conclusions can be derived from Buddhist doctrines, some denominations decidedly do not release any statement at all (Asahi Shinbun, 1999). Other Buddhist denominations explicitly refrain from issuing binding instructions on this matter and rather point out in their statements the individual responsibility to come to a personal decision on organ donation. As demonstrated above, one example of this reserved approach can be found in the statement of the Sōtō-school. At the outset of this statement, it is made clear that it is not intended as an imperative statement of a certain stance to be taken. Rather, although the individual decision on brain death and organ transplantation should be made on grounds of the Buddhist teachings, it is considered to be eventually a matter of individual responsibility: “In regard to brain death and organ donation, positive opinions and at the same time also negative views are possible to derive from the worldview of Buddhism or Zen. This is not a problem to which we as a Buddhist school could draw an either-or conclusion, answering with yes or no. This problem is a matter which should be decided only individually by the followers of our school on grounds of their self-consciousness and concern as religious persons. Accordingly, this report tries to point out in highly summarized form the most fundamental conditions and directions necessary for such a decision” (Sōtōshū Shūmūchō, 1999, p. 3).

A similar position is adopted by the buddhologist Yasuaki Nara in view of the fact that different and even contradictory positions on this problem are derived from Buddhist teachings and scripture. He calls for abandoning simplifying argumentations trying to deduce an authoritative answer “of Buddhism” from its doctrine, in favor of individual contemplation on this matter from a first-person perspective leading to statements in the form “I as a Buddhist ...” (Nara, 1991, pp. 10-11). Obviously, Japan’s Buddhists are well aware of the methodological difficulties deducing first-level statements from traditional Buddhist teachings of the second or third level. It is such a problematic approach of religion to medical ethics, which – with regard to the European context – the German bioethicist Marcus Düwell criticizes to be a mere “exegetical exercise” (Düwell, 2008, p. 163): “In doing so, relevant passages from the holy scriptures of these religions and other contributions to their traditions are being consulted in order to derive answers to problems, which are completely beyond the horizon of experience of these holy texts’ contexts of origin” (ibid, pp. 163-164).

However, recent tendencies in Japanese Buddhism actively engage this fundamental problem of the hitherto existing patterns of reasoning, and formulate alternative approaches in dealing with the dilemmas of medical ethics, by going beyond the mere deduction of positive or negative answers on organ donation from its traditional doctrines (Asahi Shinbun, 2009a). For example, the buddhologist Bunki Kimura proposes in his book *Buddhology of life and death: ‘Human dignity’ and its application* of 2007 for Buddhism to turn away from announcing either-or positions, and offers instead a Buddhist conception of “human dignity”. On this basis, the various problems of medical ethics could be discussed in a way more flexible, and more in accordance with Buddhism’s fundamental concern to relieve man from suffering. Kimura constructs this Buddhist concept of “human dignity” – in a much more detailed and extensive way than the Buddhist statements examined above – in contrast to its Judeo-Christian counterpart, from two fundamental concepts of Buddhist anthropology and worldview (level 3), “emptiness” (J. *kū* 空, Skt. *śūnyatā*) and the above-mentioned “dependent origination” (J. *engi* 縁起, Skt. *pratītya-samutpāda*). As Kimura subsequently tries to demonstrate using the example of organ transplantation, this Buddhist version of

“human dignity” could constitute a solid principle of the third level, as a sound basis on which various questions of medical ethics could be discussed thoroughly.

One reason that Kimura’s approach deserves further attention is that it tries to compensate the argumentative weakness of the Buddhist statements analyzed in this paper, in which the third level of argumentation is either not addressed or at best kept rather vague. In contrast thereto – as demonstrated above – the third level is not expounded on explicitly in the Christian context either, but the underlying theological reasoning and basic Christian concepts of the third level can be readily identified. In view of the inflationary use of the term “human dignity” in contemporary discussions on medical ethics and the ambiguity of its background in the context of Non-Christian traditions such as Japan, it can be further suggested that another notable contribution of Kimura’s construction of a Buddhist “human dignity” lies in clarifying its foundations, meaning and implications. Whether the construction of a concept of “human dignity” based on Buddhist teachings or the reference to traditional doctrines such as “dependent origination” (as in the interpretation of the Ōtani-branch’s statement by Kitazuka) – the discussion of a solid third level of argumentation from which Buddhist solutions to concrete problems of medical ethics could be derived, currently seems to be a promising and sustainable way to a stable and possibly also more influential form of Buddhist medical ethics.

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