

# **Medical treatment and Buddhism – Reflections from the discussion on brain death and organ transplantation in Japanese Buddhism<sup>1</sup>**

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## **Introduction**

This paper approaches the question “What is medical?” from the viewpoint of religious studies. Religious factors seem to play a significant role in discussing whether a certain mental or physical condition should be considered to require or justify human interference by means of medical treatment or not. In the current debate on medical ethics, religious aspects exert their influence not only through attitudes and beliefs of individuals, but also in the form of answers that religious organizations and denominations try to formulate in response to the new challenges in the medical field. To shed some light on how religious denominations engage in this debate on the boundaries of the legitimacy of medical treatment, this paper focuses on the discussion of brain death and organ transplantation in Japanese Buddhism. After some preliminary remarks on the links between Buddhist tradition and medical treatment in general, arguing that Buddhism is in principle affirmative of medical practice, this paper analyzes some of the arguments introduced by Buddhist denominations into the Japanese debate on brain death and organ transplantation. Its main focus lies on the analysis of the official position announced by the Sōtō-school (*Report on the Problem of ‘Brain Death and Organ Transplantation’*, Sōtō-school Head Office 1999), a major sect of Japanese Buddhism, as one example of how Japanese Buddhists refer to their traditional patterns of thinking and reasoning and how they actualize and reinterpret their view against their traditional doctrine (for example, soteriological conceptions, views of body, life and death, ethical concepts such as the forbidding of harming/killing, etc).

## **Early Buddhism and medical treatment**

Even a cursory glance at possible links between medical treatment and the history and doctrine of Buddhism strongly suggests that Buddhist tradition not only makes use of medical rhetoric and metaphors to expound its teachings, but also from its beginning

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shows a genuine concern not only with spiritual salvation but also with the physical and mental wellbeing of the people it tries to save.

An early doctrinal source often related to medical practice can already be found in the “Four Noble Truths”, the fundamental doctrine of Buddhism clarifying the cause of suffering and the way to deliverance through the cessation of suffering. Said to be expounded by the historical Buddha during his first sermon after attaining enlightenment, the Four Noble Truths assert that, “(1) life is suffering, (2) suffering is caused by craving, (3) suffering can have an end, and (4) there is a path which leads to the end of suffering” (Keown 2000, p. 45), namely the discipline of the “Eightfold Path” of Buddhist practice. To illustrate the intrinsic correlation of the Four Noble Truths, Buddhism frequently resorts to a medical metaphor, wherein the Buddha is compared to a physician (1) diagnosing the disease, (2) clarifying its cause (3) asserting the existence of a cure allowing for the restoration of health and (4) pointing out the therapy needed.<sup>2</sup>

A closer look at the first of the Four Noble Truths reveals that the links between Buddhism and medical treatment are not confined to a mere metaphorical level. Rather, it suggests that – as Damien Keown argues in the beginning of his *Buddhism and Bioethics* – “good health and freedom from pain are important aspects of human well-being and are highly valued by Buddhism” (Keown 2001, p. 2). The First Noble Truth which states, “Birth is suffering, sickness is suffering, old age is suffering, death is suffering; pain, grief, sorrow, despair and lamentation are suffering” (Keown 2001, p. 2), asserts that all forms of existence are unsatisfactory and productive of suffering (skt. *duḥkha*). Thereby it is – according to Keown – not only drawing attention to the fundamental frustration with this mode of embodied existence subject to the repeated cycle of birth and death, but also to the fact, that this cycle of transmigration is accompanied by (at least the permanent risk of) physical or mental pain and suffering, involved in the “Four Afflictions” birth, aging, sickness and death. Although Buddhism ultimately strives for a permanent cure from this constant threat of suffering through the physical and mental afflictions inherent to this embodied existence, these symptoms of suffering are in no way neglected. Rather, methods of its eradication are in fact thoroughly discussed in the Buddhist scripture.

Thus, when the historical Buddha is referred to as a “Great King of Doctors”, this

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<sup>2</sup> To cite one example, this metaphor is referred to in the *Iwanami Dictionary of Buddhism* (Nakamura et al. 1999, p. 360). Although the structure of this metaphor is said to resemble a pattern used in traditional Indian medicine, scholarship offers differing ideas as to whether Buddhism drew on an existing medical pattern in formulating its Four Noble Truths (for example Sugita & Fujiwara 2004, pp. 36-37). Or that this pattern of Indian medicine was rather initiated by the historical Buddha (for example Schlieter 2003, p. 12). For a critical discussion see also Anderson 1999, pp. 189-190.

epithet not only can be considered as a reference to the abovementioned analogy of his spiritual doctrine with medical treatment, “the healing process as metaphor for spiritual growth” as Raoul Birnbaum terms it (Birnbaum 1989, pp. 3, 15-19), but at the same time points to the ambition of Buddhism to eradicate the roots of mental and physical suffering. As well as the actual engagement in medical practice by the historical Buddha.

In early Buddhist scripture such as the *Vinaya* of the Pāli Canon, the historical Buddha is frequently depicted to have been well versed in the science of medicine (as one of the five sciences to be mastered) due to the education he received prior to his renunciation of the world as a descendant of an aristocratic family. In addition to the often-cited records on the famous physician named Jīvaka, considered a contemporary of the historical Buddha, who is said to have even further advanced his competency in medical science under the guidance of the Buddha, the textual corpus of early Buddhism contains numerous other accounts on the Buddha’s engagement in medical treatment. Further, a sophisticated and complex system of healing methods, explanations on the causes and symptoms of various diseases and even references to ethical issues of the various forms of medical treatment can be found for example in the *Vinaya* of the Pāli Canon. In particular, early Buddhism focuses on maintaining the physical and mental health of its followers through dietary, hygienic and medical means as a prerequisite for effective spiritual practice: “The four requisites for life, stated repeatedly in the various texts of the Pāli Canon, are robes, food, lodging, and medicine. It is not surprising that medicine bears such significance, for surely great strains were placed upon the physical well-being of monks due to their austere life and strenuous meditative practices. Since illness and indisposition tend to weaken the mind, often causing it to lose its focus on its function as a liberating faculty, the prevention or proper treatment of illness held (and continues to hold) a great importance for the Buddhist monk” (Birnbaum 1989, pp. 3-4).

### **Buddhist positions on brain death and organ transplantation in Japan**

Turning now to the recent bioethical debate and the Buddhist perspective on the ethical implications of modern forms of medical practice as one concrete example of how Buddhism’s fundamental affirmation of medical treatment is actualized and reevaluated, the positions of Japanese Buddhism on the problem of brain death and transplantation medicine appear to be highly instructive.

The current, ongoing debate on the concept of brain death and organ transplantation in Japan is considered to have been “the most contentious ethical debate of the last

thirty years” (Lock 2002, p. 3).<sup>3</sup> Especially the legislative process, leading to the passage of the Organ Transplant Law in 1997, was accompanied by an intense, controversial debate. It was also in the 1990s when some of the Buddhist denominations of Japan stepped forward and announced their point of view on this kind of medical treatment, revealing a wide spectrum of arguments and statements on the problem, ranging from categorical rejection to affirmation under certain conditions or in general.<sup>4</sup>

The reception of this broad range of positions, demonstrating that even contradictory conclusions on this problem can be derived from one and the same Buddhist doctrine, was not only confined to the clergy or followers of the respective Buddhist denominations or academic-Buddhological circles. To cite a recent example, an article in *Asahi Shinbun*, one of the largest daily newspapers in Japan, introduced the statements of four of the major denominations of Japanese Buddhism to provide background information on the discussion on the revision of the Japanese Organ Transplant Law in 2009 to a wider public (*Asahi Shinbun* 2009a). Pointing out the fact that controversial opinions are derived from Buddhist doctrine, it states that the Tendai-school – despite its rejection of the concept of brain death – in its communiqué of 1995 approves of “cadaveric” organ donation since this renunciation of one’s life for the benefit of others could, from a Buddhist perspective under certain circumstances be interpreted as an “act of generosity” (j. *fuse*). Likewise, the position of the Nichiren-school announced in 1994 considers organ donation as being consistent with Buddhist doctrine, interpreted specifically as an act based on the Buddhist “spirit of compassion” (j. *jihishin*), while also taking a critical stance on the concept of brain death. The Jōdo-school, however, takes a far more cautious stance towards the problem (1992). Although not categorically rejecting organ transplantation, the Jōdo-school nevertheless considers it as an unnatural form of medical treatment, demanding an appropriate lifestyle of the receiver of an organ, recompensing his indebtedness. The Ōtani-branch of the Shin-school finally, clearly opposes the concept of brain death and the medical practice of organ transplantation and has expressed its views in a statement expressing its “regret” at the imminent approval of the Organ Transplantation Bill in 1997. In another critical announcement on the occasion of the first transplantation carried out on the basis of the new law in 1999, it demanded the restoration of the “dignity of life”, which it sees threatened by this form of medical treatment, frivolously

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<sup>3</sup> See also Lock 2002 for a detailed account on the course of the Japanese debate.

<sup>4</sup> For an overview of some of the official statements announced by the denominations of Japanese Buddhism, 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).

putting matters of life and death at human disposal (*Asahi Shinbun* 2009a).

Besides such “official” statements made public by the various Buddhist denominations, also positions brought forward by individual Buddhist thinkers along with the findings of the academic-Buddhological discussion on this topic contribute to the debate. Here, compared to the “official” positions, a much more in-depth treatment of the various Buddhist concepts and the analysis regarding their applicability to the problem of brain death and organ transplantation is presented. A closer examination of this Buddhist discourse suggests that the arguments that are provided to support the various positions can broadly be categorized as follows.

Firstly, the reference to “general” Buddhist concepts naturally plays an important part, i.e. Buddhist teachings shared by most of the Buddhist traditions in Japan, such as basic concepts of Mahāyāna Buddhism. One example for a doctrine frequently cited by different Buddhist traditions in their discussion of the permissibility of organ donation is the abovementioned concept of “generosity” (j. *fuse*), wherefrom both affirmative as well as skeptical stances are deduced.<sup>5</sup> Secondly, most positions at the same time also draw on doctrinal concepts that are more or less distinctive to a particular sect of Japanese Buddhism. One example would be the concept of the “indifference regarding one’s life” (j. *fushaku-shinmyō*), which is used by the Tendai-school to argue in favor of organ donation and is taught in the Lotus-Sutra, the most authoritative text of the Tendai-school (Tendaishū ‘Nōshi oyobi zōki ishoku’ ni kansuru tokubetsu iinkai 1996, p. 11). Further, also hagiographic accounts are cited to argue for or against organ transplantation. Followers of the Jōdo-shin-school for example, sometimes draw on the following quotation for their argument, ascribed to Shinran (1173-1262), the founder of the Jōdo-shin-school, in which he orders his disciples: “When I die, throw my body into the Kamo river, to feed the fish”<sup>6</sup>, interpreted as Shinran’s wish for his physical remains to be used for the benefit of other beings. This passage is frequently quoted to support the affirmation of cadaveric organ donation, resulting in an interpretation of organ donation as an act of non-attachment and self-sacrifice of one’s own body.<sup>7</sup> Thirdly, it can be observed, that some of the attempts to provide a Buddhist rationale for either a positive or negative evaluation on the problem of brain death and organ transplantation, at times also include references to religio-ethical concepts without explicit or obvious

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<sup>5</sup> For a discussion of the controversial opinions on organ donation derived from the doctrine of “generosity” in the context of Japanese Buddhism, see Bauer 2006.

<sup>6</sup> Passage cited from the *Gaijashō* (*Notes Rectifying Heresy*) composed by Shinran’s great-grandson Kakunyo.

<sup>7</sup> One example of the use of this quotation in the context of the discussion of organ donation can be found in Nabeshima 2007, p. 185.

foundation in Buddhist tradition. One example would be references to formulations such as “dignity of life”, which at first glance seem to stem rather from a Christian background and are severely criticized by the Buddhist philosopher Ōmine Akira. Ōmine is arguing that such terms – if superficially used to refute organ transplantation – lack genuine religious essence or even contradict the Buddhist spirit of non-attachment and compassion (Ōmine 1990, p. 204).

Lastly, as being part of the general debate in Japan on this topic, Buddhist positions also incorporate, to a considerable extent the arguments brought forward in the secular field, especially reiterating arguments based on the characteristics and specifics of Japanese culture. For example, the Japanese view of life and death of the human body or peculiarities of Japanese funeral customs – mostly to strengthen the case against the concept of brain death and organ transplantation. This also includes arguments that focus on criticizing brain death and organ transplantation as allegedly based on the premises of scientificism, westernism, overemphasis of reason and a mechanistic view of the human body, as advocated for example by the conservative Japanese culture critic Umehara Takeshi (Umehara 1989).

### **Position of the Sōtō-school ...**

Returning to the “official” positions announced by some of the denominations of Japanese Buddhism, the statement made public by the Sōtō-school, one of the sects of Japanese Zen-Buddhism, seems to be particularly instructive. In two respects, this statement, published in 1999, stands out among the communiqués of Japanese Buddhist sects. Firstly, it does not attempt to formulate an authoritative solution to the problem, nor intends to impose a fixed point of view on its clergy or lay followers, but rather provides material for the individual process of decision-making. Secondly, it therefore discusses at length and – compared to most of the official positions of other sects – in a rather extensive and deeper going way, the various positions and arguments possible to derive from its doctrine and authoritative texts.

At first, the statement *Report on the Problem of ‘Brain Death and Organ Transplantation’* was published after a two-year period of research into this problem at the sects “Research Center for Contemporary Dogmatics” in one of the Sōtō-school periodicals by the Sōtō-school Head Office in 1999 (Sōtōshū Shūmuchō 1999).<sup>8</sup> It comprises of nearly 50 pages, supplemented by a substantial appendix, also including a detailed discussion of the specific Zen-Buddhist perspective on the topic as well as an annotated bibliography. Although this statement seems to be originally intended to

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<sup>8</sup> A German translation of the report is forthcoming (Bauer 2010).

provide primarily the clergy of the Sōtō-school with the necessary knowledge to be able to participate in the debate (Sōtō Shūmichō 1999, foreword), it is currently also made public on the sect's homepage to announce the stance of the Sōtō-school to a wider audience. In fact, the *Report on the Problem of 'Brain Death and Organ Transplantation'* is at present prominently mentioned on the main welcome page of the Sōtō-school (<http://www.sotozen-net.or.jp/>), from where it can be directly accessed. This fact indicates also the high significance, this statement is attributed to by the Sōtō-school itself even a decade after its initial publication, obviously regarded as an integral part of the sects social engagement, involving – besides the discussion of bioethical problems – environmental issues or human rights as the denomination's contribution to solve problems of contemporary society.<sup>9</sup>

At the beginning of its report, the Sōtō-school points out its conviction, that the problem of brain death and organ transplantation 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 and Zen-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 other people (ibid, p. 6). It does however acknowledge the important role of religious concepts in the process of decision-making, emphasizing that a decision on this problem by the individual members of the Sōtō-school should be thoroughly based on an individual religious self-consciousness (ibid, p. 3). Further, the statement indicates that to wholeheartedly engage in the discussion of such bioethical problems from the standpoint of being a follower of Buddhism is considered to be a necessary contribution of the sect's members to society.

### **... on medical treatment**

In its discussion of the parts of the Zen-Buddhist doctrine considered as instructive on the problem of brain death and organ transplantation, the Sōtō-school also expounds on the relation between Buddhism and medical treatment in general. It acknowledges that

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<sup>9</sup> Under the category “Various Problems of Contemporary Society”, the homepage of the Sōtō-school (<http://www.sotozen-net.or.jp/>) lists statements on the notorious new religion Aum-shinrikyō, the report on brain death and organ transplantation, and “Keywords of Bioethics”; the category “Teachings and Activities” amongst others texts on “Human Rights”, “Peace”, and “Environment”.

although physical ailments are part of the inevitable and natural human ageing process, they can (and should be) cured by means of human medical knowledge. As arguments supporting this affirmative position on medical treatment, the report refers in particular to the appreciation of medical knowledge since the times of early Buddhism, citing the example of medical science as an integral part of the abovementioned Indian curriculum, the “Five Sciences” (j. *gomyō*). In terms of the specific practice and doctrine of the Sōtō-school, the report points to the custom in Zen-monasteries of appointing one monk as “Dispenser of Medicines” (j. *tōyakujisha*), responsible for the medical treatment of the members of the monastery (ibid, p. 23). In an article referred to in the list of literature appended to the report to provide material for further reading, also a hagiographic account is presented to further argue in favor of the positive evaluation of medical treatment from the perspective of Zen-Buddhism. According to this account, Dōgen (1200-1253), patriarch of the Sōtō-school, is said to have taught on the importance of medicine on his deathbed. Dōgen is said to have considered life as something valuable, which should be highly respected. As his illness worsened, he is said to have instructed his followers that if afflicted by an illness, one should not remain passive. Rather that they should help each other and provide each other with medical treatment (Kasai 1991, p. 128).

### **... on the concept of brain death**

Concerning the question, whether or not a Buddhist rationale for the concept of brain death can possibly be deduced from the authoritative sources of the Sōtō-school, the report avoids to give a final judgment, although it takes a very cautious stance, stating that it would be difficult to find scriptural evidence supporting “brain death” as a criterion for human death (Sōtō Shūmuchō 1999, p. 4). Under reference to Buddhist burial rites, considered to play an important role in helping the bereaved to overcome their grief and to come to an acceptance of death through contemplating on the impermanence of all things and the transience of this existence, the Sōtō-school implicitly seems to favor an intuitively comprehensible definition of death over a definition understandable only to a small circle of specialists. (ibid, pp. 5-6, 16-17, 24). For a Buddhist definition of death, the report therefore draws upon an often cited passage from the *Samyutta-Nikāya*, a part of the Pāli Canon, identifying vitality, heat and consciousness as the signs of life and considering the absence of them as death – a definition allowing to establish easily verifiable and intuitively acceptable *signa mortis* (ibid, pp. 23-24). As for a definition of the exact moment of death however, the Sōtō-school admits, that virtually no statements on this aspect can be found in the



authoritative scripture of the Sōto-school or even in the Buddhist canon in general (ibid, p. 23). The most important aspect the Sōtō-school wants to contribute to the discussion on the definition of death is however to highlight the fact that there exists a fundamental difference regarding the dimensions of the Buddhist conception of life and death and the diagnosis of death on a purely medical level. It further states, that the religious consideration of the problem of life and death has to be a task of utmost importance for the individual Buddhist, whereas the search for the precise moment of death seems to be considered – at least from a soteriological point of view – a more or less secondary problem: “Dōgen Zenji states that one’s own impermanent life is the act of ‘the venerable life of the Buddha’ (j. *hotoke-no-on’inochi*), the solemn workings of Nature’s life itself. To live ‘the venerable life of the Buddha’ is said to be nothing but to eliminate the thought of life as a ‘thing’, meaning it is not at the free disposal of an individual person, and that they should live their life thoroughly in the ‘here and now’. This view of life and death by Dōgen transcends the present-day notion separating life from death and is entirely different from the context of the medical diagnosis concerning life and death” (ibid, p. 5).

### **... on organ donation**

In accordance with its intention not to establish a fixed authoritative solution on the problem of organ transplantation, the report introduces Buddhist arguments both in favor as well as against organ donation. As to pros, the Sōtō-school at first refers to the fundamental Buddhist ideal of non-attachment, demanding to free oneself from the various attachments of life as they are considered as roots for craving, delusion and – ultimately – suffering. Since this ideal is thought to also include the attachment to one’s body and life, donating one’s body or parts of it for the sake of a person in need could be valued in principle (ibid, p. 27).

The second argument given in favor of organ donation is therefore the Buddhist concept of “generosity” (j. *fuse*, skt. *dāna*), a term commonly used to refer to the offering of alms to the Buddha or the Buddhist order. Applied to the question of organ donation, this concept, in association with Buddhist accounts on self-sacrifice, “throwing away one’s body” (j. *shashin*), seems to provide a sound Buddhist rationale for sacrificing one’s body or its organs – it is however tied to the compliance with certain requirements. A genuine “act of generosity” that can be acknowledged to be in accordance with Buddhist doctrine is said to require “threefold purity” (j. *sanrin-shōjō*), i.e. purity and emptiness of almsgiver, receiver of the alms, and the alms itself. In the interpretation of the Sōtō-schools report, this means for the case of organ transplantation

that the almsgiver (i.e. the donor of an organ) must be pure in his intentions. For example his deed should not be motivated by self-complacency or the expectation of gratitude from the receiver. Also, the organ itself has to be pure – the practice of organ trafficking, which the Sōtō-school vigorously opposes (ibid, p. 4), could be cited as an example for spoiling the pureness of the organ. Finally the receiver of the organ also has to be pure, which could be interpreted to imply that his motive to receive an organ should not be the result of a deluded attachment to life or accompanied by the hope for the death of a potential donor. The most important premise for a legitimate interpretation of organ donation as an “act of generosity” is however considered the prerequisite, that the donor as well as the receiver must have made their decisions on grounds of the Buddhist teachings – it has to be a consciously religious decision based on a thorough reflection of the religious implications of this act. Given these strict terms, the Sōtō-school further warns, that this interpretation of organ donation as a Buddhist “act of generosity” by no means should be misused to obligate other people to organ donation (ibid, p. 27).

Arguments against organ donation (or the extraction of organs from a brain dead body) discussed by the Sōtō-schools report refer to the “unity of body and mind” (j. *shinjin-ichinyo*) and the “non-duality of life and death” (j. *shōji-funi*), doctrines emphasizing the ideal of the integrity of the human body and the inseparability of organs from a body even if declared brain dead. Further, the report draws on a passage of Dōgens main work *Shōbōgenzō (True Dharma Eye Treasury)*, stating that life and death, and therefore also the human body itself should be interpreted as the “venerable life of the Buddha”. Due to this inherent sanctity, the human body – as well as its parts – should not be thrown away frivolously (ibid, p. 26).

### **... on receiving an organ donation**

Turning finally to the assessment of organ reception, which is also briefly dealt with in the statement of the Sōtō-school, one argument in favor of receiving a donated organ clearly stems from the principal affirmation of medical treatment in Buddhism in general as well as in the doctrine of Zen-Buddhism. Since this embodied existence is deemed as valuable to pursue the Buddhist path, it should not be prematurely wasted and it is considered legitimate to use all available means to prolong one’s life in order to put it to further use in the strive for awakening. The wish to live is declared to be fundamentally different from craving for fame or worldly possession. On the other hand, the report warns that the wish for an organ could be a mere expression of a deep-rooted, delusive attachment to life. If a potential recipient would develop hopes for the death of

a potential donor, this would contradict the spirit of Buddhism (ibid, p. 27).

## Conclusion

The analysis of the Sōtō-school's statement on the problem of brain death and organ donation introduced here as one example of the engagement of Buddhism in the field of medical ethics, sheds some light on the diversity and the broad spectrum of Buddhist concepts that could be utilized in the discussion of the ethical legitimacy of this form of medical treatment. It remains to be seen however, whether the revision of the Japanese Organ Transplant Law of July 2009, further trying to promote the transplantation medicine currently stagnant due to the shortage of cadaveric donors in Japan, prompts the denominations of Japanese Buddhism to react by reviewing their statements of the 1990s or issuing actualized, more accentuated positions.<sup>10</sup> It can be said though, that especially the premises on which the revised Organ Transplant Law is based on, namely the equation of brain death with human death (*Asahi Shinbun* 2009b), definitely pose a further challenge to the anthropological and ethical doctrines of Japanese Buddhism. To monitor the Buddhist denominations of Japan in their future attempts to define the boundaries of Buddhism's principal affirmation of medical treatment might also contribute to a deeper understanding of the question "What is medical?" in general.

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<sup>10</sup> Although the Japanese Association of Religious Organizations issued a number of critical statements on the revision of the Japanese Organ Transplant Law published on the association's homepage ([http://www.jaoro.or.jp/activity/state\\_zouki.html](http://www.jaoro.or.jp/activity/state_zouki.html)), up to the present (November 2009) still no "official" reactions from Buddhist denominations are made public.

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