Cross-cultural ethics are increasingly important in a world of globalizing medicine. Most studies on ethics and culture use concepts from Western bioethics as their starting point; they hold Western principles constant and then examine how they are valued differently by different cultures. This approach has failed to explain many ethical conflicts in non-Western countries, which have not been resolved by Western bioethical tools. As a case study, I examine the current controversy over the removal of mechanical ventilators in Thailand. I conducted three months of ethnographic fieldwork among Thai physicians, patients and families to determine what ethical principles govern their decision-making at the end of life. As a comparative model, I use the popular distinction made by Beauchamp and Childress (1975) between ‘practical,’ ‘self-interest,’ and ‘ethical’ dilemmas that is commonly used by Western ethicists to make decisions in the hospital. Of the principles common to Western bioethics – autonomy, beneficence, non-maleficence, justice and truth-telling – beneficence figured prominently in participants’ decisions about removing mechanical ventilators. In addition, individuals employed a logic concerning the Karmic acquisition of merit and sin – a principle unexplored in Western bioethics. The controversies in Thailand over removing mechanical ventilators arise from a conflict between: (1) a beneficent desire to relieve suffering and prepare a patient’s mind for a focused transition to the next life; and (2) physicians’ fear of accruing negative merit by withdrawing ventilators, which requires the impure mind-state of intending to kill the patient. The conflict between these two principles dissolves the classical distinction between ‘self-interest’ and ‘ethical’ dilemmas because physicians’ reasons for not withdrawing ventilators are simultaneously self-interested.
and ethical. This research highlights two flaws in current cross-cultural ethics research: (1) ethical dilemmas in different cultures may arise from the use of different ethical principles, rather than from differential emphasis on universal (Western) principles; and (2) because of this, the bureaucratic and logical tools of Western bioethics may be inadequate to handle cross-cultural ethical decision-making. The case of mechanical ventilators in Thailand can be used as a starting point for improving such tools.