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Doing Bioethics in the Philippines: Philippine Bioethics and the Challenge of Cross-cultural Medicine*

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THE INTENT OF THIS PAPER is to briefly outline three major concerns: the culture of bioethics as it bears on the thematization of health and illness in the Philippines; the challenge that Filipino traditional medical views pose on bioethical discourse; and the prospects of doing bioethics in the country.

Limited in space and scope, the discussion restricts "bioethics" to include only philosophical-ethical as well as cultural concerns related to medicine. Issues attendant on other spheres of "bios," like the environment, are excluded. At the core of this paper is the importance of understanding the differences in medical and philosophical categories used by biomedicine and Filipino traditional medicine. Recognition of the medical or philosophical-ethical gap between the two medical traditions is crucial in the attempt to forge workable paradigms for a genuine cultural dialogue in the Philippines.

The Culture and Discourse of Bioethics

Bioethics deals with the ethical implications of both biological research and its applications. A contraction of "bio" and "medicine," biomedicine, on the other hand, refers to applications of research in biological and physiological sciences to clinical medicine. The large-scale introduction of medical technologies beginning in the 1960s raised the need for sustained inquiry into issues like the definition of death and the withdrawal of life-sustaining medical treatment, genetic engineering, the use of human embryos for research and treatment, transplantation, etc. The relationship between biomedicine and bioethics is definitive: biomedicine helps shape the contours and conceptual limits of bioethics.

At risk of oversimplification, bioethics may be viewed largely as the ethics of bioemedicine—an institution also known as

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"western allopathic medicine" usually distinguished from personalistic and naturalistic approaches to health and medicine (Owen 1987). Although the term "biomedicine" has its own limitation and inadequacy, it is, nonetheless, used to emphasize the institutional structures of the dominant medical profession which invoke the primacy of certain scientific, philosophical, and ethical commitments not necessarily shared by Filipinos and other peoples of the world (Kleinman 1995).

Biomedicine is anchored on allopathic "germ theory" that tends to regard illnesses exclusively as enemies (Owen 1987). It is difficult, if not impossible, to just label biomedicine "western," since it is already practiced worldwide and likely has nonwestern sources. Already a global institution, it is certainly the dominant practice in the Philippines. Biomedicine, which tends to be identified with biological thinking (itself far from being monolithic), forms the foundation of the country's formal health care system. From government policies to vaccination in the *barangay,* from court rulings to the conduct of rural health workers, from textbook writing to family planning, it is the basis of mainstream medical interpretations and interventions. In short, biomedicine is hegemonic, and so is the discourse of bioethics.

Biomedicine, furthermore, reflects a cultural system—"a system of symbolic meanings on a particular arrangement of social institutions and patterns of interpersonal interaction" (Kleinman 1995). It can be seen as a system of social control. Biomedicine, as Kleinman asserts, is a leading institution of industrialized society's management of social reality. Biomedical constructions of the various forms of human misery as health problems are reinforced by societal regulations that can influence all sectors of experience. This process of medicalization is responsible for certain of medicine's most controversial attributes.

Biomedicine's sector of influence continues to grow as more and more life problems are brought under its aegis (Kleinman 1995). Biomedicine tends to be part of the overall societal system of regulatory techniques and technological powers conditioning human choices and actions through the medical regimen (Williams and Calnan 1996). In this light, bioethics (as we know it) is severely limited by the purview of biomedicine. Medicocentric, bioethical discourse privileges certain ethical principles in ways different from Filipino ethical constructions. "[T]he canonical

works [of bioethics]...assume an individuated self, set off from the collective—single, unchanging, self-defining. Thereby, *inter alia,* autonomy of the person is claimed to be a paramount value along with ideas of justice and beneficence" (Kleinman 1995). Some western values like autonomy of persons, however, appear not as privileged as values like solidarity in Philippine society.

The Challenge of Traditional Medical Practices

"Traditional Filipino medicine" refers not to a single medical system. There are actually many Filipino medical systems (Tan 1987)—owing largely to the diversity of the country's ethnic groupings (about 70) and the various colonial or foreign influences, especially European and Chinese. It can rarely be equated with "indigenous medicine," since there is no way to identify which medical practices and beliefs are purely local. Traditional Filipino medical practices are dynamic, popular nonbiomedical systems in the Philippines. It includes a wide range of practices of *manghihilot* (traditional bone setter), *albulario* (medicine man), acupuncturists, religious healers, etc. The obvious strength of traditional medicine is number. There are more practitioners of traditional medicine than practitioners of biomedicine. As Michael Tan, a noted Filipino medical anthropologist, pointed out, the Philippines has at least 40,000 traditional birth attendants and 100,000 herbalists (Tan 1992), in addition to other thousands of *manghihilot,* acupuncturists, etc. who are mostly concentrated in the rural areas.

Now pending in the Congress of the Philippines are bills seeking to institutionalize traditional medicine and alternative health care (House Bills Nos. 2324, 4464, 7469, 7949, 7716, and 8145, n.p.). These bills recognize the urgent need to incorporate traditional medicine into the "conventional" medicine. They point out the government's inability to meet the health care needs of the Filipino people and the country's over-dependence on foreign drugs which are not accessible to the poor who comprise 70% of the population. Some of these legislative measures propose the creation of a regulative body that will "oversee" the practice of traditional and alternative medical practices. This move in the Philippine legislature, unfortunately, invites tension, not only because it divides policy makers and even biomedical practitioners into endorsers of the bills and their rabid opponents, but also because the govern-

ment is trying to institutionalize practices which are essentially nonformalizable. The roles of traditional medical practitioners are broadly defined and informally assumed. There is little (if at all) professionalization in the field. Nor is there any strong institutional distinction between *manghihilot*, shamans, herbalists, and other practitioners of traditional medicine who tend to be constitutive of a harmonious confluence of medical traditions.

The deeper challenge, however, lies in the cultural, philosophical, and ethical views that inform traditional Filipino medicine. The deficiencies in the delivery of primary health care in the country are partly due to the biomedical practitioner's fundamental misunderstanding of Filipino concepts of health and illness (Tan 1987). Even attempts at classifying traditional, indigenous, and popular medical practices founder on "western" dichotomies between the natural and the supernatural, the metaphysical and the scientific, the spiritual and the bodily. Recalcitrant to classification are the inherent ambiguities of traditional Filipino medical, philosophical, and ethical categories. A study on acute respiratory illness, for instance, asserts that "the folk epidemiology of respiratory illness is far removed from models of biomedical epidemiology. While the former focuses on factors rendering one vulnerable to illness, the latter investigates illness-specific pathogen-host-environment relationships" (Nichter and Nichter 1996).

In a larger picture, many illnesses in the Philippines cannot be appropriated into biomedical pathology. Biomedicine fails not only because local ailments escape biomedical categories but also because the treatments that go with biomedical disease labeling tend to undermine certain philosophical-ethical persuasions of Filipinos. Many biomedical practitioners are too quick to label as medical problems what essentially are philosophical problems or differences in worldviews (Tan 1987). Bioethicists need to probe into ethical and philosophical underpinnings of Filipino traditional medical practices to understand how bioethical discourse can be truly informed about the Filipino cultural ethos.

The abortion debate that proved to be very divisive in Europe and in the US can have a different spin in the Philippines if certain local practices and beliefs are highlighted. Some observers note the abundance of so-called "abortifacients" which, in Cebu (a major Philippine island) alone, are close to forty (Yu and Tiu 1980). As a term, however, "abortifacient" may be semantically, if

not ethically, misleading because these concoctions are taken by many locals as *pamparigla* (restoration of menstrual flow). The fetus (a biomedical category which appeared to have no indigenous equivalent before the coming of 'imperial' medicine) or *dugo* (roughly "mass of blood") will come to life if it is really meant to be *buhay* (meaning "life" or "to survive"); hence, a phenomenon biomedicine may readily describe as "abortion" need not be morally controversial at all. Undeniably, this underscores the importance of looking at the very categories bioethicists use. Without sifting through certain cultural and ethical biases latent in biomedicine, suffice it to say, that discussions of sensitive issues like abortion can be counterproductive.

For brevity's sake, an account of other traditional medical views and practices is excluded in this paper. But the most popular ones include *pasma* (described roughly as profuse sweating, shaking of hands, exhaustion, or headache as a result of wrong interplay of "hot" and "cold"), *kuyap* (a Cebuano term to describe pulsations in the diaphragm accompanied by nausea), *sumpung* (loosely translated as passing phase or mood) to which some ailments like asthma are attributed, and *hiyang* (literally meaning "what fits") sometimes used to describe medical interventions that are suited to individual needs and temperaments (Tan 1987).

The purpose of this paper is obviously not to provide a systematic account of these traditional medical views and practices. It is to invite serious rethinking and reevaluation of the categories used in doing bioethics in the Philippines.

The Prospects of Doing Bioethics in the Philippines

The challenge that traditional medicine poses to biomedicine and consequently to bioethics is not just the avoidance of what Kleinman calls "category fallacy"—i.e., "imposition of a classification scheme onto members of societies for whom it holds no validity" (Kleinman 1995)—but also the sheer philosophical space these forms of medicine open up. The fact that Filipinos can pragmatically switch between paradigms in their pursuit of good health suggests intersections of cultural systems and logics. A viable ethics, therefore, can be formulated at the intersection of social logics of symbolic systems (like traditional medicine and biomedicine) and historical events. The Philippines' unique history and culture

offer a complex of opportunities and challenges to the theory and practice of bioethics. Its long colonial history has brought about assimilation, among others, of so-called "western" ethical values which, rather than being fetters, may provide some flexibility in philosophical-ethical negotiations vis-a-vis technological encroachments and biomedicine.

Already recurrent in Filipino culture are themes of pluralism and pragmatism contrasting the exclusivism and dogmatism of biomedicine. It is, for instance, not uncommon for Filipinos to consult both the biomedical doctor and the *mananambal/albulario* (medicine man) or even for some doctors to prescribe drugs and advise their clients to seek supplementary attention from the *hilot* (traditional bonesetter or masseur). Reportedly, an eminent pediatrician sends her grandchildren to the *hilot* for *pilay* (a traditional Filipino notion of bony, nervous or vascular dislocation). Some biomedical doctors recognize that popular belief in *init-lamig* ("hot and cold" principles) as causative factors in cough should be considered in the formulation of an effective and comprehensive ARI (acute respiratory infection) eradication program (Cueto 1990).

Needed, therefore, are ethical systems that respect this kind medical pluralism. Forcing the bioethical discourse into the Filipino culture may do more harm than good. Some academics call for the integration of biomedicine and traditional/alternative medicine. But, more often than not, integration turns out to be a subsumption of the weak by the strong, of traditional medical practices by biomedicine. The alternative to the integration model is "osmosis"—the mutual absorption of good qualities of both biomedicine and traditional forms of medicine as well as their concomitant ethical discourses. Let bioethics learn the vocabulary of Filipino ethics and Filipino ethics be nourished by biomedical experiences. Let forms of medicine and ethical discourses flourish. This prospect is easier imagined than put to practice, but the choices are not that many and time is running out. There are millions of suffering Filipinos.

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