

India-China Comparisons: state and society

Report >
India - China

Indian and Chinese societies seem an obvious case for comparison, but until recently there has been little intellectual interaction between Indian and Chinese scholars, while comparative works remain few and far between. The India-China Comparisons: State and Society workshop served as an orientation to the field for Indian, Chinese, French and Dutch scholars.

India-China Comparisons: State and Society
Leiden, the Netherlands
27-28 May 2004

By Peter van der Veer

India and China are the two largest societies in the world, both with ancient civilizations. Together they were the motor of the world economy until 1800 and are becoming so again. India is the world's largest democracy while China is a communist state; both have important diaspora populations. There are many other reasons and points for comparison, but European or Western modernity has to date been the implicit framework for comparative research.

When Indian and Chinese scholars engage in comparative research, they invariably look to the West – previously to Europe and increasingly to the United

States. For European scholars, the effort to master a Chinese or Indian language and to gain expertise in the study of either is already a daunting task; to begin comparing these societies seems far too ambitious. It is for such reasons that the comparison of India and China has yet to take off. Inter-Asian comparisons still need to be developed.

Civilization, nation and culture

Patricia Uberoi pointed out some of the disciplinary reasons within the social sciences for the inadequate development of comparative work, and raised the question of what should be compared. Some, like the doyen of Chinese studies in India, Tan Chung, look for deep civilizational comparisons, understandable from the viewpoint of a scholar whose father was brought to India by Rabindranath Tagore to set up Chinese studies. Puay-

Peng Ho, from the perspective of art history, and Peter van der Veer, from the perspective of anthropology, pleaded for a historically informed perspective on questions of civilization, nation and culture. Ho looked at the revolutionary changes that are taking place in Chinese art and architecture as signifiers of Chinese national identity, while van der Veer examined the historicity of the concepts of religion and secularity when applied to Indian and Chinese societies.

While these were larger theoretical questions, much of the conference was devoted to the presentation of empirical research on contemporary developments. Ravni Thakur and Satish Deshpande looked at social stratification and the role of the middle class in both countries, while A.R. Vasavi explored the crucial issue of equity in education and literacy.

Economy and civil society

The economy was another major field for comparison at the conference. Ashwani Saith, Jean-Louis Rocca, Françoise Mengin and Lu Xiaobo dealt with a spectrum of issues from macro- and micro-economic perspectives. Saith raised the crucial question whether China will face developmental questions of growing inequality and poverty long evident in India. Rocca, Mengin and Lu explored the ways in which civil society and economic activity are intertwined.

Democracy in India and China was addressed by Jaffrelot, Bhalla and Ho. Jaffrelot took a long historical perspective on Indian state-formation to explain caste politics, Bhalla looked at intellectual discussions on democracy in China, while

Ho explored the issue of NGOs, specifically in the field of green politics. Indian and Chinese foreign policy were examined by Yang Baoyun. Finally a session was devoted to the Chinese and Indian diasporas. Song Ping discussed transnational networks among Southeast Asian Chinese while Mario Rutten addressed Gujaratis in England. Xiang Biao tried to develop a comparative framework for Indian and Chinese diasporas. The conference, as a whole, was an inspiring step towards the development of India-China comparisons. ◀

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Avoiding Harm: medical decision making and East Asian values

Report >
bioethics

Bioethicists discussing family values often refer to 'traditional' and 'secular' notions of the family. Behind these lie holistic notions of the 'Eastern family' and 'Western individualism'. These notions can affect decisions of life and death.

Fourth International Conference of Bioethics:
Biotechnology, Family and Community
Chungli and Taipei, Taiwan
24-26 June 2004

By Margaret Sleeboom

In an attempt to halt the disintegration of the family as the fundamental social unit within society, a well-known physician and philosopher from Texas, Tristram Engelhardt, asserts that 'the West' sees the 'family' as a 'stumbling block to the development of the reproductive unit'. According to Engelhardt, the Western view is based on the liberalism of individual choice where technology separates the social and reproductive functions of the family. The involvement of third parties – physicians, surrogate mothers, the state, technology – has only augmented this separation. By contrast, in the East, the family is an irreducible social unit, a unit of meaning greater than its individual members. The familistic point of view emphasises family involvement in reproductive decision making: the family embodies social and moral values, and authority.

Truth telling

Intellectuals who espouse traditional 'Eastern' family forms tend to propagate them with such urgency that one suspects they no longer exist. Philosophers Alice Li and Shui-chuen Lee of Taiwan's Chong-li University advocate 'relational autonomy', where individuals are socially embodied persons. They point to problems in the individualistic use of

instrumental rationality – the extreme case of a woman who has an abortion so she can keep her vacation plans. In such cases, they argue, the family in which the woman is embedded, i.e., the husband, should have a say. The problem with this example, and nearly all others, is that we don't know the social and psychological contexts: who can decide if the 'vacation' is the real reason or a pretext, if the family situation is oppressive or not?

From a neo-Confucian perspective, physician Daniel Tsai of the National Taiwan University College of Medicine likewise argues that in East Asian bioethics, the family is central, the idea of Confucian personhood crucial. Tsai argues that the Chinese physician emulates the ideal of *junzi* (gentleman) and emphasizes in his medical practice the important advantages of not telling the patient the truth, such as protecting the patient against the shock of hearing a negative prognosis. Before entering the discussion on truth-telling, we might question how representative Confucianism is for East Asia – the diversity of East Asian views on medical practices is as great as anywhere else in the world.¹ Leaving aside the issue of East Asian representation, one may ask if we should not treat the patient with the respect reserved for a *junzi* as well. In other words, do the practices of treating the patient as a gentleman and not telling him the truth fit together in Confucianism? If so, is the implied social hierarchy desirable?

As a believer in the merits of individual choice and transparency, Stephen Wear of the University of Buffalo defends the practice of truth-telling under all circumstances. The individual should be able to decide for him or herself. Wear illustrates his argument with the example of a Taiwanese woman diagnosed with breast cancer. Her parents did not tell her and decided she should receive Chinese medicinal treatment. The cancer spread; when she returned to the hospital for help it was too late.

Tradition and harmony

Defending what she regards as the traditional Chinese family, Samantha Mei-che Pang from Hong Kong argues that, because harmony in the Chinese family is important, the family in some cases may justifiably decide for the individual – to protect the patient. Confronting the patient with his or her imminent death is too painful; it therefore becomes taboo in the patient's presumed interest. But consider the following example of a Japanese family, one that raises the issues of gender, the generation gap, and issues of institutional power. When the husband visited the hospital, he was diagnosed with cancer. He chose a course of treatment, and presented the family with the facts. His disease subsequently became the focus of family life. At around the same time, the grandmother was also diagnosed with cancer, but neither her daughter nor the physician told her the truth. As a result, her situation received little attention.

Such responses to medical diagnosis are not always the result of rational decision making, but are embedded in the workings of local medical institutions. Thus whether the grandmother would really be hurt by the truth is not discussed; whether the physician finds it medically desirable to inform the patient about his/her disease is not a central issue. Traditional habits and sanctions have institutional memories; although they change, they do not always do so in pace with social and medical developments.² A discussion on the cultural and socio-economic logic of rapidly changing societies may be necessary to take measures against the random disintegration of traditional institutions. Stephen Wear, suspicious of avoiding truth-telling but sensitive to cultural circumstances, concedes that the family should have a chance to explain the diagnosis and prospects to the patient, but only if the physician is in a position to verify it afterwards.

To conclude, the dichotomy of Eastern and Western family is not very helpful in trying to understand the diversity of family institutions anywhere. Medical paternalism was as strong in the US and Europe not so long ago. Family forms that resemble the nuclear family are ascendant in wealthy industrialized societies, East or West. A reduction in average fertility rates in combination with education and the emancipation of women usually lead to increasingly independent individuals.³ It also needs pointing out that familistic views of medical decisions and life issues are often inseparable from official ideology.

De-emphasizing individual autonomy tends to go hand in hand with invasive pressures from the state, the community and the family on the most vulnerable individuals. The question, then, remains: on what authority can we decide if the morality of the family conflicts with the interest of the individual? Finally, we could ask if it is true that strong notions of state and individual in the West have led to an impoverishment of intermediate institutions such as the family and the local community. The liberalism and socio-cultural pluralism characteristic of many modern states has created confusion, but possibly richer notions of family organization and morality as well. ◀

Notes

1. See, for example, the articles by Masahiro Morioka, Hyakudai Sakamoto, Yanguang Wang, Shui-chuen Lee and Jiayin Min in Margaret Sleeboom, ed., 2004. *Genomics in Asia: A Clash of Bioethical Interests*. London: Kegan Paul.
2. Cf. Fumio Yamazaki, 1996. *Dying in a Japanese Hospital*. Tokyo: The Japan Times, in which he describes ten cases around non-truth-telling and the reasons for the growing movement for patient autonomy and truth-telling in Japan.
3. Cf. Emiko Ochiai, 1996. *The Japanese Family System in Transition. A Sociological Analysis of Family Change Postwar Japan*. Tokyo: LTCB International Library Foundation.

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