

Individuals are Inadequate: Recognizing the Family-Centeredness of Chinese Bioethics and Chinese Health System

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This paper is aimed at a critical assessment of the moral framework of the current Chinese health system from a Confucian perspective, by focusing on the debate between the individual directed approach and the family-oriented approach to a health care system. Concerned with the nature and status of the family in communal life, the paper deals with the following questions: to cope with the frailties of material life (including susceptibility to disease), what good is presupposed by human existence and flourishing; why it is the family that serves as the primary locus of bearing and realizing this unique good; and what kind of society might possess the structures necessary to achieve the good thus conceived. All these questions lead to a revision of the theory of justice required in health care, in favor of family health saving accounts as an important institutional guarantee.

Keywords: *common good, Confucian account of justice, family-oriented health system, justice in health care*

I. INTRODUCTION

Although the recent Chinese health system reforms have made significant progress with regard to universal health insurance coverage and access to health care, the core of this system still lacks a coherent and systematic referential framework to orient and coordinate various policies. As a matter of fact, the current Chinese health care system is more like a compound

of several foreign institutions, without further inquiry into their deep ideological and moral commitments. However, the current financial and political crises besetting Western Europe and North America prompt us to reconsider potential hazards inherent in the dominant Western welfare-state model. Against this background, in my view, the most urgent task for the Chinese construction of a health system is to gain a position from which one can reassess its moral commitments and ideological foundation from a systematic perspective.

This paper is aimed at a critical assessment of the moral framework of the current Chinese health system by focusing on the debate between the individual-directed approach and the family-oriented approach to a health care system. As is well known, the former is characteristic of the Western welfare-state model and its ideological commitments, whereas the latter could be articulated and justified from within the Confucian tradition, which will be the starting point for my argument. But what is at stake in this debate is more than the abstract culture war. The debate is ultimately a philosophical, as well as practical, reflection on the role of the family in a well-ordered society in general, and in a just health care system in particular. Concerned with the nature and the status of the family in communal life, I will deal with the following questions in the first part of this paper: to cope with the frailties of material life (including susceptibility to disease), what good is presupposed by human existence and flourishing; why it is the family that serves as the primary locus of bearing and realizing this unique good; and what kind of society might possess the structures necessary to achieve the good thus conceived. All these questions lead to a revision of the theory of justice required in health care, in favor of family health saving accounts (FHSAs) as an important institutional guarantee. Finally, this paper proposes a diagnosis of the problems of the current Chinese health system, as well as an exposition of the potential contributions of FHSAs to resolving contemporary crises, by extending the previous argument to an analysis of real-world health care resource allocation problems.

II. THE CONFUCIAN CRITICISM OF THE INDIVIDUALISTIC ASSUMPTIONS OF THE RAWLSIAN MODEL

I take the Rawlsian model of just health care, arguably the most popular and typical one, as the representative of the individual-directed approach to a health care system. As Norman Daniels puts it, this position consists of the following four points:

1. The special moral importance of health care consists in protecting an individual's fair share of normal opportunity. Daniels starts his argument with highlighting the common observation that "people who tolerate vast inequalities in wealth and power are often morally outraged

when those who are ill cannot get care because they cannot pay for it” (Daniels, 2008, 18). For Daniels, this moral intuition suggests that health care is of special importance because it helps maintain, restore, or provide functional equivalents (where possible) to normal functioning (p. 42), and thus restore the fair-opportunity range that is impaired by the illness or disability. The intuition behind this claim is similar to the one behind the fair equality of opportunity, that is, the fair-opportunity range for individuals to what they would have if social arrangements were more just and less unequal should be restored if possible (Daniels, 2008, 44). In other words, unlike some tolerable socioeconomic inequalities because of normal variation in talents and skills, health inequality is unjust when it is the result of unequal distribution of the social determinants of health, including access to health care (cf. Daniels, 2008, 17, 94).

2. Therefore, health care distribution is subject to the requirement of “fair equality of opportunity.” As Daniels claims, “the connection that I established then between health and opportunity shows how to extend Rawls’s theory [theory of justice as fairness requiring protecting opportunity] so that it can accommodate the facts about disease and disability that it had (deliberately) ignored” (Daniels, 2008, 29).¹
3. Health care fits well within the domain of social primary goods which by nature are instrumental—they are tools useful to everyone for their own life plans.² As Daniels says explicitly, “my account includes the protection of normal functioning within the primary good of opportunity” (Daniels, 2001, 4).
4. The main burden of financing health care falls on the society. As “fair equality of opportunity” requires, “healthcare should not be distributed according to the ability to pay, and the burden of payment should not fall disproportionately on the ill” (Daniels, 2001, 4), whereas the society has the obligation to take positive social measures to correct for the negative effects on opportunity (Daniels, 2001, 3).

The first point is the most important. It suggests the primary assumption at the core of this liberal claim is that there is a relatively objective line between disease and disability on one hand and normal functioning on the other hand, insofar as disease and disability negatively affect an individual’s fair share of the normal opportunity range.

By “normal opportunity,” Daniels means the choices reasonable people would choose in a given society, were they not ill or disabled and were their talents and skills suitably protected (Daniels, 2001). Although this standard is formulated in a formal language, it still implies a robust understanding of a reference point in order to decide what is normal. This reference point is the range of the hypothetical choices people *would* make while keeping normal functioning. It suggests that Rawlsian liberalism takes as its normative

and theoretically guiding point of departure the *fully-formed, self-contained individuals*, who treat the ill as “abnormal,” as though they were continuously rational, healthy, untroubled.

However, for Confucians, this starting point of moral reasoning is illusive and misleading. On the contrary, Confucians will emphasize that we human beings are essentially vulnerable to many kinds of affliction and most of us are, at some time, afflicted by disease and disability, not to mention the inevitable progress of being young or aging. Therefore, in the Confucian view, disease is not so much an abnormal and unfair limitation for the agent as an essential human condition. It follows that it is mostly to others that we owe our survival, let alone our flourishing as independent agents.³ Accordingly, the importance of health and health care is not connected with the primacy of opportunity but first and foremost with the centrality of interdependence in communal life.

More importantly, by taking the fragility of our material life and the related facts of dependence seriously, Confucianism recognizes a unique kind of good in the flourishing family life that is obscured from the individualistic perspective. That is, to flourish in a human way, everyone needs to be included in an intimate community of mutual care in which people are united to share each other’s fate.

The following paragraph from Confucian classics gives a vivid depiction of what the familial relationship should be:

Relations of parents to children or children to parents are like two parts of a single body or the same breath/vital energy separately breathed. . . . even [when] they are in different places, yet they remain linked. Hidden intents reach from one to the other, *they rescue one another from pain or suffering, and they are moved by the other’s worries and longings*. . . . This is called “the closeness of bone and flesh” (骨肉之親) (*Lü shih ch’un ch’iu*, juan9, “jingtong”).

In the Confucian view, “the closeness of bone and flesh”—which is the idea of the family and also the prototype of *ren* in the Confucian context—constitutes the common good required for human flourishing.

In this way, the different answers to the question of what good is involved in dealing with the frailty of material life set up the platform on which a series of particular contrasts and disagreements between the Confucian and Rawlsian views of just health care takes place. Specifically, the kind of good embodied in “the closeness of bone and body” has three salient characteristics.

First, it recognizes a common foundation of human existence and flourishing in a network of giving and receiving centered around families. The point is simply that given the vulnerability of human nature, each of us achieves our good only if and insofar as others help us through periods of disability. And this kind of community of giving and receiving based on the family constitutes a reality *sui generis*, irreducible to individuals. In Confucian terms,

family life would rather entail a progression of “forming one body” with other family members.

However, we should be careful to distinguish “one body” from a self-identical entity. By “one body,” Confucianism means neither a substantial identity nor an abortive assimilation, but rather a proximity that is brought forth by *nonindifference* to the suffering of those who are related to us in this or that way.⁴ More specifically, the family signifies a form of life in which the members find themselves already commonly situated to begin with, to be motivated by ends beyond individual choice. Just as the term “closeness of bone and flesh” indicates, in such cases I am so moved by something beneficial or harmful for another that I take his or her good as my own good: I experience all that affects another as if it affected me. This experience may seem strange to the unencumbered, disengaged self adopted by liberal individualism, but it constitutes the essence of caring action that is indispensable for any imaginable family life. A basic Confucian symbol of the family—which is compiled by the ancient Sages and recorded in one of the oldest Confucian Classics, *The Classic of Change*—describes family life as a stove (fire) used to cook food for a family to live together in a house, as well as virtue (wind) emanated from, manifested in, and spread out of this shared life⁵ (see Fan, 2011, 5). In the Confucian view, it is the power of sharing that animates family life and makes the goods carried with it possible.

Second, the good embodied in the “closeness of bone and flesh” (or *ren*) is by nature the highest good for humans *qua* humans, completely different from social primary goods.⁶ To illustrate the point, I would like to begin with an analysis of a famous although puzzling paragraph in *Analects*: “Man needs *ren* more than water or fire. I have seen man die from treading on water and fire, but I have never seen a man die from treading the course of *ren*” (15:34, adapted from Legge, 1930). These words, although mysterious at first sight, can be clearly understood, as long as we note that here Confucius actually engages a distinction between different kinds of good for human beings. Both fire and water are necessary for human flourishing and thus both are good. But there is a crucial distinction between what a person sometimes takes to be good for him or her and what is really good for him or her as a human. *Ren* is classified as the latter type, and this is why Confucius says that a human is in more severe need of *ren* than of water or fire. Incautious use of water or fire may cause hurts to those who practice them, whereas *ren* can never do anything wrong to people, because *ren* is the highest among all human goods. In other words, water or fire is good in the sense of a means that enables one to have some further good. This is also the case with social primary goods. They are tools useful to everyone for their life plans, no matter what conception of good life they respectively hold. However, *ren* as the network of giving and receiving gives *a common content* to human happiness or flourishing beyond those minimal goods in the sense of tools. It rather opens up a common space of humanity, in

which all humans should participate in order to be a full person, to flourish *qua* human being. In this way, *ren* plays a role similar to the concept of the common good defended in the Aristotelian–Thomist manner.⁷ Furthermore, it should be emphasized, the common good addressed by *ren* is neither instrumental goods nor goods confined to a particular activity, but the highest good that from a global level addresses to each individual the question of whether it is good for her or him or whether the goods of this or that practice should have this or that place in her or his life. It follows that this kind of good can only be properly appreciated on the scale of a whole lifetime.

From this perspective, the Rawlsian position is mistaken in putting aside the inevitable stages of dependence on others from the whole life, as well as flattening down the hierarchy of goods crucial for human flourishing *qua* human beings, rather than merely *qua* free and equal citizens.⁸

Third, the good embodied in “the closeness of bone and flesh” does not only benefit the agents engaged in the positive sense but also those agents engaged in the passive sense, that is, it equally benefits the able caregiver, as well as the least able, such as the very young, very old, the sick, the injured, and the otherwise disabled, insofar as the roles of the caregiver and the receiver are reversible. Instead of viewing the moral agent as the self-contained, unencumbered individual, Confucians highlight the relevance of the agent’s fundamental dependent situation to his moral experience. For example, once Confucius criticized a student who out of utilitarian considerations refused to practice the morning rituals, “this shows he is deficient in *ren*. It is not until a child is three years old that it is allowed to leave the arms of his parents. And the three years of mourning is universally observed throughout the empire. Does he also have the three years of love to his parents?” (*Analects* 17:21, my translation). Confucius emphasizes that the disposition of feeling grateful is an indispensable stage of one’s moral development. As long as children become aware of what they have received from the parents,⁹ they will realize that what they owe is unconditional commitment to the goods of their parents, as well as to the goods of other family members who are related to their parents. In other words, the reversibility presupposes a deep bond we feel and cultivate in our connected lives to the extent that we are committed to sharing each other’s fate as if the other were the flesh of my flesh. As Fan (2011, 12) summarizes, “Chinese love their families not simply because in the long run this turns out to be advantageous, but rather because of this love they enter into a dimension of human flourishing and virtue otherwise undisclosed.” In other words, by the reversibility sustained in the bond of love, a common space of humanity, or *ren*, is opened up: both the able and the least able are engaged, in different yet related ways. On the one hand, Confucians believe that one cannot be a person to the fullest sense without participating in this common space,¹⁰ since what and how far we are able to give depends in key part on what and how far we received. This is the basic way a capable person benefits from

the network of giving and receiving. On the other hand, it is the needs of the least able, not the choice or performance of the able, that is paramount in determining whether the community is in a flourishing state.

In both respects, however, the common space sustained in reversibility is seriously threatened by the social-democratic welfare state. First, the improper invasion of the state into the domain of families makes it easier to exit the family and thereby creates a false impression that a community of giving and receiving centered around the family is dispensable for individual flourishing.¹¹ Second, welfare entitlements in general, including state-based health care, give people an excuse to feel free of their responsibility for other family members. In short, the individualistic-egalitarian commitments of a welfare system create an atmosphere in which people need neither feel grateful for what they have received nor attached to any goods beyond their own choice. However, the moral agent in this framework is not so much liberated as disempowered, insofar as it has been deprived of part of the activity space in which it is capable of identifying with others by taking their goods as its own goods and capable of sharing the common good by participating in an ongoing relationship with those particular others. Note that the spirit of sharing—which animates the familial life and grounds the reversibility—is beyond the dichotomy between self-interested market behavior on the one hand and altruistic, benevolent behavior on the other, the dichotomy in which a Rawlsian self is bogged down.¹²

When it goes to the domain of health care, the reversibility also helps explain why the state can never substitute for a loving family in providing proper care for the diseased and disabled. A welfare system tends to think of “the diseased and disabled” as “them,” as a separate class, not as ourselves as we have been, sometimes are now, and may well be in the future, as Rawls indicates when he says that the society has the obligation to “restore people by health care so that once again they are fully cooperating members of society” (Rawls, 1993, 184). However, just as it is wrong to view vulnerability and related dependence as a separate stage, it is inadequate to treat the diseased as those other than us. What the suffering person ultimately needs is that someone is always there to share his or her fate no matter how things may turn out.

In sum, in the Confucian view, every individual has always already been located in some place within a network of givers and receivers in which the achievement of one’s individual good is understood to be inseparable from the achievement of the common good of the community. It follows that one cannot make full account of individual goods without reference to a broader framework of communal life and the common good. Therefore, the Rawlsian position is fundamentally defective in that it attempts to work out the importance of health and health care on the basis of the individuation of subjects at the price of the common good of families. As a result, this position and its institutional designs leave people an impoverished life–world

by undermining the underlying network of giving and receiving. This may partly account for the crisis of sustainability recently besetting the entitlement-based health care systems.

III. THE CONFUCIAN MODEL OF JUST HEALTH CARE AND ITS POLITICAL IMPLICATIONS

Although the Rawlsian model views justice first and foremost as an issue of distributive justice concerned with instrumental goods, Confucianism prefers a communitarian understanding of justice, to the extent that it insists justice involves reasoning about the good life and the common good. As a result, from Confucian moral resources, we can develop an important alternative to the Rawlsian model of just health care by embracing a more robust understanding of goods at the core of its theory of justice. More importantly, for Confucians, justice is not only about *who* gets goods, but first of all about *what goods* deserve pursuing.

Basically, a Confucian model of just health care can be marked in the following respects, in stark contrast with the four main claims of the Rawlsian account listed in the previous section.

First, not viewing health care as social primary goods, Confucians contend that health care can only be properly appreciated in the framework of *ren*. Traditionally, health care is termed as “a technology aimed at practicing *ren* (*renshu*).” In other words, instead of preserving the range of individual’s opportunities, the special moral importance of health care consists in preserving the flourishing of families by helping the family take care of its members.

Second, Confucianism maintains that the notion of justice is inseparable from the commitments and attachments defined in a network of giving and receiving. For Confucians, if justice is a matter of what is due to everyone, the most important part of one’s due is to be cherished in a caring network—in which everyone is included and responded to, and no one will be left alone in helpless situations—rather than to be given the equal rights and entitlements independent of his or her roles or commitments in various communities. In the Confucian view, the ideal of justice as fairness in the domain of health care seems undesirable for two reasons: (1) given the limited social resources, it is an unrealizable ideal to provide everyone with health care of equal quality according to his/her needs; (2) the unencumbered self valued by democratic liberalism is incapable of pursuing the common good of a family, since it is understood as independent of all possible attachments.¹³

Third, Confucianism has no problem with the Rawlsian claim that sick people deserve care or to some extent that we owe this care to them, but it would dispute that what we owe each other can only be figured out and justified at the interpersonal level, rather than on the individual ground. Just

as Sandel (1982, 151) convincingly argues, the principle of “fair equality of opportunity” implicates a commitment to sharing each other’s fate, which cannot be reached from the assumption of antecedent individuation.

Last, it follows that the locus of primary financial responsibility for health care can only be the family. For one thing, the family is in its nature the most important nexus for human beings, by which the members find themselves mutually indebted and morally engaged to “begin with,” to share each other’s fate. Only against this background can the disease be recognized as a moral phenomenon, as a justified call for care. For another, if the responsibility of mutual care is taken from the family, given the fact that a flourishing family in the sense of “one body” can only be sustained in mutual identification and responsiveness, families will rapidly decline, with the related common good passing into oblivion.

No doubt the Confucian accounts of social justice in general and just health care in particular have some major political consequences. The most important one is that our communal life should be structured in a way to keep different domains of human association apart according to their different concerns and goods while keeping them in interaction and co-operation in order to achieve human flourishing to the full extent.

As Jeffrey P. Bishop’s paper in this issue shows, the term “communal” implies a “unitary but complex” account of societal structure that is capable of giving due attention to the diversity of human associations and goods. For example, it is necessary to make a distinction between the political and the familial. In a similar way, Confucianism holds that the proper societal structure must be appreciated as hierarchical levels toward the ultimate formation of a just society, typically in the following order summarized in the Confucian classic of the Great Learning (*daxue*大學):

Wishing to govern well their states, they first regulate their families. Wishing to regulate their families, they first cultivate their persons. . . . Their persons being cultivated (*xiushen* 修身), their families can be well regulated (*qijia* 齊家). Their families being well regulated, their states can be rightly governed (*zhiguo* 治國). Their states being rightly governed, the whole world can be made peaceful (*pingtianxia* 平天下) (Adapted from Legge, 1930).

In this picture, the family with the cultivation of related virtues serves as the most primordial ground of human flourishing, in that what it provides is not merely a nest one needs at certain times of his/her life but the overall commitments among family members throughout the life circle from which a relatively independent and self-sufficient life world is created and sustained. As we can learn from everyday moral experience and from history, the family by itself shows a character of resilience that the state does not have, that is, its impressive ability to pull together and rebound from crisis and adversity (including those caused by a failed polity). It follows that the family is an indispensable foundation of any sustainable polity. Accordingly, any existent

government must be judged on whether it makes a point of assisting the sustainability of mutual-caring networks. For Confucians, one fatal problem about the welfare state is that it fails to recognize the fundamental role pre-political and transpolitical attachments, such as familial bonds, play in realizing and sustaining the ideal of social justice at the political level.¹⁴ Ironically, the more the scale of social and political organization becomes comprehensive—the welfare state tends to assure rights at the most compressive level of political association—the more fragmented our life world is, and the more powerless we feel. The dominant individual-centered, state-based approach to health system financing is entangled in this sort of predicament.

It is exactly from the above moral and political considerations that the institution of FHSAs is crafted as a way out of the predicament. First, through the establishment of FHSAs, the family is respected and given freedom to carry out its important tasks, which constitute an indispensable foundation of human flourishing. Second, FHSAs allow the state to take part in assisting the family to take care of its members without crossing the border. Although the family should take the primary responsibility of financing health care, in the Confucian account of a just society, the state is also obligated to create a favorable circumstance, as well as provide incentives to direct familial behaviors. In this respect, FHSAs can serve as a medium between family autonomy and government regulation. Third, FHSAs can afford unconditional commitment to diseased family members by allowing us to treat them as those particular others with whom we share the common good and participate in ongoing relationships. In contrast, no matter how powerful the state is in redistributing resources, it is ultimately a mere bureaucracy incapable of guaranteeing the very thing which the suffering person needs: namely, loving, personal concern.¹⁵

IV. WHAT IS WRONG WITH THE 'INDIVIDUALIST, DIVIDED, AND BROKEN' HEALTH CARE SYSTEM IMPLEMENTED IN MAINLAND CHINA?

From the Confucian perspective, the current health care system implemented in mainland China is dramatically defective in that it imposes “individualist, divided, and broken” treatments on family members. Since Yongfu Cao and Ruiping Fan’s paper in this issue has explored this phenomenon at the level of institutional analysis, in this section I am concerned with a revelation of the dynamics behind this phenomenon and its long-term adverse effects.

Before any detailed discussion, it is worth noting that the present state of affairs is a complicated phenomenon shaped by various, even opposing, forces. To some extent, opposing statements could be equally true, depending on the perspective the observer adopts. For example, some scholars contend that Confucian moral commitments still shape the everyday life of Chinese

people, whereas others say that the family is on the decline. This ambiguity reveals the typical situation in which the Chinese health care system is located. The fact is: on one hand, it is mainly owing to family support that the current health care system can work well; on the other, however, its individual orientation erodes this familial foundation and leaves the whole system in a fragile condition.

To illustrate this point, let us consider two cases. It is no accident that the two cases concern marginal groups—the children and the elderly—who serve as a vivid reminder that we are not always self-contained, independent agents.

It is notorious that the Chinese health care insurance schemes do not have universal coverage for children, especially preschool-aged children. Therefore, when children get seriously sick, the family faces a terrible choice about health care versus falling into poverty. However, this misery can be avoided if the family is permitted to pursue a common health care insurance plan using the family health care account. Given the fact that children are the future labor force that keep the “pay-as-you-go” health system functioning, it is not difficult to see how this system sustains itself by exploiting family labor while seriously crippling its capability of taking care of its own family members. In the Confucian view, it is the government that should be blamed because it fails to construct family-friendly political institutions to help families. This example also confirms the observation I previously made that the family is the strength and backbone of a society, whereas the current health system reinforces the unfortunate tendency to undercut the community on which it nonetheless depends.

I would like to present another case by highlighting the continuing controversy over health care for the elderly. In addition to the financial challenge posed by the graying of society, the trickiest problem concerning allocation of resources for the elderly is the issue of rationing by age. Is such “pure” age rationing morally permissible? What distinguishes rationing by age from rationing by race or sex? What is even worse is that the “pay-as-you-go” model easily brings about the problem of “intergenerational injustice” under the condition of shrinking work labor.

According to Norman Daniels, rationing by age is not necessarily unjust if we take a perspective of “the prudential lifespan account.” The competition for resources between young and old should be understood as a problem of how to distribute resources over the different stages of *one person* rather than a conflict between different groups. In other words, the essence of the policy of rationing is that “we defer income from our working lives to our retirement period,” so that “the systems can treat us appropriately—differently—at different ages, if these systems are stable over life span” (Daniels, 2008, 171).

This account does make sense squarely within the tradition of political liberalism. But adding the Confucian perspective of common good, two further points emerge. First, I wonder what reason there is not to use FHSAs

to serve the same goal in a more natural and sustainable way, insofar as the family is the natural locus of binding people together over a lifetime. And given the stress of a graying society, FHSAs are financially more stable than a system following the model of “pay-as-you-go.” Second, rationing by age implies a tendency to treat a person in a way that is proportional to his or her qualities and potentials, which fails to address the full scope of the need of the elderly who become more and more dependent in the aging process. What the elderly in dependent situations ultimately need is unconditional commitment and continuing care, which cannot be translated without loss to the care given according to a criterion. For example, a family may choose not to adopt expensive transplant surgery to extend the life of one elderly family member. Beneath the surface similarity, however, there are significant differences between this family decision and a decision based on rationing. Because this family decision in no way undermines or diminishes the commitment of the family to this particular member, even if some treatment options such as high-cost life-extending technologies are excluded, the family will always be there to share in his or her fate no matter how things turn out. In other words, the family decision is not simply a calculus as the notion of rationing indicates but a balancing of incommensurable goods in the way that this particular person is always recognized and receives attentive care. It follows that the family—not the state—is in the best position to deploy health care for the elderly.

Based on the above analyses, FHSAs prove to be a crucial method of getting the Chinese health system out of the current predicament and into a more healthy and sustainable future.

V. CONCLUDING REMARKS

In conclusion, for Confucians, the Rawlsian model of just health care is “unjust,” in that it discourages people from responding to the needs of other family members by taking the responsibility of financing health care from the family, and thus gradually erodes one’s “fair” share in a caring community by causing a decline in family stability. In the long run, it could create a vacuum at the root of communal life that state-based entitlements to health care can never fully compensate for. Therefore, instead of assuring equal entitlements to health care, in the Confucian view the primary obligation of the state is to create institutions such as FHSAs that support, enable, and give wide latitude to the family. Moreover, the heuristic importance of FHSAs for the future of the Chinese health system can be fully appreciated only if the following two points get broadly acknowledged: (1) a family-oriented, family-based, and family-friendly health care system is not only in harmony with Chinese cultural tradition but also based on one essential human condition; (2) contemporary Chinese society has come to a tipping point. We are

at the crossroads and have to make a choice. Generally speaking, the choice is not only about one more alternative but about affirming our cultural identity and creating our future.

NOTES

1. It is worth noting that, in *Political Liberalism*, Rawls (1993) also expresses his endorsement of Daniels's way of applying his theory in health care distribution (cf. the footnote, 184) and says the aim of the relevant practice is "to restore people by health care so that once again they are fully cooperating members of society" (184).

2. Daniels is reluctant to add health care to Rawls's index of primary social goods, but he is inclined to connect it to the index by including health care institutions among the basic institutions involved in providing for fair equality of opportunity (Daniels, 2008, 57). But it still makes full sense to say "health care fits into the domain of social primary goods" in general terms, in comparison with an alternative theory of justice totally short of the notion of "social primary goods."

3. MacIntyre holds the same claim in his breakthrough work "Dependant Rational Animals", which is aimed to challenge the Western tradition by bringing human vulnerability and dependent nature to the fore (MacIntyre, 1999, 4). I find an interesting parallel between MacIntyre's moral reasoning—especially what he proposed in *Dependant Rational Animals*—and the Confucian views of human nature on some crucial points. (1) Both take our initial animal condition, that is, vulnerability and related dependence, as the starting point of moral reasoning about the good life. More importantly, the shared foundation of "metaphysical biology" of moral reasoning helps overcome the distances—historical and cultural, linguistic and conceptual—separating Confucianism and MacIntyre. Despite his position concerning the incommensurability between Aristotle's and Confucius's notion of virtues, I believe that in *Rational Dependant Animals*, MacIntyre provides a way to engage both sides in a fruitful cross-cultural dialogue by illustrating the relationship between animality and rationality. (2) Both argue that human-embodied finitude prescribes a common way for human flourishing, that is, everyone should be included and cared for in an intimate community, and they further recognize a kind of common good in this mutual-caring community *per se*, the paradigm of which is the family. As MacIntyre says, reassessing the nature and extent of human vulnerability and disability reveals some other aspects of the role that the virtues play in human life, which has been marginalized and even obscured from the perspective of the Western moral tradition. It is not surprising that the new perspective on virtues finds echoes from a distant moral tradition, which equally focuses on virtues. (3) Both emphasize the relevance of the agent's fundamental dependent situation to her moral experience, as well as the vital importance of stable families for the cultivation of relevant virtues. For these reasons, I suggest using the framework MacIntyre developed in *Rational Dependent Animals* to help rearticulate the Confucian considerations about health care. Of course, we cannot find any direct discussion of a health care system in the Confucian literature, but Confucianism does have a systematic view of how to deal with the fragility of our material life in a moral way, which shares a lot in common with MacIntyre's position. To some extent, this paralleling between Confucianism and MacIntyre serves to develop a meaningful context that will cause Confucian moral thought to be relevant to contemporary intellectual and social situations.

4. In the Confucian context, the term "one body" is usually equated with *ren*, the ultimate end of moral development. As the eleventh century philosopher Cheng Hao, one of the most important Neo-Confucians, once said: "A book on medicine describes paralysis of the four limbs as absence of *ren*. This is an excellent description. The man of *ren* regards Heaven and Earth and all things as one body. To him there is nothing that is not himself. Since he has recognized all things as himself, can there be any limit to his humanity? If things are not parts of the self, naturally they have nothing to do with it. As in the case of paralysis of the four limbs, the vital force (*qi*) no longer penetrates them, and therefore they are no longer parts of the self" (Chan, 1963, 530).

5. (Li lower, Xun upper; Jia Ren). The stove is used to prepare food that is shared by all family members.

6. I follow MacIntyre in making these distinctions. As MacIntyre (1999, 65–66) distinguishes, there are three distinctive ways in which we ascribe goodness: the goods as a means, goods internal to certain activities, and the highest good for our flourishing *qua* human being. No doubt, social primary goods fall

into the first category, whereas the network of giving and receiving characterized by *ren* should be put in the last category.

7. In MacIntyre's terms, "the highest good" denotes the judgments "whereby we judge unconditionally about what it is best for individuals or groups to be or do or have not only *qua* agents engaged in this or that form of activity in this or that role or roles, but also *qua* human beings. It is these judgments that are judgments about human flourishing" (MacIntyre, 1999, 67). In another text, MacIntyre characterizes this kind of highest good as the common good (MacIntyre, 1998, 260).

8. In his later work, Rawls defines primary goods as "what free and equal persons (as specified by the political conception) need as citizens" (Rawls, 2001, 60).

9. Confucians believe that we can never fully repay what parents give us. Even if I can make out the total economical cost my parents have spent for raising me, the way in which they care for us is beyond such calculation.

10. As the character of *ren* indicates by its image—it consists of a simple ideogram of a human figure and two horizontal strokes suggesting human relations—"where there are not at least two truly human beings, there is not even one" (Fingarette, 1983, 340).

11. As H. Tristram Engelhardt, Jr. and Mark J. Cherry have each shown in this issue of the *Journal of Medicine and Philosophy*, welfare entitlements in general, including state-based health care, have caused a decline in family stability in the West and have brought forth some undesirable consequences insofar as child development is concerned.

12. As Sandel argues in his analysis of the conceptions of community, Rawls's account of the subject cannot overcome the dichotomy of selfish aim and benevolent aim (cf. Sandel, 1982, 148–9).

13. As Sandel (1996, 114–115) rightly observes, far from being neutral among conceptions of the good, liberal individualism and its policy orientation are inhospitable to some ways of life, especially those such as traditional families that involve a high degree of mutual dependence and obligation.

14. Bishop also comments in his paper in this volume, "It is the capacity to escape the material necessities of bare life, or *zoē*, that makes it possible for man to seek the good life within *bios politicos*."

15. I borrow this beautiful expression from Benedict XVI's first encyclical letter, *Deus Caritas Est* (*God Is Love*, Benedict XVI 2005, paragraph 28b). In my view, on the issue of the priority of common good to political authority, Confucianism resonates well with Church teachings on many points.

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