

Re-envisioning Autonomy from a Confucian Viewpoint

Charlene Tan¹, Ruth Neo²

Charlene Tan, Honorary Professor

¹ College of Arts, Humanities and Languages
Life University

Phreah Sihanouk, Sihanoukville,
Cambodia

chptan@u.nus.edu

0000-0002-5711-3749

Ruth Neo, Medical Student

² UNSW Medicine & Health
University of New South Wales
Sydney NSW 2052
Australia
z5431071@ad.unsw.edu.au

Corresponding author:

Charlene Tan

College of Arts, Humanities and Languages
Life University

Phreah Sihanouk, Sihanoukville,
Cambodia

chptan@u.nus.edu

DOI: <https://www.doi.org/10.64332/ujbb.2.2.6>

Abstract

Background: Beauchamp and Childress' principle of respect for autonomy has been criticised by scholars for privileging individualism due to its Anglo-American ('Western') origin and orientation. Consequently, researchers in clinical ethics need to consider alternative normative models and culturally diverse approaches to autonomy.

Aim: Guided by philosophical inquiry, this paper seeks to re-envision the concept of autonomy in biomedical contexts by focusing on the contributions of Confucian perspectives to its understanding and application in clinical contexts.

Methods: The research methodology is philosophical inquiry based on a textual analysis of the *Analects (Lunyu)*, which records the teachings and conduct of Confucius. This methodology includes philosophical retrieval, which reviews and analyses key concepts and assumptions in classical texts, and philosophical reconstruction, which applies ancient ideas to contemporary issues.

Results: The textual analysis of the *Analects* reveals that Confucius' notion of autonomy is relational, embodied, and authentic. Rather than 'self-rule', Confucius' interpretation of autonomy advocates 'selves-rule' by harmonising interdependence, mind-body integration, and moral self-cultivation. What makes Confucius' relational autonomy unique is its emphasis on morality, particularly the all-encompassing virtue of *ren* (an achieved state of humanity).

Conclusion: A major implication of Confucian ideas in clinical settings is the need to respect and consider the consent of patients as well as that of their family members based on the value of *ren* (an achieved state of humanity). Confronted with complex ethical dilemmas, especially in clinical scenarios, medical professionals need to recognise that the autonomy of an individual is intrinsically tied to that of their family and inseparable from pre-existing ethical commitments. In other words, medical professionals should be mindful of the relational, embodied, and authentic aspects of autonomy by giving balanced recognition to both patient autonomy and shared decision-making, which contributes to the realisation of *ren*. Confucian bioethics converges with Christian bioethics by underscoring the relational dimension of autonomy, especially in settings involving family, healthcare professionals, and the patient.

Keywords: autonomy, Confucius, interdependence, mind-body integration, *ren*, self-cultivation

Introduction

Although there is a variety of definitions and approaches to autonomy in the extant literature, Beauchamp and Childress's bioethical framework is "probably the most popular one in biomedical ethics today", having exerted an unprecedented impact on both academics and practitioners (1). Beauchamp and Childress write that an autonomous action occurs when normal choosers act in accordance with three conditions: 1) intentionally, 2) with understanding, and 3) without controlling influences that determine their action (2). However, their principle of respect for autonomy has been criticised by scholars for privileging individualism due to its Anglo-American ('Western') origin and orientation. A representative critique is the assertion that Beauchamp and Childress's principles "are derived from and aligned with considered judgments rooted in modern Western liberal culture" (3). It is therefore important for researchers in clinical ethics to consider alternative normative models of and approaches to autonomy across cultures. This study focuses on Confucius' perspectives as "Confucian philosophy has long been a representative of the East Asian cultural tradition" (4). Although Confucius did not directly discuss medical ethics, his views are pertinent to a re-envisioning of autonomy in the clinical setting.

Materials and methods

This paper aims to provide a conceptual alternative to the prevailing capacity-centred approaches by outlining a Confucian viewpoint. The research methodology is philosophical inquiry based on a textual analysis of the *Analects* (*Lunyu*), which records the teachings and conduct of Confucius. The research methodology of philosophical inquiry comprises philosophical retrieval and philosophical reconstruction (5). Philosophical retrieval seeks to review, shed light on, and analyse key concepts, theories, and presuppositions with respect to one or more classical texts. Philosophical reconstruction, on the other hand, is geared

towards applying ancient intellectual ideas and practices to modern issues and challenges. Guided by philosophical inquiry, this article argues that Confucius' concept of autonomy is characterised by interdependence, mind-body integration, and moral self-cultivation. At the same time, a Confucian understanding of autonomy is compatible with Beauchamp and Childress's conditions of intentionality, understanding, and non-control. However, what makes a Confucian approach to autonomy distinctive is its emphasis on relationships and interdependence. Rather than approaching autonomy as 'self-rule', Confucius values relational autonomy and 'selves-rule'.

This article begins with a Confucian formulation based on the thought of Confucius, contending that Confucius' concept of autonomy is marked by interdependence, mind-body integration, and moral self-cultivation. The next segment highlights the clinical implications arising from the preceding discussion.

Results

Confucius on Beauchamp and Childress' three conditions of autonomous actions

The etymology of 'autonomy' is self-rule, which implies the capability of individuals to deliberate and make their own decisions. Beauchamp concludes, "The starting point for an account of autonomy is self-rule free of controlling interferences by others and freedom from limitations within the individual that prevent choice" (6). Researchers have noted that the "dominant, individualistic understanding of autonomy that features in clinical practice and research is underpinned by the idea that people are, in their ideal form, independent, self-interested and rational gain-maximising decision-makers" (7). Rather than 'self-rule', Confucius' interpretation of autonomy upholds 'selves-rule' which reflects relational autonomy. This section explicates Confucius' understanding and demonstration of relational autonomy as recorded in the *Analects* (*Lunyu*). His notion of autonomy consists of three essential characteristics: interdependence, mind-body

integration, and moral self-cultivation.

Regarding the first characteristic of interdependence, Confucius situates personal autonomy within a community of interconnected and mutually reliant moral agents. Confucius points to a symbiotic relationship between helping oneself and helping others: “In helping oneself take a stand, one helps others to take their stand; in desiring to reach a goal, one helps others to reach their goal” (6.30; all passages are taken from the *Analects* and translated by the first author). Confucius’ point is that the interests and well-being of a person cannot be detached from those of other people (8). In this regard, a Confucian viewpoint echoes Lewis’ observation that “it is increasingly evident that a relational understanding of autonomy is necessary to address narrow reductionist views of autonomy that underpin legal frameworks, specifically, a relational understanding that acknowledges the myriad ways in which social, contextual, and situational factors—including legal frameworks themselves—causally interact with, shape, and undermine autonomous agency” (9). Instead of independence, relational autonomy emphasises interdependence, recognising that individuals live, thrive, make decisions and develop their identities within social environments and human relationships (7). In short, Confucius regards human beings not as individualistic and atomistic but as social beings situated within a community. Confucius’ construct of autonomy exemplifies relational interdependence, highlighting human interdependence, social interplays, and cultural factors that shape a person’s identity, agency, and decision-making.

The second aspect of Confucius’ understanding of autonomy is that it reflects mind-body integration. Rejecting the mind-body divide, Lewis writes,

Work is starting to emerge in medical ethics that challenges the separation of mind and body in accounts of autonomy and argues that the body is not only integral to the self’s meaningful experience in and of the world but also to the process of exercising one’s autonomy in medical decision-making situations (9).

Instead of Cartesian dualism, Confucius stresses the integration of both through his notions of ‘heart-mind’ (*xin*) and ‘ritual propriety’ (*li*). He articulates, “At seventy I could follow my heart-mind’s desires without overstepping the line” (2.4). The term ‘heart-mind’ denotes the site where cognitive and affective faculties are synthesised: to follow one’s heart-mind is to act in accordance with how one thinks and feels. The expression ‘overstepping the line’ refers to crossing moral boundaries by doing what is unethical. Complementing the heart-mind is Confucius’ concept of ritual propriety (*li*), which denotes normative behaviour that originates from and is motivated by humane values, thought, attitudes, and dispositions. Examples of ritual propriety include: not imposing upon others what you yourself do not desire (12.2), keeping one’s word (15.6), and building relationships with others (13.19). It follows from the preceding section that ethical actions alone are insufficient in the Confucian traditions. For Confucius, morality should stem from one’s cognitive awareness of and emotional resonance with what is right, thereby leading to virtuous conduct.

Complementing the interdependent and embodied characteristics of Confucius’ formulation of autonomy is its emphasis on moral self-cultivation. The Confucian scholar Tu Wei-ming explains that Confucian self-cultivation is an “independent, autonomous and inner-directed process” centering on “knowing oneself internally is the precondition for doing things right in the external world” (10). Confucius stresses self-cultivation by highlighting the primacy of self-effort and authenticity. In his words, “human beings are similar in their nature, but differ as a result of their practice” (17.2). Confucius models self-cultivation by setting his heart-mind on learning at fifteen (2.4) and is described as insatiable in learning and application (7.2). Confucian self-cultivation involves the unity of one’s cognitive, affective, and behavioural domains, as it is not solely an intellectual process. Rather, self-cultivation is an authentic process of self-actualisation, in which a learner channels one’s thinking and feelings towards morally excellent conduct. The focus on self-cultivation in Confucius’

interpretation of autonomy emphasises autonomy as authentic selfhood. Moral self-cultivation, in short, enables a person to live out their true self, which comprises “those stable, core attributes—values, traits, and dispositions—that consistently define who a person is across time and circumstance” (10).

Overall, Confucius’ approach to autonomy pivots on ‘selves-rule’, which is a notion of relational autonomy that harmonises interdependence, mind-body integration, and self-cultivation. Furthermore, what makes Confucius’ relational autonomy unique is its focus on morality, particularly the all-encompassing virtue of *ren* (an achieved state of humanity). *Ren* has been variously rendered as compassion, kindness, benevolence, love, human-heartedness, and goodness, among others. Pertinently, *ren* 仁 has the same pronunciation as ‘human being’ 人 (also written as *ren*). The similarity between *ren* (an achieved state of humanity) and *ren* (human being) indicates that the former signifies not just any person, but the ideal human being who is authentic, fully human, and perfectly realised. It is therefore appropriate to understand *ren* as “an achieved state of humanity manifested as a signatory feature of all one’s behaviours and identified as a source of admiration from and inspiration for one’s community” (11). In the remainder of this paper, we have translated *ren* as “an achieved state of humanity” for brevity.

It follows from the description of *ren* as the paradigmatic person that *ren* is necessarily moral in essence. Confucius relates ritual propriety to *ren* by positing, “If a person can restrain oneself and return to ritual propriety (*li*) for one day, the whole world would regard such a person as *ren* (12.1). A person who has attained *ren* exemplifies bodily intentionality through the integration of thought, emotions, and actions. *Ren* is also inherently interpersonal, as indicated by its Chinese character 仁, which is comprised of ‘person’ 人 and ‘two’ 二. *Ren* evokes interdependence, which is a feature of Confucius’ idea of autonomy. A *ren* person exercises their autonomy not in isolation but within interpersonal contexts. Relational autonomy emphasises “how

our choices are situated socioculturally, as well as the interdependence that allows us to fulfil (or not) our autonomy” (12). In the medical setting, the scope of *ren* transcends one’s immediate family to include medical professionals who are part of the extended family of humanity. The attainment and sustenance of *ren* in the form of medical care, kindness, and empathy cannot be realised without the expertise, humaneness, and relationship of healthcare professionals. To summarise, the participation of doctors and other medical professionals, as well as their collaboration with the patients and their family members, is critical to the overall well-being of patients.

Discussion: A Case Study

The foregoing paragraphs have put forward the claim that Confucius’ concept of autonomy revolves around interdependence, mind-body integration, and moral self-cultivation. A key implication of Confucian ideas in medical settings is the need to move beyond personal autonomy to promote shared decision-making that reflects the Confucian value of *ren* (an achieved state of humanity). The Confucian notion of autonomy broadens the dominant conception of autonomy as primarily cognitive, individualistic, and unrelated to authentic selfhood in clinical contexts. What follows from a Confucian conceptualisation of rational autonomy is the need to respect and consider the consent of patients as well as those of their family members based on the value of *ren*.

Following the interpretation of *ren* as the attainment of an achieved state of humanity by being a source of admiration from and inspiration for one’s community, medical decision-making is a fully shared one, i.e., it does not reside with the individual patient only and instead is a collaborative effort involving the individual’s family members. Confronted with complex ethical dilemmas, especially in clinical scenarios, medical professionals need to recognise that the autonomy of an individual is intrinsically tied to that of their family and inseparable from pre-existing ethical commitments. In

other words, medical professionals should be mindful of the relational, embodied, and authentic aspects of autonomy by giving balanced recognition to both patient autonomy and shared decision-making that contributes to the realisation of *ren*. To illustrate the application of Confucius' construct of autonomy, it is instructive to turn to an example involving a Chinese patient:

An 80-year-old patient suffered from a cerebral haemorrhage and fell, with the Glasgow Coma Scale dropping to 3. He had previously expressed that if anything were ever to happen to him, where a full recovery was in doubt, he wished to pass away peacefully without any effort to keep him alive. The family was aware of his wish, but his 73-year-old wife refused to give up and said she was still young, healthy, and willing to look after him even if he became vegetative. She said that she would follow him if he were allowed to die. The family decided that efforts should be made to rescue him because his existence gave meaning to his wife and children. This old man was kept alive for his family's sake (13).

A GCS score of 3 indicates severe brain injury and a deep coma, with an inferior prognosis for meaningful recovery. The patient has previously stated that he does not wish to be resuscitated when full recovery is in doubt, and his current presentation fits precisely within those criteria. We can analyse this case study from both Western bioethical and Confucian perspectives.

Beauchamp and Childress' principle of respect for autonomy suggests that if the patient's wishes were properly documented and verifiable, a practitioner would typically be legally and ethically obligated to respect them. The family has no authority to override his decision, regardless of their emotional attachment or disagreement with it. Consistent with Beauchamp and Childress' principle of respect for autonomy, performing life-sustaining treatment via mechanical ventilation or artificial nutrition and hydration would be considered an assault on the patient, who has not consented to the treatment. The only circumstances in which a practitioner may override a patient's

expressed wishes are if there is any evidence that the patient lacked decision-making capacity at the time that the statement was made. Examples might include cases of delirium or coercion. Otherwise, the principle of self-determination would deem that keeping the man alive against his wishes is a direct violation of his autonomy.

Conversely, a Confucian perspective offers a more nuanced approach. Autonomy is not an isolated exercise of individual choice; rather, it is relational and deeply intertwined with familial and social roles. Nevertheless, the Confucian emphasis on human interdependence and family bonds does not automatically justify the overriding of a patient's wishes and decisions. Further insights into the above case study can be gained by analysing it based on the relational, embodied, and authentic traits of Confucius' interpretation of autonomy. First, relational interdependencies are manifested through the strong bonds and connectedness displayed by the family members of the patient. It is noted that the shared family decision to keep the patient alive was made on the basis that "his existence gave meaning to his wife and children" and that he was "kept alive for his family's sake".

It is clear that he had enjoyed a warm and supportive relationship with his wife and children, which accounts for their unwillingness to let him die. A Confucian advocate may therefore argue that the family's insistence on keeping the man alive does not undermine his autonomy, but simply expresses it in its relational form. By following the family's wishes, the practitioner is ultimately respecting the patient's autonomy, which is defined by interdependence and family harmony rather than isolated self-rule. However, the family's decision to keep him alive "for his family's sake" contradicts his expressed wish to pass on peacefully without any effort to keep him alive. It is noted in the example that the family, including his wife, was aware of his wish.

What is less clear, however, is how the family members responded to his wish. If they had reacted by agreeing with him and assured

him that they would carry out his wish, then the family's decision to keep him alive would have violated his autonomy and contradicted the value of *ren*. As noted earlier, *ren* involves the moral cultivation of everyone to become the ideal person who is a source of admiration and inspiration for their community. In this case, it appears that the sole purpose of keeping the patient alive is that "his existence gave meaning to his wife and children". However, this decision to treat the man as a means to an end clashes with the compassion, empathy, and kindness proceeding from *ren*. Instead of interdependence, the family has made the decision *independently* of the man whose wish was overridden. Overall, the family's act of overriding the man's wish goes against Confucius' idea of relational autonomy, which involves shared decision-making that respects and considers the desires and aspirations of all parties.

The second characteristic of embodied experience for Confucian autonomy is also relevant to the case study. Although the family may not be justified in deciding to keep the man alive, it is apparent that they are motivated by their genuine love and care for him. Although the patient is unconscious and unresponsive, his bodily presence is evidently treasured by and significant to the family members. His wife is so attached to him that she threatens that she "would follow him, if he were allowed to die". It is therefore crucial for medical professionals to consider the emotional and physical states of the family members by acknowledging their feelings and responses. The goal of Confucian mind-body integration is the attainment of humaneness (*ren*), as noted earlier. The family decision to keep the patient alive is grounded in the virtues of family love, togetherness, and sacrifice.

Finally, the quality of authenticity for Confucian autonomy is also salient for this case study. As explained earlier, moral self-cultivation is a creative process involving authentic moral motivation and self-actualisation. Individuals engaging in moral self-cultivation experience inner joy and spontaneous ease through aligning their heart-mind with *ren* and conducting themselves in

accordance with ritual propriety (*li*). In this case, moral self-cultivation does not apply to the patient since he is in a comatose state. Rather, it pertains to his family members, who need to consider the moral dimensions and implications of their decision.

On the one hand, the family demonstrates the virtue of *ren* through their love for the patient. They wish to preserve the family bonds, particularly so that the wife can continue to care for her husband. From a Confucian perspective, familial love or what Confucius calls filial piety, is the starting point of moral cultivation. Arguing that filial piety is the root of *ren*, Confucius states that "the *junzi* (exemplary person) is affectionately committed to their parents" (8.2). The central role of the family in ethical development explains why Confucian researchers call for family consent instead of individual consent (14). As a researcher puts it, the "principle of autonomy (i.e., the idea of individual informed consent), however, does need to be revised to make it compatible with alternatives such as family- or community-informed consent" (15). On the other hand, the flagrant violation of the man's explicit wish makes it difficult for the family members to be seen as a source of admiration and inspiration for their community, which is what *ren* is about.

Confucian and Christian Bioethics

It needs to be clarified that this study's focus on Beauchamp and Childress' principle of respect for autonomy does not mean that their ideas are the only bioethical framework or approach in the Anglo-American contexts. In other words, this article does not subscribe to a reductionist view of Western bioethics by equating it with Beauchamp and Childress' principlism while ignoring other major traditions in the Western bioethical discourses. One such tradition that upholds the relational dimension of autonomy is Christian bioethics. Although much can be said about Christian perspectives on autonomy and medical ethics, it is beyond the scope of this essay to engage in a detailed exposition of Christian bioethics and its

similarities with Confucian bioethics. Suffice it to say that both traditions underscore the relational dimension of autonomy, especially in settings involving family, healthcare professionals, and the patient.

A Christian value that parallels the Confucian virtue of *ren* is love or charity, which goes beyond the formalistic acknowledgement of the rights to autonomy to advocate for whole-hearted, altruistic acts towards fellow human beings (16). A Christian doctor is “a servant to the suffering ones and a brother to the sick brothers of Christ” (17). Relatedly, Christian bioethics also shares the Confucian focus on moral self-cultivation: a Christian physician serves others sincerely from the heart, thereby bearing witness to their ethical character (18). In congruence with the Confucian stress on mind-body integration, Christian doctors are exhorted to regard each individual as a unified whole comprising the spirit, soul, and body. Far from being atomistic and pre-social, a person is a relational being with God and other human beings. Edmund D. Pellegrino, who was a key founder of modern bioethics, highlights the communal component of the Christian bioethical worldview, which bears striking similarities to a Confucian worldview:

A Christian perspective also buffers the strong individualistic trend present in much of contemporary biomedical ethics. Christianity is community-centred. It eschews the moral atomism of the libertarian or the absolutist interpretation of patient autonomy. Patient and physician are bonded to each other and to the larger community of others in need. The sick remain members of the Christian community with a special claim on the community’s solicitude (18).

The ‘community-centred’ characteristic of Christianity means that Christian doctors should practise ‘selves-rule’ through shared decision-making among the doctor, patient, and family members based on charity. With respect to the case study discussed earlier, Christian bioethics does not view the provision of artificial nutrition and hydration as an assault on the patient who had not consented to the treatment.

Manifesting the Christian value of charity, all healthcare professionals have a duty to provide hydration and nutrition to patients, unless such life-sustaining measures increase suffering, become excessive, and result in dysthanasia. Christian bioethics teaches that doctors should respect the patient’s autonomy not unconditionally, but within ethical limits and anchored in the value of human dignity (19). Christian bioethics also agrees with the Confucian objection that the patient’s wish to pass on should not be overridden purely for the sake of the family members.

Overall, Christian and Confucian bioethics converge on respecting patient autonomy within an interdependent, holistic, and moral framework. Ultimately, the Christian doctor’s professional judgment should be guided by what is good for the patient, reflecting relational autonomy.

Conclusion

Researchers have consistently stressed the importance of avoiding ethnocentrism and acknowledging varied cultural perspectives in medical ethics. Noting that “bioethics is a Western product”, scholars have advocated for Asians to “develop a concept of bioethics based on their traditional cultures” (20). A researcher maintains the need for a conception of autonomy to acknowledge inter-relationships and community that pervade non-Western cultures, such as those in Asia and Africa (21). We contend that Confucius’ approach to autonomy manifests the fundamental attributes of interdependence, mind-body integration, and moral self-cultivation - the relational, embodied, and authentic dimensions of autonomy. We also elaborate on how Confucian viewpoints on autonomy advocate for the respect and consideration of the autonomy and consent of patients as well as their family members on the basis of *ren* (an achieved state of humanity). It is hoped that our discussion will open the door for more cross-cultural and intercultural dialogues and novel conceptions regarding autonomy in the medical context.

Declarations

Acknowledgments: We are grateful to two anonymous reviewers for their helpful feedback on an earlier draft.

Authors contributions: The first author conceptualised the topic, conducted research, and drafted the manuscript. The second author gave inputs and co-drafted the manuscript.

Ethics considerations: This is a theoretical paper that does not involve human participants and/or animals.

Funding: This study received no external funding.

Competing interests: No potential competing interest was reported by the authors.

Data sharing statement: Data sharing is not applicable to this article as no new data were created or analysed in this study.

References

- Shea M. Forty years of the four principles: enduring themes from Beauchamp and Childress. *J Med Philos.* 2020; 45: 387-95. doi:10.1093/jmp/jhaa020
- Beauchamp TL, Childress JF. Principles of biomedical ethics, 7th ed. New York: Oxford University Press; 2001.
- Fan R. Principlism as global bioethics: a critical appraisal from a Confucian perspective. *Dao* 2024; 23: 353-76. doi: 10.1007/s11712-024-09942-x
- Tsai DF-C. How should doctor approach patients? A Confucian reflection on personhood. *J Med Ethics.* 2001; 27: 44-50. doi: 10.1136/jme.27.1.44
- Yu K-p, Tao J, Ivanhoe, PJ. Introduction: Why take Confucian ethics seriously? In: Yu K-p, Tao J, Ivanhoe, PJ, editors. Taking Confucian ethics seriously: Contemporary theories and applications. Albany, NY: State University of New York; 2011. p.1-11.
- Beauchamp TL. The principles of biomedical ethics as universal principles. In: Islamic perspectives on the principles of biomedical ethics. Singapore: World Scientific; 2016.
- Dove ES, Kelly SE, Lucivero F, Machirori M, Dheensa S, Prainsack B. Beyond individualism: is there a place for relational autonomy in clinical practice and research? *Clin Ethics.* 2017;12(3):150-65. doi: 10.1177/1477750917704156
- Tan C, Neo R. Illustrating the contribution of Confucian philosophy through a reinterpretation of Beauchamp and Childress' principle of respect for autonomy. *Monash Bioeth Rev.* Published online June 7, 2025. doi:10.1007/s40592-025-00257-y
- Lewis J. Re-envisioning autonomy: From consent and cognitive capacity to embodied, relational, and authentic selfhood. *Clin Ethics.* 2025; 0:1-3. doi: 10.1177/14777509251324841
- Tu WM. Confucian thought: selfhood as creative transformation. Albany, NY: State University of New York Press; 1985.
- Hall DL, Ames RT. Thinking through Confucius. Albany: State University of New York; 1987.
- Walker R. The unfinished business of respect for autonomy: persons, relationships, and nonhuman animals. *J Med Philos.* 2020; 45 (4-5: 521-39). doi: 10.1093/jmp/jhaa016
- Tai, MCT. An Asian perspective of Western or Eastern principles in globalised bioethics. *As Bioeth Rev.* 2011; 3: 23-4.
- Lee. SC. Intimacy and family consent: a Confucian ideal. *J Med Philos.* 2015; 40: 418-436. doi: 10.1093/jmp/jhv015
- Gordon JS. Global ethics and principlism. *Kennedy Inst Ethics J.* 2011; 21: 251-76. doi: 10.1353/KEN.2011.0011
- Pellegrino E, D'Arcy MC. The Catholic physician in an era of secular bioethics. *Linacre Q.* 2011; 78: 13-28. doi: 10.1179/002436311803888465
- Tomašević L. Bioethics in Catholic theology and scientific bioethics, *Int J Biomed.* 2013; 3:145-49.
- Pellegrino E., Thomasma, D. The Christian Virtues in Medical Practice. Washington, DC: Georgetown University Press; 1996.
- Sulmasy, DP. Informed consent without autonomy, *Fordham Urb. L. J.* 2002; 30: 207-20.
- Tai MCT, Lin, CS. Developing culturally relevant bioethics for Asian people. *J Med Ethics.* 2001; 27: 51-4. doi: 10.1136/jme.27.1.51
- Fan R. Principlism as global bioethics: a critical appraisal from a Confucian perspective. *Dao*, 2024; 23: 353-76. doi: 10.1007/s11712-024-09942-x