

Chapter 6 /How to shift conflicts (2)

1. Fluctuations in the family

In this chapter, we will apply the method of systems ethics to specific problems. I often hear people say, "I know when I'm learning how to do it, but when I try to do it myself, I get stuck and it doesn't work." Therefore, I would like to fill that gap as much as possible. Here, we will focus on "surrogate birth," which is one of the infertility treatments, and "euthanasia," which is related to end-of-life care. Both of them involve a family.

A "family" is the smallest community. The vertical axis is the connection between generations, and the horizontal axis is the connection between men and women. The criterion that distinguishes a family from other family or groups is "blood ties." In other words, the presence or absence of blood ties draws a line between members and non-members. And maintaining blood relations is the general principle of "childbirth woman equal mother equal wife". However, in recent years, the general principles of the family have begun to fluctuate.

Collapse of "likeness"

The sudden "family" boom occurred in the early 1980s. The morning serial TV novel "Oshin," written by Sugako Hashida, is the story of a woman who survived the turbulence of the Meiji, Taisho, and Showa eras, but recorded an unprecedented audience rating in the history of television. In the movie, "Sasameyuki" depicting the four sisters of the old family and a strange "family game" with a new sensation attracted a lot of attention. In the publication, a series of family theory and family history were published one after another.

But why was there a "family" boom at this time? The signs were already appearing in the late 1970s. Following the end of high economic growth, an unprecedentedly rich consumer society has emerged in human history. The times had already changed from "modern" to "today." However, people's consciousness and relationships were still trapped in past memories and conventions. It is probable that the confusion about the gap was reflected in the most sensitive "family".

Of course, the transformation of the family was not only a phenomenon of Japanese society, but was common to developed countries. In an unprecedented consumption civilization, a disconnection spreads between the parent generation who has become accustomed to postponing pleasure and the child generation who seeks immediate pleasure. The norms that fix "likeness" have begun to collapse. A notable phenomenon in the 1980s was the social advancement of women. This decisively changed people's family consciousness *.

*According to the four-dimensional correlation thinking method, the connection between men and women, which is the horizontal axis of the family, has the 4 dimensions of the reproduction of the external dimension I, the affection of the internal dimension II, the role of the others-oriented dimension III (gender), and the pleasure of the self-oriented dimension IV. Today, the center of gravity of the four-dimensional correlation shifts from the reproduction and the role to the affection and the pleasure. This movement is the driving force for transforming the family.

Absence of standard model

Family transformation extended to "graves" in the mid-1990s. A "grave" is a keystone that holds the connection between descendants and ancestors. Therefore, the disappearance of the guardian of the grave means that the ties that coagulate the family disappear. Since the Meiji era, the Japanese have lived as members of a "house" centered on relatives. After the war, the

"nuclear family", which advocated the idea of "solidarity individuals," became mainstream. And in the 2000s, those who were freed from "gravestones" began to prefer "moderate distance relationships".

Currently, there is no standard family model. Various relationships have spread, including common-law marriage, and LGBTX is used as a teaching material in educational settings. The number of single-person (singles) households tends to exceed 30% and further increase. The form of the nuclear family is constant at about 60%, but this is aging. As a result, the self-help of the family has been severely weakened, and child abuse and elderly care murder are conspicuous *.

*A group cannot be maintained without "social help". According to the terminology of this book, "social help" includes "self-help" by family members, "mutual help" by neighbors and functional groups, and "public help" by the state. In the case of pensions and health insurance, half is mutual help as a pre-construction and the other half is public help, but even if it is called mutual help, it is not possible to see the face, so it is summarized in public help. In modern Japanese society, "public help" cannot be expected more than the role of assistance. "Mutual help" is barely noticeable. Only "self-help" can be relied on, but it is weakened.

2. Externalization of childcare and elderly care

Family is transforming and rapidly weakening their self-help. However, it has an activity that does not change no matter how much it transforms. That is childcare and elderly care. Both are connected by the line of "care beyond generations". Childcare is at the beginning of the first half of 100 years of life, and elderly care is at the end of the latter 50 years.

From the viewpoint of the medical system, infertility treatment precedes

childcare and parenting, and end-of-life care follows elderly care. But for the family, the goal of fertility care is not just pregnancy and childbirth, but to welcome future peers and make them adults. On the other hand, the goal of end-of-life care is not just palliative treatment or death confirmation, but to care and see off as a future companion. Both are looking at connections between generations.

Double externalization

The optimal environment for childcare and elderly care has traditionally been the family of legal couples. It's certainly not off the mark. But today, that premise is broken as the family fluctuates. That's where double externalization came in.

On the one hand, public child-rearing support by the state is required for measures against the "declining birthrate". This is one <social externalization>. Here, "externalization" means entrusting childcare and parenting to the outside of a legal couple. On the other hand, one out of six married couples was found to be infertile. Even if there is reproductive dysfunction, it is not called "infertility" unless there is a desire to raise a baby. Infertility treatment is <technical externalization> by medical treatment.

Currently, double externalization is progressing in the scene of childcare and parenting. This movement can also be seen in the elderly care scene. The introduction of elderly care insurance in 2000 is <social externalization>, and the introduction of AI-equipped care tools and robots is <technical externalization>.

The practice of infertility treatment

Let's focus on the fate of technical externalization through "infertility treatment". There are three aspects to technical intervention in infertility treatment: fertilization, gamete, and birth.

Fertilization...In vitro fertilization-embryo transfer

Here, the gamete is derived from the couple, and the wife also gives birth, so we do not touch on the general principles of "blood relations" to maintain the family and "childbirth woman equal mother equal wife". Therefore, there are no ethical issues, but there are still issues in terms of effectiveness, duration, and cost.

Gamete...Artificial insemination (AID)

Here, the gamete (sperm) is derived from another person, but the wife gives birth. Therefore, the blood relationship is cut off, but the general principle of "childbirth woman equal mother equal wife" is adhered to. However, the problem is child's rights to know the origin.

Birth...Surrogate birth

In the case of "in vitro fertilization-embryo transfer" type, not only is the blood relationship cut off here, but the general principle of "childbirth woman equal mother equal wife" is also broken.

As you can see, artificial insemination breaks the "family" kinship. When it comes to surrogate birth, even the general principle of "childbirth woman equal mother equal wife" collapses. Faced with the crisis of the traditional family, two new therapies have been developed to avoid it. That is gamete (sperm and egg) production using iPS cells and uterine transplantation.

Comprehensive externalization

In the case of gamete creation using iPS cells, the gamete is also derived from the couple, and the wife also gives birth, so the blood relationship is maintained and it does not violate the general principle. However, according to the 2010 Ministry of Education, Culture, Sports, Science and Technology guidelines, the process from gamete production to human fertilized embryo

production is permitted only for research, but further individual production is prohibited. In 2019, organ creation in the animal womb was permitted.

On the other hand, in the case of uterine transplantation, the gamete is also derived from the couple, and the wife also gives birth, so this also does not violate the general principle. It has already been implemented in some parts of the world. However, the problems of brain death and transplantation are emerging again.

While these two treatments are quirky and clever workarounds, they can cause new problems. In the case of gamete / human fertilized embryo production using iPS cell regeneration technology, if there is no regulation, it is possible to produce individuals from a large number of surplus embryos at any time. Let's call this the arbitrary possibility of individual creation. On the other hand, in the case of uterine transplantation, the transplant destination of the uterus may not be human, but may be an animal or a robot. This is the possibility of substituting the childbirth function.

The destination for the complete technical externalization of reproduction would be the alternative to the arbitrary creation and childbirth function of the individual. At that time, it is a human couple that becomes unnecessary. When social externalization by the state joins here, <comprehensive externalization> ranging from reproduction to child-rearing will appear. Digital technology is already driving that move, as seen in the virtual childbirth experience.

Strategies for mutual help

As far as the past trends in infertility treatment are concerned, it is considered that the progress of <comprehensive externalization> will be inevitable in the future aging society with a declining birthrate. If so, we should look for a direction that is neither a ban nor an uncontrolled one.

In my opinion, we should limit the arbitrary possibilities for complete technical externalization and limit the substitutability to an auxiliary role. If practical goals are set, any number of technical and institutional measures can be taken. The difficulty is dealing with social externalization. There are increasing calls for more public help from the nation. However, this only facilitates comprehensive externalization. In order to limit it, it is necessary to supplement and support the self-help of the family by strengthening mutual help as well as public help.

There are at least two strategies for mutual help to support and complement family self-help. The third is the use of robots, which will be mentioned in Chapter 9.

One is the expansion of the family range. Looking at human society, there are various forms of families that are not monogamous nuclear families. For example, let's take a look at Hair Indians(Dene) who have a flexible relationship depending on the season, Thai (Bangkok) people who live mainly on street food stalls, and young Japanese couples called friends' families and living base families. You may also include LGBTX couples here.

The other is the utilization of people who are not relatives but live close to them, so to speak, "close others". When this "close others" join the circle of relatives plus close relatives, a project-type family will emerge to take care of one child

In the next section, in order to explore the feasibility of the above strategies, we will consider "surrogacy" among infertility treatments.

3. Ethics of childcare and parenting

As mentioned above, "surrogate birth" is in direct conflict with the general principles of the family. Commercial transactions take place in some states of the United States, and the international black market is widespread in India and other countries. Therefore, infertility treatment is overwhelmingly more opposed to surrogate birth than in vitro fertilization-embryo transfer or AID. Surrogate birth is prohibited in Japan in principle.

Surrogate birth discussion

The grounds for prohibiting surrogate birth are shown in the guidelines of the Ministry of Health and Welfare and the "Notice" of the Japan Society of Obstetrics and Gynecology. The main principles raised there are "child welfare," "mental burden," "family relationships," "human dignity," and "social tolerance." With reference to these, let's raise the issues surrounding surrogate birth based on the framework of the social system region.

I Economic region …Work

- i Advanced maternal age, ii Self-actualization,
- iii Commercial transactions, iv Women's social advancement

II Assistant region … Mutual help

- i Risk management, ii Child welfare, iii Family relations, iv Mental burden

III Public region … Institution

- i Women's rights, ii Social tolerance, iii Medical expenses, iv Dignity of people

IV Cultural region …Value

- i Natural childbirth, ii Motherhood, iii Family wisdom, iv Dignity of life

Looking at the situation of the discussion, there are strong oppositions. For example, one opposes advanced maternal age because it is a selfish desire (greed), one opposes child trade because it is a commercialism that goes against human dignity, one opposes it because family relationships become unnecessarily complicated, one opposes it because it does not become child welfare, one opposes it because it has a higher risk than natural birth, one opposes it because it leads to discrimination against persons with disabilities

and abortion, or one opposes it because it disregards life and goes against naturally.

The actual situation of surrogate birth

The situation of the debate is clearly biased. If you look behind this bias, you'll run into a traditional family model. In other words, they naturally take a specific model and oppose it. However, as mentioned above, the standard family model no longer exists. If so, we must revisit our goals for childcare and parenting.

What are the goals of childcare and parenting? As pointed out earlier, it is, of course, "to take good care of this child and make it a full-fledged person." That is why there is "care to connect generations". So can surrogate birth achieve that goal?

There are facts that dispel this question. All surrogate mother births carried out in Japan are carried out within relatives, with infertile daughters' real mothers, sisters or sisters-in-law as surrogate mothers. On the other hand, in the UK, the surrogate mother's family and the client's family are together and are involved in everything from pregnancy to childbirth to parenting. Looking at these cases, it can be seen that surrogate birth is not essentially in conflict with "carefully raising this child and making it a full-fledged child", and it is not impossible to achieve both.

Practical goals for childcare and parenting

Based on the above, I would like to reset the "practical goals" for childcare and parenting. "Carefully raising this child and making it a full-fledged person" is certainly the core of childcare and parenting, but this is a view that focuses on the child's side. On the other hand, from the perspective of parents, it is the parents in a broad sense who are responsible for childcare and parenting, and parents also grow through mutual help of childcare and parenting. Furthermore, for parents, not only mutual help but also work is as important

as livelihood, self-actualization, social contribution and ideals.

Thinking this way, if we interpret the "child welfare" principle by focusing only on the child's side, it is a biased understanding. In addition, in the project-type family introduced earlier, "close others" are also included in the broad sense of "parents," so the view of limiting parents and children to blood ties is also biased. From the above, the practical goal of childcare and parenting will be "to connect parents and children in a broad sense across generations" (or "to balance the way of life of parents and the way of life of children").

If "parent-child ties across generations" is set as a practical goal, a practical policy will be established to balance the work of parents and the growth of children, and four-dimensional issues will be examined in sequence along this direction. In order to show the flow of thinking, the order of dimensions is changed here.

IV Value … Re-thinking family ideas

III Institution … Reform of related social systems

II Mutual help … Formation of mutual help community

I Work … Reform of working style for parents

In IV Value, the way of life and connection up to now will be reconsidered, and the direction of expanding the family range and utilizing close others will emerge. In III Institution, the reproductive law and family law will be developed in the direction of IV. In II Mutual help, it is necessary to create a community that strengthens mutual help not only in public help but also in the direction of IV. And in I Work, it is necessary to take concrete measures regarding working styles, roles of men and women, careers of women, and organizational culture. The above is the basis of the ethical way of thinking about childcare and parenting issues.

4. Euthanasia ethics

As of 2019, Japan is a super-aging society with an aging rate of 28%. The ones who are in the nursing care facility now are the completely passive old people who are only taken care of, and the ones who are at home are the self-abandoned old people who are discouraged from living. There are exceptions, of course, but unlike Katsushika Hokusai in the Tokugawa period, many old people lose their motivation to live after their mid-80s *. The TV program that was broadcast this spring and received a lot of attention showed the daily life of a 92-year-old actor who struggles desperately against old age (March 2019 NHK Special "Becoming an Old Flower").

* Katsushika Hokusai (1760-1849) published "One Hundred Views of Hukaku" at the age of 72. The passage of his epilogue says: "at six-year-old I sketched, at fifty-year-old my drawing reveals, before 70 years old were insignificant to draw, I realized a little at 73 years old. So, progress at 80, mastery at 90, and mysterious at 100. Everything I drew seems to be alive at 110." Unfortunately he died at the age of 89. In the face of his death, he sighed and muttered. "If Heaven gave me 10 years of life, no 5 years of life, I would have been a genuine painter." The phrase of his death poem is "a soul scatters into the summer field" ("Katsushika Hokusai den").

In a super-aging society, "euthanasia" in a broad sense, including aiding suicide, is now emerging as an urgent problem. Euthanasia is not permitted under Japanese law. The "death of dignity" movement aimed at stopping life-prolonging treatment has spread to some extent, and "advanced care planning" initiatives to discuss in advance how to deal with the end of life have begun. But nevertheless, not a few people want to be euthanized, and those with financial resources are enrolled in a Swiss organization that undertakes suicide assistance.

For example, Sugako Hashida, who wrote the script for "Oshin," whose name

was given near the beginning of this chapter, is one of them. At the age of 93, she thinks that she's already done well, and she no longer has a goal to live. There are two reasons why she registered with a Swiss organization. In addition to being reluctant to be cared for by others, she thinks that the child generation should not be burdened with parental care. However, some medical and elderly care professionals have strongly criticized the reasons she gave.

Four dimensions of the issue

So how should we approach the euthanasia problem? The issues that make up the "problem" are diverse, but based on the framework of the social system region, the issues can be summarized as follows.

I Individual's free choice and action

... Practical ... Work ... Economic region

II Relationship with people who take care of them

... Assistance ... Mutual help ... Communal region

III Legal rights / obligations and institutions

... Inclusion ... Institution ... Public region

IV View of happiness, life, life and death

... Transcendence ... Value ... Cultural region

The usual way of thinking is that euthanasia is an individual's freedom of choice if there is I) the will of the person, II) the consent and support of those around him, and III) the law guaranteeing the rights to suicide. But it still does not consider the core of the euthanasia issue. The core of this is IV's view of happiness and life, specifically, "a sense of purpose in life" (**Fig.30**).

Fig. 30 Four-dimensional euthanasia problem

What is common to people who wish to be euthanized is "despair" not only for the elderly but also for terminally ill patients and healthy people. Despair is the loss of purpose in life, such as the goal and meaning of life. A sense of purpose supports the motivation to live. People choose to die when they lose their motivation to live*. The core of the euthanasia problem is the "meaning of life." If so, it must be said that it is extremely superficial to accept it as it is and discuss euthanasia without questioning the will of the person who has no desire to live.

* There are two exceptions to this. One is when people no longer need their own purpose in life, and the other is when people see someone else's life purpose as their own.

A sense of purpose

The decisive importance of "meaning of life" emerges from recent TV program cases (NHK Special). Here are two women with multiple muscular atrophy.

On the one hand, Miss. Kojima went to Switzerland and chose euthanasia. She was originally self-reliant and desperate to lose her personality with her ventilator, and she attempted suicide. The two older sisters who take care of her seem to have no choice but to compromise. On the other hand, Ms. Murakami put on a respirator in the words of his only daughter, "I want you to be by my side." She says she's a difficult choice, but she's looking forward to a small conversation with her daughter.

The difference between the two is exactly the difference in "meaning of life". What is "meaning of life"? As will be discussed in Chapter 7, if we take the lead here, the "meaning of life" is the "happiness consciousness" when looking from the present to the future. Happiness consciousness is a way of feeling "happiness". Happiness has been envisioned in various ways from ancient times to east and west. When they are aggregated and decocted, "pleasure associated with human activities" remains. Let's recapture this in

four dimensions (**Fig.31**). These four dimensions will be explained in detail in Chapter 7.

- I Practical activity ... Sense of achievement of goals**
- II Assistant activity ... Sense of intimacy and fulfillment**
- III Integrated activity ... Sense of approval and self-esteem**
- IV Transcendental activity ... Sense of Ideal improvement**

Let's grasp the difference between the two in the light of the four-dimensional correlation of the sense of purpose. Both lack the sense of achievement of the goals of I. Among them, Miss. Kojima values the sense of approval and self-esteem of III and the sense of ideal improvement of IV. On the other hand, Ms. Murakami emphasizes the sense of intimacy and fulfillment of II. This comparison shows that it is the difference in which of the four-dimensional correlations of purpose of life is emphasized that makes the difference in choice for euthanasia.

Fig. 31 Happiness and purpose of life

Perspective of connectedness

As we have seen above, the "meaning of life" influences individual choices from the depths. However, in the usual discussion of the euthanasia problem, "meaning of life" is rarely noticed. Often seen is the question format, "Is euthanasia correct or not?" This question focuses on "individual will to die" and separates "death", "individual" and "dead" from the whole process of life. From the perspective of this separation, the sense of purpose of life disappears behind life. When the "meaning of life" disappears, a simple extreme theory of euthanasia arises.

Nazi Germany referred to the 1920 co-authorship of the criminal law scholar

Binding and the psychiatrist Hoche. This book was the first legal theory to set out "individual will to die" regarding euthanasia. According to it, if the patient himself intends to die, euthanasia is recognized together with the condition of incurability. On the contrary, if the person cannot express any intention, mercy killing is unconditionally allowed.

Imagine. Above all, there is a way of life before death. In the case of the elderly, "death" appears in the final phase of long, gradual aging. The way of aging is the way of life in the latter half of life. Also, death should not be an individual event. There is no death without a caretaker. Death is a joint activity. Moreover, the way of life of an individual is in connection with the way of life of a group of people. And finally, the way of life is not only before death but also after death. The living and the dead are connected as an extension of talking with friends. Even if it is one-way, the expectation that there will be a connection even after death gives the living hope to live *.

* Let's give you an example of this last perspective. Kamagasaki in Osaka City is famous as a district where day laborers live, but this district is also aging. Residents' worries are not only daily life and physical deterioration, but also funerals at the time of death and post-mortem cleanup. A monk organized a "see-off party". It's just a meeting to attend a funeral when a neighbor dies. A man changed his way of life by becoming a member. Until then, he had only been drinking alcohol in his room in the apartment from daytime, but suddenly he started cleaning the park (NHK TV).

Considering the above, the perspective that should be the basis of the purpose of life can be summarized as follows based on the way of thinking of four-dimensional correlation. I would like to call these together from the perspective of <connectedness>.

- I The connectedness between the way of death and the way of life**
- II The connectedness between the person being cared for and the people caring for**
- III The connectedness between the way of life of the person and the way of life of**

the people in the group

IV The connectedness between the dead person and those left behind

Practical goals

As mentioned many times, "practical goals" are needed to give a certain normative direction to the euthanasia issue. What are the practical goals here? Based on the above, it is considered that <inheritance of connectedness> is suitable for the practical goal. From the perspective of this inheritance, it is the ethical way of thinking of the euthanasia problem to guide practical responses to the dimension of I freedom while examining each dimension of IV view of life, III institution, and II family.

Having the perspective of "inheritance of connectedness" does not mean denying Miss. Kojima's decision to take assisted suicide and affirming Ms. Murakami's contemplation that did not. Certainly, I personally think that a method that is not aiding suicide is desirable as a means of respecting the intention of the person. However, there are many different situations in which people are placed, and in some cases euthanasia, including aiding suicide, may be an option. What I want to say here is not the pros and cons of choosing "this should be done" or "this should not be done". Instead, no matter what choice people make, it is crucially important to take a serious scrutiny from the perspective of <inheritance of connectedness> *.

* Abortion is a complex and difficult problem that spans both infertility treatment and euthanasia problems. There is a dilemma here in which parents and children cannot live together. From the perspective of inheritance of connectedness, the loss of parent-child connectedness can only be compensated for by connectedness between another parent and child, or connectedness between the dead and the living. The former is adoption and the latter is Mizuko kuyo.

Fellow community

Just as there is a way of life before death, there is a way of life after death.

That is the connectedness with the dead, that is, communication, which is an extension of the conversation with friends. If the reality of this communication gives the living a competing life, that is, a sense of purpose in life, it will be important to have a companion who supports the communication that spreads after death and before life. How to form such a community of peers. This is the core of the euthanasia problem, as well as the core of the childcare /parenting problem *.

* It is the job of "Rouseigaku" to discuss the formation of a community involving all generations from the front, and it is beyond the scope of this book. The systems ethics of this book is the theoretical foundation of "Rouseigaku".