Attitudes of Buddhist Priests toward New Reproductive Technology*

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Although technology has a universal nature, the societies in which it is applied have varying characteristics depending on their background and culture. Therefore, different types of problems arise from the application of the same technology. In Japan, it is said that our judgment should be based on specific Japanese culture or history. But what exactly is specific to Japan? We must also look at the religious aspect. In other words, we should examine how the basic principles of Buddhism be reflected in ethical considerations concerning the clinical use of new reproductive technology. This is especially so in the cases of in vitro fertilization and sex selection, and in the attitude of Buddhist priests toward them.

1 The Present Status of In Vitro Fertilization in Japan

The first "test-tube baby" in Japan was born in March 1983 at Tohoku National University hospital. Table 1 indicates the clinical results of in vitro fertilization (IVF) in this country as reported by Dr. Mori of Kyoto University School of Medicine in 1988 (Mori, 1988). As it shows, more than 30 institutions

Table 1 Summary of Clinical Results of IVF-ET in Japan
(Cited from Mori, 1988)

	End of April 1985	End of Dec. 1986
Total number of institutions	19	30
Total number of patients treated	878	1,858
Total number of embryos transfered	466	1,417
Total number of pregnancies	42 (9.0%)	142 (10.0%)
Total number of babies delivered	16	47
Number of institutions planning to implement IVF-ET	12	45

* A part of this study was presented at "London '89: Second international conference on health law and ethics" held on July 20, 1989, London, UK.

Table 2 Attitudes of Japanese Adults toward IVF

Date of Survey	Agent	Respondents	Approval	Disapproval	Uncertain
July-Aug., 1982	Keio Univ. Law Students	Gynecologists (271)	74.9%	16.6%	8.5%
		Midwives (259)	37.1%	37.1%	25.8%
		Nurses (218)	43.6%	30.7%	25.7%
May, 1983	Shirai & Shirai	Members of JSSP* (186)	57.5%	15.5%	27.4%
April, 1984	The Mainichi News Paper	Married women under age 50 (2,759)	62.2%	32.7%	5.1%
Dec., 1985	The Prime Minister's Office	Men aged 20 and older (3,307)	29.2%	55.5%	15.3%
		Women aged 20 and older (4,134)	27.2%	54.2%	17.9%

* JSSP: The Japanese Society of Social Psychology

perform IVF currently and more than forty-seven babies have now been born using this procedure. Dr. Mori also reported that increasing numbers of people are attempting the procedure.

According to the recommendations issued in October 1983 by the Japan Society of Obstetrics and Gynecology, IVF is defined as a medical practice for treating infertility and this procedure is performed only on married couples (Japan Society of Obstetrics and Gynecology, 1983). Eggs are not donated for IVF in Japan, nor does any "lending" or "leasing" of wombs take place. However, in February 1988, the Japan Society of Obstetrics and Gynecology issued new recommendations in which they allowed clinical use of frozen embryos (The Asahi, February 21, 1988). There are many practicing gynecologists who strongly expect to use donated embryos or fertilized eggs. Therefore the conditions for using this procedure are expected to change in the near future.

Table 2 represents the results of previous opinion surveys on IVF. Before the first IVF birth, Keio University law students examined the attitudes of health care personnel toward IVF by surveying gynecologists, nurses, and midwives between July and October 1982. Seventy-five percent of gynecologists agreed with the idea that IVF falls within the realm of traditional infertility treatment, while about 44 percent of nurses and 37 percent of midwives agreed (Keio University law students group, 1982).

In May 1983, after the first IVF birth, Shirai & Shirai questioned all 648 members of the Japanese Society of Social Psychology. Of the 186 who responded, 57 percent approved of using the husband's sperm and the wife's egg in IVF (Shirai, 1986).

In April 1984, the Mainichi news organization questioned 2,759 married women under age fifty across the nation. The women were asked if a husband and wife unable to have their own child except by external fertilization should

Table 3 Demographic Characteristics of Respondents

Age		Religious Affiliation	
Under 29	87 (54.4%)	Jodoshinshu	14 (8.8%)
30 — 39	28 (17.5%)	Jodoshu	6 (3.8%)
40 — 49	21 (13.1%)	Nichirenshu	11 (6.9%)
50 — 59	10 (6.3%)	Rinzaishu	3 (1.9%)
Over 60	5 (3.1%)	Shingonshu	24 (15.0%)
Unknown	9 (5.6%)	Sotoshu	96 (60.0%)
		Tendaishu	4 (2.5%)
		Unknown	2 (1.3%)

Total Respondents=160

be allowed to proceed; 62.2 percent responded in the affirmative, while 32.7 percent disagreed. The younger women responded more positively than the older; 76.3 percent of 351 women in their late twenties approved, for example, in contrast to 52.3 percent of 515 women in their late forties (Mainichi newspaper, 1984).

In December 1985, the Prime Minister's Office conducted a national survey of 3,307 men and 4,134 women aged twenty and older. The question was whether or not IVF should be performed on humans; about 29 percent answered yes, while 55 percent answered no and about 17 percent did not respond. This survey detected no attitudinal differences between the sexes. As in the Mainichi newspaper survey, the younger respondents were more positive towards IVF, with about 47 percent of the sample in their twenties (944) favouring the clinical use of IVF. Of those over sixty, only 17 percent of the 1,408 questioned favoured IVF (The Prime Minister's Office, 1986).

2 Attitudes of Buddgist Priests toward In Vitro Fertilization

With the cooperation of Eiheiji Temple, the Buddhist Youth Association in Kyoto and other groups, a survey was done between November 1986 and April 1987. 500 questionnaires were distributed to Buddhist monks and priests of various sects and schools. 160 valid responses were received. The demographic characteristics of the 160 respondents are presented in Table 3. The factor of religious affiliation makes no attitudinal difference in this survey, so we exclude it from the following analysis.

Table 4 represents Buddhist priests' attitudes toward IVF. As it shows, about 43 percent of respondents approved of IVF in the case of married couples. Twenty-two percent were opposed and 35 percent abstained. No statistically significant attitudinal difference was indicated among the four age groups.

Then we asked them to give reasons for approving or disapproving of IVF on married couples. Table 5 illustrates the results. According to these results, the main reason for approving of IVF was that "it is a treatment for infertility". About 81 percent of the 59 respondents indicated this reason. In addition, about 12 percent cited Japanese traditional values such as the desire for an heir. The main reasoning of those who disapproved of IVF was that "it conflicts with nature", fifty-five percent of the 31 respondents indicating this reason. About twenty-six percent of disapproving respondents claimed that the procedure failed to respect human dignity.

In order to clarify the reasoning of Buddhist priests on this matter, we compared them with the results of a similar previous survey of the Members of the Japanese Society of Social Psychology (Shirai, 1986). Table 6 is a contents analysis of this earlier survey. It shows that those who supported IVF said that (1) the right to privacy includes the reproductive process, (2) IVF is a treatment for infertility, and (3) it is acceptable to separate sex and reproduction. Those who did not support IVF argued that (1) it fails to respect human dignity, and (2) it conflicts with the ways of nature. Those who withheld a response mentioned that they were unable to resolve the tension between the right to privacy in the reproductive sphere and "nature." Regardless of the position taken, some respondents pointed out that the establishment of community values and comprehensive guidelines are indispensable for the practice of IVF.

Comparing the results obtained in Tables 5 and 6, we found that the members of Japanese Society of Social Psychology gave more articulate reasons concerning the clinical use of IVF than the Buddhist priests did.

3 Attitudes of Buddhist Priests toward Sex Selection

In May 1986, Dr. Iizuka from Keio University Medical School announced

Table 4 Buddhist Priests' Attitudes toward IVF*

Response \ Age	Under 29	30 — 39	40 — 49	Over-50	Total
Strongly approve	9 (9.6%)	6 (21.4%)	4 (19.0%)	1 (7.1%)	20 (12.7%)
Somewhat approve	29 (30.9%)	12 (42.9%)	3 (14.3%)	4 (28.6%)	48 (30.6%)
Uncertain.	38 (40.4%)	5 (17.9%)	7 (33.7%)	5 (35.7%)	55 (35.0%)
Somewhat disapprove	10 (10.6%)	5 (17.9%)	3 (14.3%)	2 (14.3%)	20 (12.7%)
Strongly disapprove	8 (8.5%)	0 (0.0%)	4 (19.0%)	2 (14.3%)	14 (8.9%)
Total	94 (59.9%)	28 (17.8%)	21 (13.4%)	14 (8.9%)	157 (100%)

* No answers were excluded,

Table 5 Contents Analysis of Buddhist Priests' Reasoning on Their Attitudes toward IVF[a,b]

Grounds \ Response	Approval (59)	Disapproval (31)	Uncertain (38)
1 Treatment for infertility	48 (81.4%)	×	9 (23.7%)
2 Right to privacy	×	×	2 (5.3%)
3-1 Conflict with nature	×	17 (54.8%)	1 (2.6%)
3-2 Separation of sex and reproduction	×	6 (19.4%)	2 (5.3%)
4 Respect for human dignity	×	8 (25.8%)	3 (7.9%)
5-1 Condition of clinical use (1): Technological safety	×	2 (6.5%)	1 (2.6%)
5-2 Condition of clinical use (2): Extent of targets	×	×	7 (18.4%)
5-3 Condition of clinical use (3): Establishment of ethical guidelines	×	2 (6.5%)	3 (7.9%)
6 Desire for an heir	7 (11.9%)	×	1 (2.6%)
7 Others	4 (6.8%)	5 (16.1%)	10 (26.3%)

a. When a respondent mentioned different grounds in the same response, we classified them respectively.
b. X marks on the table indicate that no specific grounds were mentioned.

Table 6 Contents Analysis of JSSP Members' Reasoning on Their Attitudes toward IVF[a,b]

Grounds \ Response	Approval (101)	Disapproval (25)	Uncertain (43)
1 Treatment for infertility	55 (54.5%)	×	12 (27.9%)
2 Right to privacy	19 (18.8%)	×	4 (9.3%)
3-1 Conflict with nature	×	17 (68.0%)	8 (18.6%)
3-1 Separation of sex and reproduction	29 (28.7%)	×	×
4 Respect for human dignity	×	5 (20.0%)	×
5-1 Condition of clinical use (1): Technological safety	5 (5.0%)	2 (8.0%)	5 (11.6%)
5-2 Condition of clinical use (2): Extent of targets	18 (17.8%)	2 (12.0%)	7 (16.3%)
5-3 Condition of clinical use (3): Establishment of ethical guidelines	10 (9.9%)	3 (12.0%)	7 (16.3%)
6 Desire for an heir	0 (0.0%)	0 (0.0%)	0 (0.0%)
7 Others	1 (1.0%)	3 (12.0%)	8 (18.6%)

a. When a respondent mentioned different grounds in the same response, we classified them respectively.
b. X marks on the table indicate that no specific grounds were mentioned.

that his team had succeeded, for the first time in Japan, in giving birth to seven girls through a process of sex selection, which separates x-bearing sperm from y-bearing sperm (The Asahi newspaper, May 31, 1986). Since then more than one hundred girls have been born at Keio University hospital and other institutions which perform this procedure (Tamura, 1988). The Japan Society of Obstetrics and Gynecology issued the recommendations concerning the clinical application of XY sperm separation using Percoll in November 1986 (Japan Society of Obstetrics and Gynecology, 1986). In their recommendations they said that "the current clinical application of the method should be conducted only for the purpose of avoiding pregnancies in which severe sex-linked recessive hereditary diseases may be transmitted."

We very briefly described the process of sex selection using the Percoll method to monks and priests and then asked them whether they would approve of sex selection. Table 7 represents their attitudes toward the matter. Only 13.4 percent of the 157 respondents approved of sex selection using the Percoll method. About sixty percent disapproved and 26.8 percent abstained. There is no statistically significant attitudinal difference among the four age groups.

Table 8 represents the results of the contents analysis of Buddhist priests' reasons for approving or disapproving of sex selection. Those who opposed it said that (1) it conflicts with the ways of nature, (2) it is selfish of parents to wish to choose the sex of their child, and (3) sex selection may induce an imbalance in the sex ratio. Those who supported sex selection argued that it was an effective means of family planning, while those who withheld a response said that they were unable to resolve the tension between avoiding sex-linked genetic diseases and "nature."

Table 7 Buddhist Priests' Attitudes toward Sex Selection*

Response \ Age	Under 29	30 — 39	40 — 49	Over 50	Total
Strongly approve	4 (4.3%)	2 (2.7%)	2 (9.5%)	0 (0.0%)	8 (5.1%)
Somewhat approve	8 (8.6%)	3 (10.7%)	1 (4.8%)	1 (6.7%)	13 (8.3%)
Uncertain	32 (34.4%)	3 (10.7%)	4 (19.0%)	3 (20.6%)	42 (26.8%)
Somewhat disapprove	20 (21.5%)	8 (28.6%)	3 (14.3%)	5 (33.3%)	36 (22.9%)
Strongly disapprove	29 (31.2%)	12 (42.9%)	11 (52.4%)	6 (40.0%)	58 (36.9%)
Total	93 (59.2%)	28 (17.8%)	21 (13.4%)	15 (9.6%)	157 (100%)

* No answers were excluded.

Table 8 Contents Analysis of Buddhist Priests' Reasoning on Their Attitudes toward Sex Selection[a,b]

Grounds \ Response	Approval (14)	Disapproval (89)	Uncertain (26)
1-1 Family planning	10 (71.4%)	×	×
1-2 Parental desire for sex selection	×	20 (22.5%)	4 (15.4%)
2 Prevention of sex-linked genetic diseases	1 (7.1%)	×	6 (23.1%)
3 Control of population increase	1 (7.1%)	×	×
4 Sanctity of life	×	10 (11.2%)	2 (7.7%)
5-1 Conflict with nature	×	36 (40.4%)	8 (30.8%)
5-2 Imbalance in the sex ratio	×	20 (22.5%)	×
6 Discrimination by sex	×	8 (9.0%)	×
7-1 Technological safety	×	3 (3.4%)	1 (3.8%)
7-2 Establishment of ethical guidelines	×	3 (3.4%)	1 (3.8%)
8 Others	2 (14.3%)	3 (3.4%)	6 (23.1%)

a. When a respondent mentioned different grounds in the same response, we classified them respectively.
b. X marks on the table indicate that no specific gnrouds were mentioned.

4 Conclusion

According to the results of the previous and present surveys, there are no significant attitudinal differences on new reproductive technologies between Buddhist priests and lay persons. The only difference is that, among Buddhist priests, there was no attitudinal difference based on age. The members of the Japanese Society of Social Psychology gave more articulate reasons for their attitudes toward the clinical use of IVF than the Buddhist priests did. The results of the present survey suggest that the standard of judgment of Buddhist priests is compassion for infertile couples. Some may consider that compassion for affliction stems from Buddhist doctrine, however, the lay persons expressed a same tendency as Buddhist priests did. As a report concerning a new reproductive technologies issued by the Office of Technology Assessment of the United State makes clear, there is no evidence that contemporary Buddhist scholars in Japan or elsewhere try to apply their views to the topic of reproductive technologies (Office of Technology Assessment of the Congress of the United States, 1988). Therefore, it seems that the attitudes of Buddhist priests toward new reproductive technologies are almost the same as those of ordinary people.

Our provisional conclusion is that establishment of community value and comprehensive guidelines are indispensable for the practice of new reproductive technologies. Open public discussion, considered in the light of religion, ethics, jurisprudence and humanistically oriented social psychology is essential.

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