1. Philosophy, Ethics, and I

In this essay I will illustrate how a Japanese philosopher reacted to a newly imported discipline, “bioethics,” in the 1980s and then tried to create an alternative way of looking at “life” in the field of philosophy. This essay might serve as an interesting case study in which a contemporary “western” way of thinking succeeded in capturing, but finally failed to persuade, a then-young Japanese researcher’s mind.

I awoke to philosophy when I was first seized by the fear of death at the age of around ten to twelve. One night I came up with the idea that the whole universe might disappear when I die. My world filled with the sense of security collapsed inside me. I was thrown into an unimaginable world of solitude and loneliness, and I became a philosopher in the strict sense of the word. Although I had never read philosophical books, nor had I even known the word philosophy until then, I became a person who could not live without thinking about the fundamental mysteries and secrets of the world I was living in. In my younger days, the central topics of my philosophical investigation were focused on issues in the actual world surrounding me. I was an “applied philosopher” from the moment I first became a philosopher.
I began a course of natural sciences at the University of Tokyo, hoping to study quantum physics, but soon I turned to philosophy, and started learning western thought and Japanese philosophy in the Rinrigaku Kenkyushitsu (Ethics Section) of the Literature Department. However, I was greatly disappointed with the method of research in that section, because that section was dominated by the iron law that “ethics is nothing but philology.” The same was true of the philosophy section. I was hoping to explore such philosophical questions as “What is life?”, “What is death?”, and “What is existence?” with my own thoughts and in my own words, but my dreams were brutally destroyed. They tried to brainwash me, saying that philosophy was nothing but the study of Kant, Hegel, or other great philosophers of the past. Of course I do not object if a person who loves Kant becomes a specialist in Kant. It is no doubt a great accomplishment. What I could not accept was the idea that philosophy was nothing but the study of past great philosophers. Anyway, this was the atmosphere hanging over academic philosophical studies in 1980s Japan. In graduate school I studied analytic philosophy, particularly Wittgenstein’s philosophy of mind, on the surface, but under the surface I began studying bioethics, which was just beginning to emerge as a new discipline imported from the US, UK, and Australia.

2. Introduction of bioethics into Japan

I participated in a translation group managed by Nobuyuki Iida and Hisatake Kato at Chiba University, and translated some important papers in bioethics from English into Japanese. In addition to that, I frequently visited the office of Keiko Nakamura and Shohei Yonemoto at Mitsubishi Kasei Institute of Life Science to study bioethics from the perspective of biology and the history of science. In the 1980s, there were at least four research groups on bioethics as far as I know: Chiba University’s group, Mitsubishi Kasei’s group, Waseda University’s group, and Sophia University’s group. [28/29]

Chiba University’s group was made up of graduate students and postdoctoral researchers whose main research themes were traditional European philosophers such as Kant, Hegel, and Heidegger. Professors Iida
and Kato assigned them papers on bioethics and had them translate those papers into Japanese, although most of them did not wish to be bioethicists. I was an exception in that group because I had already read many major articles in bioethics before meeting those professors. A collection of translations was published by Tokai University Press in 1988 which became the first translated anthology on bioethics.

The interpretation of bioethics in Mitsubishi Kasei’s group was different. Keiko Nakamura was a molecular biologist and Shohei Yonemoto was a science historian. They were trying to explore the possibility of introducing the knowledge of molecular biology and advanced natural sciences into our society in a harmonious and sound way. Their idea was that we could learn a number of important lessons from history: both the history of our relationship with scientific technology and the evolutionary history of the genes of creatures. They did not identify bioethics with “medical ethics.” Their understanding of bioethics was similar to that of Van Rensselaer Potter’s *Bioethics*, which was first published in 1971 in order to raise an alarm over a global environmental crisis. Later, Jiro Nudeshima, a then-young sociologist, joined the members of the institute. The perspective of the group was enlarged to include sociology and cultural anthropology.

Another prominent figure in Japanese bioethics was Rihito Kimura at Waseda University. Before coming back to Waseda, he had taught at the Kennedy Institute of Ethics at Georgetown University, one of the earliest bioethics research centers in the US. He wished to establish in his native country his own bioethics that had been formed through exchanges with his colleagues at Georgetown in the 1980s. His vigorous activities inside and outside the Japanese academy influenced many people. At that time he was considered by many to be a spokesperson for American-style bioethics.

In this period, Sophia University, a Jesuit university located in Tokyo, had a unique research program on bioethics and medical ethics. They had a special room in their library for bioethics literature written in foreign languages. I sometimes visited there and read papers and books in English. Among the faculty there was Juan Masiá, who came from Spain to teach
theology and medical ethics. For us his lectures and articles were valuable sources of European-style bioethics based on Christianity.

In addition to the scholars mentioned above, there were other people who were closely involved in the early stages of development of bioethics in Japan, such as Taro Takemi, who, influenced by Potter’s bioethics, established an institute aiming at human survival in the age of global environmental crisis; Akihiko Okamura, who promoted bioethics with Rihito Kimura; Koichi Bai, who was a specialist in medical law; and Yonezo Nakagawa, who helped found medical anthropology in Japan. However, it is my impression that outside of them, very few scholars were devoting themselves to bioethics in the first half of the 1980s. The importation process of bioethics was sporadic and chaotic.

Bioethics was not acknowledged as an academic discipline in universities. My fellow students, even professors, looked at me as if I were a bizarre creature. I will never forget a student’s words: “Studying bioethics will lead you to excommunication.” Another student kindly recommended that I should be a journalist rather than a philosopher. The philological tradition in Japanese academic philosophy really suffocated me.

In contrast, studying bioethics liberated my mind. In the field of bioethics I was able to think freely about the issues of life and death from a philosophical point of view. It was an exciting experience to think about actual ethical issues arising from advanced medicine and biological sciences. I thought I had finally found a discipline to which I could devote all my energy. To my eyes, bioethics was a place where I could think about actual philosophical and ethical issues with my own thoughts and in my own words.

Potter’s bioethics also captured my mind. I studied environmental ethics, ecological ethics, human ecology, and other related areas to integrate them with medical bioethics. And this idea led me later to propose a field of study, “life studies,” in which both medical ethics and environmental ethics are to be simultaneously discussed. At that time I did not feel any ambivalence toward bioethics.
3. Brain Death and Organ Transplantation

The situation surrounding bioethics dramatically changed when the issue of brain death and organ transplantation reemerged in the mid-1980s. Looking back in history, Japan’s first heart transplant from a “brain-dead” donor was performed in 1968. The surgery was successful; however, the judgment of brain death of the donor patient was not clear, and the doctor in charge of the donor patient was accused of homicide by activists. After that, heart transplantation became a taboo topic for about fifteen years. Then, in the mid-1980s, the issue of brain death and organ transplantation was again posed by the medical profession, aiming at establishing a brain death law and resuming heart transplantation from brain-dead donors. Transplantation doctors began a vigorous public information campaign on brain death. Many journalists reacted to this movement sensitively. Takashi Tachibana, a well-known best-selling author, was among those who doubted doctors’ argument on brain death. He read monographs on brain surgery, interviewed medical specialists, and gradually began realizing that brain death criteria were not scientifically sound ones. He published the book *Brain Death* in 1986 and harshly criticized the Japanese criteria for brain death. His book became a best seller, which deeply influenced a number of people concerned with this issue.

Although I was a graduate student at that time, I recklessly plunged into the debate on brain death, not only because the issue of brain death was a philosophical problem occurring in actual society, but also because it was closely connected to the problem of death which had continuously occupied my mind since my younger days. Doctors who wished to promote organ transplantation claimed that the death of the brain is the death of the human person in terms of natural science, but philosophically speaking, natural science cannot determine what human death is because it is a philosophical and religious question rather than a scientific one. It was urgently necessary that philosophers who specialized in logical analysis be involved in the controversy. I participated in the discussion not only from my own inner interests, but also motivated by the conviction that philosophers should play a more positive role in actual social issues.
I thought that the essence of the issue of brain death consists in the human relationships surrounding a brain-dead patient. Almost all arguments on brain death, including that of Tachibana, made the assumption that the essence of the issue exists inside the brain of a brain-dead patient. On the contrary, I argued that we can truly understand it only when we look at human relationships formed between a brain-dead patient and his/her family members at the bedside. I claimed that a brain-dead patient is, dead or alive, a human person, and hence that there exist true human relationships between a brain-dead patient and his/her family members. I called that patient a “brain-dead person.” Thinking like this, we can for the first time understand the state of mind of parents who speak to their brain-dead child again and again while fully understanding the medical condition of their child’s brain. I published the book *Brain-Dead Person* in 1989 and proposed the concept of “brain death as a form of human relationships.”

“Brain death” is not to be found inside the brain of the person whose brain has ceased to function, but in the sphere of human relationships surrounding that person. What we should be considering is “brain death as a sphere.” The essence of brain death is to be found in relationships between people.(1)

It is also worth mentioning that in this book I applied the concepts of “death of the first person,” “death of the second person,” and “death of the third person,” [31/32] which were first discussed by Vladimir Jankélévitch in his book *La Mort,* (2) to the case of brain death. By distinguishing these three concepts, I tried to argue that the question “Is brain death human death?” is not a philosophically sound one because this question should be asked separately in at least three ways that correspond to the three concepts mentioned above. In other chapters, I discussed brain death from the perspective of philosophy of science and civilization studies. This was probably the first Japanese book that dealt with this social issue from a consistent philosophical perspective from its first page to the last.

I have published a number of papers and essays elsewhere about the
controversy over brain death and transplantation in Japan; nevertheless, I
would like to note here a couple of very important aspects of those issues.
Japan’s first organ transplantation law was established in 1997, and the
second heart transplant from a brain-dead donor was performed in 1999.
This means that there was no heart transplantation for more than 30 years
in this country. We had a long discussion on brain death during this period,
especially from the mid-1980s to 1997. This was a real nationwide debate.
Every major newspaper and TV program reported on this topic extensively.
They conducted national opinion surveys many times. More than 100
books on brain death were published, most of which were books for
ordinary citizens. Japan was probably the country where the issue of brain
death was discussed most heatedly in the world. According to opinion
surveys, about 50 percent thought brain death is human death, 30 percent
thought brain death is not human death, and 20 percent was not able to
determine. One of the interesting things is that many journalists, scholars,
and activists expressed their doubts on brain death, and published a number
of articles and books that attempted to criticize the concept of brain death
and its application to actual medical procedures.

It is worth noticing that some of those writers paid special attention to the
emotional and spiritual aspect of the family members of brain-dead patients,
and wrote influential articles and books. They thought that family members
who regarded their brain-dead patients as living persons did not
misunderstand the concept, but rather that in their perception of brain-dead
patients lay an invaluable source of insight we should inquire into. Michi
Nakajima called it “invisible death,” Kunio Yanagida called it “death of the
second person,” Yoshihiko Komatsu called it “resonant death,” and I called
it “brain death as a form of human relationships.” I named this line of
thought “human relationship–oriented approaches to brain death,” which
was one of the most characteristic features of the Japanese discussions of
brain death in this period. [32/33]

4. Person and Persona

Let us go back to the mid-1980s again. During this period, I was continuing
a critical study of bioethics literature written in English while investigating
brain death and other ethical issues of life and death in Japan. However, gradually I began to feel a sense of discomfort with bioethics.

One reason for this was that bioethics literature in English at that time rarely talked about the importance of human relationships between a brain-dead patient and family members. After reading a number of Japanese works dealing with human relationships, bioethics literature in English that concentrated its discussion solely on the concept of human death, brain death criteria, and the utilization of organs looked really strange to my eyes. And at the basis of their discussion, there was a shared presupposition that brain death was nothing but human death. Of course there were rare exceptions, such as Hans Jonas’s argument, but almost all discussions took the brain-death-as-human-death theory for granted, and this irritated me a lot. I did not understand why a person who had lost inner self-consciousness ought to be “universally” considered dead as a human being, especially when the patient is a beloved family member. Of course it is true that self-consciousness and rationality play a crucial role in a human person, but the essence of life of a human person should not be reduced to mere self-consciousness and/or rationality. The life of a brain-dead patient sometimes “leaks out into” the space surrounded by family members or close friends at the bedside. I could not find this kind of discussion in bioethics literature in English.(3)

The following is an impressive passage from Michi Nakajima’s book *Invisible Death* (1985):

During a five-month period of observing brain-dead patients in an Intensive Care Unit, there was one thing that caused me to feel very awkward: nobody in the family took the brain-dead person’s hands or shed tears when told that the husband, wife, or beloved child was deceased. At first, I tried to convince myself that I happened to have people who were cold-minded, and very rational. But I came to understand that nobody, in fact, could perceive the reality of the beloved one’s brain death. ….

However, without exception, these people start crying intensely or
shed tears calmly when the brain-dead person’s heart stops beating and the respirator is taken off. At this moment, they finally realize the death of their beloved one.(4)

Nakajima’s book impressed a number of readers, and determined the basic tone of the Japanese discussion of brain death thereafter. Nakajima’s emphasis was placed on the question, “What is brain death when it occurs to our beloved ones?”, and the writers who were influenced by Nakajima sought to figure out the essence of the reality that family members would experience when sharing time with a brain-dead patient at the bedside. I could not find in bioethics literature in English a philosophical discussion of the reason why such dynamic emotional processes emerged in the family members’ minds.

In 1995 Kunio Yanagida, a well-known journalist, published a book entitled Sacrifice in which he confessed his own experience with his son who became brain dead after committing suicide. He describes his experience as follows:

When Ken’ichiro and I [Kunio Yanagida] talked to Yojiro, though he was brain-dead, his body talked back to us. This was truly a mysterious experience. This was probably a sense that can be understood only by members of a family who have shared happiness and sorrows with each other. Despite the scientific explanation that a brain-dead person is literally a dead person who has no consciousness or senses, I became quite sure that a beloved one’s brain-dead body means a lot to the family members who have shared a spiritual life with each other.(5)

While sitting in front of his brain-dead son, Yanagida was recalling memories of his relationship with his son from his birth to recent days. Not only beautiful memories but regrettable ones flowed out into his mind, and one time when he talked to his brain-dead son he felt as if his son talked back to him without any spoken language. This was a very strange experience for him because he strongly felt as if there were someone, some living person, in front of him, although his son was in the state of brain
death, lying on the bed without self-consciousness. As a journalist, Yanagida clearly understood the fact that a brain-dead patient has lost self-consciousness permanently, but as a father he could not help noticing a fragment of personhood on his beloved son’s brain-dead body. We can find similar narratives in memoirs of families of brain-dead patients.

I have long been thinking about this “fragment of personhood” that sometimes appears on brain-dead bodies. In 2010, I published the paper “Person and Persona” and tried to understand the mysterious essence of a fragment of personhood by using the concept of “persona.” (6) I defined a persona as follows. A persona is something that sometimes appears to exist on the body of a brain-dead patient, and people who have had a close relationship with the patient can perceive its existence. This means that a persona reveals itself to a limited group of people surrounding that patient. We should keep in mind that a persona is not self-consciousness or a soul lurking inside the body, but instead that it is something which emerges out of human relationships between a brain-dead patient and his/her family members or close friends. We cannot directly see, touch, or hear a persona itself, but we can perceive its existence with our whole body and we can communicate with it without language. A persona has alluring power to prompt us to begin communication with it.

In an impressive memoir by the parents of a brain-dead daughter, (7) they write vividly about how their brain-dead daughter let them communicate with her body. For example, the father put perfume on the daughter’s foot, and every time he left the patient’s room, he spoke to his daughter: “Gambariya (Hang in there)!” In this case, they perceived a persona on their daughter’s body, and the vivid power of the persona prompted them to make such actions.

The original meaning of the word “persona” is “mask.” In the beginning, “persona” meant something that covers a human face, not something that lurks inside the human body. Hence, the word “persona” seems to be well suited to our discussion. A persona can appear not only on the brain dead body, but also on the body of a living healthy person. A persona could even appear on the body or the face of a doll, or that of a robot. This line of
thought will lead us to a kind of animistic worldview in which everything in the universe could have its own persona. In my book *Philosophy of Connecting Life and Death*, 2011, I call a philosophical analysis of life and death based on an animistic worldview “philosophical animism.”(8) In this sense, the philosophical analysis of persona might be considered an attempt to clarify the inner logic of animism revealed in the context of brain death and organ transplantation.

By the way, I am not the first Japanese philosopher who focused attention on the concept of persona. It was Tetsuro Watsuji (1889-1960) who discussed this concept for the first time from a philosophical point of view. In his essay “Mask and Persona,” published in 1935, Watsuji makes the following argument.(9) In a Nô play, a Japanese traditional stage performance, a player sets a special mask on his face and dances on the stage. Watsuji says a Nô mask looks like the face of a person who has died suddenly. However, as soon as a Nô player puts a mask on his face, the mask starts to show various expressions as if it were the face of a living person. The movement of the Nô player’s body breathes “life” into the dead mask and lets it show various emotions of a living person. Watsuji argues that a strange inversion occurs here. It is the player that moves his body; however, from the viewpoint of an audience, it is the mask that moves the player’s body, expressing a variety of inner emotions such as anger, love, regret, and guilt.

In a Nô play, the main dancer plays the role of a person who, long after his/her regrettable death, comes back again to this world in order to convey his/her emotion of unfinished regret to an audience. At first the player’s mask is that of a deceased person, but gradually the player’s bodily movement begins to give life to it, and finally, in the midst of a beautiful dance, the mask acquires vital sparkles on its surface. Watsuji suggests that in a Nô play the mask or the face is considered a locus of personhood, that is to say, “persona.”

Reading Watsuji’s essay, I thought his persona theory could explain the function of a persona that appears on the brain-dead body as well. In the case of a Nô mask, the player’s movement breathes life into a dead mask
and lets “persona” appear on the mask. In the case of a brain-dead patient, the accumulation of the history of relationships between the patient and surrounding family members breathes life into the brain-dead patient’s body and lets “persona” appear on that body. The history of relationships in the latter corresponds to the player’s bodily movement in the former. Moreover, we can see a striking similarity between a Nô play and a brain-dead patient’s case, that is to say, both are the story of a dialogue between a dead/dying person and living people. In a Nô play a deceased person comes onto the stage and has a dialogue with other dancers who happen to encounter that person. And after a discussion the deceased person plays a final dance and walks out slowly backstage. In a case of a brain-dead patient, family members have a dialogue with the unspeaking brain-dead patient for several days, remembering various memories between them, and when the heart of a brain dead patient stops beating, a persona disappears silently from his/her body.

I still have a lot of things to say about the concept of persona, but in any case, it has taken me more than twenty years to come up with this idea since the publication of my first book on brain death in 1989. I believe that this concept has the potential power to reconstruct some basic frameworks of modern philosophy to create another way of looking at the world and human life. It will certainly lead us to a fundamental reconsideration of the ego-and-alter-ego framework in modern epistemology. It has been a long way from bioethics to the philosophy of persona. [37/38]

5. The Principle of Wholeness

In July 2009, some bills to amend the Japanese organ transplantation law were sent to the House of Councilors (Sangiin). The majority of representatives were in favor of the bill prepared by Rep. Taro Kono, which aimed to enable organ transplants from brain-dead small children unless their family members refuse it. I was against that bill. I had argued that organ transplants from brain-dead small children ought to be prohibited because their bodies have a capacity to grow even in the state of brain death (long-term brain death). I was called to give unsworn testimony in the House of Councilors from the perspective of a specialist in bioethics
who was an advocate only of careful deliberation on this matter. The night before the testimony, I was staying up late and thinking about how I could persuade representatives who were eager to increase the number of harvested organs from brain dead children.

Suddenly, the words “natural right to grow and die in the form of wholeness” came to my mind. I wrote an outline of my presentation using that key phrase, and the next day I read it in front of the representatives. The following is a summary of my talk.

Recently a number of “long-term brain death’ cases have been reported worldwide. In those cases, the heartbeat of a brain-dead small child continues for more than several months, in some cases for more than ten years, and sometimes the child’s body physically grows. In 2000, an eleven-month-old boy became brain dead at Hyogo Medical College. The heart of this boy continued beating for 326 days. His brain death was strictly diagnosed following the Japanese criteria for brain death. During that period, the height of the brain-dead boy increased from 74cm to 84cm, and his hands and legs were constantly moving. If we are to define brain death as human death, this boy should be considered a “growing corpse,” which runs totally against our intuition.

The cases of long-term brain death made me think that the organs of a brain-dead small child ought not to be harvested because he/she still has a capacity to grow, and we should protect the process of growing from outside invasion. I would like to explain this idea using the words “natural rights.” A brain-dead child has a “natural right” to grow in the form of wholeness and die in the form of wholeness. The child’s body ought to be protected in the form of wholeness from other people’s desires to utilize it. However, at the same time, if a child who has expressed his/her clear intention to be an organ donor becomes brain dead, the natural right to grow and die in the form of wholeness has to be overwritten by his/her wish.

I would like to call this idea “the principle of wholeness.” This principle can be applied not only to small children but all people, including adults.
Hence, the principle of wholeness can be restated as follows: 1) All brain-dead persons, including adults and children, are “holy beings”; 2) if they have not expressed any clear wishes for organ donation, their brain-dead bodies should be protected from any type of outside invasion; 3) if they have expressed clear wishes for organ donation, their wish should be given priority over the holiness of their brain-dead bodies. And I would like to add the principle of wholeness to a list of “natural rights”: rights to life, freedom, and property, proposed by Hobbes and Locke, which are considered to be given unconditionally to everyone when we are born. The principle of wholeness is a newly discovered natural right in the age of biomedical technology. If we apply this principle to brain-dead small children, it necessarily follows that small children with severe heart disease who cannot live without heart transplants will have to die, because hearts of small size cannot be obtained from brain-dead adult donors. This is a huge problem for parents who are waiting for donated organs for their children. However, I believe that protecting the process of growing and dying of brain-dead small children is more important than harvesting organs for recipient children with severe diseases. A more accurate and comprehensive discussion on this point can be found in my paper “A Natural Right to Grow and Die in the Form of Wholeness.”

A couple of days after the testimony, a vote was held in the House of Councilors, and a new law based on the bill by Rep. Taro Kono was established. My speech did not have enough political power to reverse the representatives’ opinions. I was again forced to face the reality that I am in a minority position regarding this topic even in a country where many ordinary people are said to have hesitation toward the idea of brain death. Experiencing this “defeat,” I determined to deal with this issue mainly from a philosophical point of view rather than from a political point of view. Looking at this issue from the viewpoint of philosophy, we can find a variety of interesting ideas and insights in the discourse and discussions of brain death and organ transplantation in Japan over the past 30 years.

6. Life Studies and Philosophy of Life

I would like to end this essay by making a brief comment on the ideas of
“life studies” and “philosophy of life.” As my study of bioethics progressed in my early years of research, I gradually began to feel frustration with the method and content of that discipline. Firstly, it lacked a broad perspective that could cover ethical issues concerning the relationship between humans and the global environment. Secondly, I could not figure out what kind of contribution it could make to our questions about the meaning of life. And thirdly, most bioethical discussions, such as those of abortion and brain death, seemed to have been done from a distance, that is to say, it seemed to me that researchers “shelved” themselves when discussing the issues. My intuition was that researchers themselves ought to come closer to the issues; for example, when discussing abortion, researchers should suppose the case in which they themselves became unwillingly pregnant or their partner became unwillingly pregnant, and think deeply about what it would mean to themselves on the level of philosophy, ethics, and spirituality. To my eyes, this kind of approach was rare in academic bioethics at that time.

In my first book, An Invitation to the Study of Life, published in 1988, I coined the term “life studies” for a new research method that was to overcome such limitations of bioethics. Since then I have been using these words to describe the characteristics of my works on life, death, sexuality, contemporary civilization, and Japanese culture. For me life studies means a way of studying the subjects of life and death by never dissociating myself from the issue in question. And it is also an attempt to acquire the intellectual capacity, wisdom, and systematically organized knowledge that are needed to live our limited lives without regret.

Recently, I have begun to think that in addition to a life studies approach, a new discipline, “philosophy of life,” should be established in the field of contemporary philosophy. For example, bioethicists talk much about life extension and enhancement technologies; however, in order to fully discuss these issues we have to think deeply about such questions as “What does longer life mean to humans?” and “Do enhanced abilities provide us with true happiness and fulfillment?” I believe these questions will be best pursued in the field of philosophy of life rather than bioethics.
Surprisingly, we have not had “philosophy of life” as an academic discipline. Of course, there was Lebensphilosophie, or philosophie de la vie; however, these terms only mean German and French philosophers of the nineteenth and twentieth centuries. A broader perspective is needed that can cover philosophical thought from ancient times to the present, in the East and the West. I believe it is time to learn from the abundant accumulation of the work of past thinkers about their thoughts on life, death, and nature; by using these as helpful reference materials, we can straightforwardly tackle contemporary issues in bioethics from a variety of angles. It is worth noticing that such attempts have partly begun in English-language bioethics in such books as Beyond Therapy (2003) and Human Dignity and Bioethics (2008), both of which were published by the US President’s Council on Bioethics. I wish to enlarge on their attempts to create a new field in contemporary philosophy. In 2011, my colleagues and I established an academic open access web-based journal entitled Journal of Philosophy of Life (www.philosophyoflife.org).

In contrast to the philosophy of life, which is to be developed as an academic discipline, life studies has the potential to flourish outside the academy, because the essence of life studies lies in the commitment never to dissociate oneself from his/her research topics, and if one honestly follows this method one will have to step outside of an academic discipline. In 2009, the first annual conference of the Japanese Association for Contemporary and Applied Philosophy was held at Kyoto University. “Applied philosophy” is a newly established philosophical discipline. In a keynote lecture I gave a presentation about how I encountered bioethics and have since tried to overcome its limitations. When preparing slides for my talk, I realized that my attempt to go beyond bioethics in the name of “life studies” was also an effort to create a new way of exploring “applied philosophy” — in other words, an attempt to make an applied philosophy that is to be applied to “one’s own actual life.” This suggests that applied philosophy, just like life studies, might flourish outside the academy in the future.

This is how I encountered bioethics, and how I parted from it in order to establish a new research field that can contribute to the comprehensive
understanding of the meaning of life and death in the age of biotechnology.

Notes:
3) Later I found relationship-oriented discussions in feminist bioethics. I am not sure if they have applied its perspective to brain death and organ transplantation.
6) Morioka (2010).

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