
Book Review

Brianne Donaldson and Ana Bajželj, *Insistent Life: Principles for Bioethics in the Jain Tradition* (Oakland: University of California Press, 2021), 294 pp., \$34.99 (pbk), ISBN: 9780520380561.

This remarkable co-authored book deftly summarizes the Jain worldview in an accessible manner. It lays out a host of bioethical situations and problematizes them in a new way. The first part delineates foundational Jain principles in four chapters. The second part is composed of three chapters that examine practical applications: how might a Jain patient or medical practitioner, committed to nonviolence and firmly believing in the law of karma, respond to disease or impending death?

Jain faith and practice operationalizes a pluralistic panentheism that is simultaneously physical and metaphysical. Karmic matter must be expelled and repelled consistently from the luminous living being (*jīva*), considered to be immortal. In the words of Akala ka (720–780 CE), the goal is to become without karma, passionless ‘like a dry wall to which nothing sticks’ (p. 21). One seeks to disengage from all fettering karmas that engender anger (*krodha*), pride (*māna*), deceit (*māyā*), and greed (*lobha*). Hemacandra (1088–1172) likens the compulsive generation of the ‘self-made snares of karma’ to the spider’s web, ‘made of its own saliva’ (p. 21). The presence of karma guarantees rebirth in one of four realms: human, heavenly, hellish, and within the spectrum of elemental, bacterial, botanical, and animal beings. Through adherence to the Jain precepts, one minimizes karmic influence.

The trajectory of human life, estimated to be optimally 100 years, includes a fascinating decade-by-decade assessment. The first decade of life is devoted to being a child, the second to playing in one’s teen years, the third to developing understanding and enjoyment in one’s 20s, the fourth to gaining strength in one’s 30s, and peaking with knowledge generated between the ages of 40 to 50. After the fifth decade, one begins a slow and steady decline with the weakening of senses, followed by trembling and cough in one’s 60s, a postural stoop in one’s 70s, a wish for liberation and the end of life in one’s 80s, and culminating with the final laying down of the body in the tenth decade (*Sthānā ga-sūtra* 10.154, qtd. on p. 37). Jains seek to understand the nature of their karmas as part of their self-improvement, ideally leading to a better life in the next birth. The cultivation of an ethical nonviolent lifestyle grounded in and guided by precepts takes center stage.

The question emerges: what role does medicine play in ensuring the good health needed to abide by the requisite precepts? Drawing from the work of Phyllis Granoff and other authors, Donaldson and Bajželj note a range of attitudes documented

in literature and in practice. In one scenario, one simply accepts the inevitability of decline and death as outlined above, and endures hardship until the end, generally refusing medical treatments. Exceptions throughout history are noted, however, with a monk, for instance, accepting medicine, preferably from a fellow Jain, and nuns in the contemporary period entering a modern hospital for surgical treatment.

The authors gathered data from 48 Jains involved in the practice of modern medicine to get a sense of current attitudes and practices. The majority were from the United States with the balance from the United Kingdom, India, Kenya, Canada, and Australia. Of those responding, 75 percent had 'attended Jain temple education (pā haśālā)' (p. 111), which helped shape their attitudes regarding medical treatments and bioethics in general. Within the 130 questions, the respondents were invited to reflect on a wide range of issues including abortion, contraception, in vitro fertilization, cloning, stem cell research, sex selection, genome editing, animal dissection, vegetarianism, mental illness, vaccinations, antibiotics, surgery, and end of life. Three quarters of those responding stated that their religion helped shape critical decisions. Ten percent affirmatively indicated that 'my commitment to Jain principles has put my professional career at risk at least one time' (p. 155). When in search of opinion from the perspective of Jain belief, Jain medical professionals consulted their parents for advice, a Jain monk or nun, a visiting Jain scholar, or a temple teacher. Most felt comfortable with reconciling their faith in the context of best medical practice.

This groundbreaking study widens the conversational horizons within the discipline of bioethics. As the authors note in the introduction, few studies have entered the intersection of Asian traditional thought and bioethics. This book takes an important next step, interrogating how a very different philosophical orientation that accepts rebirth and the inevitability of death accords with contemporary medical practice. Some issues beg for more investigation: How would Jain thinkers respond to ethical questions regarding homosexuality? High-cost medicines? Gender reassignment? How might the Covid-19 pandemic alter the decision-making process?

In the last chapter, 'Calculations of Death', the authors report that a large majority (69%) of the Jain medical practitioners who participated in the survey would choose do-not-resuscitate if in cardiac or respiratory failure. Acceptable life-sustaining treatments were antibiotics (36 percent), blood transfusion (31 percent), CPR (25 percent), dialysis (28 percent), feeding tube (19 percent), and intubation (19 percent) (pp. 201–202). These responses highlight the complexity of bioethics as well as the importance of preparing for the ultimate decisions surrounding the end of life.

This book is highly recommended for use in undergraduate survey courses on world religions, in ethics classes, and in graduate seminars. It contributes to conversations about cultural humility and invites readers to reflect on their own beliefs and choices. It combines the best methods of the humanities and the social sciences, demonstrating the ongoing relevance of cultural history, philosophy, theology, sociology, and medical ethics within today's world of dynamic multiculturalism.

Christopher Key Chapple
Loyola Marymount University
cchapple@lmu.edu