

Chapter 3

Bioethics via Africology

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ABSTRACT

This chapter articulates upon an appropriate rubric towards practice frameworks in regards to Africa. It calls for the careful adoption and adaptation of Euro-American bioethics principles and indigenizing them into the African context via the matrix of Africology (Afrocentrism). Efforts on the specifics of refocusing attention on core bioethics principles and values are a welcome development that would help reflect the local color in various cultures, bolstering the push to come up with an appropriate blueprint for bioethics practice that recognizes the multiplicity of cultures worldwide.

INTRODUCTION

Scholarly discussions have been coalescing on the topic of cultural diversity in global bioethics (for instance, Brodwin, 2001; Marshall, & Koenig, 2004; Chattopadhyay, & DeVries, 2008; Behrens, 2013). This chapter joins with the momentum and aims to forge an appropriate rubric for practice in regard to Africa. It calls for the careful adoption and adaptation of Euro-American bioethics principles,¹ and indigenizing them into the African context via the matrix of Africology, a.k.a. Afrocentrism. Efforts on the specifics of refocusing attention on core bioethics principles and values are a welcome development. More importantly, it would help to reflect the local color in various cultural climes and bolster the push to formulate an appropriate blueprint for bioethics practice that recognizes the multiplicity of cultures worldwide.

The movement for the fusion of ideas about cultural diversity in global bioethics has probably approached a critical mass of popular support. That effort has steadily been subjecting bioethics principles to closer and closer scrutiny and increasingly demanding that various cultural milieus be recognized and respected, so they can compose approaches that suit them (Alora, & Lumitao, 2001; Andre, 2002; Widdows, 2007; De Vries, Rott, & Paruchuri, 2010). It is a recognition of cultural relativity (a.k.a., cultural autonomy) – the understanding that individual and/or communal choices are shaped by the cultural environment in which people are raised and/or comfortable with.

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The chapter begins with a brief comment on the evolution of bioethics and its rapid spread in recent times. Second, a drug (Trovan) experiment is introduced to highlight the fact that despite gatekeeping efforts, it still exemplifies the controversy that can occur in international clinical trials. Specifically, this drug trial demonstrates disregard for research ethics provisions and contempt for local cultures. Hence, the third part of this chapter is a philosophical inquest into the experimentation. Forth, is a critical reexamination of the make-up of principlism which roots are in liberal individualistic tradition of Euro-America, and inherently unsuitable for multicultural settings. To wrap up, the chapter argues for an Afrocentric model, a fitting framework that upholds cultural relativity and addresses some of the deficiencies of principlism.

BRIEF BACKGROUND AND POTENTIALS

As a discipline, bioethics² is very young. It is still in its 40s, having emerged in the 1970s in the U.S. (and elsewhere) and catalyzed by biomedical landmark events that gave rise to for example, the Nuremberg Code, the Declaration of Helsinki (DoH), the Council for International Organizations of Medical Sciences (CIOMS), and the Belmont Report. These are sets of ethical guidelines developed to regulate biomedical and social science research, particularly research with human subjects.

Being so young and with penetrating tentacles, it was only a matter of time before bioethics formative ideology would encounter challenging scenarios at socio-cultural milieus outside of its birthplace and comfort zone.

Accounts of the origin of bioethics are varied. Martensen (2001) states that statesman Sargent Shriver, coined the word “bioethics” in his own Bethesda, Maryland living room one night in 1970. It was at the instance of meeting with physician André Hellegers, a Jesuit philosopher and then president of Georgetown University, and others, to discuss (President) Kennedy family’s sponsorship of an institute for the application of moral philosophy to concrete medical dilemmas. Martensen however credits author and bioethicist Van Rensselaer Potter for conceptualizing bioethics “expansively” (p. 168). Another source, Irving (2000), locates the embryonic formation of “bioethics” in the 1960s following Congressional and Senate hearings which were called to “address an increasing number of bewildering problems being generated by medical research and the abuse of human subjects” (p. 54). Even so, the *Internet Encyclopedia of Philosophy* narrative seems authentic too. Crediting Sass’ (2007) work, it claims the German theologian Fritz Jahr whose three published articles in 1927, 1928, and 1934, was the first to use the German term “bio-ethik” (or bioethics). From then on, a new academic discipline was established, and gradually the commencement of

the practice of a new, more civilized, ethical approach to issues concerning human beings and the environment. Jahr famously proclaimed his bioethical imperative: ‘Respect every living being, in principle, as an end in itself and treat it accordingly wherever it is possible. (n.d.)

This would be the early beginnings of a watershed point when medical decisions made a radical shift to involve many people besides the physician and the patient: “members of review boards and ethics committees, lawyers, bioethicists, regulators, and representatives of the courts. Before the mid-1960s, however, physicians’ primacy in this area was virtually complete,” (Rothman, 2009, p. 6).

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