

Bioethics and the Challenges to Its Growth in Africa

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Received August 24th, 2011; revised September 26th, 2011; accepted October 2nd, 2011.

Bioethics has now become a burgeoning interdisciplinary field of scholarly investigation which has in the past decades migrated from bedside consultations to public policy debates and wider cultural and social consultations that privilege all discourse about everyday life issues. It has made exponential progress in addressing moral issues in science, technology and medicine in the world. In spite of this progress, core bioethics issues, approaches and values are still exclusively Western dominated and largely foreign to most African societies. Although medical ethics has existed since the time of Hippocrates, in Africa, there is a noted sluggish growth and low prestige of ethics education as bioethics is not taught in most higher educational systems of learning, low understanding of its processes as researchers manifest a general lack of appreciation for bioethics and general ignorance characterize those involved in research about ethical practices. This is unfortunate, considering that various research that aim at finding solutions to the multiple problems affecting African societies and the need to address and assess these problems in ethical terms are of crucial importance to Africans. In this work, I argue that Africa lacks human, institutional, infrastructural capacities and a real African authenticity in bioethics. Additionally, African views on bioethics are neither sufficiently developed nor heard. Africans need to confront these current challenges of bioethics to their lives and communities and to develop African conceptions to incorporate African specificities and approaches.

Keywords: Authenticity, African Communitarianism, Ethno-Ethics, Communitarian Bioethics, Professional Bioethics, Interdisciplinary Research, Biotechnology

Introduction

The inhuman and degrading treatment inflicted on African people by other cultures in the course of Africa's painful history, especially through colonisation, aggressions and violations has culminated to the immorality, cruelties and the degradation of African values. These inhuman and maltreatment inflicted on Africans constitute a hard blow to human dignity, a threat to human survival and integrity which is morally condemnable, and has develop stigmas and phobias which ethics rooted in African values and tied to our socio-cultural and traditional context must address. Also, at this era of contemporary bioethics and ethical intersection where issues on health research, methods, and researcher responsibility are topical, and in the wake of diseases where medicine and morality are in crisis, at a time when questions about screening and conducting biomedical research (therapy and vaccine trials), health care practices, access to medical treatment have given rise to questioning and debates, scientific meetings, debates and discussions on these issues in Africa are still rare.

Meanwhile the African continent and its countries are marked by huge economic and social challenges, especially in the field of health. Africa is heavily impacted in poverty and huge disease burden such as HIV-AIDS and tropical diseases such as malaria and sleeping sickness that kill millions of Africans yearly. These diseases pose serious moral challenges for bioethicists to focus on from an African background. Exploitation in the face of multinational research creates the need for robust guidance as there is lack of means and mechanisms to enhance the teaching of bioethics in Africa. Additionally, why is the field of bioethics not flourishing in Africa? The purpose is to develop critical thinking in the field of bioethics within Africa which would require bioethicists from Africa to root their enquiries on ethical values in African traditions, to challenge the-

ories using evidence, to be reflexive and be skeptical or critical of other bioethical values and principles.

Africa need heightened ethical awareness that would enable Africans suspect or be suspicious of the moral authority and authenticity of foreign principles and values especially as some of these values aim to monopolize the field of bioethics and its discourse. As such the aim of this work is to reform and inform the moral minimalism of Western bioethics about African values and principles. Thus by subjecting other principles and values to theirs to serious scrutiny and questioning, African bioethicists can produce a rigorous normative analysis of lived moral experience in Africa and can incorporate African views and approaches to the current bioethics debates, especially as African communitarian views are uninfluential in the mainstream. Also, is the fact that Western bioethics is not showing enough concerns for the moral challenges and dilemmas arising from Africa. As such Africa need to develop its principles and values based on the existential realities of its people needing appropriate solutions to problems affecting them. Through *ethno-ethics* and professional bioethics, I hereby outline a descriptive analysis of ethical and moral values as rooted in authentic African traditions and cultures that can provide a helpful base or framework for ethical decision making.

Bioethics in Quest for Authenticity in Africa

Bioethics in quest for authenticity is an attempt to know if it is possible for bioethics to progress in Africa without the distorting imposition of Western templates, values and principles or is it possible for Africans to dissociate their traditional African thought elements from the superimposition of Western bioethical categories. In other words, can African bioethics dismantle the encrustation of foreign values and view the African thought materials in their true light rooted on traditional

African values and indigenous heritage? When the question is asked, why is the field of bioethics not progressing or flourishing in Africa as in other parts of the world. One gets many answers amongst which research in this domain is not funded or inadequate funding, that is, there are no budgetary allocations or financing of research in this area.

Furthermore, lack of political will and commitments from African governments as politicians are not interested in this kind of research. Due to this lack of motivation, governments in Africa have not yet established the necessary legislation, institutions or infrastructures to protect vulnerable persons and to address bioethical issues. As a result, people are not interested in bioethics issues since measures are not taken to create awareness on the field in the continent. In addition, many in Africa consider the field of bioethics a Western discipline or field of study that deals with issues on High-Tech and addresses directly issues arising from or related to the use of High-Tech, health related issues and practice in the West and modern medicine which does not affect African countries. As such Africans are not or should not be concerned with such issues. Moreover, it is an expensive field of study that African countries cannot afford the luxury to sustain.

Many events might have contributed to this (mis) conception of bioethics in Africa. The first identifiable area of confusion is with the origin or birth of bioethics. It is a field born out of scandal (scandal induced phenomenon) and due to new breakthroughs or transformations in medical technologies in the West. Karori Mbugua makes this clear when he writes that traditionally, bioethics has always been associated with cutting edge biotechnologies such as *in vitro* fertilization, organ transplant, and gene therapy. These technologies are virtually non-existent in most parts of Africa. The principles of US bioethics which were formulated to address ethical issues arising from these advances in medicine cannot therefore be expected to adequately equip African researchers and medical students with the necessary ethical skills to face the bioethical dilemmas that they encounter daily (Mbugua, 2009).

Also, among the most powerful triggers for the emergence of bioethics were a series of public revelations of gross abuses of human subjects who had been unknowingly coerced into participation in dangerous, non-therapeutic research. Bioethics emergence then was marked by issues about the protection of human research subjects, autonomy and the rights of patients. Consequently, all or most ethical codes and guidelines are developed in response to a problem, crisis or exposure of research abuse or born in scandal in the Western world. In spite appeals for universal applicability and validity, initially there were no African participants or representatives in the deliberations. Most are exclusively Western dominated and still remain insensitive to non-Western values and moral principles. Many views confirm principlism as the dominant way of doing bioethics in the United States. It is the mainstream approach, both in academia, the clinic and in media representations of bioethics. Tamidayo Ogundiran writes that the growth of bioethics has been most exponential in North America and Europe and core bioethics issues, approaches and values are still largely a Western phenomenon or western dominated (Tamidayo, 2004). The fact that Africa is not directly connected or linked to the historical development of the field of bioethics makes people think it is exclusively a Western phenomenon.

As a matter of fact there has been a strong impulse to present Western bioethics, Western culture and ideas, whether optimistic or pessimistic as the only rational and universally valid ones. Western culture looked in every way like an extraordinarily

successful and exceptionally high culture that if other cultures and people could read the very words uttered by the great men of the West, they would be better able to cope with the cultural crisis that the most advanced thinkers of the time took to be a fact of contemporary life. It is the super rational culture, that which is characterized by conformity with reason, adhering to qualities of thought such as intelligibility, consistency, order, logical structure, competence, testability, and simplicity. For instance, Americans consider bioethics to be exclusively their cultural heritage. Daniel Callahan, one of the pioneers of American bioethics makes reference to this Western domineering attitude of bioethics: "The more interesting story perhaps concerns the culture of bioethics itself. It is a discipline with some discernible biases, some unmistakable signs of its heavily American origins, and some long-standing internal struggles I need to acknowledge its force and cultural bite. It has been accepted in great part because it is so compatible with American culture, at least that well-rooted liberal part of the culture that has looked to law to resolve, or dilute, deep moral disagreements, and which bends over backwards to allow citizens the widest range of legal choices and the greatest possible latitude in the living of a life. Bioethics is often too American, too culture-conforming, too prone to float along with the tide" (Callahan, 1999).

Furthermore, Edmund D. Pellegrino writes that medical science and technology, as well as the ethics designed to deal with its impact, currently are Western in origin. They are deeply ingrained with three sets of values distinctly Western the values of empirical science, principle-based ethics, and the democratic political philosophy. Such values are often alien, and even antipathetic, to many non-Western world views (Pellegrino, 1992). Many distinguished bioethicists and scholars make allusion to this domineering Western bioethics. They say that bioethics in its present form is rooted in and largely dominated by western culture. The tempo and content of bioethics discourse are largely influenced by the technological creations of the developed world. Because of its scientific-cum-technological sophistication and its proselytising character, Western culture, as well as Western systems of thought and practice, have greatly affected and influenced other cultures, particularly African culture. But Western cultures, systems of thought and practice, have been highly impervious and immune to influences from other cultures, philosophies, systems of thought and practice, even where these might have been salutary and enriching to Western culture and systems (Tangwa, 1999). Further still, Godfrey Tangwa characterizes Western culture's quest for certainty in the following words: "The obsession with certainty, and the illusion that may be induced of having achieved it in many domains of human concern, is what has given the Western world its spirit of epistemological over-confidence, an *over-sabi* bordering on arrogance, its evangelical and proselytising impulse, its high sense of self-righteousness, that could easily result in heedless recklessness at the level of practice" (Tangwa, 2004).

Moreover, though bioethics has come of age in the developed and some developing countries, it is still largely "foreign" to most African countries. It is time Africa joined the bioethics bandwagon. Its relevance and applications to science and research are vital and should not be overlooked. However, bioethics is not exclusively the domain of the West and many argument accuse this Western dominated approach as a form of moral imperialism, and an attempt by developed world agencies to advance their biomedical research agenda at the expense of the developing countries. Most of the claims that bioethics is

Western is sign of gross neglect to the development of bioethics and issues outside the western world. It is what some persons refer to as the field's deficiencies and blind spots which are identified as dumped-down teaching formulae, an insensitivity to cultural differences, and the tendency of American bioethicists to emphasize "individual rights, and rationality" instead of "community, and common good." This raises the issue of the legacy of African approaches to bioethics, while facing the future, the purpose, and the place African thought occupy in the grand bioethics discourse.

In spite the above, the field of bioethics has in the last decade known some advances in some African countries, especially in countries of Anglophone Africa where the discipline is experiencing growth. Centers for bioethics can be found in countries like South Africa, Nigeria, Kenya, Tanzania, Democratic Republic of Congo and other countries are expected to follow these examples. Bioethics education, training and teaching is experiencing some growth and transformation than ever before, more due to inputs and contributions brought about by some African scholars who have undergone some training in Western institutions and successfully establish partnerships, cooperation and collaborative networks. However, questionable is how these centers and their experts are empowered, equipped and informed on African ethical and bioethics values, given that they have been trained in foreign values and institutions. As such, they are not trained to think like Africans. While it is interesting that there are more centers developing in the field, what is more challenging and compelling is for these centers and experts to articulate and span the bioethics discourse rooted in African ethical principles and values. How they are equipped to resolve the moral dilemmas of the continent especially as the values and principles that govern the practice of bioethics are Western dominated.

The major predominant bioethics ideas, principles and values are grounded in Western thinking and philosophy not rooted in African thinking and as such cannot reflect the choices, actions and decisions Africans make. Munyaradzi Murove succinctly puts this as he writes that the current discourse on bioethics in Africa is trapped in Western categories of thought and relies heavily on Western analytical philosophy. He maintains that an authentic discourse on bioethics in Africa must take cognizance of the fact that most Africans rely on traditional medicine for their health care needs (Murove, 2005). Since the birth of bioethics, Western thinkers have influenced the discussions and debates, public opinion and public policy and have been strategically staking out territory in a range of bioethical issues. They are positioned perfectly to frame the discussions, define the vocabulary, create conventions, and, ultimately, forge public policy on bioethical issues, as well as, shaping the way people should think about issues as they arise in bioethics. Western bioethicists understand what is at stake in bioethics today than Africans as they see that driving bioethical debate is critical to building a society based on their values and their worldviews. Conversely, bioethics in Africa is poorly funded and narrowly focused, and lacks unified philosophical framework. Some of the possible problems that can arise from this situation are that the reality of an "African" bioethics is problematic due to value and cultural changes that foreign values introduce. The challenge is that foreign values might either advocate principles that clearly cannot capture core aspects of African values and hence are "too Western".

A critical scrutiny at the field of bioethics in Africa would confirm the view that the field is not rooted nor grounded in African values and traditions but in foreign bodies in the cul-

tural fabric of Africa. In this present context in Africa, one can easily bemoan the lack of Africanness in African bioethics as Africanity is undergoing a process of erosion, in the light of contemporary changes and faced with foreign values. For instance, family solidarity is declining in Africa and our communal values are being challenged and replaced by foreign ones. The field of bioethics in Africa lacks a well-defended general principle grounding particular duties that is informed by such values and that could be compared to dominant Western theories such as Hobbesian egoism or Kantian respect for persons (Metz, 2007). Western values have an overriding and overpowering influence over it African counterpart and is threatening to destroy these African values. This attitude of assimilating Western values and ideologies into Africa can give rise to a situation of self-dehumanization and outright self-subversion both in terms of dignity and self-esteem. This would consequently submerge African values into the never-receding tide of ethical imperialism. An extreme position is that we cannot have a viable existence of the "African" given the overwhelming impact of alien elements, leading to what is perceived as a collapse of traditional culture and of traditional ethics (Kigongo, 2009).

This situation causes tension and creates conflicts in the true African ethical conception and empirical experience as modernity continues to gain a dominating impact on African life. There is also corresponding decline of the influence of the tradition and, therefore, a decline in its relevance to contemporary realities. Meanwhile nourished ethical principles grown from African soil is a necessity for Africa especially as people in life act in ways that are more consistent with the values they hold, rather than following any particular bioethical principles. As such, by African bioethics, it should be understood as thinking that is rooted and flows from Africa's innate traditional values. That is, Africa's traditional values are quintessential for moral decision making. These values form the core or fundamental basis for any ethical deliberation on issues related directly to Africa. Bioethics in this context is looking for its roots or origin in African traditional values and it also has to look backward in the distant past and the present so as to plot the future. However, one is not trying to down play the importance of Western values especially as there is need to build collaborative partnerships to re-enforce African capacities and institutions. Yet, there is need for an authentic representation and for Africans to reclaim their world view if they want to maintain their identity in the face of change. Therefore, African values should be seen as more fundamental to the change, that is, as having primary importance than Western ones.

Ethno-Ethics

African perspectives of bioethics points to two different conceptions; bioethics in the sense of sets of moral principles rooted in culture, and bioethics as an academic discipline. In the first conception, African bioethics is found in African people's culture or world view. This is what might be referred to as *ethno-ethics* and consists of a set of shared beliefs, values, categories, and assumptions that are implicit in the languages, practices and beliefs of African cultures. The sources of such bioethical principles will include popular sayings, proverbs, maxims, tales, songs, mythology, folklore and other cultural practices such as male circumcision, marriage and leadership (Mbugua, 2009). African bioethics in this context revolves around harmonious coexistence with the cosmos and the promotion, defence and protection of life, including maintaining the integrity of the human species, protecting the dignity of the person and

protecting nature and diversity. It is rooted in the following African traditional and cultural values

African Communitarianism or Sense of Community Life

A major recurrent feature of moral thought in sub-Saharan Africa is the widespread maxim, “A person is a person through other persons” or “*I am because we are.*” The traditional African concept *Ubuntu* “I am because we are. I can only be a person through others” implies that one’s identity as a human being causally and even metaphysically depends on a community. Also in a morally grounded prescriptive sense one ought to support the community. The coinage of African communalism is of John Mbiti’s famous post-war analysis of African worldviews which says that “What is right is what connects people together; what separates people is wrong”. John Mbiti further underscores the important belief and sense of the community among traditional Africans. In traditional Africa, the individual does not and cannot exist alone except corporately. He owes existence to other people, including those of past generations and his contemporaries. Whatever happens to the individual is believed to happen to the whole group, and whatever happens to the whole group happens to the individual. “Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: ‘I am, because we are; and since we are, therefore I am.’ This is a cardinal point in the understanding of the African view of man” (Mbiti, 1992).

Additionally black consciousness leader Steve Biko, in an essay that explores facets of culture that are widely shared by Africans: “our action is usually joint community oriented action rather than the individualism which is the hallmark of the capitalist approach” (Biko, 2004). Thaddeus Metz proffers the following moral theory: “an action is right just insofar as it is a way of living harmoniously or prizing communal relationships, ones in which people identify with each other and exhibit solidarity with one another; otherwise, an action is wrong” (Metz, 2010). To identify with each other is largely for people to think of themselves as members of the same group, that is, to conceive of themselves as a “we”, as well as for them to engage in joint projects, coordinating their behavior to realize shared ends.

Communitarian means pertaining to or characteristic of a community. It is the perspective that recognises both individual human dignity and the social dimension of being human. Gboyega A Ogunbanjo and Donna Knapp Bogaert define communitarianism as a model of political organization that stresses ties of affection, kinship, and a sense of common purpose and tradition. They further identify two forms of communitarianism in Africa which are *radical* and *moderate* communitarianisms. Accordingly, radical communitarians in Africa include John Mbiti and Ifeanyi Menkiti who claim that: 1) the community defines a person as person (and not some isolated property like rationality and free will); 2) personhood is acquired (i.e. an individual’s moral achievements earns him or her the status as a person, a full member of the community); and 3) personhood is something at which an individual can fail. Moderate communalism is promoted by Léopold Sédar Senghor and supported by contemporary philosophers such as Kwame Gyekye, Kwesi Wiredu, and Segun Gbadegehin, claim that communitarianism stresses more on the group than on the individual. It sees society not as an aggregate but rather as a community of individuals. Personhood, on this view, is not wholly defined by membership to a community (Ogunbanjo & van Bogaert, 2005).

In the African perception persons become persons only after a process of incorporation. Without incorporation into this or that community, individuals are considered to be mere danglers to whom the description ‘person’ does not fully apply. However, the individual is both autonomous and a communal being. It is recognized that besides being a social being by nature, the individual also possesses rationality, moral sense, capacity for virtue, and capacity for free choice. In terms of social structures, it is argued that authority is located in the leader of a village or tribe and in the head of the household. In this approach, one becomes a human being only in a fellowship with the life of others, that is, the person is viewed as a relational self. Chikezie Onuoha elucidates on this in the following words: “It is a self for whom social relationships rather than individualism provide the basis for moral judgement within the African culture. The family is the primary social unit and plays a central role in an individual’s life. In this light, the family is responsible for the well being of her members especially the aged, sick, disabled and the unemployed. It has been argued that most African countries have their moral perspective dominated by their worldview. Base on this African conception of the relational self has significant implications for many of the issues in bioethics such as reproductive ethics, human genetics, research ethics, principles of autonomy, justice, illness, health care, informed conscience, death and dying” (Onuoha, 2007).

On this ground, it is argued that African morality is not necessarily based on religion or faith, but on the beneficiary values of collective family and community well-being, without dissolving the individual’s character. The community empowers “personness”. As P J. Nel observes, the term community is inclusive of all life (*bios*): animals, the habitat (the land), flora, and even the elements. The success of life is found in the ability to maintain a healthy relationship with *all*. The community itself is more understood as more than the visible community and includes the ancestors as well as those not yet born. Community in the African context is the basis for morality in that it guarantees the well-being of both the individual and the community. The judgment as well as the justification of good and bad (evil) is not in terms of reason only, but this does not necessarily mean that it is irrational. The collective input of practice, custom, ritual, and accompanying narrative textualisation makes the moral imperative and its justification nearly selfevident (Nel, 2008). Furthermore, the construction of moral knowledge in African indigenous communities relates to their mode of understanding reality and within this reality, the well-being of the community is the central concern. A visitor to Africa is soon struck by the frequent use of the first person plural “we”, “ours” in everyday speech.

Compared to views about healthcare provision and decision making that stresses autonomy and prioritizes individual right, the common good receives prominence. Amitai Etzioni makes it clear that medicine is overwhelmingly non-communitarian in the sense that it rarely concerns itself with the common good. The individual patient’s good is at the centre of nearly every discussion. Moreover, one is hard put to find a bioethicist who considers him/herself a communitarian. He continues that, those who do draw on communitarian deliberations do so mainly to criticize the excessive reliance on the value of autonomy but typically not to embrace concerns for the common good (Etzioni, 2011). Contrary to this view African communitarian approach regards personal rights such as right to health care in a communal context. Communitarian bioethics in this light views the concepts of public health, distributive justice as solidarity or a collective duty to take care of all citizens, equal access to

health care, involvement of the family in decision-making and shared consensus about public policies as expressions of this world-view. The appeal is that it sounds more satisfactory and humane to live in an organic community rather than alienated in an aggregate of autonomous individuals.

In a comparative and contrastive context, one important characteristic that should distinguish African bioethics from Western bioethics is that African culture places considerable value on conformity of the individual to the social group. Western bioethics focuses on the individual, ignoring the interests of others who are intimately affected, such as the family and the community. Westerners view the patient as an individualistic being and view autonomy as the supreme value, according to which the patient's right to personal choice is paramount. This focus on the individual is based on a philosophy that regards the self, and only the self, as the end per se. It leans heavily on Kantian ethics that requires universal norms and an impartial perspective, which is inattentive to relationships and community. Kantianism privileges abstract reasoning over virtue, character, and moral emotions. Kantian ethics maintain that the only way we can morally constitute ourselves is by free and rational choice.

This view is antithetical to African bioethics which claims that we morally constitute ourselves not only through free and rational choice but also through our parents and our community. African ethics is communalistic in nature and is to be contrasted with the Western ethical tradition with its emphasis on an individual's sense of self and autonomy of being. As far as Africans are concerned, the reality of the communal life takes precedence over the reality of individual life histories, whatever these may be. And this primacy is meant to apply not only ontologically, but also in regard to epistemic accessibility. Ifeanyi Menkiti argues that it is in rootedness in an ongoing human community that the individual comes to see himself as man, and it is by first knowing this community as a stubborn perduring fact of the psychophysical world that the individual also comes to know himself as a durable, more or less permanent, fact of this world. After birth the individual goes through the different rites of incorporation, including those of initiation at puberty time, before becoming a full person in the eyes of the community (Menkiti, 2004). In the African view therefore, it is the community which defines the person as person, not some isolated static quality of rationality, will, or memory.

These divergent perspective calls for a heightened sensitivity to this various issues and to the varied explanatory models patients bring to the clinical encounter as well as in the bioethical discussions. In a research setting, to obtain informed consent from patients and research participants in an African setting without some modification of the principle will prove difficult as this will require not just the consent of the individual concerned, but also of the entire community. Consequently, failure to recognize cultural differences and variations in the understanding of human dignity, health and disease can lead to ethical conflicts. Moreover, Ames Dhai makes this clear when he writes that: "The cultural background of research participants must be understood with regard to how informed consent is obtained. Ethical conflict is quite likely to emerge when researchers and participating patients come from different cultures. In Africa a person does not perceive himself or herself as an individual in his or her own right, but rather as an extension of a family serving as an intermediary between ancestors and future generations. Because of this perception, an insistence on first person informed consent in group-orientated cultures is viewed as morally unacceptable" (Dhai, 2002).

In response to these observations, it is argued that insistence on first-person informed consent in group-oriented cultures is a form of medical-ethical imperialism that is morally unacceptable (Ijsselmuiden & Faden, 1992). The differences existing between Western moral thinking and other non Western philosophies must have brought about this. Ethical principles of Western medicine on informed consent require all adults to be primary decision makers about their own participation. Amitai Etzioni elucidates this through the views of some Western authors like Daniel Callahan whom he says quotes Joseph Fletcher, stating that bioethics is based on "the idea of personal choice as the highest moral value and the struggle against nature as medicine's most liberating mission". Another example is Ezekiel Emanuel, in his essay on the care of incompetent patients, points out that the understanding of the 'best interests' of a patient allowed in this individualist vision of healthcare is based upon the degree of pain a procedure would inflict on that person. Jeffrey Blustein explains this conception of autonomy in healthcare, stating, "It rests on a picture of the person as a separate being, with a distinctive personal point of view and an interest in being able securely to pursue his or her own conception of the good".

However, it should not be seen that African values forbid individuality, creativity or nonconformity, but it does mean that some weight in moral thinking is given to whether behavior upsets communal norms. In clinical research in an African setting, where normative decision making is crucial, the leaders and elders of the community play an important role in the process of securing informed consent. Researchers must first meet with leaders and elders of the community to get permission to enter and interact with community members. It is only when leaders give assent that researchers can then proceed into broad discussions with community members that involves defining what research is, aims or goals of research, risks and benefits of research to get their consent or refusal to be part of research project. It is a process that aims at empowering the capacity of community members about research, risk and benefits, and build researcher's capacity in understanding cultural practices, beliefs, religion and tradition of the community so as to encourage trust (Andoh, 2009). Meanwhile in a medicalized health care situation, the opinion of the head of the family is very important and for married couples, the husband's consent is sought for.

Sense of Good Human Relations

Akan maxim: "It is the human being that counts; I call upon gold, it answers not; I call upon cloth, it answer not; it is the human being that counts." A fundamental unity between the different human beings in the community, that is, a unity of human relationship, underlies traditional African ethics. African ethics places considerable value on conformity of the individual to the social group in order to preserve the unity of human relationship. Traditional African metaphysical outlook can be described as eco-bio-communitarian, implying recognition and acceptance of interdependence and peaceful co-existence between earth, plants, and animals. Within the African traditional outlook, human beings tend to be more cosmically humble and therefore not only more respectful of other people but also more cautious in their attitude to plants, animals, and inanimate things. Put in short form, they are more disposed toward an attitude of *live and let live* (Tangwa, 1999). To commune with one another, based on communion with God, nature and culture, is the pillar life-stone in African societies.

Communalism is a fact that flows from human nature. From

the nuclear family via the extended family to the village and entire kindred, life was seen and lived as one. No one can make alone. We need one another. Nyasani writes that sociality, patience, tolerance, sympathy and acceptance are areas in which the African mind seems to reveal itself in a somewhat dramatic way. He captures it in the following words: "It reveals itself through what may rightly be called a congenital trait of sociality. It further reveals itself as a virtuous natural endowment of patience and tolerance. And lastly it manifests itself as a natural disposition for mutual sympathy and acceptance. These three areas then appear to serve as important landmarks in the general description of the phenomenology of the African mind" (Nyasani, 1997). Human behaviour in Africa is expected to conform to the value of good human relation and incorporation to build social harmony.

Sense of the Sacredness of Life

At the centre of traditional African morality is human life which is a priceless gift. The sacredness of human life and human worth form the fundamental values and pillar of ethical thinking in Africa. *Ubuntu* states that there is intrinsic value to something about human nature that demands honouring. Africans recognize the dignity of the human being and, in consequence, hold a deep and unrelenting concern for human welfare and happiness. Recognition of the value of humanity is intrinsically linked with recognition of the unity of all people, whether or not they are biologically related. The most important rule in *Bantu* ethics and philosophy is that of "blood." All individuals descending from the same ancestor are brothers and sisters: they possess a common ancestral heritage of consanguinity. This situation gives them rights and duties. They have the right to be protected by the whole "family" or, better, lineage. But they have to avoid anything that could cause evil to anyone of the group or, most of all, to the group as a whole. It is the duty of each one to reinforce life for the whole group (Kagabo, 2004). The promotion of life is therefore the determinant principle of African traditional morality and this promotion is guaranteed only in the community. Many renowned African philosophers like Kwasi Wiredu and Kwame Gyekye conceive African morality as a form of improving people's quality of life (Wiredu, 2004).

African Religiosity or Sense of the Sacred

Goodman Nelson argued that the conditions for distinguishing right from wrong the stuff of ethics and the remaking of world version are not based on comparison with a "world undescribed, undepicted, unperceived" (Goodman, 1978). Contrary to this view in Africa there is serious interconnectedness of religion and morality as African cosmogony indicates a divinely destined creation. The attachment to, and worship of God, forms a dominating part of the African world-view. All their dealings and lifestyle is impregnated with a vision of the divine, and all natural reality is explainable in function of the supernatural reality. Expressions of this pervading religiosity abound in African languages, arts, proverbs, myths, legends stories, songs, habits, environment and relationships. Samuel Imbo says that to understand African religions, one only need to look as it is actually lived by the ordinary person in the community. Observe the person busy at work and play, at the joyous occasions of birth and marriage, and at the sad moments of war and death. Observe also the interactions of the living with the dead, for that is where the meaningfulness of life (Imbo, 2004).

Religion is central in the inculcation, the promotion and rea-

lisation of harmonious inter-relationship among individuals and the community. African religiosity has in its bosom the belief that God is; that He is a transcendent Being, and that He is the all-powerful creator of all that there is, including other supernatural spirits, gods, ancestors as well as human beings and the entire material and cosmic creation. God as transcendent high is revered and worshipped though distantly and often through the minor deities who are his intermediaries in the governance of the universe. The belief in deities and ancestral worship is an important element of African traditional religions. The belief occupies an important place in the understanding of the role of the traditional religion in inculcating the ideal of harmonious living among African peoples. One needs however, to know the content of the belief to be better able to appreciate how it helps the people to realise the community ideal of harmonious living. The ancestors, or the living-dead, as John Mbiti refers to them, are believed to be disembodied spirits of people who lived upright lives here on earth, died "good" and natural death, that is at ripe old age, and received the acknowledged funerary rites.

The depth of religiosity in the African personality and the centrality of religion in people's personal and communal lives have an equilibrating force for the African. His vision of life is structured by the divine. It is a deeply spiritual one. This stems from the fact that man is understood to be a *humano-divine* being. He is capable of God, not only in terms of origin, but also in terms of dependence and sustenance. He may not have the vision of a blissful union with God in the Christian eschatological sense of a *face-a-face Visio Beatifica* with God at the end of the individual's life (Iroegbu, 1994). But the African knows that God is in charge of everything, his whole life included. All true development to the African takes religion as its basis. The divine is the centre of full success and ultimate enrichment that all must attune towards. Outside of the Supreme Being, God, nothing can be and nothing can integrally develop. Consequently outside the divine scheme progress and success in any area of human endeavour in an authentic sense is impossible. The commands of God, the taboos of gods and deities and all the religious laws that build persons up in dignity and mutuality are meant to assist people develop as to maintain equilibrium in all things. This is practicalized through a proper religious attitude, moral discipline, communal-individual equilibrium and personal happiness.

Professional or Academic Bioethics

The second conception of African bioethics, that is bioethics as an academic or professional discipline is a domain in which Africa is still lagging behind. The current growth of bioethics in Africa at this level can be characterized as sailing in rough ocean using archaic technology and one is never sure where one is or what direction one ought to take. The field's development in this area has been very sluggish as bioethics is not yet an escalating tradition of thought and talk by ways of books, journals, classroom teachings, and conferences in Africa. For instance, in the past years, bioethics has been about finding arguments to support the recommendations to stop, or at least *slow down, take care, beware*, meanwhile, Africans are still to develop the means and mechanisms to enable this kind of assessment. A lot still need to be done to enable the field of bioethics flourish at this level in Africa and to empower the capacities of bioethicists and institutions to function optimally. This is true in the light that Africa has very few trained bioethicists, bioethics is not taught in higher institutions of learning and there is no vibrant culture of bioethical discourse among

philosophers, scientists and medical practitioners. There is a lack of critical thinking in the field in Africa as no academic theses are being examined in the field. Karori Mbũgwa laments this as he writes that: “Unfortunately academic bioethics, like professional philosophy, is still largely foreign in most African countries. Indeed, despite the rapid growth of bioethics research centers especially in Europe and North America, there are still relatively few places in Africa where one can obtain formal bioethics education even at the certificate level” (Mbũgwa, 2009).

The future of bioethics in Africa here is bleak as bioethics is not taught in many higher educational systems of learning. Africa at this century still lack professionals, experts, professors of bioethics, the institutions, infrastructures and the critical mass of African experts to address the current issues of bioethics from typically an African background to bring out African specificities, approaches and aspects. A careful survey would reveal that most African governments have not yet taken the commitment to set up and strengthen ethical and bioethics bodies in their respective countries. Meanwhile, there is need to create and encourage formal teaching of bioethics in universities and post university education that deal with research on human subjects. There is the necessity to put into place programs of training and teaching on ethics, bioethics and right to health in all academic and professional programs (health sciences, social and human science and technology). We need to be reminded that when it comes to ethics, passively allowing something to happen is morally not different than actively making it happen. There is need for a radical rethinking and re-invention of the fields’ nature, purpose, scope, approaches and priorities within Africa. The challenge is that bioethics has to be practically relevant, that is, the individual reflections of African bioethicists must primarily be geared towards resolving bioethical dilemmas confronting Africa today such as health care delivery. In this light, Africa has to develop standards to certify expertise in clinical ethics, research ethics, and scientific integrity, and to develop codes of ethics governing not only clinical ethics consultation but the full range of bioethical activities. The strengthening of bioethics education and research and the raising of public awareness of bioethical issues in Africa must be given priority. Appropriate structures for deliberation and action on bioethical issues must also be put in place.

Furthermore, interdisciplinary research challenges since bioethics has now evolved to an interdisciplinary field of scholarly investigation on every aspect of life, and this transforms it into a disparate discipline that uses different methods and approaches. In the bioethics landscape, a whole range of different disciplines engage with a research question. The field now is comprised of practitioners from medicine, philosophy, theology, law, nursing, social psychology, epidemiology, health services research, medical history, medical anthropology, medical sociology, economics and related fields all working in the field of bioethics (Sugarman & Sulmasy, 2010). Interdisciplinary research is a challenging and complex field where Africa is still to introduce and integrate in its programs. Africa is still limited in terms of approach and methodology in this interdisciplinary or multidisciplinary nature of the field of bioethics and the challenges of doing research with different values and research methodologies. Africa still lacks the technical know-how, human capacity and sound training in different disciplines which can make interdisciplinary research more productive and relevant for bioethics in the continent.

Further still, many experts in the international scene have of late been speculating on the future of bioethics. Some see it fra-

gmenting, some see it ending, some see it on the cusp of promising new developments that might reinvigorate research and debate on our field. In these debates African views are dormant or in-existent while we need African voices to air out the concerns of the continent but it is others who do so for Africa. Most current challenging issues and vexing problems of bioethics today include the sustainability of the discipline in its current form to the “expertise” of its practitioners; the legitimacy of bioethics in the realms of policymaking; its relationship to philosophy; the purchase of empirical and interdisciplinary method; the relationship of bioethics to the real world; bioethical understandings of the concept of “health” (and methods of attainment); its agenda, priorities, and inclusiveness right up to what might be the overarching question: “What is bioethics all about?” (Priaulx, 2011) and what should bioethics become in Africa.

Furthermore, today’s progress in science and technology offers Africans enormous knowledge and powers but also creates complex challenges and difficult problems to their humanity. Meanwhile there are no standards to regulate and guide the progress and this create the need to reinvigorate standards for teaching research ethics within Africa. Africa needs to develop human, institutional and infrastructural capacities to enable it address optimally the new mega trends in medical technologies and the bioethical challenges created. Africa needs experts to combat most ill informed challenges facing the continent in the face of challenging diseases and limited health facilities. For instance, there is in many areas mistrust for vaccines to fight disease that ravage most populations in many countries in Africa where health indicators are poor, infectious agents are prevalent and health infrastructure is fragile. Expert can help make a reasonable assessment of the risks and benefits of vaccination, rather than distrust based on hearsay, rumors or shoddy science.

Expert knowledge would assist in the prevention of much morbidity and mortality in these African countries and can ensure that good health is integrated into practice as well as accepted in the hearts and minds of communities. There is need to train experts who can look for means and methods that work to enable Africa define its priorities and achieve its goals in bioethics. Also, to bring in leadership and expertise that would enable Africa develops its values that may guide policies and practices on science and technology, as well as identify pitfalls bioethicists in Africa must avoid. Jude M. Mathooka says that the time for African institutions to incorporate bioethics in the curricula is now. The question on whether there is a place of bioethics in the institutions of higher learning in Africa is also very appropriate. He writes that: “with the rapid developments in science, technology and innovations in the world, Africa institutions should ignore bioethics at their own peril. Teaching bioethics in institutions of higher learning in Africa will create awareness that bioethics can be applicable in shaping operations and encouraging good practices in the increased research activities, the pros and cons of the introduction of alien products; globalisation and the resultant intense inter and intracultural interactions among human beings; and the emphasis of Science, Technology and Innovations (ST & I) by governments. All these call for well coordinated ethical approaches” (Mathooko, 2009).

If bioethics in Africa has to make for itself a place in the grand debates that characterize the field in the international scene and to make a future, bioethicist from the continent ought to take up the challenges of discussing the politics, practice and intellectual life of the field in Africa. In order that African traditional

and ethical values are not seen as irrelevant for contemporary society and researchers, there is a serious need for bioethics in Africa to reclaim and return to the roots of African thinking so as to reconsolidate a true African authenticity. For bioethics to be authentically African, Africans must endeavor to root it, ground and fashion it according to their cultural norms as well as practical realities. Bioethics in Africa today in this context needs to be placed in the appropriate historical and social context of the evolution of ideas.

Bioethics need to come to terms with the pressing dilemmas of the African continent, the challenges that modern science, technology and medicine creates, its numerous health challenges, wars and poverty, its difficult fragmented colonial history and neo-colonial past, and its current situation in the global economic scene. Bioethics in Africa needs to be responsive and deal with the immediate problems of current life while not ignoring bioethical problems in the Western world emanating from cutting edge biotechnologies. Biotechnology is the most explosive field that has raised more challenging social and moral questions than we can currently answer. Whole new worlds of issues are arising, with profound implications for how we think of ourselves and each other as human beings. It is also creating issues that challenge human imagination as societies are still ill equipped to understand fully the effects and implications of biotechnology to daily living so as to control or regulate it. These issues create serious challenges rooted in certain shared commonalities and our interconnectedness with others which Africans need to engage into thoughtful and informed debates.

Conclusion

The teaching of ethics and bioethics education in African societies should be every government's top priority. Ethics education, in fact, may be the ultimate solution to the major problems facing Africa today. Africa needs to develop properly attuned ethical theories that offers solution to the pressing dehumanizing situation affecting the continent and to do that Africans need to think well ethically. To think well ethically requires three skills, each of which requires cultivation. The first is knowledge of the traditions of ethics, religious and secular, as well as the formal theories and strategies that historically have been deployed to analyze ethical issues. The second skill is social perceptiveness: the capacity to understand our own culture and the way it has tutored us with certain values and patterns of thought and behaviour. The third is self-knowledge: the ability to grasp our biases and proclivities, to resist self-deceit, to note our moral weaknesses and failings (Callahan, 1999). This implies that Africans need to develop and sustain reflective and critical perspectives and to engage in meaningful ethical discussions in science and technology. Till date, the participation of African countries at the international level in the field of bioethics has been quite low, due to a lack of awareness at the policy level, inadequate funding and lack of infrastructures and resources in this field on the continent.

As such thinking well ethically requires of Africans to build and sustain their own bioethics institutions that can train, empower and enable Africans handle their problems and issues scientifically. Africans need to emphasize the importance of multifaceted, intercultural and interdisciplinary dialogue and education on contemporary bioethics issues. Ethics education in Africa should begin with reflections on the idea of Africa as the cradle of human life. This would enable Africans refresh their faded memories with the moral principles of this continent.

This requires Africans to glance backward to ask questions about the legacy of African thought in bioethics, to bring out the true character of African traditional ethics by means of conceptual clarification and reconstruction. Most traditional African ethical principles which could be used to build educational programmes include amongst others: the principle of life as the greatest gift to humans, respect for life, love for life and procreation, and an understanding of the existence of the person in the strong living chain of ancestors and the lives which are to come in the future. The deep religious sense and rich expressions of interiority which are essential for fostering moral values and principles. The great human resource of young and energetic people who are capable of education, knowledge, development and contextualization of African values in a modern world.

In addition, a strong sense of solidarity, family and community life and care for the sick and dying. An ever growing political awareness and political sense that is capable of changing the social and economic reasons for the spread of diseases. A greater thrust for the recognition and promotion of human rights, freedom and equality (Chummar, 2009). This requires African governments to build human and institutional capacity for the implementation of national science and technology strategies that fully integrate social and ethical concerns. Raising ethical awareness within the region's scientific community; raising public awareness and promoting an open and transparent ethics debate in African societies and encouraging the active participation of Africa in shaping the ethics discourse at the international level. Consequently, African governments need to reinvigorate standards for teaching research ethics and for the conduct of research itself, as well as establish robust and transparent procedures for handling allegations of unscientific and unethical research that does not reflect African values.

Acknowledgements

The Centre for Bioethics and Human Dignity accommodated and supported me financially for one month in the United States towards the realization of this work.

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