

# **Bioethics in Africa**

## Theories and Praxis

Edited by

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Series in Philosophy



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*In the Americas:*  
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1000 N West Street,  
Suite 1200, Wilmington,  
Delaware 19801  
United States

*In the rest of the world:*  
Vernon Press  
C/Sancti Espiritu 17,  
Malaga, 29006  
Spain

Series in Philosophy

Library of Congress Control Number: 2018956758

ISBN: 978-1-62273-459-7

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## Preface

This book offers a compendium of the current discourse on bioethics in Africa. The various chapters present the theoretical underpinnings, the scope, and the praxis of bioethics on the continent. The approach to bioethics envisaged by the editors of this book is a broad holistic view of the normative questions concerning human life, *bios*. As a result, the contents go beyond medical and research ethics to touch on environmental issues, economic imbalances, legal vacuums, and the philosophical foundations of ethics in Africa.

The book came out of an exciting international conference organized by the two editors on “Bioethics: African Perspectives,” held at the University of Ghana in May 2017. The conference was jointly sponsored by the Department of Philosophy and Classics at the University of Ghana and Northern Kentucky University (USA). The conference drew philosophers, medical practitioners, environmentalists, social scientists and other academics and practitioners from various countries. The lively debates and discussions that followed the presentation of the papers made it evident that it was necessary to continue to research, publish and work towards a framework for bioethics in Africa that will resonate with the indigenous cultures, prevent abuses, and offer the necessary guarantees for a sustainable flourishing of life.

The main concerns that emerged from the University of Ghana conference that this book tries to address can be summed as follows: bioethics in Africa needs a framework that reflects indigenous African perspectives and values which contrasts and challenges Western ethical and normative imperialism; the scope of bioethics in Africa needs to embrace all aspects of human activities that pose a threat to health and the environment; a framework of dialogue and collaboration is needed to bridge the theoretical and practical divide between traditional medicine, spiritual healing, and Western biomedical health care; policies and enforcement are required to ensure that lives are not sacrificed due to poverty, greed and epistemological incompatibilities; traditional customs that marginalize categories of persons need to be re-visited to offer protection to all.

This book contributes African perspectives to current discussions in global bioethics. The relationship between culture and bioethics has become a central theme in recent discourse on bioethics. The discussion is raised by concerns about Western dominance and globalization of bioethics (Callahan, D., 1999). For example, it is believed that the norms of principlism (i.e. autonomy, informed consent, beneficence, nonmaleficence) with which the ethical principles of bioethics have come to be identified are informed by the dominant Western deontological and teleological ethical theories (Behrens, K. G. (2017). This raises questions about the extent to which the norms which currently define bioethical discourse and practices reflect and accommodate non-Western values, beliefs and particularities. The concern is evidenced by the recent proliferation of proposals and works on Asian and African bioethics (e.g. Ren-Zong, Q., 2004; Tangwa, G. B., 2010). These new fields of bioethics centralize domestic culture as the basis for constructing the ethical framework of bioethics. A few rich works have emerged that urge bioethics in Africa to be rooted in indigenous African values (e.g. Gbadegesin, S., 2012; Andoh, C., 2011; Tangwa, G. B., 2007; Metz, T., 2017; Behrens, K. G., 2017). However, more work still needs to be done for bioethics to be solidly grounded and adequately done in an African way. So far, existing literature on African bioethics follows the Western form of medicine to restrict discourse on bioethics to ethical issues arising from biomedical and biotechnological science. Also, the existing works tend to be centrally focused on how to ground bioethics in the foundation of African (rather than Western) moral values (e.g. Metz, T., 2010; Tangwa, G. B., 1996; Behrens, K. B., 2017; Gbadegesin, S., 1998). The attempt to ground bioethics in African indigenous values is groundbreaking but the editors of this book, *Bioethics in Africa*, believe that the theme of bioethics has to be broadened to also address non-biomedical ethical questions generated by traditional African cultural beliefs and practices toward health and health care.

We believe that restricting bioethics to ethical issues relating to biomedicine and biotechnology is problematic in the African context in at least two fundamental ways. First, it neglects the indigenous African holistic conception of health, and second, it marginalizes a crucial component of the system of health care widely consumed by Africans—i.e. African traditional system of health, broadly construed to encompass the use of plant and animal parts for the preparation of medicine as well as healing systems rooted in traditional African religious beliefs and practices. In contrast with the biomedically-based scientific health system of the Western world, non-scientific traditional medicine (popularly called “traditional medicine”—TM) is a major system of health care which is directly accessible to, and widely used by many people in African societies. It has been speculated that about more than 80% of Africans use



traditional medicine (even for the treatment of HIV/AIDS) largely because of its easy access and affordability (usually freely shared) (Nyika, A., 2007). For example, it is estimated that over 70% of South Africans consult traditional healers before consulting any other type of health care professional (Bogaert, D. K. V., 2007).

Currently, a few papers are scattered in journals that debate ethical issues raised by African traditional medicine. But so far (at least as far as our research indicates) there is no single book collection that is dedicated to ethical issues raised by traditional African cultural beliefs and practices toward health and health care. Even the existing journal articles on African traditional medicine tend to concentrate on questions about its scientific status, including debates whether TM should be scientifically modernized and improved (e.g. Nyika, A., 2007; Tangwa, G. B., 2007; Bogaert, D. K. V., 2007). We think such focus defines African traditional health too narrowly. For example, it leaves out many concrete issues such as parenthood and surrogacy in traditional African traditional culture, African cultural beliefs and practices towards disability and people with disability, reproductive rights in traditional African culture, environmental health effects (on humans and animals) of traditional cultural practices. Our book seeks to fill this vacuum. It adds a new voice to calls for bioethics in Africa to be conceived and done by focusing on cultural bioethics, broadly construed to include life impacts of traditional practices such as those just mentioned above. We conceive bioethics holistically to include health issues related to all aspects of *bios*, life, including biodiversity. As Godfrey Tangwa argues in chapter 9 of this book, bioethics should be conceived as the application of ethics to all life forms, including the environment. In his observation, it was human interference in nature that originated the health and health care problems that generate ethical questions for bioethics. Our approach in this book is multidisciplinary, with chapters selected from original papers written by scholars in philosophy, social work, African studies, religious studies, psychology, medicine and health science.

Africa is experiencing a rapid socio-economic transformation. Therefore, it is becoming urgent that African countries pursue scholarly activities and establish research and study programs in bioethics in order to find appropriate solutions to the questions arising in this field. What is more, African indigenous cultures have long standing ethical standards that need to be utilized and factored into the search for solutions to African problems. Otherwise, nations run the risk of importing models that are foreign to our culture and can undermine long seated traditions and values. This book aims at contributing to such vision; it aims at

encouraging and stimulating scholarly works grounded in indigenous African conception of health and moral values as a guide to inform health policy and education in African societies. The need for bioethics education and consciousness to encourage health care professionals and policy-makers to harness local materials for target health care delivery is currently of national interest among many African countries. Our focus on indigenous African systems of values and health care taps into systems that are very familiar to the people and easy to accept as an educational textbook and guidelines for public health policy.

The following is a summary of the chapters. In Chapter 1, "A Prolegomenon to Bioethics in Africa: Issues, Challenges and Commonsensical Recommendations," Caesar Atuire provides an overview of bioethical challenges facing the Sub-Saharan African region. The chapter groups these challenges under five headings: health care ethics; bioethics of communitarian practices; bioethics of consumerism and corruption; natural resources and environmental bioethics; bioethical neo-colonialism. Atuire outlines the peculiar African challenges in each of these areas. He concludes with a ten-point commonsensical list of recommendations for bioethics in Africa. In Chapter 2, "Bioethics: Traditional African Perspective," Yaw Frimpong-Mansoh challenges African bioethicists to expand their focus beyond ethical issues raised by biomedical and biotechnological science. The author discusses philosophical puzzles raised by the African mystical system of beliefs and practices in which African traditional medicine is fundamentally rooted. Also, the author uses a case study from traditional health care practices of the Yoruba ethnic group in Nigeria (*viz.* consultation of healer-diviner) to examine bioethical implications of the widespread caregiver roles that family members play in traditional African communitarian system of health care. He contends that rejection of African traditional medicine (TM) based on its grounding in African religious culture is misguided. He concludes that respect for the virtues of epistemological and value pluralism is required for a deeper understanding and open-minded appreciation of African TM, in spite of being rooted in a religious culture.

In Chapter 3, "Ancillary Care Obligations in Light of an African Bioethic: From Entrustment to Communion," Thaddeus Metz provides a new theory of ancillary care obligations, one that is grounded in ideals of communion salient in the African philosophical tradition, and that is intended to rival and surpass Richardson's model, which is a function of Western considerations of autonomy. Metz argues that the relational approach of the former has several virtues in comparison to the basic individualism of the latter. In Chapter 4, "Personhood, Autonomy, and Informed Consent," Martin Ajei and Nancy Myles examine the concept of

informed consent from a Ghanaian Akan perspective. The authors examine assumptions of the notion of informed consent as a principle of bioethical practice and point to inherent inconsistencies within it. The chapter then proceeds to gesture toward the view that when examined, these assumptions indicate that the process of obtaining and validating informed consent should be contextually derived, and that theories of personhood and beliefs about the structure of existence are pivotal in the contextual knowledge that sustains these processes and validation. In Chapter 5, “Cultural Translation, Human Meaning, and Genes: Why interpretation matters in Psychiatric Genomics,” Camillia Kong presents the challenges in the current globalized discourse on genomics that call for attenuated forms of translational thinking. She points out that problematic linguistic and cultural translation of concepts like genes and Western psychiatric diagnoses in the African context sheds critical light on the reductivism and decontextualisation around human behavior within the conceptual framing of psychiatric genomics, where mental disorder is treated as separable from the interpretative meanings of such behavior.

In Chapter 6, “The Practice of Traditional Medicine and Bioethical Challenges,” Rose Mary Amenga-Etego, examines the life (*bio*) centeredness of traditional African belief systems and traditional medicine. She argues that African traditional medicine sees life as an interconnected chain that must not be broken (cyclical not linear that has an end-point). TM is also based on the African conception of personhood—a person is made up of many things (spirit, blood, body, etc.). In the system of African TM, saving life means more than healing; it includes rescuing, delivering, restoring and protecting (e.g. from spiritual influences against recurring sicknesses), weakening the powers of spiritual entities against causing further harms. The author concludes that the widespread belief that illnesses have both physical and spiritual causes seems to warrant a combination of Western and traditional healing processes—Western healing addressing physical problems and traditional healing addressing spiritual problems. In Chapter 7, “Ethical Concerns Regarding the Right of People Living with Disabilities in Ghana,” Augustina Naami reviews studies about traditional and contemporary African beliefs and attitudes toward disability and people with disability (PWD). She focusses particularly on Ghana, and argues that Ghana is yet to align and harmonize disability laws with international laws. Because of a legislative vacuum in many areas, and lack of enforcement, PWD face a lot of challenges. For instance, in some cultures people with disabilities are stigmatized and associated with evil spiritual influences—for example, they are often stigmatized as “water babies” and bad luck. They are sometimes urged to be returned to the spiritual world; they are often killed by fetish priests (through concoctions); sometimes such rituals are carried

out by family members themselves. The author concludes that aligning and harmonizing disability laws in Ghana with international laws can help minimize the dehumanizing experiences that PWD go through and secure them with good protection from abuses.

In Chapter 8, “Bioethical Challenges in Medical Practice in Ghana: Past, Present, Future,” Akis Afoko discusses Western principles of bioethics and the challenges of applying them (e.g. informed consent) in the practice of medicine in the African formal and informal health care systems. He argues, for example, that because of cultural beliefs, information tends to scare patients from treatment. As a solution, the author recommends having a good surrogate to represent patients (surrogates who are not seeking their own self-interests). Also, the author strongly advocates ethics training in Africa, for example through the mass media and integration of ethics into the curriculum of the medical schools. Afoko presents the day-to-day ethical challenges that medical practitioners face in Africa: relationship with traditional medicine, herbal healers and other forms of medical care. He concludes with an overview of the future challenges of biomedical health care in Africa. In Chapter 9, “Bioethics, Nature, the Environment and Climate Change in Africa Environment (Sanitation/Nutrition/Climate Change) and Aspects of Bioethics,” Godfrey Tangwa examines health implications of traditional and contemporary practices. He argues that the field of bioethics must be expanded to include environmental factors because it was human interference in nature that originated bioethics. Tangwa contends that clinging on to European models of doing things has not been helpful to African development. Global bioethics (especially Western bioethics) can be enriched by African communitarian (or Ubuntu) holistic ethics. We need Eco-bio-communitarianism: interdependent and peaceful co-existence between humans and nature.

Yaw A. Frimpong-Mansoh and Caesar A. Atuire (Editors)

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## **Acknowledgements**

We would like to thank the University of Northern Kentucky and the Office of Research, Innovation and Development (ORID) of the University of Ghana, Legon, whose financial contributions enabled us to organize the international conference, “Bioethics: African Perspectives,” in May 2017. The faculty, staff and students of the Department of Philosophy and Classics of the University of Ghana put a generous effort into helping us to organize a successful conference. We would like to mention Nancy Myles, and in particular, Grace Addison, who also assisted in gathering the conference papers that are presented in this book. A word of thanks too to George Barimah and Robert Kenney for their contributions to the initial editorial work. As editors, we owe a good deal to our colleagues who presented interesting papers during the conference and to those who contributed to the various chapters of this book. We hope to continue to work together to create a multidisciplinary innovative platform for bioethics in the West African sub-region.

Yaw A. Frimpong-Mansoh and Caesar A. Atuire (Editors)





## Chapter 1

# **A Prolegomon to Bioethics in Africa: Issues, Challenges and Commonsensical Recommendations**

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### **Abstract**

An overview of bioethical challenges facing the Sub-Saharan African region. The chapter groups these challenges under five headings: health care ethics; bioethics of communo-cultural practices; bioethics of consumerism and corruption; natural resources and environmental bioethics; bioethical neo-colonialism. Atuire outlines the peculiar African challenges in each of these areas. He concludes with a ten-point commonsensical list of recommendations for bioethics in Africa.

**Key Words:** Sub-Sahara Africa, health care ethics, communo-cultural practices, consumerism, corruption, natural resources, environment, neo-colonialism.

### **1.1 Introduction**

A *prima facie* impression of philosophic literature on bioethics in Africa reveals attempts to differentiate 'African bioethics' from 'Western bioethics' (Coleman 2017). African intellectuals express concern about the wholesale importation of bioethical norms from the West without sufficient input from indigenous value systems that are more consonant to Sub Saharan African (SSA) peoples. African researchers critique 'Western bioethics' in a *pars destruens* that points out the inadequacies of Western moral theories for Africa, highlighting most of all, the libertarian or individualistic bias of these theories. In the *pars construens*, they attempt to draw from some African traditions, —Yoruba, Nso, Zulu—, salient principles of a moral theory for an 'African bioethics'. There are also some African voices that propose an integrative approach which shows how

African moral theory can enrich the debate on global bioethical themes such as abortion and animal rights (Metz 2010).

My approach in this opening chapter of a volume on bioethics in Africa is different. My goal is to tease out and present the current bioethical challenges that are common and peculiar to the lives of people living in SSA. Samuel Gorovitz' definition of bioethics is particularly apt for this exercise: "the critical examination of the moral dimensions of decision-making in health-related contexts and in contexts involving the biological sciences" (Gorovitz 1977). I believe that an analysis and classification of these challenges will provide a foundation and a road map for future research and debate regarding which moral theory, or even better, theories, are most apt for addressing the bioethical questions facing SSA persons.

My underlying assumption is that ethics is an applied normative discipline; practical philosophy. At the center of ethical concerns is the rational normative reflection concerning what a good life is and how to achieve it. This means that any adequate ethical theory must be applicable to its context: it cannot be solely anachronistic or futuristic; it must be grounded in the lived conditions of those who are supposed to practice it. The same holds for bioethics as a branch of ethics. A 21<sup>st</sup> century bioethical framework for Africa can neither be ancient ethnic African bioethics nor imported Anglo-American praxis. Bioethics for Africa must respond to the lives and living ethical concerns of Africans today which are different to those of past Africans and to those of Europeans, Asians and Americans.

Bioethical challenges differ from age to age. As the capacity of humans to influence, modify and condition life continues to increase, so will the bioethical choices regarding what is good or evil, what needs to be encouraged or curbed. Bioethical questions regarding genomics and AI that were not present 50 years ago will acquire more importance during the current century. The condition of people in SSA has evolved and continues to do so. It is estimated that 56% of Africans will live in urban areas by 2050 (U. N. World Urbanization Prospects 2014). Urbanization in Africa comes along with cultural intermingling that engenders persons with multi-layered epistemic and normative frameworks. This, and the fact that most SSA populations hail from different ethnic backgrounds, calls for an amount of pluralism. Recourse to the traditions of any particular ethnic group calls for what Kwame Gyekye denominates as critical *sankofaism*.<sup>1</sup>

A brief look at the emergence of bioethics as a discipline in the 1960s and 1970s will buttress the point I am making. The emergence and growth of

bioethics in Europe and the United States was catalyzed by three main historical factors that influenced the way the discipline was born, conditioned the themes and the nature of the ensuing debate. These catalytic conditions were (Chadwick 2017):

The rapid technological growth in the aftermath of the World War II, especially in the medical sciences where new technologies like organ transplants, kidney dialysis, contraception, among others, were leading to ethical questions concerning which lives to save and which medical choices were moral. There was also the backdrop of the abuses committed on humans through experimentation in the Nazi concentration camps.

Growth in contraceptive technologies also aided a wider separation between sex and reproduction, thereby contributing to a greater feeling of sexual freedom, whilst challenging conventional attitudes towards marriage, sexuality and reproduction.

There was a climate of greater focus on individual autonomy and civil rights which drove medical paternalism into further disrepute whilst the right of patients to be informed and to fully participate in the decisions regarding their health grew.

These factors constituted and informed a large part of the early bioethical debates in the Euro-American context: contraception; abortion; research ethics; organ transplantation and the accompanying questions about the criterion of death. The content of the debates was also influenced by the cultural climate of the late 1960s; hence it is no wonder that the first of the four principles proposed by Childress and Beauchamp was autonomy. In trying to address the challenges of the time, Western bioethicists drew from and re-interpreted the moral theories of their traditions: deontology; consequentialism; virtue ethics; religious ethics.

*Mutatis mutandis*, I will be looking at the bioethical issues and challenges of SSA countries. The issues are so vast and complex that I can only limit myself to introducing some of the key questions. After borrowing the Greek concept of a prolegomenon for this chapter, I imagine its contents to be a conversation from the *pronaos*. Hence, I will leave out the inner temple debates for future research. I will not try to elaborate a bioethical theory for Africa. I even hold doubts about the possibility of a single bioethical theory that can be applied across the region. It will emerge that the nature of these problems requires a multi-disciplinary and trans-cultural framework. My hope, rather, is that in highlighting the issues and challenges that are germane to an African bioethical discourse, I would have laid the grounds for dialogue within the continent and for an exchange with bioethicists from other parts of the

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