

# What Is “African Bioethics” as Used by Sub-Saharan African Authors: An Argumentative Literature Review of Articles on African Bioethics

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## Abstract

The term “African bioethics” is more often used by some Sub-Saharan African (SSA) authors to denote an African framework of resolving pertinent moral dilemmas arising in the interface of human persons with biomedical sciences, as juxtaposed against what is deemed “Western bioethics paradigms/theories, considered otherwise as a form of “moral/ethical imperialism”; and considered foreign to SSA tradition(s). This article is a literature review of articles on African bioethics to clarify what actually is meant epistemologically by African bioethics vis a vis, Western bioethics, as well as ascertain whether African bioethics as used by SSA authors is wishful thinking, yet to be realised in actuality.

## Keywords

Africa Bioethics, Principlism, Communitarianism/Communalism, Relational, Ethical Pluralism

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## 1. Introduction

Some Sub-Saharan Africa (SSA) authors seem to strike a note of differentiation in bioethics literature in articles entitled “African bioethics” (Gbadegesin, 1993; Tangwa, 1996; Murove, 2005). In this sense they seek to draw a distinction between that and what they view as “Western” bioethics, which they deem as primarily “autonomy” centred and an ally of the principlist paradigm of Beauchamp and Childress (Beauchamp & Childress, 2013). Considering though the notion of African bioethics is supposedly drawn from African tradition and cul-

ture, and African tradition and culture is diverse and heterogeneous; one is then tempted to ask what actually is African bioethics (as perceived by SSA authors). The field of bioethics has grown considerably since the word (and concept) was conceived. The history of the origin of the word (and concept) has been discussed (and sometimes argued about). Suffice to say that the American biochemist Van Rensselaer Potter reportedly came up with the concept of “bioethics” sometime in 1970, describing it as “the science of survival” (Pessini, 2013; Kushe & Singer, 2009). Potter in his treatise additionally noted that “bioethics was a bridge to the future” that imposed on human beings an ethical reason to live in balance with his/her biological environment (Potter, 1970), a definition more aligned with environmental bioethics. Around that time Andree Hellegers, a physician then based at George Town University reportedly might also have come up with his concept of what is bioethics (Reich, 1995). Hellegers on the other hand focussed on ethics and its relationship to the interface between mankind and bio-techno-medical advances, and the practice of medicine. It has been said though that the word bioethics may have actually being coined earlier, sometime in 1927 by a German author Fritz Jahr (Pessini, 2013). I will leave the history trail of who first came up with the word/concept to competent historians of that subject, so as not to deviate from the subject matter of this article. Suffice to say the contemporary use of the term bioethics denotes in large part “the interest in ethical issues arising from healthcare and the biological sciences” (Kushe & Singer, 2009). This literature review on “African bioethics” was undertaken based around this conceptual thinking of the field of bioethics, as espoused by Kushe and Singer. This attempt to differentiate African bioethics and “Western bioethics” by some SSA authors appears to echo past discussions on whether there is an African philosophy vis a vis “Western philosophy”, raised by some philosophers (Bodurin, 1981; Hountondji, 1983). Going past that debate the particular case of African bioethics as perceived by some SSA authors, is based on a different premise of some sort. Despite the acknowledgement of the impact of culture on bioethical discourse/ideals, some SSA authors go beyond that to innovate and attempt to differentiate African bioethics from Western bioethics, along the lines of traditional derived epistemology, for the differentiation and Interpretation of bioethical themes within SSA (Gbadegesin, 1993; Tangwa, 1996; Murove, 2005). In such cases these authors then attempt their own interpretation of their ethno-traditional ideas/norms, and use these interpretations to address contemporary themes such as euthanasia and abortion which are then projected as African bioethics. The question then arises as to what is African bioethics and how is it any different from contemporary bioethics as practised and espoused in especially the Anglo-American and European context? To answer this, the literature review of articles on and about African bioethics was conceived, to among other things answer the question on what is African bioethics.

## 2. Method

A modified “argumentative literature review” methodology originally developed

by McCullough et al. (McCullough, Coverdale, & Chervanek, 2004) for evaluating normative literature, was used as follows:

a) Identifying the focussed question of interest b) conducting a literature search and review of pertinent articles on the topic of interest c) collating and assessing the arguments based themes used by the relevant articles of interest and d) assessing the conclusions the authors used in supporting their arguments for an African bioethics.

### **1. Focused questions**

The following focussed questions were used to assess the relevancy of the reviewed articles in shedding light on the issue under review:

1a. What is the argument basis of the authors for advancing their views on the existence of an African bioethics?

1b. From the arguments raised in “1a” does African bioethics exist or is it wishful thinking?

### **2. Literature search**

A literature review of published articles utilizing Boolean and key word searches using a combination of the word Africa with bioethics or ethics, was performed using the search engines Google scholar, Google, African journals on line (Ajol), pubmed, philpapers, Africana Periodical Literature data-base (africabib.org), ETHWeb and web of science. The articles selected for the review were arrived at using a modified PRISMA chart (Figure 1). The articles were selected for review using the search criteria below:

#### 2a. Inclusion criteria

- Articles in the English language on the topic of interest
- Articles with the identified key search words in the title, abstracts and key words written primarily by African authors.
- Articles from 1970 onwards were included in the literature review.

#### 2b. Exclusion criteria

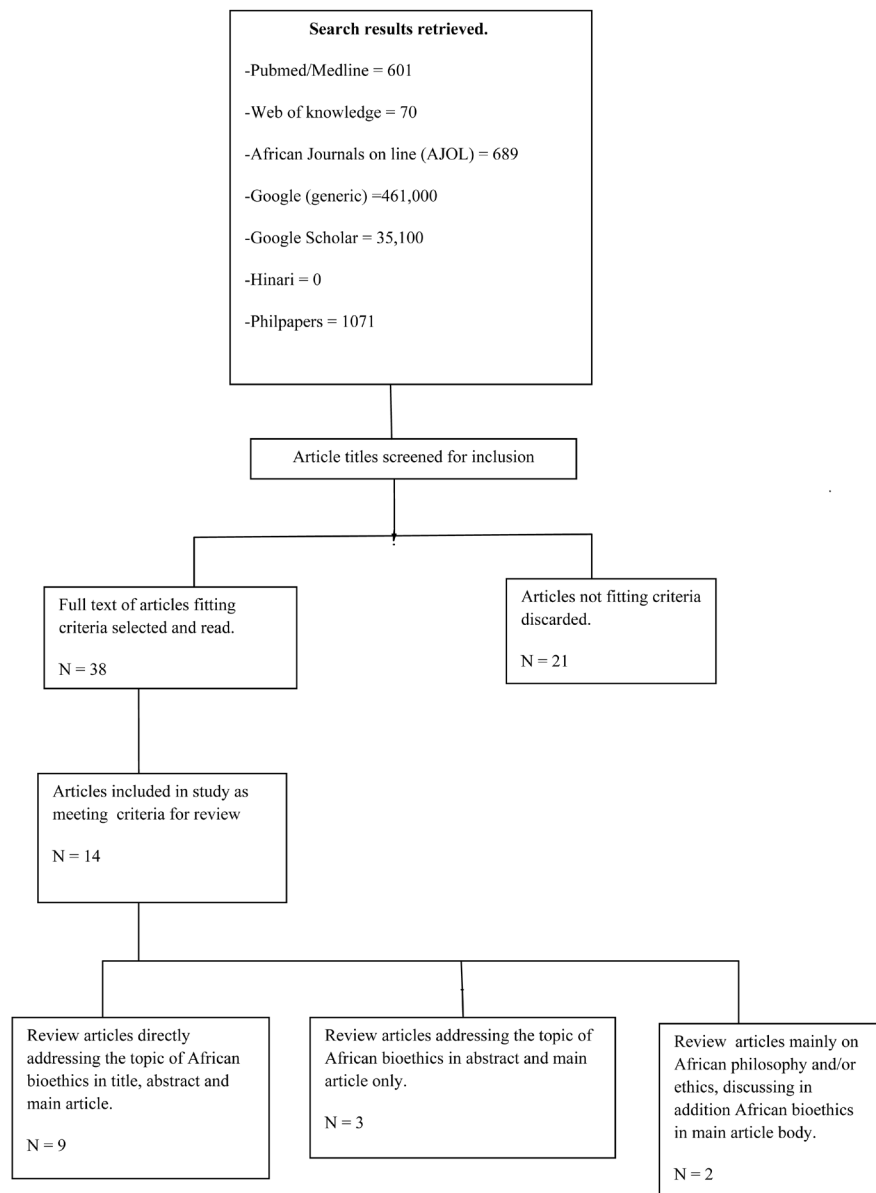
- Textbooks on the subject were excluded for purpose of the literature review.
- Articles with subject matter purely on Africa philosophy/religion were excluded.
- Any article on “African American” bioethics was excluded for the purpose of the review.

### **3. Data abstraction**

The selected articles were read and re-read and recurrent themes carefully extracted. At all times an effort was made by the author to reconcile the extracted themes against a checklist developed as the articles were read and re-read, to ensure consistency in theme extraction.

## **3. Results**

Fourteen (14) articles were eventually selected for purpose of the literature review. Of the fourteen articles selected the countries of origin of the authors were as follows Cameroon, two (2), Chad Republic, one (1) Kenya, one (1), Nigeria, seven (7), and Republic of South Africa (RSA), (3). Twelve (12) of the articles



**Figure 1.** Flow diagram of study search and selection of articles for the literature review.

were single authored, and two (2) articles were written by multiple authors. The professional affiliation of the individual authors was as follows; four (4) health care professionals [three who together authored an article], nine (9) philosophers and (2) theologians. The oldest of the article used for the review was published in 1993, and the latest in 2015, (Table 1).

A summary of the central themes of the reviewed articles is as follows:

-Andoh (2011)

This author lamented on the effect of colonialism and the post-colonial malaise on the dire socio-economic and health status of SSA countries, and the dignity of its citizenry. He explored the dominant effect of Western bioethics thoughts on post-colonial African way of life, pointing out the possible incompatibility of some of the Western bioethics theories/frameworks on African

**Table 1.** Articles extracted for the purpose of the argumentative literature review on “African bioethics”.

Author/year	Country origin	Article title	Argument basis for African bioethics	Argument against western bioethics	Article type
1) Andoh (2001)	Cameroon	Bioethics and Challenges to its growth in Africa.	Communitarianism/ethno-philosophy	Challenges Western Bioethical theories in general	Argumentative/theory generating.
2) Awajiusuk (2014)	Nigeria	Reflections on African ethics. A case of Cultural relativism	African religion and Communitarianism.	Against autonomy model Theories.	Argumentative essay.
3) Azetop (2011)	Cameroon	New directions In African bioethics	Communitarianism/relational.	Against principlism and autonomy focused bioethics theories.	Advocacy for a public health bioethics.
4) Behrens (2013)	Republic of South Africa	Towards an African bioethics	Communitarian/relational (ubuntu)	Against autonomy focused Western theories.	Argumentative/framework generating
5) Chukwunke, Umeora, Maduabuchi, & Egbunike (2014)	Nigeria	<i>Global bioethics in a pluralistic world. How does culture influence African Bioethics.</i>	<i>Communitarianism and relational theories.</i>	Against autonomy And principlism Western theories.	Narrative/argumentative
6) Fayemi & Akintunde (2012)	Nigeria	<i>On the myth Called African Bioethics.</i>	<i>Rebuttal to Gbadegesin’s (1993) portrayal of African bioethics.</i>	Acknowledges contemporary Western bioethics theories while dismissing Gbadegesin’s (1993) argument.	Argumentative/rebuttal type.
7) Fayemi (2015)	Nigeria	<i>African Bioethics Versus Healthcare ethics in Africa. A Critique to Godfrey Tangwa.</i>	<i>Rebuttal to Tangwa’s (1996) portrayal of African bioethics. Advocates for a “healthcare ethics” for African countries.</i>	Acknowledges contemporary Western bioethics theory while Dismissing Tangwa’s arguments. He then argues for emphasis on “healthcare ethics in Africa, in place of bioethics”.	Argumentative/Rebuttal. Advocacy.
8) Gbadegesin (1993)	Nigeria.	<i>Bioethics and Culture an African Perspective.</i>	<i>African ethno-anthropological, metaphysical.</i>	Against autonomy based Western bioethics.	Descriptive/advocacy.
9) Metz (2010)	Republic of South Africa	<i>African and Western Moral theories In a bioethical context</i>	<i>Communitarian, relational harmony (ubuntu).</i>	<i>Contrasts Western bioethics theories with African ethnocentric thinking.</i>	Argumentative. Theory Generating.
10) Murove (2005)	Republic of South Africa.	<i>African Bioethics an Exploratory Course.</i>	<i>Communitarian/relational. Association with African traditional Medicine.</i>	Against Western autonomy, principlism bioethics framework.	Argumentative.
11) Mbugua (2008)	Kenya	<i>Is there an African bioethics?</i>	<i>Communitarianism</i>	Against principlism based Western bioethics.	Argumentative/Conciliatory.

## Continued

12) <a href="#">Ogundiran (2004)</a>	Nigeria	<i>Enhancing the African Bioethics Initiative.</i>	<i>Communitarian, eclectic,</i>	Advocates for education/Initiatives in bioethics for African countries.	Advocacy.
13) <a href="#">Onouha (2007)</a>	Nigeria	Bioethics Across Borders: An African perspective.	Humanitarian, communitarian, religious.	Against Western bioethics theories, generally.	Argumentative/ Descriptive and theory generating.
14) <a href="#">Tangwa (1996)</a>	Cameroon	Bioethics: An African Perspective.	African (Nso) eco-bio Communitarianism.	Against reluctance of Western bioethics theories/frameworks to embrace African bioethics ideas.	Narrative, explicatory, argumentative.

culture; he described African culture as community centred as compared to the individual centred principlism framework. He quickly acknowledged the dearth (and lack of) any substantial documented African bioethics theory/framework to appropriately address African specific social and health issues. He noted with regret the lack of (or minimal) education of bioethics as a field of study/instruction in African higher education centres. He urged Africans to develop and document plausible African bioethics knowledge and frameworks centred and rooted in African culture, whilst urging African centres of higher education to take bioethics education seriously.

-[Awajiusuk \(2014\)](#)

This author of Nigerian ancestry started off on the premise of African ethics being intertwined with (African) religion. She sets out making a case “for the invocation of African ethics/moral values in the evaluation of certain ethically controversial issues”. She argued that the world being a global village, ethical discourse in Africa had imbibed Western thought patterns which relied heavily on consequentialism, stressing though that the field of ethics is “largely unaware of an African account of what is right or wrong”. She used as an example from different countries perspective on moral issues, the issue of homosexuality and same sex marriage and the difference in views and approaches to the issue between her native Nigeria and the United States of America (USA). Pointing out that Nigeria (and other African countries have virtually criminalized homosexuality and same sex marriage). On that note she then raised the issue of “were moral laws to be universal, what would be the yardstick for the declaration of such rule. She ended by advocating for a cultural relative ethics which would allow for a return by Africans to an Africentric and negritude orientation/theory (within a cultural relative world) as advocated by the author Asante, ([Asante 2007](#)).

-[Azetsop \(2011\)](#)

This South African author lamented on the use of the Western individual dependent “principlist” ethical paradigm as against the African communalism culture and way of living, by African research ethics committees (REC). He expressed his support for the approach to African bioethics thinking of ([Gbadeg-](#)

sin, 1993; Tangwa, 1996). He advocated for such a communalism based framework to be used in advancing a new public health paradigm/framework and policy of health promotion towards fostering good population health in SSA countries, especially in light of the particular socio-economic realities of SSA countries.

-Behrens (2013)

The author started his article by way of reminiscence about the history of social injustices in his native South Africa during the apartheid regime era. He then proposes a need to reclaim morality in African moral discourse based on: a) restoring the Africans dignity, b) propagating an African grounded moral framework acceptable to Africans and c) using this framework to enrich a bioethics discourse. He highlighted the importance of relationship and community harmony (ubuntu), and suggested a rethink of the Western-centric principlism to incorporate the African framework. He finally proposed replacing the “Georgetown mantra” of principlism with an African inspired mantra of 1) respect for persons 2) beneficence 3) non-maleficence and 4) harmony.

-Chukwunoko/Umeora/Maduabuchi/Egbunike (2014)

These authors started off with a critique of the principlism framework and the call for a global bioethics, while questioning the universality and generalizability of the principlism framework especially in SSA settings; in light of the cultural diversity and heterogeneity of African cultures. They stressed that African culture is based on moral principles and values which primarily are the ethical responsibility of the community (communalism/communitarianism). They asserted that traditionally bioethics was not theory-related but problem-related, pre-principlism era. In proposing a bioethics principle the authors posited that communal living, respect for life and personhood, solidarity and justice are the hallmarks of African bioethics. They attempted to modify the Western four principles paradigm headings to the African setting, against the background of their traditional Igbo Nigerian ancestry.

-Fayemi/Akintunde (2012)

These authors in their article assessed and gave a rebuttal to Gbadegesin’s (1993) article which in some ways was a lightning rod to the “African bioethics” movement. In their article the two authors (who share a common Yoruba Nigerian ancestry with Gbadegesin), wrote that Gbadegesin along with some of the proponents of an African bioethics are yet to present a strong case for the existence of an African bioethics.

-Fayemi (2015)

This Nigerian author in his article, as in a previous co-authored article (Fayemi & Akintunde, 2012), firstly puts up a strong rebuttal to Tangwa’s article (Tangwa, 1996) on the case for an African bioethics. He dismissed Tangwa’s view of an African bioethics (derived from Nso Bio eco-communitarianism), stating that Tangwa’s views “are fraught with conceptual problems”. He further stated that “Tangwa appears not to have a distinction between sources and elements of African bioethics” (as otherwise is clear from Western bioethics).



Fayemi then moves on to argue that being that the issues of contemporary bioethics i.e. euthanasia, assisted reproductive technology (ART), organ transplantation etc. are not current pressing issues in SSA, considering the reality in SSA. He said considering the realities of Africa, SSA countries should rather turn to health care bioethics instead to address the moral issues around socio-economic problems, poverty etc., “as a stepping stone to bioethics”.

-Gbadegesin (1993)

The author proposed that the project of bioethics required paying attention to the cultural realities and assumptive frame of reference of different cultures. He indicated further that two aspect of a peoples worldview relevant to bioethical issues were their conception of the human person and their conception of cause”. Using his native Yoruba Nigerian ancestral moral views, he explored the Yoruba concept of personhood. He showed how a human person was conceived also as part spiritual (emi). On causation he stated there is a distinctive Yoruba cause of causation where in the face of ill health, there has to be an evil force at work, hence part of the solution may be for one and his/her family to seek “supernatural help”. Against this background he attempted to push an African worldview of bioethics through a Yoruba “lens”, to give his view on the Yoruba perception of contemporary bioethics topics as euthanasia, infertility, adoption, surrogacy and transplantation. He then outlined the socio-economic realities of his native Nigeria, and suggested a philosophical reflection on the healthcare system to become meaningful in grappling with the existential realities that dominate people’s lives.

-Mertz (2010)

This author as a starting premise identified the fact that Western bioethics is oblivious to “an African account of what is right or wrong”. He spelled out an African moral theory set in his native South African culture. He introduced the notion of “Ubuntu” an (Southern) Africa concept, noting that its Africaness does not necessarily mean it exists in all of Africa; additionally it is not present only in Africa. He then indicated that a recurring feature of African moral thought is the notion of “a person being a person through other persons”. A point he buttressed with the Kenyan theologian and academic Mbiti’s famous quote “I am because we are” (Mbiti, 1969). He then explained that in Africa the use of personhood/person in African morality means “a good character” and that attaining full person or genuine human being means humanness or “ubuntu”. “Achieving ubuntu is a relational concept which is community dependent” or communal. Again quoting from Mbiti, “what is right is what connects people together, what separates people is wrong”.

He then enforced this sense of relational/communal by quoting from his fellow South African Bishop Desmond Tutu’s writing to the effect that “harmony, friendliness, community are great goods”, “Social harmony is for us the *summum bonum*—the greatest good” (Tutu, 1999). From the above he derived his African moral theory thus: “an action is right insofar as it is a way of living harmoniously or prizing communal relationship, one in which people identify with



each other and exhibit solidarity with one another, otherwise an action is wrong". He used this theory to underlie his view of medical treatment as "aiming to help the individual as well as maintain harmonious community relationship, as opposed to the Western bioethics (principlist) framework which aims as a goal of medical treatment the individuals autonomy and well being".

-Mbugua (2008)

The author in his article originally a conference presentation, dwelt on the issue of an African bioethics, tracing the argument back to its association in the past of "whether an African philosophy exists". He asserted that bioethics is rooted in culture. He attempted to differentiate a bioethics rooted in culture guiding clinical care/scientific research, and bioethics taught in the universities, which in his view was something relatively new to Africa. He then stressed the role of ethno-philosophy and hence "ethno-bioethics" in African life, stressing that ethno-bioethics (or otherwise African bioethics) places value on the conforming of the individual to the social group (communalism). He stressed the need though for more teaching of university bioethics at African centres of higher education to enhance knowledge in bioethics.

-Murove (2005)

This South African author wrote that contemporary bioethics is rooted in Western culture and medicine, neglecting African culture and African traditional medicine. Re-enforcing his South African experience and origin, he pressed the point that a good number of persons in South Africa will rather go to see a traditional healer when ill, than visit a Western type trained allopathic physician; and that in Africa bioethics should weigh on African traditional medicine. He then dwelt on the mistrust of some allopathic trained SSA physicians (using instances from his native South Africa), towards traditional healers. He re-enforced the relational and communitarian nature of African life and traditional medicine, stressing "the individual is recognised in the wholeness—including family and community", and the fact that sickness in an individual constitutes communal sickness.

-Ogundiran (2004)

In his article stated bioethics in its present form is dominated by Western culture, asserting that on the other hand ethics is not only the domain of Western developed countries. Against this background he lamented on the low uptake of bioethics knowledge and education in SSA countries. He appealed for a serious approach towards bioethics education at all levels and spheres of education in SSA. He did not think that the few Western educated SSA bioethicists need necessarily be influenced by "Western bioethics imperialism", and that in his view these few SSA bioethicists are broadly educated to adapt their knowledge to African settings and conditions.

-Onouha (2007)

This authors article originally a PH D thesis for a doctorate in theology degree, addressed the issue of moral pluralism especially considering the African context. The author a Nigerian of Igbo ancestry tackled the issues from a South-eastern Nigeria Igbo perspective.

She stated that moral pluralism “poses a challenge to a common bioethics” and challenged the Western autonomy based principlist theory/framework and the attempt to universalize it. She attempted by exploration of her ethnic Igbo moral views, to show that different cultures have different significance in bio-ethical analysis. In so doing she initially explored contemporary Western bioethics theories/frameworks, and subsequently attempted to come up with her own theoretical Africentric bioethics framework to 1) address specifically SSA bioethics issue and 2) to present an African world view bioethics framework. From her position of morality arising from within a community, and stressing the relational nature of this, she formulated an African bioethics framework as follows: respect for human life; solidarity, and justice.

-Tangwa (1996)

Drawing on his Cameroonian Nso tribe ancestry tradition and morals this author presented what he described as “Nso eco bio-communitariansim” concept as an alternative world view on African morals, as against the prevailing Western bioethics theories. He developed his thoughts against the background of the perceived dominant influence of Western bioethics theories, which in his view was remnant of past Western colonial culture. He labelled Western colonial culture as having “a big mouth and small ears”, impervious to other cultures and moral values—hence dwarfing an otherwise traditional African bioethics. Nso eco bio-communitarianism centred around the relationship of the Nso tribesmen with nature/environment including the soil, animals and human beings. The status of persons with divine or “supernatural powers” was stressed. The relational/communitarian inter-human aspect was presented by the author. Using this background the author attempted to use Nso eco bio-communitarianism to illustrate how this could be used to address otherwise contemporary Western bioethics issues as euthanasia, abortion, suicide etc., and gave it the name of traditional African bioethics, an alternative to otherwise contemporary Western bioethics. The author used the same argumentation to project his view of Nso influenced communitarianism in a role of, as he puts it “translator-interpreter” in his book on “Elements of African bioethics in a Western Frame” (Tangwa, 2010).

## **4. Discussion**

### **4.1. Methodological Issues**

For a topic that is not written about much in the wider bioethics literature except for a limited number of interested authors, the search for appropriate articles for the purpose of the review proved challenging with a possible inherent author bias, that could easily “contaminate” content; more so since the articles were non-empiric and of an argumentative nature. The limitation of articles to English language only articles, could have lead to good and appropriate non-English articles being missed out, albeit every effort being made during the search to identify non-English language, (but translated into English language) relevant articles; this could lead to selection bias. This same problem could arise from the

decision to exclude non-SSA authored articles on the topic under review. As all articles used for purpose of the review were non-empiric, “testing” of the individual author’s argument (and reproducibility of “argument”), could raise potential issues on generalization of an individual author’s arguments on the topic under review. That said, non-empiric argumentative articles have a place in the wider sphere of knowledge debate. On data extraction, the author readily acknowledges that data extraction could have benefited more from further scrutiny (by another individual), with subjective bias being further minimalised were there “an extra pair of eyes,” to further scrutinize the selected articles for the review.

## 4.2. Main Findings

Interesting principal themes that cropped up during the literature review were issues bordering on imposition of Western bioethics on SSA countries otherwise considered as ethical imperialism (Andoh, 2011), and the relational/communitarian traditional driven moral life of SSA countries (Gbadegesin, 1993; Tangwa, 1996; Murove, 2005). Some African authors have posited that “African bioethics” was based on “common morality”, as opposed to “individual morality,” albeit not defining the terms common or individual morality, stressing however that African bioethics is relational dependent (Chukwunke, Umeora, & Maduabuchi Egbunike, 2014). Others have insinuated that African bioethics is a reality in an attempt to counter the imposition on SSA of Western bioethics paradigms, a process described as ethical imperialism (Andoh, 2011). A clear and dominant theme in the majority of the articles reviewed was the relational and communal nature of African morals and life as exemplified in nine (9) of the reviewed articles (Gbadegesin, 1993; Tangwa, 1996; Murove, 2005; Azetsop, 2011; Behrens, 2013; Chukwunke, Umeora, Maduabuchi, & Egbunike, 2014; Mbuaga, 2008; Ogundiran, 2004; Onouha 2007). This was of significance especially when one author went to the extent of indicating “that individual morality affects the flourishing of a community in African ethics (Awujusak, 2014). This particular author goes further to assert that in the African community “all human behaviour is expected to conform to the communal morality, which she described as a “unity of human relationship” in order to “ensure social harmony”. This notion was well articulated by archbishop Desmond Tutu of South Africa in his book “No future without #forgiveness” in which social harmony derived from the community, constituted the “summum bonum” or greatest good (Tutu, 1999). This then determined a lot of what happens around the individual, and extended into the realm of Sub-Saharan ethical life.

This communalism trumps the individual was further echoed and paraphrased by other authors (Awujusak, 2014) and supported with an appeal articulated by Maina (Maina, 2008) who said in contrast to the western Cartesian thought of “cogito ergo sum” (I think and hence I am), for Sub-Saharan Africans, the existentialist dictum is “cognatus sum, ergo sumus” (I am known because we are); an echo of Mbiti’s well-known quote “I am because we are”

(Mbiti, 1969).

This conformity to community morals/norms though potentially raises a red flag, as in such a setting the vulnerable in the community potentially stand at a risk, compared to the able majority (Hellstern, 2010). After all borrowing from concepts of feminist/care ethics (albeit likely to be criticised by proponents of an African bioethics), (bio) ethics among others should seek to protect the vulnerable in society and “prevent them from falling through the web of vulnerability” (Tronto, 2001) in order to maintain socio-economic well being, prevent ill health and maintain good health. It should aim to maximise human value (beneficence), whilst eliminating harm and ensuring justice. This point in my view should be unequivocally of universal concern indifferent of culture. It is not an issue of bowing to principlism, but a fundamental human right issue across cultures and borders.

Some SSA authors argue that communalism is not specific to SSA, but that there is a parallelism between SSA communal concept and Western care ethics (Behrens, 2013). This may be correct, but one needs to compare the communalism as thought of by Callahan (Callahan, 2003) to that expressed by the authors reviewed in the article, there are obvious variations. Others have argued that there is a promising territory of theoretical African moral epistemology not yet fully explored, which may contribute to the thought that there is no such African theory, hence the imposition of Western bioethical normative thinking on Africa (Metz, 2010). The issue though is that there should be more written about this to expose the reading world to an otherwise “missed” African worldview of moral/epistemologic theory, which could inform and contribute to a global bioethics knowledge. Of interest is the view of an author that African bioethics should be pre-occupied with “African traditional medicine, as traditional healers seem to be the first port of call by the sick in some SSA setting” (Murove, 2005). This in my view is of importance only in as much as is supported by follow up qualitative evidence on the assertion (to inform generalizability of his notion), and again in informing a reading audience of an African world view of behaviour in face of ill health (of social/public health importance); rather than as a given in “African bioethics”.

Another author apart from condemning Western bioethics as imposed on Africans and a form of moral imperialism, proposed instead “an African bioethics reflected 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” (Andoh, 2011). To this I will counter the argument with the fact that the same can be said on subjects/fields of study as physics, chemistry, astronomy, computer sciences etc. taught in mainstream SSA educational institutions. In that case one can argue that these subjects be discarded for SSA academics to come up with counter fields and epistemology of SSA knowledge origin. An interesting twist to this is the article of Fayemi/Akintunde (Fayemi & Akintunde, 2012) as a rebuttal to that of Gbadegesin (Gbadegesin, 1993). In critiquing Gbadegesin’s use of Yoruba traditional moral values as an example of a trans-

cultural approach to bioethics and extending it to resolve contemporary bioethics issues such as euthanasia, adoption, infertility, surrogacy etc., the authors challenged Gbadegesin's understanding of Yoruba moral views (and its use to resolve contemporary bioethical issues). All in all these authors' on rebutting Gbadegesin's Yoruba ethnocentric moral views, illustrated how even persons from the same SSA ethnic tribe can have a conflict in understanding and interpreting an African centred world bioethics view. Granted all the authors are from the same Yoruba ancestry of Nigeria, they had different interpretations of the same notions in discussing Yoruba moral value; evidence of intra-tribal contradictions and understanding of the tribal moral/religious epistemology. Of note is that the notion of African bioethics vis a vis Western bioethics may stem from the problem of philosophy, as to whether there exists an African philosophy (Bodurin, 1981; Hountondji, 1983; Wiredu, 1980). This fault line may get carried over to bioethics as a stand-alone discipline from philosophy; considering the relational link of bioethics to philosophy, albeit on a theoretical level. A reminder though is that despite the importance of normative epistemology to bioethics, contemporary bioethics is a multi and not a uni-disciplinary field. Bioethics benefits from valuable contribution by theologians, health care personnel (HCP), sociologists, psychologists, anthropologists etc., and hence bioethics cannot be reduced to a Western philosophy/ethics or African philosophy/ethics matters. One can argue in favour of "a universality of bioethical norms, albeit against a globalization of norms that is insensitive to cultural sensitivity" (Awajiusuk, 2014), which brings to the fore the case and place of culture relativism in relation to the topic under review. I will agree to alternate world views and contribution from different cultural settings towards enriching bioethics epistemology, however I would hope in such an effort the arguments put forward would not be of the type of *one should be an African to understand and appreciate Africa and hence African moral norms/bioethics*; (as in a parallel argument by a black author in the USA in a paper evaluating black behaviour and norms in USA, and the issue of negritude and being black) (Griffith, 2005).

Others argue that the issues confronted by Western bioethics and hence western bioethics theory is a problem of well to do countries that should not be a concern of SSA countries, and that the actual problems of SSA i.e. poverty, justice, rationing of limited resources etc. should be what should pre-occupy SSA bioethics, and the themes of an African bioethics (Andoh, 2011). This assertion by a coincidence was the subject of a recent paper arguing same and seeking to the extent of recommending to SSA countries to pay more attention to health-care ethics rather than contemporary bioethics (Fayemi, 2015).

In Fayemi's view that addresses the pertinent socio-economic problems of SSA countries as opposed to bioethics and the sub field of clinical ethics, that pre-occupies with the issues of western affluence and the interface of technology with medicine.

I will beg to differ on the last point, a similar argument (albeit not same) was advanced in the past about the prevalence of chronic diseases in SSA countries

compared to Western countries. One does not have to look far in public health to realise that the chronic diseases (i.e. diabetes mellitus, high blood pressure, cardiovascular diseases etc.) which were thought to be a problem of Western affluent countries, now pose serious challenges to SSA countries almost as the endemic infectious disease known to SSA countries.

Furthermore I will remind readers that the first human to human heart transplant in the world was carried out in the republic of South Africa (Brink & Hassoulou, 2009) which is located in SSA. Increasingly clinics for assisted reproductive technology (ART) are springing up in different parts of SSA (Ola, 2012), organ transplantation is being increasingly done in SSA countries (White, Hirth, Mahillo, Dominguez-Gil et al., 2014) (albeit on a relatively lesser scale), abortion is an Issue in SSA. All said heart/organ transplant, ART, abortion are all issues experienced as can be seen in SSA; So then why that argument when SSA countries are experiencing these things and yet do not have currently an African paradigm to morally police them? Why does SSA have to disregard the established “Western bioethics” already doing a fairly good job of being moral watchdogs, just because they are not African owned? More so the SSA issues that Fayemi seeks to address with health care ethics is already a pre-occupation of contemporary public health bioethics. Finally on “healthcare ethics”, the concept is easily used inter-changeably with “bioethics” in international texts. Finally moral thought pre-occupies with the human person, issues of humanness and dignity of the person (Onouha, 2007), and this in my view is the commonality in all the different moral frameworks, be it Western, African or other cultures. Hence from my perspective SSA academics should rather strive to come up with more scholarship to inform an African worldview on bioethics, and add on to already existing bioethics epistemology worldwide.

## 5. Conclusion

A review of the literature as above casts doubts as to an established body of knowledge that can be referred to as “African bioethics”. There is clearly an attempt by these SSA authors to project a traditional African anthropological and philosophical contribution, towards presenting an African worldview of current hot issues in contemporary bioethics (issues as euthanasia, abortion). This is more a hermeneutic exercise, which sometimes is complicated by the different interpretive views of different African authors. An evidence of such is the diametrically opposed interpretation of Yoruba (of Nigerian origin) ethnic views on traditional perspectives on hot bioethics issues by different Yoruba African authors (Gbadegehin, 1993; Fayemi & Akintunde, 2012). Despite the various SSA authors’ contribution towards the interpretation of what is perceived as African bioethical perspectives, it is obvious that in the absence of a recognised body of scholarship on what may otherwise constitute African bioethics, SSA authors should continue to build more on contributing towards a normative, heuristic, hermeneutic body of scholarship to correctly reflect the different African views on a variety of contemporary bioethical issues. In the same vein SSA authors in

presenting the African world views (as complementary to existing “Western views”), can come up with mid-level frameworks to fit these African normative perspectives. An attempt in this light is offered by Onouha (2007). This is important as in “Western bioethics”, despite the apparent popularity of the principlist mid-level paradigm, there are other recognised ethical normative theories (human rights, dignity, personalists, care, etc.) recognised as alternative bioethical viewpoints, used in bioethical argumentation. A pressing issue that for now poses a deterrent to the advancement of bioethics scholarship in the SSA region is the lack of, and a poor uptake of bioethics education in SSA higher education institutions (Andoh, 2013).

This is a problem readily recognised by several of the authors whose articles were used for this review (Andoh, 2011; Mbugua, 2008; Ogundiran, 2004). Despite the difficulties of SSA authors in fully projecting an African world view on contemporary bioethics, I still have hope for a brighter future in such a quest. I see it as a process. With patience, dedication to bioethics education and scholastic effort, this can be achieved hopefully very soon; without hindrance to individual or community good.

### Declaration of Interest

The author has nothing other to declare.

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