

AFRICAN BIOETHICS IN THE FACE OF GLOBALIZATION

Prof. Kanu, Ikechukwu Anthony

Department of Philosophy and Religious Studies

Tansian University, Umunya, Anambra State

ikee_mario@yahoo.com

Abstract

Bioethics has become a common place and 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. A cursory glance at the historical evolution of bioethics as a discipline, reveals the emergence of a couple of trends, such as the advent of the quest for regional characterization, giving birth to culturally rooted bioethical perspectives. Majority of existing studies in this area of scholarship presents bioethics as though it were a field of enquiry that is the prerogative of the Western world, dominated by Western idiosyncrasies and eccentricities. There is also the perspective that African bioethics is a myth; a perspective that is furthered by ideological race classification, the slave trade and colonialism. This research, therefore, focuses on developing an African bioethics, for the enhancement of African authenticity and identity in the globalizing world. The conviction is that there is an African bioethics that is based on the African cultural heritage. If Africans must retain their identity and be authentic, they must be true to themselves. This study adopts the multidisciplinary approach, since bioethics is a multi-disciplinary discourse.

Keywords: African, Bioethics, Globalization, Globalism, Regional Characterization.

Introduction

For centuries, the black race was oppressed, denigrated and derided, and in the contention of Biko (2004), this experience left her with an 'inferiority complex', as they internalized the negative image of themselves projected by their oppressors. In the process of oppression, the history, values and traditions of the oppressed were distorted, disfigured and thus destroyed, as African culture became barbarism and their religion described in derogatory terms as fetishism, paganism, juju, heathenism, primitive, idolatry, polytheism, animism, savage, magic, ancestor worship, superstition etc. Gradually reference was no longer made to the culture of the 'dark continent'.

Since a negative eye was cast on the African culture, the African deserted his own culture in pursuit of the values and ideologies of the oppressor. Andoh (2011) thus writes: "This attitude of assimilating Western values and ideologies into Africa gave rise to a situation of self-dehumanization and outright self-subversion both in terms of dignity and self-esteem". (p. 2). In the face of this, Biko (2004) argues that the oppressed would never be free until they reclaim their dignity and reject the enforced inferiority image of themselves. He wrote that "The first step... is to make the black man come to himself; to pump back life into his empty shell; to infuse him with pride and dignity" (p. 10). The foregoing would imply that for the continued relevance of the African worldview, there is the need for its interpretation, re-interpretation and application to new and changing circumstances, which includes the area of bioethics. This research, therefore, focuses on developing an African bioethics, for the enhancement of African authenticity and identity in the globalizing world. The conviction is that there is an African bioethics that is based on the African cultural heritage. If Africans must retain their identity and be authentic, they must be true to themselves.

The Nature of African Bioethics

African Bioethics can be defined as a field of study that concerns itself with the evaluation of ethical issues arising in medicine and the cultural practices in Africa from an African perspective. Such an evaluation springs from an African background and belief. African categories will therefore constitute the

instruments or principles for analysis and which shapes and transforms the meanings attached to the experience of life, health and illness. For instance, when Africans are reflecting on moral issues such as abortion, organ transplant, euthanasia, cloning, suicide etc., they would appeal to the shared moral traditions and ethical values that are implicit in beliefs and practices of African culture. These values, rooted in authentic African culture and traditions will further provide the base and framework for ethical decision making (Kanu 2016).

The sources of African bioethics, according to Mbugua (2009) and Andoh (2011), would therefore include popular sayings, songs, mythology, tales, folklore, proverbs, maxims etc. This is what gives it its identity as African bioethics, and it is also from this that it draws its authenticity. African bioethics must be peculiar to Africa and common to Africans. This is necessary because, if African bioethics is not peculiar to Africa or to the Africans, there would not be much sense in distinguishing African bioethics from non-African bioethics. The peculiarity, which is a shared feature in African bioethics by Africans, becomes the unity of African bioethics. If there must be a peculiarity and unity in the science of African bioethics, then we must turn to the Africa worldview as its indispensable source.

Although the concept of African bioethics is in existence, a couple of factors impede its flourishing like Western bioethics, or the bioethics of other cultures or peoples. Among these reasons are: inadequate funding by the government and non-governmental organizations in the area of African bioethics, African governments are not interested in this kind of research. The political will or commitment isn't there; many Africans consider bioethics a Western discipline as its concerns, in relation to high tech, are still far from Africa. These shortfalls notwithstanding, Africans need to develop critical thinking in the area of bioethics within Africa, which will require bioethicists from Africa to root their enquiries on ethical values in African traditions (Kanu 2016).

Globalization and the Quest for Regional Characterization

Mbugua (2009) observes that bioethical principles promoted in the West, precisely the United States of America, which emphasize respect for autonomy, beneficence, non-maleficence and justice are non-existent and unacceptable in other cultures. It is in this regard that Ryan (2004) avers that:

Critics bearing the concerns of feminism, religion and multiculturalism have registered their discontent with the state of contemporary bioethics in the U. S. A. Heavily indebted to the principles-based method that became popular through James F. Childless and Tom L. Beauchamp's influential text, *Principles of Bio-medical Ethics*, bioethics has been called to task for its emphasis on rights and duties over the development of character and virtue, as well as its relative attention to social, religious and cultural features of moral experience and moral agency. (p. 158).

Hongladarom (2003) while arguing for Asian bioethics writes:

Hence it is no longer adequate to limit the debates and discussions in bioethics only within the Western perspectives. As long as countries, notably in Asia, enter into the advances of biotechnology and the life sciences, these countries need to find their ways of solving the problems as well as carry on the debates and discussions as partners in the global dialogue (p. 1).

Crawford (2001) in his paper on Hindu bioethics, further argues that:

In fact, the new pluralistic approach to world cultures is introducing us to several religious and philosophical alternatives from outside the Anglo-American West. Just as alternative medicine is becoming recognized and respected, and is being incorporated into mainstream medicine, there is a growing admission that the ethical problems we face today have dimensions that are not adequately addressed... (p. 25)

The promotion and globalization of this kind of bioethics, basically built on Western categories of thought and, which relies heavily on Western analytical philosophy, has been interpreted as bioethical imperialism or colonialism. Confronted by the question of identity and authenticity in bioethical discourse, Fan (1997) asked "Ought bioethics in East-Asia to use the same approaches (assumptions, principles, theories, styles,

methods, concepts) as bioethics developed in the West, or ought it to reflect a specifically East Asian approach to the subject?" (p. 310). Sakamoto (1995) while addressing the brain death debate in Japan maintains that "Our bioethics' should be based on our own culture and, therefore, it should be somewhat different from the Euro-American ones" (p. 30). De Castro (1999) addresses it as an issue of identity. He wrote,

The issue appears to be one of identity. The crucial values are authenticity and integrity. The unarticulated argument is that if we are to be authentic, we must be true to ourselves. Given a religion-oriented culture, this could mean having to be guided mainly by religious thought on the various topics of bioethics. Where there is no dominant religious worldview, 'being true to ourselves' could mean being cognizant and respectful of one's traditions, history and cultural heritage (p. 230).

He argues further:

People also need to retain their integrity as a group. They must uphold the shared values that unite them. They must seek recognition of their identity as a people. To be remiss in this responsibility is to participate in the annihilation of their identity. What seems to be at stake, then, is the survival of an identity- in a way, the preservation of a cultural self. (p. 231).

From the foregoing, Gbadegeshin (2009) thus calls for a trans-cultural bioethics which is characterized by:

1. openness to and effort to understand the cultures and values of other people;
2. the development of a compendium of values and belief system across cultures;
3. the promotion of intercultural dialogue on the critical analysis of those values and belief systems;
4. identification of set of common values that transcend particular cultures; and
5. utilization of this set of common values in the development of bioethical principles and standards that all cultures can embrace.

Gindro (1995) points out the relevance of such a study,

Nowadays, physicians and therapists must face new problems rising from the great migration of populations, and consequently the deep mixing of cultures. Until a short time ago, Western medicine imposed its universal validity primarily through the diffusion of missionaries throughout the world. In the different countries touched by colonialism, the local cultural expressions were naturally considered primitive, and therefore, of a lower level. (p. 6).

This notwithstanding, as much as it is relevant to employ unique responses to bioethical issues for the maintenance of integrity and authenticity, it is also significant to find out points of contact for a cross-cultural communication. Cross-cultural communication is important because there are bioethical problems that are common to all peoples. This would further help others to learn from the mistakes of others, and also share concepts without loss or cost.

The Globalization of Western Bioethics: A Process or a Product

The concept globalisation is from the words *globe*, *global*, *globally*, which are dictionary words, contrary to *globalisation* which is yet to find its way into the English dictionary. However, from the root words, globalisation can be defined literary as an attempt to make global. Tandon (1998) observes that globalisation is a new feature of the world economy and one of the most challenging developments in the movement of world history. It has continued to attract increased scholarly and analytical attention throughout the globe. Ohiorhenuan (1998), argues that it is currently affecting the physiology of the African society through its imposition of constraints on policy-making autonomy or independence of Africa vis-a-vis our capacity for authoritative allocation of scarce and critical societal values or resources among other functions.

According to Fafowora (1998), globalisation refers to the process of the increasing economic, political, social and cultural relations across international boundaries. It deals with increasing the breakdown of trade barriers and the increasing integration of world market. Ohuabunwa (1999), gives further insight

when he defined globalisation as an evolution which is systematically reconstructing integrative phases among nations by breaking down barriers in the areas of culture, commerce, communication and other fields of endeavour. It pushes for free-market economics, liberal democracy, good governance, gender equality and environmental sustainability among other holistic values for people.

Taking the global character of globalisation, other scholars see it as a product manufactured in the West and to the Third World to explode and cause damage. For instance, McEwan (1990) sees globalisation as the spread of capitalism. It is an imperial policy and the final conquest of capital over the rest of the world. Akinde, Gidado, Olaopa (2002) avers that it is a one-arm banditry and exploitative antecedents of capitalism which, by its nature cannot exist without parasitic expansion, its immutable and primary focus is to exploit African resources, disintegrate its economies and incorporate it into the international capitalist economy. Madunaga (1999), opines that as a concept, it was not handed down from heaven, it was not decreed by the Pope, it did not emerge spontaneously. It was created by the dominant social forces in the world today to serve their specific interests. Simultaneously, these social forces gave themselves a new ideological name the- “international community”- to go with the idea of globalisation. From this perspective, scholars such as Ryan (2005), Wasunna (2005) and Andoh (2011) have accused the west of globalizing her Euro-American bioethics, or as imposing her bioethics on the rest of the world, especially the third world. Tangwa (1999) in an article which he titled *Globalisation or Westernization? Ethical Concerns in the Whole Bio-Business* lamented that “the globalization of Western technology should not be accompanied by the globalization of Western ways of thinking and acting, Western ways, manners and style of doing things, Western idiosyncrasies and eccentricities” (p. 169).

This actually raises the question as to if globalisation is a product or a process. It is in this regard that Agbo (2010) avers that:

We have conceptualized globalisation as a 'product' exported to the African with sinister motives, we have assumed in an incurable nihilistic pessimism, that somebody, some people, somewhere (in the west), sometime (in distant and recent times) have sold us this 'globalisation' and unfortunately, we had had to buy it without what Kwasi Wiredu would refer to as an 'open utilitarian eyes'. Globalisation within the African intellectual context, has acquired terms that are nearest in meaning to it: universalization, internationalisation, liberalization, capitalization, Westernization, Europeanization, Americanization, re-colonization, imperialization... re-enslavement, etc... This, to me represents an irrational moralization of an amoral concept. The propagandist, emotional, and psychological engagement of globalization is, therefore, in my opinion both uncharitable and meaningless. (p. 26).

Omogegbe (2007), agreeing with Agbo wrote that, “globalisation was not something that was planned or decided at a conference table by certain states or individuals. Rather, it is a natural process of socialization, a process of world history, a phase in the world historical process” (p. 152). In the same vein, Asouzu (2007) avers that, “It would be a very erroneous idea to imagine that globalisation is the creation of any culture. It is rather, a necessary consequence of the character of our being as relative subjects seeking full actualization” (p. 382). Rather than keep complaining without fruit, African scholars, and indeed other third world scholars, especially in the area of bioethics need to understand globalization as a process in which all the world is involved in. Agbo (2010) describes globalization as a process “generated by all, in all and for all” (p. 27). It is not a product manufactured in Europe and America, but rather a process that Africans will have to find a better way of getting involved in or lose out. Africa has no option of not involving herself in the process of globalisation, Africa must globalize and be globalized. The more African scholars in bioethics write, the more African ethics would contribute to the pool of cross-cultural bioethics. What African bioethics scholars should be talking about is on how best African can be involved in the globalizing world rather than being afloat in the globalizing tide. There is a difference between “contributing to globalization and being globalized” from just

“being globalized, without contributing much”. African bioethics is at the verge of the later (Kanu 2014 & 2018).

As the world moves on, Africa cannot tell the other parts of the globe to wait for her or return to meet us behind where we are. We rather must move faster to meet up economically, politically, socially, culturally, educationally and otherwise. To begin to blame globalisation as though it were a moral being is a waste of effort; no nation will be judged for globalizing, for that would mean blaming a nation for being part of the global world. Thus De Chardin (1959), would refer to globalization as the 'omega point', where the goal of convergence would be achieved. In Hegel, it is the return of the 'Absolute Spirit' and in Karl Marx, it is the recognition that motion is the existent form of matter, that reality exists and develops, through dialectical contradictions, in interrelatedness, and interactiveness. What African scholars should be doing rather than blame the West is to develop an African bioethics and use the modern means of communication so as to bring their product to the global industry of bioethical research.

Conclusion

In the face of globalization, this piece stands for the making of studies in African realities more environmental-sensitive by being located within the African culture. The study of African bioethics is no exception. The reason for the argument for a regional variation is based on the fact that bioethics as an area of study is not like mathematics, which is universal in character? Hongladorom (2003) thinks that cultural variations create the ground for operating at different levels. These levels can be described in terms of a first order judgment and a second order judgment. For instance, the question: should a person murder his son? The response given is no. This is first order judgment. It is objective and not dependent on any culture or worldview to be correct. However, when reasons begin to emerge as regards why it is wrong to murder a person's son, it becomes a second order judgment. In responding to this question, reasons why a person should not murder his son now emerges from the African worldview. At this juncture, the African worldview now shapes African bioethics to be different from Western bioethics. The difference between Western bioethics and African bioethics is at the second order judgment and not the first. From the foregoing, African bioethics exists only at the second order level. Thus, African bioethics is an attempt to deliberate on bioethical questions in the context of Africa, consisting roughly of finding answers to the first-order, normative questions of what decisions to take as well as to the second-order, theoretical questions of what constitutes the reason in support of the first-order judgments. The African worldview will, therefore, constitute the basis for the reason in support of the first-order judgment. It is this African worldview that gives African bioethics its identity in a globalizing world.

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