



BIOETHICS: GLORY TO SCIENCE, DREAM TO AFRICANS
(BIOETHICS & CULTURAL DIVERSITY)

Mémoire présenté
dans le cadre du programme de maîtrise en éthique
en vue de l'obtention du grade de maître ès art

Par
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Avril 2016

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Dépôt initial le 06 janvier 2016

Dépôt final le 11 avril 2016

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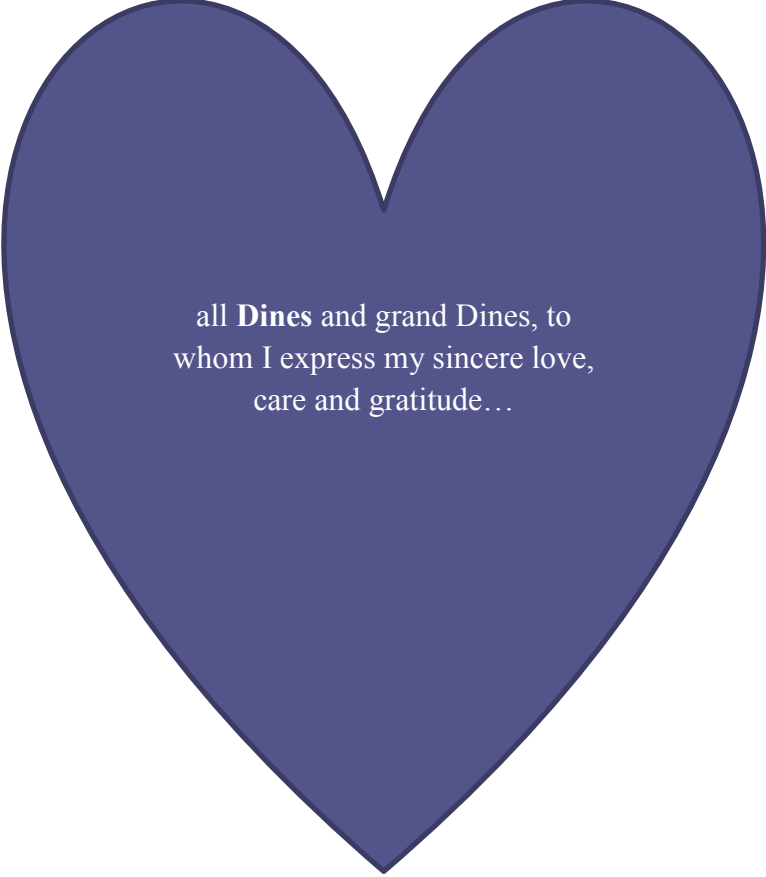
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DEDICATION

*“Some People Are like Diamond:
Too Expensive To Throw;
Too Hard To Break;
Too Reflective To Hide;
Too Valuable To Lose;
Too Precious To Ignore”
And Such Is My Family to me.*

This work is thus dedicated to



all **Dines** and grand Dines, to
whom I express my sincere love,
care and gratitude...

ACKNOWLEDGEMENT

I wish, in the first place, to salute the good will of *le doyen des études de cycles supérieurs et de la recherche – UQAR*, who, in collaboration with the authorities of the university, encouragingly accepted and permitted me to compose my work in English, a different language from the official language of instruction of the university. Under the charismatic leadership of head of *les programmes d'études avancées en éthique*, all lecturers collaboratively and lovingly hailed, mentored, integrated and encouraged me, thus rejuvenating in me some diminishing hopes.

The realization of this piece of work is thanks to the inspiring and encouraging supervision provided by Prof. Dany Rondeau – *Département de lettres et humanités – UQAR*. She aptly demonstrated and provided critical, contextual and material availability and support, all enveloped in compassion, patience, care and advice through which many hurdles became meditation/reflection breaks. The moral and practical encouragement invested in this effort by Prof. Ernest-Marie Mbonda - Université catholique d'Afrique centrale, towards this realization cannot be overemphasised. My hearty thankyou goes to *Les Soeurs Servantes de Notre-Dame, Reine du Clergé de Lac-au-Saumon* for their financial support towards this realization.

My family, under the parental care and love of Elias Dine (RIP) and Beatrice Ghaife, has a special place that I am unable to determine here and now. Besides missing me while I was out for this realization, they also lost their father. May his soul rests in perfect peace. I cannot dare to overlook both moral and physical support that came in from closer ones like Lise Belénger, Boma Mercy and Dufe Joseph (ofm Cap.), just to use these few to represent a huge catalogue.

RÉSUMÉ

Cette recherche aborde la question multidimensionnelle et multidisciplinaire de la mondialisation de la bioéthique dans une perspective de valorisation de la diversité culturelle. Elle part du constat que depuis l'institutionnalisation formelle de la bioéthique par la Déclaration de Nuremberg, la bioéthique a été essentiellement et structurellement mise au service du développement technoscientifique, particulièrement dans le domaine des biotechnologies. En d'autres termes, la bioéthique contribue à la gloire de la science et participe à la finalité techno centrée de la culture occidentale, abandonnant ainsi à la miséricorde naturelle les pays traditionnels peu développés sur le plan technoscientifique comme ceux de l'Afrique subsaharienne. Pour cette raison, la bioéthique est demeurée un rêve pour l'Afrique. C'est cette « inégalité bioéthique globale » que veut analyser ce travail afin de proposer une manière de l'ébranler et d'y remédier.

En même temps que la bioéthique apparaît de plus en plus indispensable pour baliser le développement technoscientifique et accompagner les interventions biomédicales, les dernières décennies ont vu s'accroître la prise de conscience du fait que le monde est de plus en plus diversifié culturellement, et que cette diversité culturelle doit être prise en compte dans les transferts Nord-Sud. Ce travail de recherche vise donc d'abord à montrer comment et en quoi la bioéthique en se développant dans le giron de la technoscience a pris des atours qui demeurent inexploitable dans les sociétés peu développées sur le plan technoscientifique. Il met ensuite en valeur l'importance de développer différentes méthodes de contextualisation des principes de bioéthique, c'est-à-dire de les interpréter à la lumière des principes et des cadres de référence axiologique culturels si on veut les universaliser adéquatement et efficacement.

Pour ce faire, cette recherche s'appuie sur le caractère multidisciplinaire de la bioéthique et puise dans des considérations socioculturelles et socio-anthropologiques afin de guider son universalisation contextualisée. Sur le plan de l'éthique appliquée, elle propose un point de convergence entre le particularisme universaliste de la bioéthique et la diversité culturelle à prendre en compte, qu'elle trouve dans l'appel au développement d'une « compétence culturelle » et/ou dans une « herméneutique diatopique ». L'analyse menée a également ouvert sur l'importance de réexaminer la définition fonctionnelle de la bioéthique contemporaine et de lui attribuer une définition plus proche de son sens étymologique, de manière à ce qu'elle représente davantage ce qu'elle est censée signifier.

En somme, ce travail cherche à mettre en lumière l'importance primordiale d'intégrer les différences culturelles dans l'interprétation et l'application des principes de bioéthique, sans quoi il semble peu réaliste de pouvoir un jour réaliser les objectifs du Millénaire fixés par les Nations Unies qui définissent les conditions d'un monde équitable et sans maladie.

Mots-clés : Bioéthique, technoscience, diversité culturelle et contextualisation.

ABSTRACT

This is a multidisciplinary multidimensional research work that scrutinizes the postmodern globalization of bioethics amidst the valorisation of cultural diversity. With a lot of wonder and curiosity, it expresses among other things, the observation that ever since the formal institutionalization of bioethics through *Nuremberg's Declaration*, its development has been steadily and exploitatively captured by techno-scientific advancements, especially in the domain of biotechnology. Bioethics has thus become a source of glory to science as purported by Western techno-scientifically developed culture, thereby abandoning traditionally oriented Southern cultures like African culture in the doldrums of natural mercy. As such, bioethics has remained a dream in Africa, a situation that has rendered it paramount for this work to sort out and outline various possibilities of destabilizing this “global bioethical unevenness”.

At the same time that bioethics is more and more demonstrating its indispensability to frame biotechnological development so as to accompany various biomedical interventions, it is curiously discovered that the world is as well becoming more and more culturally diversified, a phenomenon that must necessarily be considered in North-South bioethical interactions. This research work is thus aimed, above all, to demonstrate how the development of bioethics solely within the ranks of techno-science has equally developed intrinsic relationship with characteristics that are non-exploitable within less scientifically developed regions of the world. It thus goes further to demonstrate the necessity of exploiting various contextualization methods in the globalization of bioethical principles. That is, interpreting and enforcing these principles in the light of cultural maxims, if our aim is to achieve their global adequacy and efficiency.

This work has thus displayed a high degree of multidimensionality so as to constructively exploit the multidisciplinary characteristics of bioethics and probe into its sociocultural and socio-anthropological axis that can guide it into successful contextual universalization. As part of applied ethics, it projects bioethical converging point of universal particularism and cultural diversity through the exploitation of “cultural competency” and/or “diatopical-hermeneutics”. Among other things, the detailed and proper appreciation of these facts necessitate the re-examination of the contemporary functional definition of bioethics to give it a closer relationship to its etymology so that bioethical operations should rightfully portray its content and subject matter.

In a nutshell, this work seeks to bring to the limelight the paramount importance of integrating differences [different cultural orientations] in the interpretation and application of various bioethical principles that enforce biomedical interventions, absence of which is the eminent failure to realize those UN *Millennium Development Goals* that sum up into creating an equitable and disease-free world.

Keywords: Bioethics, Techno-Science, Cultural Diversity and Contextualization.

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GENERAL INTRODUCTION

Bioethics has fast become an attracting force to be reckoned with in the realm of social sciences and humanities, and its inability to successfully provide global intervention amidst cultural diversity has as well become a creeping contemporary social “hot spot”. This is particularly highlighted in the ethical domain as the sociocultural axe of ethics stimulates inquisitiveness about bioethical interactions within southern cultures like African culture. As bioethics exhibits multidisciplinary multidimensional characteristics, it is thus animating myriads of debates and conferences in which governmental and non-governmental bodies, both at national and international levels, are putting their heads together to develop strategies with which they can productively manage it vis-à-vis cultural diversity. With the evolution of time and mentality, this has become necessarily appealing as the multi-axed influence of bioethics on human existence is becoming indispensable. According to Drane, the situation has also come to this level because “people now want to understand the right thing to do in life, for an unpaired new-born or a dying elderly parent, since everyone passes through birth and death, and most families have some problems related to one or the other stage of life” (Drane, 1994). In addition, the contemporary enforcement of “globalization” where the world is fast becoming a “global village” with a higher propensity of cultural intersection has as well stimulated this desire to take bioethics intercultural. All these are aggravated by the fact that in spite of the millennium call for “a disease free world”, it has been discovered that the functional relationship between bioethics and the ever changing cultural composition of the world has remained fractious, thus generating this acute socio-scientific challenge of our time.

“Diversity”, at the eve of postmodernism, has become one of the fundamental characteristics of human existence that need due recognition and integration in all domains of human and social sciences. Despite this quest, cultural diversity, otherwise referred to as cultural differences, as viewed from all sociocultural and socioeconomic points, is still projecting a great defy for the necessary dissemination of bioethical interventions across global populations. To be noted, first of all, is the fact that the concept of cultural diversity must not necessarily be considered only at the international

level since it also manifests itself within cosmopolitans and multicultural countries. This is because “cultural diversity” has not only got to do with ethnography but also with differences in beliefs as well as different sentimental orientations. However, though the point of reference of this work is ethically motivated, it is anthropologically oriented, thus correspondingly orienting us towards cultural differences as can be witnessed between scientifically developed western cultures vis-à-vis southern traditional cultures like African culture. This work is, therefore, two axed: bioethics and culture searching for a comfortable point of convergence where they can productively cohabit and satisfactorily run across cultures without any subjugation; and, at the same time, an enlargement of the scope of bioethics which may also necessitate the re-examination of the definitional concept of bioethics (Kenmogne, 2012). In this way, we will have a wider and better orientation as to simultaneously come out with a true and valid conclusion about bioethics of cultural diversity.

Generally speaking, “bioethics” is very simple in terminology but very complicated in content and concept. For that reason, it is incumbent upon us to cautiously make a comparative and complimentary allusion to both its historical and functional settings as we dive into examining its subject matter. From the writings of the German theologian Fritz Jahr (1927) who is believed to have coined this word (*Wikipedia*), bioethics nominally means “life ethics” owing to its Greek roots *bio* and *ethos*. This concept will be developed in the 1970s by American biochemists relating it strictly to biology as the science of life and health. While Jahr attributed to bioethics a wider intersectional notion as “life ethics”, biochemists, under the leadership of Potter, to a certain extent reduce it solely to the domain of health science to mean ethics of health science. To relax this inclination to sciences, Sgreccia correctively says : « La bioéthique est la réflexion morale sur tous les problèmes posés dans les domaines de la protection et de la promotion de la vie et de la santé humaine » (Sgreccia, 1999 : 25). Therefore, partly because of this confusion that surrounds its subject matter, and partly because many thinkers seldom recognize its multidisciplinary and multidimensional characteristics, defining “bioethics”, in the stricter sense of the word, has remained a herculean task. That is why Hottois exclaims that « définir la bioéthique est une entreprise périlleuse », because, to him, « la bioéthique n’est, à proprement dire, ni une discipline, ni une science, ni une éthique nouvelles ». He further declares that « sa

pratique et son discours se situent à l'intersection de plusieurs technosciences, des sciences humaines et des disciplines qui ne sont pas exactement des sciences » (Hottois, 2001 : 124).

As per Sgreccia, this functional squabble in the ranks of bioethics can be traced back to the early decades of its existence as views and counter-views had always been animating all bioethical debates with individuals and/or groups trying to carry its concept to suit their own line of thought (Sgreccia, 1999). It is this very problem that Hottois is challenging by highlighting the “multidisciplinarity” of bioethics as one of its fundamental characteristics that are often overlooked. He thus does not subscribe neither to the idea that bioethics should completely be considered an applied science nor entirely be considered as an independent discipline on its own, or even to be looked upon as a new branch of ethics. To him, if bioethics is solely considered as one of these, it will by that be confined to a certain particular line of thought at the expense of others that could equally contribute and/or reap its benefits as well (*op.cit.*). Doucet equally laments on this very point relating it to a certain degree of triviality expressed in the circles of bioethics. He thus lamentably declares : « La réflexion théorique et pratique sur la dimension méthodologique de la bioéthique me paraît trop peu développée » (Doucet, 2000 : 169). Hottois sums up all these in clarifying that bioethics is « un ensemble de recherches, de discours et de pratiques, généralement pluridisciplinaire, ayant pour objet de clarifier ou de résoudre des questions à portée éthique suscitées par l'avancement et l'application des technosciences biomédicales » (*op.cit.*).

Sgreccia firmly believes that if “bioethics” is to regain its reputation, it should deepen the allegiance of its origin to ancient moral and religious principles that came to be collectively named as such by Fritz Jahr in 1927, than referring it to biological sciences (Sgreccia, 1999). Goldim expresses the same view by lamenting that Van Rensselaer Potter is usually credited with coining the term bioethics and with founding this field. To him, the rediscovery of Jahr's article "Bioethics: A Panorama of the Human Being's Ethical Relations with Animals and Plants," (1927) necessitates a revision of this history of the foundation of bioethics because, though Potter made significant contributions to this field, the importance of Jahr to the founding of bioethics should be recognized (Goldim, 2009). Zagorac affirms this view in saying that Jahr coined the word bioethics because he wanted to use its guiding principles which he

called “bioethical imperatives”, at the inspiration of Kantian moral philosophy, to redress the bio-psychological and moral challenges of his time to face the emerging secular and pluralistic societies. According to him, Jahr wanted that human life should be “socially central” in all human activities so that all actions towards life may be in respect to those “imperatives” (Zagorac, 2011 : 142).

This is why Sgreccia further expresses that the misattribution of the origin of bioethics to Potter entirely alienates its concept and subject matter to techno-sciences, thereby side-lining some necessary social sciences (Sgreccia, 1999 : 279). Metz and Gaie (2010), in one way or the other, confirm and believe this misattribution to be at the root cause of all ethical differences that surface between the West and the South since those scientific characteristics that have been intrinsically attached to bioethics often lack accommodation among purely traditional or natural values of the South. Unfortunately, this North-South dichotomy is often erroneously interpreted as southern rejection or refusal of Western oriented principles, and their populations are more often than not consequently kept out of the indispensable bioethical benefits.

Therefore, the intensified attachment of bioethical interventions to techno-sciences within this era of industrial development breeds some disdain and contempt among global populations, thereby causing contextual bioethical turmoil. It may thus be true to say that the inextricable submission of bioethics to techno-science is unpredictably the major cause of its sociocultural difficulties, since the ambitions of techno-science frequently rival with those of social and human sciences. To Hottois, this is not unexpected as he believes and wishes us to know that it is not all that is scientifically possible that is ethically permitted even in the biomedical field where bioethics has a higher inclination (Hottois, 2001 : 127). Amidst this cacophony, bio-scientists firmly treat bioethics as a biomedical discipline, thereby inflating the confusion between bioethics and biomedical ethics and thus pushing biomedicine to face some secular challenges outside its functional capabilities. It is because of the latter that Parizeau laments saying : « La bioéthique advient dans ce contexte de crise du pouvoir médicale et scientifique, or l'éthique médicale n'est pas suffisante pour répondre à la démocratisation des savoirs, au pluralisme des valeurs et à la sécularisation de la société » (Parizeau, 2001 : 157). This signals a dire necessity for bioethics to redress its intrinsic techno-scientific entanglement if it still has its global

ambitions as the “policeman” of techno-science, considering that it was formally developed on the ruins of biomedical ethics which was practically massacred by German techno-scientific ambitions of World War II.

In general terms, Hugo (1992) classifies bioethics as part of applied ethics, where it is regarded as a branch of practical reasoning in which ethical reasons, rules, principles, ideals and values are used to evaluate the conduct of individuals or groups towards life, not forgetting the respect of human rights and dignity as Andorno (2007) highlights. Considering and admitting that the reduction of bioethics to an applied science inhibits its full integration of global sociocultural differences, and fetching from the wider concept of bioethics set by *United Nations Educational, Scientific and Cultural Organization* (UNESCO) and elaborated by Andorno (2007), we may go further to largely and conveniently treat bioethics as a social reflection on matters of law, health, anthropology, philosophy, religion and all other social aspects of life juxtaposing them with sociocultural differences. Therefore, from all entries, we may not be erring understanding bioethics as a classical reflection with multidisciplinary characteristics that indiscriminately enforces the intervention of ethical principles in regulating and ensuring all issues, decisions and actions associated with human life, irrespective of various sociocultural and socioeconomic backgrounds.

It is indisputably true that every human race is naturally marked by a culture with some distinct characteristics. However, the term “culture” is also a complicated “magic” word with a multiplicity of concepts, orientations, significations, applications and definitions. Among the many diverse definitions, the *Dictionary of Sociology and Related Sciences* (1973) defines it as “a collective name for all behaviour patterns socially acquired and transmitted by means of symbols, including not only such items as language, tool-making, industry, arts, science, law, government, morals and religion but also material artefacts in which cultural achievements are embodied and by which intellectual cultural features are given practical effect” (80). It may be interesting to know that southern cultures, commonly referred to as “traditional cultures”, are dominated by less scientifically developed societies that are still so akin to their cultural heritage than their western scientifically developed counterparts. The term “traditional” here should not be coded with the colonial usage of the term “primitive” but simply to

mean societies that still manifest deeper signs of unmitigated natural and cultural affiliations like we can vividly think of African, Indian, Hispanic and Chinese cultures.

Among the many different characteristics exhibited by different cultures, it is our fervent wish to fundamentally capitalize on two key ones that are clear and common. As already mentioned above, almost all southern cultures still express their ancestral cultural traditions which make that they are referred to as traditional cultures. This differentiates them from western cultures which are almost completely taken over by techno-scientific development and are thus referred to as scientific or industrialized cultures. In the same vein, traditional cultures are built on the philosophical characteristic of communitarianism with a simple understanding of ‘one-for-all and all-for-one’. Metz and Gaie extensively expatiate this characteristic with repeated allusion to an African adage which says “a person is a person through other persons” (Metz and Gaie, 2010 : 274). Contrarily, western scientific cultures function principally on “individualism” which is built on the principle of individual autonomy, where a single individual is enough to fully decide for himself without necessarily seeking any external (family) consent.

Communitarianism, according to Metz and Gaie, harbours and/or exhibits some sub characteristics like extended family system and family or community-based social justice which, to a certain extent, reduces the weight of individualism. In contrast to western emphasis on individualistic autonomy, especially to health privacy, Metz and Gaie think that “the privacy of an individual patient probably will not be as weighty in communitarian ethics as in the west, because individuals are understood to have weighty duties to aid others, especially family members”. To them, “it is not completely merely up to the individual what she¹ does with her body and mind” (Metz and Gaie, 2010 : 279). It is worth recalling that the Nazi atrocities that incited the holding of the Nuremberg court session of 1946-1947 were heavily centred on the abuse of individual autonomous rights and dignity as human beings. As such, one of the factors necessitating the desire to extend bioethics to southern cultures is to evaluate if what happened to individual autonomy is not, in one way or the other, transferred to “familial autonomy” in communitarian societies. If not, then to see how communitarianism may be globally useful to avert the reoccurrence of such situations. This is why Andorno

¹ The use of “she” does not signify any gender bias.

(2007) thinks that it is already right time to seriously reconsider equitable global bioethical enforcement with transcultural transfer of values, and, on a serious note, putting the respect of human rights and dignity at the centre of all operations and interventions.

These two aforementioned North-South sociocultural differences are at the base of all the difficulties that are often encountered in the struggle to globalize bioethical interventions across cultural boundaries. Despite the fact that most southern cultures are still traditionally oriented and many scientific recommendations there risk being considered “moral defamation”, they too are in dire need of bioethical interventions as do their western industrialized counterparts. This is partly because even southern traditional practices also need bioethical regulations, though, within these cultures, there is no significant dichotomy between moral and ethical evaluation as the two are intrinsically linked to their way of life. In no way, however, does this position signify the absence of ethical disposition among these traditional cultures as pretends Kohlberg (1984) where he situates ethics only at a stage he calls “post-conventional”, and which, to him, is not found within traditional cultures. On the contrary, within traditional societies, as they are as well communitarian societies, there is an enlargement of rationality beyond a single individual to family or community level, where an individual, though in his individuality and uniqueness, remains an intrinsic element of the family and community to which he/she confines (Metz and Gaie, 2010). In such an “enlarged rationality” reasoning remains individual but decision-making becomes collaborative within the family or community.

The difficulty for western bio-practitioners to perpetuate their convictions across southern communitarian social setting often stands as a stumbling block to boosting bioethical enforcement at a global suffrage. The greatest of these difficulties stems from the fact that for these bio-professionals to succeed in communitarian societies, they must be able to go beyond the level of simply convincing individuals to that of convincing the whole family in order to implement their technology. More often than not, this process becomes discouragingly difficult for them as it demands convincing ethical and moral justifications and assurances so as to win the necessary accord of families or of the community at large before acting. To Hottois, this communal cross-examination and verification procedure is not only good but excellent because « tout ce

qui est techno scientifiquement possible n'est pas *ipso facto* toujours bon ni nécessairement à permettre » (Hottois, 2001 : 127). Koenig and Jan attribute this difficulty to the fact that most western bio-professionals often go global with their scientific technology already “coded” with western principle of individual autonomy, and thus run short of intercultural success since traditional societies instead express family engagement (Koenig and Jan, 1995: 246). This has thus made the globalization of bioethical enforcement difficult.

Therefore, the immediate motivation of this intellectual research engagement, besides some few remote reasons, is the observation made on the increasing straining relationship between the ever culturally diversified world's populations and the necessary global enforcement of bioethical principles. With absolute curiosity then, it has been discovered that, despite all odds, the world is necessarily becoming more and more culturally diversified and the need to globalize bioethical intervention is as well intensifying as some southern regions like Africa are yet to savour its benefits. At the time when the difficulty of managing and/or integrating cultural differences is becoming acute and cultural diversity is surfacing as a problem, we are then wondering whether it is possible to take bioethical interventions to all the peoples of the world amidst these differences. Better still, given the sociocultural and socioeconomic differences in the world, can we ensure global bioethical interventions so that less scientifically developed societies like Africa also enjoy its benefits? Fastened within this socio-ethical dilemma, many are those who are tempted to advocate regional development of “types” of bioethics corresponding to local ideologies and mentality, say African bioethics, Asian bioethics, European bioethics, etc. Contrarily to these tendencies, the fundamental aim of this work is to highlight the importance of considering cultural differences in the interpretation and application of the same bioethical principles and values such that bioethical enforcement and interventions can go global. This will help it to equally satisfy less scientifically developed traditional Southern societies in their context as is the case in the scientifically developed industrialized Western societies.

The value of this project hangs on the observation that the importance of various cultural characteristics to their respective citizens is as valuable as is the importance of bioethical principles to them. Therefore, people's experiences surrounding fundamental aspects of life such as birth, death and health, as well as the appropriate methods of

handling them, are profoundly shaped by their sociocultural, environmental and socioeconomic background. In no one way, then, will it be profitable to advocate the elimination of either the global enforcement of various bioethical interventions or of various sociocultural exigencies or admire the absence of one, than look for the point of convergence where the two (bioethics and cultural diversity) can successfully co-exist for the benefit of various citizens. This has thus made that we should carefully analyse the situation such that at the end, we should be able to establish possible methods through which bioethical principles can find their footing within traditional societies successfully satisfying their cultural exigencies. It will further testify that those cultural differences that surface as hurdles are surmountable when contextually treated and exploited. This assertion is then substantiated with the demonstration that rational contextualization of bioethical enforcements through hetero/auto-regulatory methods opens up its interventions to proper and constructive exploitation of its multidisciplinary characteristic, thus rendering it globally successful. In this way, bioethics attracts all social sciences to come to its favour following various socio-anthropological guidelines, and cultural diversity becomes enrichment and/or a stepping-stone to global success.

Given the indispensability of bioethical interventions as well as that of cultural heritage to human existence within their various societies, the primordial objective of this work is to demonstrate that the satisfactory attainment of global bioethical suffrage can only be achieved by integrating cultural diversity into the enforcement of its interventions. From this main objective, we will be able to simultaneously handle some subsidiary points which are either at the cause or as a result of the observed bioethical inability to satisfy less scientific societies like Africa. As such, it will self-demonstrate how bioethics has unfavourably developed inextricable relationship with techno-science in the name of biotechnology at the expense of less scientifically developed societies despite some “socio-ethical” emphasis. This view validates, in the first place, the fact that bioethics has concentratedly developed in the scientifically developed west leaving traditional southern societies in the hands of natural mercy; it also confirms that in the absence of the highly desired harmonious relationship between bioethics and cultural diversity, it will ever remain difficult to ethically validate culturally based practices said bioethical and/or introduce some biotechnological practices in traditional societies; and, finally, it will corroborate the establishment of suitable “socio-ethical” methods that can

help bring bioethics and cultural peculiarities together for better contextualization of bioethical enforcement of biomedical interventions.

Before we continue, it is worth noting that as we are validating the originality and the uniqueness of the theme of this work as substantiated by its non-affiliation, neither ideologically nor contextually, to any particular philosophy or philosopher, it is also indisputably obvious that the necessary material to properly develop it cannot be *ex nihilo* than sorted from a wide range of literature, as per our classical theoretical methodology. Given that one of the reasons, according to our diagnosis, for the contemporary difficulty to contextually globalize bioethical principles is the inconsiderable overhaul of the subject matter of “bioethics” with the evolution of time, it remains wise for us to take a pretty long recourse to history (right from its origin) in order to have a better reinstitution of some conspicuously forgotten important material that can influentially enforce actual bioethical debates. Therefore, considering that bioethics, both in term and concept, already existed before ever practically coming to the limelight in the 1970s, literature selection and exploitation in this work has gone through a strategically careful scrutiny as to provide a comprehensive background knowledge of bioethics in relationship to its past and especially to biomedical sciences; to shed more light on the term (traditional) culture given its complicatedness, especially African culture; and, finally, to get a convincing converging point between bioethics and culture. This goes further to provide necessary clarifications to some pertinent and fundamental hypothesis intrinsically linked to the subject matter of this work, but strictly respecting its triangular trajectories: bioethics, techno-science and (African) culture. This whole process is dynamically manned by socio-ethical contextualisation methodology, as fundamental texts are each attached to each fundamental hypothesis. Let us summarily delve into those hypotheses as substantiated or expatiated by various authors:

- *The subject matter of bioethics is usurped by techno-sciences (biotechnology) and purported biomedical.* Sgreccia (1999) demonstrates this fact and alarms on how this has incredibly led to incoherent relationship between bioethics and social-sciences. To him, the situation has become counter-productive and is persistently aggravating, the reason for which he openly exclaims: “On se demande pourquoi aujourd’hui le problème est devenu plus aigu, et fait l’objet d’une question éthique” (Sgreccia, 1999 :

817). He blatantly believes it has gone this far because we have reached the era he calls “la quatrième ère du monde” (Sgreccia, 1999 : 819), the era characterized by scientific confusion in which the concept of bioethics is captured by techno-scientific mind-set. Sgreccia unreluctantly attributes this to the fact that the origin of bioethics is referred to a biochemist, Potter, rather than referring it to its moral and theological roots, a situation that has completely diverted the concept of bioethics to techno-science. However, acknowledging the necessary functional relationship between bioethics and biomedical technology, Sgreccia stresses the dire need to always respect the nuance that lingers between bioethical emphasis based on the *Code of Nuremberg* of 1947 and *Code of Medical Ethics*, as was originally published in 1948 in Geneva (Sgreccia, 1999 : 19). He, by this, lays the foundation of the first part of our entire work as his critique will help us to properly evaluate the present day situation of bioethical principles in the hands of techno-scientific development, especially as he clarifies that this problem emanates from techno-scientific confusion between « l'éthique des moyens et l'éthique des fins », that is, « la déontologie et la téléologie » (Sgreccia, 1999 : 822).

This clarification demonstrates the coherence of the multidisciplinary of bioethics that has for long been highlighted by *Research Ethics Boards* (REB) and by *Healthcare Ethics Committees* (HEC), as a means of regulating the biomedical power. As a practical follow-up of this move, bioethical matters in USA have been jointly handled by a variety of professionals: health professionals, law professionals, socio-anthropological professionals, social philosophers, etc., under the auspices of national committees/commissions like *National Bioethics Advisory Commission* (NBAC) (1998-2001). The most recent of these commissions is what is commonly referred to as “President’s Bioethical Council”. Sinuously avoiding what many call “disciplinary slip”, UNESCO, in collaboration with the World Health Organization (WHO), has supported this move by enforcing global civil, ethical and evidence-based policy to check various biomedical manoeuvres on bioethical issues. As such, regional organizations like *Organización Panamericana de la Salud* (PAHO)² for the Americas and *Networking for Ethics on Biomedical Research in Africa* (NEBRA)³, were created hoping the very move be applied to all parts of the world. If bioethics has such ignited civil contestation against biomedical grip, it is mainly because its essence is not *ipso*

² <http://www.paho.org/Spanish/bio/home.htm> (Consulted 02/04/2016)

³ http://www.trree.org/site/en_nebra.phtml (Consulted 02/04/2016)

facto linked to techno-science. Therefore, it can as well be contextually transposed to less scientifically developed societies. The essence of bioethics has been and remains the irrespective preservation of the wellbeing and rights of (human) life against eminent abuses.

-It is claimed the West has the monopoly of bioethical executions. Warren (1978), supported by a good number of contributors, gives, to a certain extent, a convenient and justifying alibi to this comfortable development of bioethics in the West. As he progressively examines the historical evolution of bioethics alongside biotechnology in the West, linking it to present day western bioethical dominance, he makes a critical projection into the future especially with bioethical globalization. Given the relatively recent development of interest in bioethics and its related issues, Warren analytically synthesizes and compares the position of bioethics vis-à-vis many sociocultural aspects of human life. By so doing, he is making a thorough examination of the appreciation and development of bioethics in various great cultures and religions of the world. This issue makes Warren's text paramount to the development of the body of our work as it provides fruitful background information on how western civil society reacted towards bioethical diversity from where separation escalated and religious moral dominance ceded space to secularized political sentiments. In other words, Warren's historical review, despite the fact it dates sometime back, substantiates present day accusations on bioethics for being too "westernized", thus helping us to forecast the future of bioethics by studying its evolution through cultures and time. With the enlargement of the concept of cultural diversity to include religious, intellectual/philosophical and ethnical cultures, that is, diversity in mentality and belief, this text is refreshing old bioethical questions to face new challenges so that we can be able to come out with tangible proposals towards a better institutionalization of intercultural bioethics. Having learnt this much from this text as to why bioethics seems to be dictated from the western world, we will be able to develop some possible methods through which bioethics can be taken to other parts of the world like Africa

-All peoples of all human races are necessarily cultural with their peculiarities. Metz and Gaie (2010) have used Africa to substantiate this hypothesis. They have brought out those fundamental characteristics of communitarianism like extended family system and communal social justice that are peculiar to African culture, and are

demonstrating that it is always useful to exploit them in the contextual interpretation and application of bioethical principles within Africa and/or for Africans. These authors aim at bringing to the limelight the fact that, African culture like other traditional cultures, stresses on the ethics of care as the base of communitarian morality and ethics. This is equally believed to be at the base of African understanding of bioethics where individual autonomy is enlarged by linking it directly to his/her family or community. According to this peculiarity, any human action is considered morally or ethically right inasmuch as it is harmonious with the views and happiness of others (communal ethics), that is, no individual is single-handedly enough to take fundamental decisions, be it on self or on others, even though he reasons alone. Through this point, Metz and Gaie's text has become a real assert to us as its conspicuous and extensive elaboration on "afro-communitarianism", the major peculiarity of African culture, is of paramount importance to our work for a better discernment of how bioethics can see its days of authenticity in Africa. It is, therefore, not misleading to say that Metz and Gaie have helped us rethink cultural diversity, one of the very hot contemporary social issues. They have used the case of Africa to present the very issue that Koenig and Jan (1995) are also addressing using the case of United States as Bouffard (2003) uses Canadian reality.

-The current or contemporary conception of bioethics is yet to be understood in Africa and/or by Africans. Andoh (2011) clarifies this issue by presenting the picture of the present day situation with some pertinent reasons. He first of all examines bioethics as a multidisciplinary investigation, believing that such an enlarged scope has transposed bioethics to go from simple private to public policy. He attracts our attention with the fact that though bioethics animates general debates addressing all everyday social and cultural discourses, it has greatly progressed in issues relating technology, science and medicine. This, to him, has anchored the core of bioethics in the technoscientifically developed West, thereby making it "predominantly and largely foreign to most african societies" (Andoh, 2011 : 67). Like some sort of accomplishment to Metz and Gaie (2010), Andoh also regards bioethics in the light of communitarianism under ethno-ethics from where he observes that the sluggish take off of bioethics in Africa is also due to lack of human, institutional, infrastructural and organisational capacities in hosting societies. He further expresses that the stagnating low-keyed position of

bioethics in Africa is partly due to the ills of colonialism because the degrading inhuman maltreatment given to Africans through colonial aggression and violation has left an indelible scare in the minds of Africans, thus developing in them a certain degree of stigma and phobia towards any idea considered western. For that reason, he, like do Behrens (2013) and Kazeem & Adeogun (2012), believes that bioethics is in dire quest of authenticity in Africa so as to have a taste of *ethno-ethics* since African bioethical views are not sufficiently mentored and/or developed. Andoh clarifies that the absence of bioethical enforcement in Africa does not signify the absence of events or activities that demand bioethical intervention. He makes allusion to uncountable huge socio-economic challenges in Africa especially in the health domain that pose serious moral and ethical problems that necessitate bioethical interventions.

-It is believed that the North-South disparity in the effectiveness of bioethical enforcement can be handled through proper contextualization. Bouffard (2003) and Koenig & Jan (1995) anthropologically elucidate intercultural contextualization process linking it to various aspects of bioethical enforcements in biomedical interventions especially in multicultural societies. Bouffard expresses how it has been realized that bioethical enforcement, especially in the domain of biomedical research, is facing a lot of contextual or intercultural difficulties in multicultural societies. In diagnosing the cause of this situation, she is happy to have discovered that the problem is mainly with the interpretation, application and enforcement of bioethical principles, be it in multicultural western societies or in less developed southern societies. According to her, those professionals responsible for bioethical framework surrounding biomedicine always and everywhere put forward universalist characteristics that often run short of attaining the intended objectives especially in face of non-western. To her, for bioethical interventions to satisfy what she calls « la réalité complexe dans les cultures » (Bouffard, 2003 : 60), « la participation des anthropologues à des projets de recherche biomédicaux dans les pays non occidentaux, et leurs intérêts pour la pratique médicale dans les sociétés multiculturelles, leur a permis de développer une expertise particulière en contexte de diversité culturelle, mais aussi de s'intéresser à la bioéthique » (Bouffard, 2003 : 65). Bouffard's emphasis on the need to inculcate anthropological knowledge in bioethical interventions is great enlightenment for us as it is already

“setting up the stage” for our intercultural bioethical debate especially between Western and Southern cultures.

Koenig and Jan (1995) also lay emphasis on the necessity to always consider some cultural exigencies of a patient especially during end-of-life care. Through their experience, they have realized that cultural variation is at the helm of the many problems that lead to bioethical difficulties in our societies. To them, the more the society increasingly becomes culturally diversified, like in the case of United States, the more cultural differences should become a central feature in the bioethical enforcement of clinical interactions. This is worst when it comes to caring for dying patients as citizens from different cultural backgrounds always project different ways of appreciating life and the eventual death. Therefore, knowing how patients experience and express pains, how they maintain hope in the face of a poor diagnosis and how they respond to grief and loss will in “aid-health-care-professionals” become of cardinal importance. Enlarging the concept of cultural differences to include differences in religious beliefs and affiliations, Koenig and Jan are regretting the fact that different religious beliefs about the appropriate end-of-life care often create problems in many situations where there normally should not be any problem if bio-professionals undertake just a slight contextual consideration. They thus clarify that despite the general obviousness of death, it is inevitably understood and experienced within a “complex web of cultural meanings” (Koenig and Jan, 1995: 244). As a means of proposing a solution to such problems, these authors are suggesting that bio-professionals should always adhere to “cultural conspiracy” and interpret and apply principles “in the context of a patient’s unique history, family constellation, and the socioeconomic status” (248). This will help them avoid fruitless emphasis on stereotypes since culture shapes people’s experiences in clinically meaningful ways.

Unlike Bouffard (2003) and Koenig & Jan (1995), Buxõ Rey (2010) instead examines the issue of cultural diversity at the international level in order to face the global realities of globalizing bioethics. Considering that human health has placed every human being at the same risk level, Buxõ Rey unleashes that one of the fundamental difficulties of intercultural bioethics is the risk of inequality resulting from too much prejudgement in describing the behaviour of some societies. However, he believes that since bioethics is built on ethical principles while anthropology, which is more of

“cultural ethos”, is built on particular values of various cultures, global reality will be farfetched if verifications remain only in multicultural or metropolitan societies rather than go international so as to get into the core of various cultures of the world. Basing his argument on “dialogical and prospective bioethics” in relationship to intercultural relativism, he brings up the necessity to always consider international sociocultural heterogeneity when globalizing bioethics. With this view, he vividly directs our focus to those communities (like Africa) whose cultures had suffered mutilation and degradation through colonial activities, since they were forced by hegemonic countries to accept systems of ethics foreign to them. With the help of this text, we easily connect our expectations of global bioethical interventions to UNESCO’s view of human rights enforcement. However, Buxõ Rey laments the fact that Western powers always interpret and apply UNESCO’s stress on human rights enforcement as a way of emancipation, and thus clash with cultural anthropology which instead seeks to ascertain how various cultures or societies make and enforce their norms and values and keep them according to various moral principles.

Besides the afore-discussed anthropological guides, Lõpez (2004) advocates the necessity to always exploit various outstanding sociological guidelines so as to make the process truly “socio-anthropological”. Blaming the limping global situation of bioethics to total exclusion of necessary socially sanctioned knowledge embedded in social practices from the contemporary legitimacy of bioethics, Lõpez unveils that most bio-professionals always fail to understand that “bioethics is not a discipline of medical science but the latest non-medical debutants invited to participate in medical society” (Lõpez, 2004: 886). It is for this reason that he emphasizes the unconditional involvement of sociology in bioethical debates because he believes it will give to biomedicine what was missing from the medical coups before bioethics was invited. With the intention of bringing to the limelight the lacuna created in the global bioethical circle by the absence of serious involvement of sociologists in various interventions, Lõpez highlights some cognitive and ethnographic social critiques of bioethics. Basing his reasoning on what he calls “discursive formation” at the inspiration of Foucault, Lõpez is drilling us to believe that a more robust global bioethics can emerge from a productive combination of bioethics and sociology. According to this view, bioethics is to be re-described as a discursive formation so that it shuns principlism and opens up

enough space for sociology and ethnography that will enhance its global integration and operations. As one of his enticing peculiarities, Lõpez sees the blame not only on bio-professionals but also on sociologists and ethnographers for not always demonstrating interest and availability in bioethical matters. He thus admonishes them (sociologists and ethnographers) to step out and also invest as much efforts as necessary in bioethical matters since they are the ones to fashion their reflections to “democratically” gain recognition in the scene of social ethics and thus in bioethics. With Lõpez’s contribution, we are confident to have got a balanced composition of socio-anthropological guides that can facilitate the institutionalization of bioethical enforcement in Africa. This contribution is paramount as we have now known for sure that one of the fundamental reasons for the difficult implementation of bioethical principles in Africa is the non-consideration of basic African sociological knowledge, a situation that obscures reality.

-Given the strategic influence of bioethics vis-à-vis human life and existence, especially in this life threatening era, (i.e. the era of wars and life threatening diseases), many people believe that its present situation is not free from some fear and accusations that need to be addressed and be redressed. As part of the fear, Andorno (2007) revisits and stresses UNESCO’s call for the awareness of human rights and freedom in every bioethical enforcement and intervention. This is the central point of Andorno’s text which, at the same time, is very strategic for the globalization of bioethical enforcement, considering that it was the abuse of human rights and dignity during World War II that necessitated the rejuvenation of bioethics as we have it today. Andorno begins his presentation by acknowledging the delicate, complex and sensitive nature of bioethics both in its subject matter and operational interventions. He goes further to wonder aloud if in such a sensitive domain it is possible to establish universally valid norms given global transcultural differences. To him, there must always be the respect of various cultural exigencies in the application of bioethical principles as a sign of respect for the rights of citizens to their culture. Central to his work, just as it is to ours, is the open declaration that any attempt to establish and implement bioethical principles that project universality will be futile if they are not constituted as to facilitate their direct functional collaboration with various cultural legislations and traditions that necessarily differ from one country or society to another.

He is by this revisiting UNESCO's *Déclaration universelle sur la bioéthique et les droits de l'homme* (2005) that decreed the respect of human rights as a successful instrument to dampen contemporary global bioethical challenges, and to reinstitute in it the respect of cultural diversity.

In general terms, Andorno, as will do Stanton-Jean (2010) in her doctoral dissertation, is greatly contributing to our research work by clarifying that the call for the respect of cultural diversity in all global interventions, with bioethical interventions inclusive, is one of the key points in the original constitutions of UNESCO. He admonishes us to take note of the declaration made by the *International Committee of Bioethics* in 2003 which was further emphasized in 2005. This declaration reads:

Quand nous nous efforçons d'établir des principes éthiques universels, il nous faut admettre l'existence de nombreuses formes différentes d'éthique en général et de bioéthique en particulier. Cet état de choses doit être considéré comme une manifestation de la liberté humaine plutôt que comme un obstacle. Dès lors qu'il n'entre pas en conflit avec les droits des personnes présentes et à venir, le pluralisme bioéthique devrait être non seulement permis mais reconnu. Simultanément, l'instrument universel devrait chercher à stimuler l'élaboration d'un sens commun universel (a universal common sense), afin de favoriser la compréhension et la cohésion autour des nouvelles catégories éthiques et des nouvelles possibilités offertes par la science et les technologies (Andorno, 2007 : 57).

Kenmogne (2012), like Andorno, sees the respect of various cultural peculiarities in bioethical interventions as a sign of the respect of human rights and integrity. He further believes that if this call is to be well respected, the functional concept of bioethics should be taken closer to its etymology in order to give it the capability of engulfing cultural diversity. Using the example of Africa, Kenmogne is wondering and questioning how we can boast of the globalization of philosophical, epistemological and, above all, bioethical questions without paying particular attention to cultural diversity given postmodern valorisation of pluralism and diversity. His curiosity is stimulated by Aimé Césaire's observation that less developed cultures risk to « se murer dans le particulier ou se diluer dans l'universel » (Kenmogne, 2012 : 13). With this observation, Kenmogne's text is strategically and particularly constructive to our work especially with his declaration that « l'expérience africaine ainsi qu'une éventuelle pensée de l'éthique en Afrique pourraient-elles apporter à une pensée occidentale, à prétention universelle, tantôt si sûre et arrogante, parfois si dubitative, des

horizons pour se remettre aussi en question qu'en perspective? » (Kenmogne, 2012 : 13).

Kenmogne goes further to instigate a certain fragile sensitivity that lingers between the understanding of the phrases: « une bioéthique africaine » and « une approche africaine de la bioéthique » (Kenmogne, 2014 : 14). The rationale of these two concepts makes part of the fundamental points of our research work as the nuance between them must be unveiled and be valorised since they are as similar in terms as they are different in concepts. According to Kenmogne, if we adopt the former, then we are talking of another separate bioethics for Africa and for Africans, and if we accept the latter, then we are only differentiating the contextual application of its various principles. He has convincingly lured us to incline towards the latter by demonstrating that the difficulty of globalizing bioethical interventions such that they can be felt and be understood in Africa is due greatly to the disorientation of the definitional concept of bioethics which has been scientifically distanced from its etymology and thus from less scientifically developed societies like Africa.

Therefore, in conformity with the etymology of the word “bioethics” which is *bio* and *ethos*, meaning *life* and *ethics*, Kenmogne’s view, same like that of Sgreccia, holds that the nominal definition of bioethics should rightly be *life ethics*. To Kenmogne, the conspicuous dominance of “science” in the concept of bioethics to make it sound like “life science” (ethics of life science) is the genesis of the problems faced in the intercultural implementation of bioethical principles. As such, he is advocating and initiating a serious re-examination of the nominal definition of bioethics as a means of detaching it from the entanglements of techno-science into the waiting hands of social sciences. To encourage us to do the same he says : « Faire ainsi sortir la bioéthique de l’enclos de la technoscience permet de contextualiser le discours de cette discipline en faisant appel aux données locales à partir desquelles de nouveaux problèmes bioéthiques peuvent se nouer » (Kenmogne, 2014 : 15). Kenmogne is thus ascertaining our original conviction that it is the dominant encroachment of techno-science into the concept of bioethics that has made it less culturally sensitive especially in relationship to traditional less scientific cultures.

Given the strategic, complex and sensitive nature of the theme of our work, coupled with the multidimensional and multidisciplinary characteristics of its subject matter, as well as the fact that the whole background work is impregnated with concepts that can render comprehension impossible if not well understood and assimilated, we will adopt classical theoretical methodology. Thus, as the afore-examined texts demonstrate⁴, the selection of the background literature has as well been very wide, strategic and resourceful so as to be able to satisfactorily clarify historical, conceptual, contextual, practical and multidisciplinary multidimensional aspects of (global) bioethics: *viz* bioethics/biomedicine in relationship with historical humanism, Duncan (1977); bioethics with rational theology, Warren (1978); bioethics with religious morality, Sgreccia (1999); bioethics through philosophical reasoning, Parizeau (2001), Macer (2005); bioethics with anthropology, Bouffard (2003); bioethics with sociology, López (2004); bioethics and human rights, Andorno (2007); bioethics and African culture, Andoh (2011), Kenmogne (2012); and the evolutionary relationship between bioethics/biomedical ethics and some major cultures of the world linking from older scenario presented by McCulough (1978) through the more later one highlighted by people like Hottois (2007) and Annas (2009) to contemporary situation painted by people like Macdougall & Langley (2014). The extensiveness of this literature, both in time and space, will provide elaborate background knowledge of bioethics and cultural diversity leading to a successful evaluation of the exploitable merits of anthropocentric contextualisation. Therefore, with the rich material exploited from this wide range of literature, we will apply explanatory, narrative, analytical and evaluation methodological approaches to present our argument. Though it sounds too complex a process, the complexity is neither unforeseen nor misleading, but necessary as it has canvassed us to engage in a difficult but constructive research work from which we will simultaneously establish reality and validity.

⁴ We wish to acknowledge the long datedness of some texts (1977, 1978, 1999, 2001, etc.) that can easily be rated outdated to play fundamental roles in a contemporary research work of this magnitude. Considering that the debate on bioethics/biomedicine is and had been a continuously evolving process, the contributions from these older texts to the development of our subject matter cannot be overlooked since each époque had had its own challenges to face as these texts have sequentially demonstrated: the independence of biomedical ethics from religious dogmatism, the integration of biomedical ethics/bioethics into civil societies, the distinction of bioethics from biomedical ethics, the secularization of bioethics, the postmodern valorisation of “diversity”, and now, the globalization of bioethics by integrating cultural peculiarities.

Though bioethics *per se* is far from being a synonym of biomedical ethics, it remains a conspicuous difficulty, given its contemporary conceptual understanding, to measure its performance among the populations than through various biomedical practices. Therefore, in order to be sure of a successful realization of our objective, we will take the necessary step-by-step sequential presentation by first of all inter-playing some biomedical technologies with corresponding ethical principles. It will as such enable us to establish a certain degree of cohesion between these two entities that, often than not, exploit their porous inter-bounds. Further, after having established a comprehensive concept of the term “culture” as applied in social sciences, we will construct a socio-anthropologically based ethical debate on the application of bioethical principles. With a systematic evaluation of views from various tenets of social and human sciences, we will go a bit further into developing contextualisation formulae through which bioethics could globally dwell and successfully satisfy all persons from all cultures, because, as Lõpez says, “health matters have kept every human being at the same level” (Lõpez, 2004 : 878). Since we are simultaneously exploiting both descriptive and analytical methodological facets in this work, and since it is our fervent wish to attain a successful and comprehensive clarity, we will be critically objective in our observations, ethically loyal in our analysis and systematically sequential in our presentation.

In this respect and at the exclusion of the general introduction and the conclusion, this work will be segmented into three principal chapters: Chapter one, which is dominantly narrative, will present the background literature on bioethics, and, with the illustration of some biomedical practices, will express the extent to which bioethics is entangled with biotechnology, making it glory to science. As such, we will divide this chapter into two parts in order to separately examine medical assistance in bringing forth life (procreation) and medical assistance in the termination of life (death). Chapter two, dominated by analytical substantiation, will concentrate on the analysis of the concept of “culture” and thus that of “inter-culture” as known within the circles of social sciences, taking into consideration both their conceptual and contextual complexities. This will lead us into examining African culture and its peculiarities in the first part of this chapter, and, in the second part, we will examine the manifestations of bioethics within African culture so as to see how bioethics has remained a dream in

Africa. Exemplifying this with a traditionally based practice (excision), and a scientifically oriented practice (medically assisted procreation), we will demonstrate how intercultural competency can positively influence the evaluation, the judgment and the globalization of any of such practices, be it traditional or scientific. Therefore, on intercultural bases, this chapter will tickle some ethical debates and argue that a traditionally based practice like excision can be maintained without infringing into basic human rights of the excised by giving them a right of choice and thus satisfying their conviction and avoiding criticism; that it can be successfully evaluated according to particular criteria that yield to universal demands but are not necessarily universal; that a scientifically oriented practice like medically assisted procreation can be contextually globalized, even to traditionally oriented societies like Africa, without any sign of alienation of values or denigration of rights. Chapter three, manned by socio-anthropological ethics of diversity, will delve into the evaluation and contextualisation of bioethics as the way forward. It will thus take a relay from the preceding chapter by looking into how bioethical standard principles can be exploited in particular judgments and evaluations, neither sacrificing values enshrined in them nor manifesting blind obedience to them, but satisfying particular or contextual exigencies enforce. This makes the core of our work as it gives us the capacity to properly evaluate in the first part of this chapter, the global position of bioethics by analysing its uneven global development demonstrated by its North-South disparity using the case of Africa. As some sort of further elucidation of the importance of intercultural competency, it will be clarified here that as much as Western scientific professionals are bound to understand southern peculiarities for proper applicability within traditional cultures/societies, Southerners are as well bound to open up to accepting standard bioethical principles as they really are. In the second part of this chapter, various methods of contextualization, especially auto/hetero contextualization method through which bioethical enforcements and interventions can be successfully executed across global cultures as well as within culturally diversified societies, will be examined.

Through these “socio-ethico-anthropological” contextualisation methods, it is demonstrated that, to a greater extent, it is just the matter of method (applicability) and, to a lesser extent, will, for bioethics to be implanted in less scientifically developed societies like Africa. It also helps clarify some biotechnological claims as well as some

Southern techno-scientific phobia that Andoh (2011) highlights. From this point will emanate our substantial conclusion: One bioethics – Many cultures – Contextualization – One result.

CHAPTER ONE: BIOETHICS AND BIOMEDICAL TECHNOLOGY: GLORY TO SCIENCE

INTRODUCTION

Generally speaking, bioethical principles guide and police bio-technological manipulation and management of human life and health according to various social systems. Biomedicine is as old as humanity while biomedical science is as young as techno-scientific development, but bioethics is a modern term with ancient roots and content. According to Macdougall and Langley (2014), bioethics developed a certain degree of intimate interest in health care system as a result of rapid techno-scientific advances into biomedicine especially as from the periods of Renaissance and Enlightenment when medical practice began to professionalize. This bioethical enforcement was aimed at emphasizing the necessity of putting the value of human life at the forefront of any techno-scientific adventure in biomedicine.

Bioethical enforcement and biomedical interventions have come a long way to be analogous to the “two rails of a railway” since they must necessarily perform functional collaboration but in a parallel manner as the two do not mean the same thing. While the latter ensures human health, the former enforces the value of human life in order to assure a harmless success of the latter. Just like Zylinska puts it, bioethics generally raises ethical questions about the constitution of the boundaries between human existence and human value arising from the conjunction between biotechnology and biomedicine (Zylinska, 2009: 5). The point of convergence of these entities is that as human beings need a healthy life, they as well need the assistance of biomedical sciences which operate and develop with the efforts of biotechnology. Bioethics, on the other hand, comes in to stress the necessity to respect human value that makes the essence of human life and, by so doing, helps to subdue any eventuality of biotechnological abuse on human value or rights, especially in the execution of biomedical duties.

As human priorities are evolving with time and mentality, so is bio-techno-science, which, through biomedicine, is trying to enhance and ameliorate human life to suit these changes. Drane confirms this and gives it as reason for which “the imperative to make scientific progress in medicine is now present anywhere contemporary medicine is practiced” (Drane, 1994). Therefore, though it is thus affirmatively true that the collaborative development of biotechnology and health science immensely contributes to the development of biomedicine in order to secure health and social welfare of individuals, as well as creating new economic opportunities for researchers, bioethics always comes in to highlight necessary situational ethical principles to be contextually respected in various biomedical processes. This is why Laffont expresses that « partout dans le monde, la manière donc sont considérés les soins de santé a subi un changement culturel profond ». He further says « ce nouveau paradigme thérapeutique prend en compte tous les facteurs qui affectent la santé, le bien-être et la maladie, y compris les dimensions psychosociales et spirituelles de la vie de l’individu » (Laffont, 2007 : 18).

However, though subscribing to the indispensability of the developmental advancement of biotechnologies into biomedicine for the good of human life, the general public and the civil society are still clamouring and questioning the socio-ethical considerations of the consequences of these advances vis-à-vis various socio-cultural surrounding conditions. According to Zylinska, this is because “debates on human life, health and body are never just a matter of individual responses and decisions made by singular moral entities. Instead, they belong to a wider network of politico-ethical discourses that shape the social and hold it together” (Zylinska, 2009 : 4). Therefore, because of the necessary collaborative relationship between bioethics and biomedical ethics, though parallel in nature, bioethical principles cannot be easily measured other than through biomedical practices.

Among many of those bio-techno-scientific adventures to influence human life and existence, outstanding are bio-techno-scientific efforts to facilitate human procreation where and when necessary (medically assisted births); and bio-techno-scientific aid to terminate human life with dignity (medically assisted death). Unfortunately, it can likely be concluded that in the name of progressive biomedical engineering, biotechnology is assimilating and neutralizing necessary bioethical

principles, thereby exploiting bioethics for the glory of science. Such a conclusion, if adopted, will it not complicate the relationship between bioethical principles and biomedical deontology? Therefore, despite various plausible justifications for these technologies, there is emerging bioethical endeavour to regulate them so as to irrespectively and unconditionally mark a difference and strike a balance between assuring the freedom of research and respecting the value of human life.

It is, therefore, for this and other strategic reasons that we are choosing to concentrate this chapter on medically assisted birth/procreation and medically assisted death. In the first place, these two areas accommodate biotechnologies that have pretty long historical profiles in ethical/bioethical files like the case of artificial insemination and abortion. In the second place, some of them easily instigate the most controversial bioethical debates both at global and national levels like the case of in vitro fertilization and euthanasia. And, in the third place, some of them are still experiencing exponential progress both in technological and social development. Therefore, in the first part of this chapter, we will examine artificial insemination and in vitro fertilization as fundamental aspects of medical assistance in human procreation *vis-à-vis* various ethical principles surrounding them. In the second part, we will examine abortion and euthanasia, paying greater attention to both conceptual and practical evolution regarding guiding and/or challenging ethical principles.

1.1. MEDICALLY ASSISTED PROCREATION

Every living thing has a beginning and such is procreation to human life. Medical assistance in human procreation, according to Kadock (2011), puts together all the methods or techniques based on the manipulation of human reproductive cells (gametes) that will permit individuals with reproductive complications to conceive and have a child. According to Shanner and Nisker, procreation, a simple process as it may be, has multidisciplinary importance ranging from family satisfaction to demographic studies (Shanner and Nisker, 2001 : 1590). Tarsi and Tuff (2012) explain what is meant here by demographic studies as that branch of social sciences that studies the population of a limited environment or particular surface area together with its characteristics. In population adjustment campaigns, biotechnology/biomedical science is often solicited to manipulate birth rate where and when necessary. Macer supports this fact with the

example of Israel that had the habit of encouraging medically assisted births to have more children, while Italy, Japan and China are known to have been discouraging it to maintain lower birth rates (Macer, 1999). That notwithstanding, medical assistance in human procreation is also officially known for therapeutic reasons as it is used to handle many birth related illnesses and frailties, be them physical or psychological.

On this very note, Mahowald says:

Pregnancy and childbirth are normal and desired experiences for many women in their reproductive years. However, for a substantial number (about 15%), the usual route to pregnancy through sexual intercourse with a married, loved partner is blocked through infertility. For those who are fertile, the usual route may be impeded by social factors or by elevated risk to their health through pregnancy or childbirth. For others, although the usual route is available, options provided only through medical technologies are preferred for nonmedical reasons or to avoid health risks of disabilities in a potential child (Mahowald, 2006 : 92).

With the evolution of time and mentality, technology evolves and techniques follow thus necessitating some terminological changes. Medical procreation assistance is effected through a wide range of technologies which have all come of late to be referred to as Assisted Reproductive Technologies (ARTs). These refer to the embodiment of all scientifically testified measures and methods used primarily to achieve pregnancy through artificial or partially artificial means (*Wikipedia*). However, despite various social benefits, these techno-scientific processes do not go without some critical ethical counter-observations. Just as we saying, Mahowald makes a critical observation that generally speaking, medically assisted reproduction carries more social and health risks than unassisted reproduction (Mahowald, 2006 : 98). In this same vein, Sgreccia is not also fully in accord with artificially facilitated procreation as he gives a lot of reverence to this human formation process beginning from fertilization, a process he considers too sacred to be manipulated upon by techno-science. As such he declares : « La fécondation signifie et comporte la conception d'un nouvel être, d'un nouvel individu, et chez l'homme, la fécondation est synonyme de procréation ». According to him, « la fécondation ou procréation humaine est un acte personnel du couple, qui a pour résultat un individu humain » (Sgreccia, 1999 : 523). That notwithstanding, it is obvious that through various procreation technologies, biomedical science enhances human procreative capacity either by accelerating it where it is reluctant, or by creating

it where it is virtually absent. It is our wish and interest to deal with two closely related techno-scientific procreative methods: artificial insemination and in vitro fertilization.

1.1.1 ARTIFICIAL INSEMINATION

i. BIOTECHNOLOGICAL VIEW OF ARTIFICIAL INSEMINATION: Artificial insemination is defined by Stedman as “the introduction of the semen into the woman’s vagina other than by coitus” (*MediLexicon*). According to Shanner and Nisker, “this noncoital insemination, be it intrauterine or intravaginal, is used to treat anovulation or to increase the likelihood of conception in idiopathic infertility” (Shanner and Nisker, 2001 : 1589). Though acknowledging that there are many methods to go about artificial insemination, Sinsheimer says the most common is where “the semen is introduced by means of a syringe into the vagina, cervical canal, or uterus of the woman in order to induce pregnancy” (Sinsheimer, 1978: 1452). According to Robertson, artificial insemination is the oldest and simplest scientifically proven form of assisting or enhancing human procreation (Robertson, 2004: 190). Germond confirms that it was aimed at enabling individuals and/or couples with untreatable reproduction complications to realize their “child project” through other means than coitus (Germond, 2011 : *online*).

Generally, there are two types of artificial insemination:

- There is “homologous artificial insemination (AIH)” practiced when the semen or the sperm is collected from the husband and inseminated into his wife. According to Paddock, this method is commonly applied in situations where one of the partners has sexual deficiency like erectile dysfunction, or when he/she has some health problems that cannot permit direct sexual contact (Paddock, 2011). As part of this homologous insemination, there is “post-mortem artificial insemination” in which a wife is inseminated with the semen of her dead husband. This semen is either collected by the husband and stores with his testimony (will), or it is collected from him while on his dying bed at the request of the wife. According to Hottois, the French bioethics law of 1994 came up mainly to prohibit post-mortem insemination with its clause which reads:

Seuls les membres vivants d’un couple peuvent avoir recours à l’assistance médicale à la procréation et c’est afin de donner à l’enfant à naître le plus de chances d’épanouissement possible en le plaçant dans le cadre d’un couple traditionnel et consentant aussi parce que l’insémination artificielle post-mortem

sort du cadre éthique fixé par les CECOS⁵, du fait qu'il n'y plus de couple demandeur d'insémination (Hottois, 2001 : 541).

- There is also “heterologous artificial insemination from donor” (AID). According to Asch and Marmor, this type denotes the situation in which the semen or the sperm inseminated into the woman is collected from an external known or unknown donor (Asch and Marmor, 2008: 7). Paddock (2011) emphasizes that this type of insemination is mostly practiced in cases of demonstrated total sterility in the husband. In any case, Asch and Marmor (2008) further say that it is also very common among single women and lesbian couples who desire to have a child since many hospitals now have sperm bank facilities for the needy (*op cit.*).

The sperm collection mechanism is either done through the use of sterilized preservatives (condom), or through “coitus interruptus”, or through masturbation, or by “microsurgical epididimal sperm aspiration” (McCormick, 1978 : 1455). However, biomedical sciences have developed many successful ways of collecting just the needed quantity of sperm. In the case of heterologous insemination where donor anonymity is desired, the negotiation is only done with the doctor/physician who then uses sperm specimens from the sperm bank of the hospital or from an undisclosed donor of his choice. In either of the above types of insemination, the sperm used may be fresh or congealed as scientific technology, as McCormick (1978) clarifies, has already facilitated sperm-storage for future use with the help of protective agents such as glycerol. In any case, since the freezing and thawing process reduces the assurance of the effectiveness of the sperm, the insemination is often done many times repeatedly within the woman's fertile cycle.

Historically, scientific procreation assistance dates back to the late 60s when it is believed medical and clinical professionals were continually being confronted by their infertile patients with questions and worries surrounding the mystery of procreation, and were trying to understand why they could not equally procreate as others. This pushed professionals into further research and thus causing biotechnology to approve their insemination inventions. As of the 21st century, according to Germond (2011), artificial insemination solves both individual and family problems and goes beyond simple child bearing into equally handling other problems like psychosocial stress, and parent to

⁵ Centres d'Études et de Conservation du Sperme

child (congenital) diseases. However, despite noticeable benefits from these simple procreative techniques and technologies, the experimental part remains, and the risks involved are still rapidly diagnosed. As such, a manifold of socio-ethical questions continue coming up from both ethical professionals and the general public or the civil society.

ii. ETHICAL VIEW OF ARTIFICIAL INSEMINATION: Human procreation or call it human reproduction process, besides being biological, is often considered a sacred phenomenon with high ethical value. For this reason, there are always some essential bioethical prerequisites for artificial insemination process to be effected: tangible proof of chromosomal defect; sexual deficiency from at least one of the partners; the presence of hereditary or familial (congenital) disease; infertility or sterility. Despite these emphases, some biomedical professionals often overlook some of these pre-conditions in the execution of their duties and then clash with bioethically charged situations. As such, according to Germond (2011), ethics confronts them with a “minefield of questions”: Are these techniques really treating the right thing at the right time in the patient? Have we asked the right questions to the patient? Is the child-to-be not in more risk than the adult requesting? Is the medical team adequately trained for this practice? These are still the very issues that necessitated the 2007 conference of *Italian National Bioethics Committee* which was aimed at questioning and sanctioning anew those aspects of these scientific methods that defiled the 2005 layout laws (*online report*).

In general terms, Shanner and Nisker appreciate artificial insemination as being very helpful to patients and to the society at large. They have not, however, hesitated to express that “ethical concerns have been raised both about the inherent nature of certain techniques and the specific context in which many of these techniques are used” (Shanner and Nisker, 2001: 1590). According to the original *Canadian Human Assisted Reproduction Technology Act* (2004), as quoted by Moira, mindful of a series of revisions that have taken place between then and 2011, some human processes like procreation are not only biological as to be manipulated upon by practical sciences, but are also ethical and any intervention must be validated both by the objective and the method/technique. She further belabours the idea of McLachlin (chief judge of the Supreme Court of Canada) who, in the warning manner, advised that “we should seek to avert serious damage to the fabric of our society by prohibiting practices that tend to

devalue human life and degrade participants” (Moira, 2011 : 2). According to Sgreccia, human procreation is one of those sensitive processes in human life that need to be handled with a lot diligence because « pour être humaine, la procréation doit être un acte qui engage de manière libre et responsable la totalité de la personne des conjoints, de façons exclusive ». To him, « la procréation est la tâche essentielle, exclusive et personnelle de la personne des conjoints. Ceux-ci sont appelés à y participer par les dons de tout leur être personnel: corps, cœur et esprit » (Sgreccia, 1999 : 533).

Though there has been a lot of development and general appreciations in this domain, Shanner and Nisker believe that much of artificial insemination in the eve of the 21st century was still “experimental and innovative, though common but not yet validated by many” as most results were still based on probability (Shanner and Nisker, 2001 : 1590). Robertson (2004) confirmed this observation and gave it as one of the reasons for which Germany, in the 90s, enacted strict control on assistant reproductive technologies as their means of trying to reverse history. Despite great biotechnological advancement as to avert the experimental stage of artificial insemination, it is still said of it in *Wikipedia*, though acknowledging its great successes already recorded so far, that “timing is critical, as the window or opportunity for fertilization is little more than twelve hours from the release of the ovum. [...] To improve the success rate of artificial insemination, drugs to create a stimulated cycle may be used, but the use of such drugs also results in an increased chance of a multiple birth”⁶.

In any case, bioethical stress on the respect of the value of human life in these scientific activities often necessitates recourse to Kantian categorical imperative which says: “Act always such that you treat humanity, in your own person or another, never merely as a means but at the same time as an end in itself” (Korsgaard, 1992: 666). Though bioethics may not be as categorical as morals, some people like Moira often see in artificial insemination the scientific separation of sexual unity between husband and wife and its procreative function and thus consider it as a violation of the covenant of marriage. According to her, marriage is intrinsically linked to procreation as to make it unethical to turn a human being into mere reproductive machinery (Moira, 2011: 2). When Shanner and Nisker (2001) finally evaluated the *pros* and *cons* of artificial

⁶ www.en.wikipedia.org/wiki/Artificial_insemination (Consulted 30/11/2015)

insemination, they declared that its ethics can only be understood within particular social context.

Ethics, and principally bioethics, is usually stricter on heterologous artificial insemination from donor on claims that the bioethical term procreation cannot be replaced by the technical term creation, nor can reproduction be replaced by production. This is why Sgreccia says:

Trois niveau d'activité peuvent s'exprimer dans la personne humaine: le niveau biologique, proprement aux fonctions de la vie non volontaire comme digestion; le niveau de la productivité, qui part de la personne et a pour objet les choses; et le niveau proprement personnel, procréation, qui implique la révélation de la personne et la relation entre l'esprit et moi au moyen du signe corporel et du langage corporel, comme dans toutes les relations humaines. L'acte de procréateur ne peut pas être réduit à un acte purement biologique, comme s'il n'était qu'un mélange d'éléments biochimiques, comme la production d'objet. Pour être un acte de la personne, témoignant d'une sexualité responsable et de la réciprocité interpersonnelle, il doit se réaliser à travers le don de la personne, le don qui transcende et transfigure le fait biologique, et dont la dimension spirituelle ne peut pas être ramenée à une technique de type productiviste, ni à une combinaison de gamètes (Sgreccia, 1999 : 533).

Although heterologous artificial insemination had all along been gaining grounds and momentum, we are tempted to rejuvenate the worry of Asch and Marmor who believed that this practice was still raising “vexing questions on the parenthood of the offspring; the perception of marriage in the recipients; the position of the donor in relation to the child; and his responsibility for his procreative power” (Asch and Marmor, 2008 : 6). According to them, the situation is worst as science has made it possible for “as many as five persons to play some sort of role in the conception, birth and raising a child” (Asch and Marmor, 2008 : 6). This position surely puts the identity of the child and the legal or judicial responsibility of the donor vis-à-vis the physical parents to doubt. Despite the porous nature of some legal systems towards artificial insemination, like the case of United States (Robertson, 2004: 191), Asch and Marmor clarified that almost all American States had promulgated laws prescribing that all sperm donors should remain anonymous so as to avoid any eventuality of future claims (Asch and Marmor, 2008 : 8). In any case, in spite of the moral clamour in the background, biotechnology has remained firm on these procreative adventures with positive claims of respecting and satisfying autonomous human rights and self-determination of their patients.

Looking at this dilemma, Macer advised that though reproductive rights are based on individual autonomy, a couple should always be treated in reproduction assistance as a single moral person. To him, “it may be more balanced to use egg and sperm from outside of the marriage, making the separation between genetic and social parenthood more fully” (Macer, 1999 : 140). This advice, though dated sometime back, is still contemporary substantial for it simply means that, if needs be, even though without any sign of adulterous relationship, heterologous artificial insemination should solicit the consent of both the wife and the husband so as to enlarge the concept of autonomy beyond a single individual, and make the two be aware they are both nursing a child from two external persons. Duncan had expressed the same view in explaining how the British society conditioned its acceptance of artificial insemination when it was still at its preliminary stage: “If the two see the bond between husband and wife as excluding no more than physical congress, and the seed of a third party as no more than a fertilizing agent whose part and product in conception imports nothing alien into their marriage relationship, then they are free to accept heterologous artificial insemination from donor if it is clinically indicated” (Duncan, 1977: 19). This was and still is a more relaxed position that respects marriage, culture and the child who might finally be born into a broken family.

According to Moira, bioethics should not only question “techno-science” in the case of heterologous artificial insemination, but should also confront the donor with a bundle of ethical puzzles: whether he wants to separate his procreative power from parental responsibility. In other words, if he wants to allow his human seeds to be used to create a child whose existence he must remain ignorant and on whom he cannot exercise his parental care; and should also question the motives on which he wants to give his gametes, whether on accepting payment for what nature has freely given him in abundance or gives it as a gift of life. She further illustrates that this bioethical consideration has three main sources that should always necessarily be consulted: the Church through its magisterium; the State through the legislature; and the lay society through civil activists. To her, it is from these three entities that scientists receive a wide range of general disapproval when not consulted (Moira, 2011 : 4). Moira’s view is, therefore, indirectly stressing that bioethical principles should always necessarily be interpreted and applied within the frame of diversity following particular surrounding

dictates. Duncan had already exemplified this situation using the British society where a faction of the general public at the time biotechnology was still seeking public recognition, asked the legislature to sign a law declaring artificial insemination from donor as a “statutory crime”. Due to a wide range of diversity, the legislature rejected this demand and simply declared it “a mere act of liberty permitted but socially disapproved, which, not prohibited by law, will receive no kind of support or encouragement from the law” (Duncan, 1977 : 20). This was already a great step towards the secularization of biotechnology and thus bioethics, and it is still the most common position adopted by many governments to endorse some socially complicated biotechnological endeavours that are at the same time bioethically complicated. We can vividly recall the position of the government of Quebec by the end of November 2015 towards the controversy over the adoption of the law on “end-of-life care” (aide médicale à mourir) : that the government will neither pursue nor incriminate any physician who helps in the termination the life of a terminally ill patient who requests for it within required conditions/parameters (*Television News Bar*)

Looking at heterologous insemination from legal perspective, one may be tempted to question the name that is filled in the birth register as the father of the child born through artificial insemination from donor. Mastroianni considers this a civil offence saying that they would have better gone through the official adoption process of that child. To him, “the bastardy of the child may be shielded but it cannot be cancelled and this is also disadvantageous for the child if they try” (Mastroianni, 1978 : 1449). Yes, it is true that there had been a lot of development in this field both in technology and mentality since the time of Mastroianni’s account, but it is yet to be an oversight to say that such situations should always be evaded at all cost so that children born through heterologous insemination should be beneficiaries and not victims. In any case, donors often find themselves confronting a multidisciplinary dilemma that simultaneously touches law, citizenship, psychology, philosophy, sociology and anthropology. Moira (2011) believes that, upon all odds, it could be ethically excellent if the world could take the example of some European powers that degreed the obligation to identify both the donor and the receiving parents since, before then, there was no protocol in the selection of donors as medical personnel were randomly mediating. She believes that it was the difficulty or the refusal to satisfy this obligation that methodically slowed the rate of

this practice in many countries in central Europe. On this note, Duncan gives the example of United Kingdom where, though in no way stopping the act of heterologous insemination but simply putting together necessary bioethical guides for a better practice, it was declared:

Donations and inseminations will be coded and recorded in such a way that, while confidence is preserved, normal research and assessment will be possible. The mixing of semen – itself clinically suspect – will stop because it is adverse to good science. A good ethics of the practice, then, requires adjustments in social and legal attitudes to enable the practitioner to serve the patient's interest without being a party to what may amount to legal offence (the falsification of the register of births), a deceit upon the society, and an act of injustice to the disadvantaged child. He will then be free to attend more closely to the ethics of his relationship with the parties concerned: the spouses, the child to be born to them, and the donor. To the spouses he owes a duty of diagnostic vigilance, both as their physical and psychological state and so to the stability of their relationship. This vigilance is in the interest of the child whom they may bring up as well as their own. To the child he owes a duty of the utmost care in the selection of a donor in order to exclude the excludable risk of genetic handicap including any adverse factor. To the donor he owes a duty of personal consideration not to exploit or spoil a man, not to impose on a dependent or client relationship; one of the most neglected areas of the psychology of the donor (Duncan, 1977 : 20).

Moira reiterates that the campaign against “asexual reproduction” in human beings often takes its basement in religious ethics to which both the act and the method of these practices are considered “amoral”. With closer reference to the encyclical *Humanae Vitae* (1968) which was further highlighted in *Donum Vitae* (1987), she builds her argument on one of its articles which says: “Human procreation requires, on the part of the spouses, responsible collaboration with the fruitful love of God; the gift of human life must be actualized in marriage through the specific and exclusive acts of husband and wife, in accordance with the laws inscribed in their persons and in their union” (Moira, 2011: 1). This article rejuvenates the wordings of the *Second Vatican Council* which say: “So it must be, out of consideration for a child... between marriage partners, however, and the child which is the fruit of the active involvement of the third person – even though the husband consents – there is no bond of origin, no moral or juridical bond of conjugal procreation” (*Gaudium et Spes*, no.48). From all that we have gone through in this section, it is clear that bioethics, whether based on religious

morality or on secular principles, neither says no nor yes to any of these practices but simply gives guiding conditions that allow them to be practiced as therapeutic measures when they are tangibly clear within necessary parameters.

1.1.2 IN VITRO FERTILIZATION⁷

i. THE TECHNOLOGY OF IN VITRO FERTILIZATION: In vitro fertilization according to McCormick who has given it a procedural description, is “the extraction of the wife’s oocytes by laparoscopy, which is then fertilized in the laboratory by the sperm from the husband followed by the laboratory culture to the blastocyst stage (embryo) and it is transferred and implanted into the wife’s uterus” (McCormick, 1978 : 1460). However, these oocytes cultured in this process may also be extracted from a donor in the case where the recipient is suffering from oocytes deficiency. At the end of the 20th century, some people like Shanner and Nisker (2001) were still classifying in vitro fertilization as one of the most complicated techno-scientific adventures in the sphere of human procreation. Rating this practice complicated is an ordinary way (layman’s way) of appreciating techno-scientific might for being able to use a laboratory “culture medium” to successfully mastermind a delicate natural process like human fertilization process and still produce satisfactory results. This is why Robertson also classifies in vitro fertilization among the major triumphs of biomedical science in the twentieth century (2004 : 190).

Historically profiling the development of bio-techno-scientific adventures into human life, it is discovered that the whole issue of in vitro fertilization was introduced into human beings when the very practice was successful carried out in rabbits in the 1930s and 40s by a group of scientists. In line with this historical discovery, Sgreccia quotes Edwards⁸, a strong brain behind the development of in-vitro fertilization, exclaiming in the early 70s:

Le défi majeur de ce travail réside dans la perspective de fertiliser l’œuf humain. La fertilisation *in vitro* est facile. Mais d’ici peu, nous serons en mesure d’avoir des embryons humains aux premier stades de leur développement. La quantité

⁷ In-vitro fertilization or fertilization in vitro mean the same thing

⁸ Edwards (Sir Robert Geoffrey Edwards, 27/09/1925 – 10/04/2013) was an English physiologist, pioneer in reproductive medicine and the inventor of in vitro fertilization which he, accompanied by gynaecological surgeon Patrick Steptoe, realized in 1978 with the birth of the first “test-tube baby”. The name Edwards indicates the early (experimental) stages of human assisted reproduction technologies.

considérable d'ovocytes qu'il est possible d'obtenir à partir d'un ovaire pourra permettre, en définitive, de faire croître les embryons humains *in vitro* et de contrôler certaines maladies génétiques de l'homme (Sgreccia, 1999 : 548).

As Hottois confirms, this scientific claim finally materialized and the first “test tube baby”, “bébé éprouvette”, named Louise Brown was born in England in 1978. However, by the year 2001, Hottois was still lamenting that though this practice could be very helpful, it was still too slow and not achieving much despite progressive techno-scientific efforts, and was thus facing a lot of questioning and constrain from bioethics (2001 : 455). That notwithstanding, we may all believe that this biotechnology has now developed and has enlarged the array of reproduction options for desperate human beings.

Whatever the case, Shanner and Nisker admit that before introducing this technology into human beings, Edwards and his group advanced some plausible therapeutic claims saying that *in-vitro* fertilization is the best method through which total sterility can be treated because it “satisfies the desire to have children in total infertility” (Shanner and Nisker, 2001 : 1590). Unfortunately, just as Hottois observed, this technology has stagnated for long at the experimental level, thus greatly trespassing some major bioethical emphasis while satisfying only techno-scientific ambitions. As Germond remarks, this adventure stagnated for a long time and thus attracted a lot of ethical curiosity towards biotechnology because “the field of the new reproductive techniques is an excellent example of the dangers inherent in having practice overtaking the evidence”. To him, “practice will become evidence only when clinicians refuse to experiment on their patients in an uncontrolled way, and when they understand that real progress in medical care will always be slow and more plodding than not if we are to honour the first law of medical practice: first, do no harm” (Germond, 2011). Despite the clamour, McCormick presents Edwards proudly proclaiming that upon all odds, biomedicine could at least benefit from this adventure in three main areas: “the gaining of useful knowledge on contraceptive technology; the development of knowledge on methods that can lead to the alleviation of some genetic disorders and deformities; and the curing of some forms of infertility like the blockage of the oviduct”. As McCormick further explains, Edwards did not see *in vitro* fertilization adventure to be anything different from the “intrauterine contraceptive devices” that women use anywhere and everywhere (McCormick, 1978 : 1460).

From all entries, there are fundamentally three stages that take place in the process of in-vitro fertilization: the extraction of the male and female gametes from donors (father and mother); the fertilization process that takes place in the laboratory glass (culture medium); and the implantation of the zygote into the recipient (surrogate mother). In-vitro fertilization, as per Asch and Marmor (2008), is more than simple embryo transfer in as much as fertilization takes place somewhere outside the womb where it starts developing for some days before three to four zygotes are transplanted into the womb of the recipient mother with hopes of one developing. According to these authors, what makes this technology questionably experimental is the fact that the culturing duration and conditions inside the culture medium must equal the natural ovulation conditions in the woman, and the implantation period must also coincide with the natural development of the endometrium of the recipient woman, situations that are never sure and certain. In reality, this is a complicated scientific process that tickles ethical curiosity and care since many of its stages is never ventured with absolute surety, and bioethics questions the ethical bearings of all these stages.

ii ETHICAL EVALUATION OF IN VITRO FERTILIZATION: In vitro fertilization developed as a biotechnological novelty in the sphere of human existence which may be worthy of encouragement. That notwithstanding, ethics may always question its inherent nature and the contexts in which it is often practiced. As McCormick, (1978) says, this ethical questioning may come to substantiate the fact that though the process of fertilization in human reproductive system looks very simple, it is very complex both in content and context as it is a necessary prerequisite for the procreation of human species marking the beginning of new human life. Therefore, bioethical involvement in the bio-techno-scientific “procreation or creation” of human species in the laboratory is not unexpected for it is its place to safeguard the value of humanity in the face of techno-science. This may also be because, to a certain extent, Edwards’ substantiating argument runs short of satisfying some ethical worries about the fate of human species in the practice of in vitro fertilization, other than demonstrating how bioethics has tolerantly contributed to the glory of techno-science, as both religious and civil bodies clamour about possible ethical misconducts. This is why in 2007, *Italian National Bioethics Committee (INBC)* made a declaration against in vitro fertilization stressing that “the presence of embryos in the abovementioned

conditions (culture medium) constitutes a bioethical and legal problem of considerable importance” (INBC, 2007 : 3). This divisive declaration, according to Penasa (2014), finally created a serious professional rift among Italian bio-professionals.

Reacting against many of such accusations, bio-techno-scientific professionals claim that at the culture medium level of embryo development, the experiment is yet to be dealing with a human being because the embryo at that stage is still void of basic human characteristics. Duncan, pushed by this claim, rejuvenates an old question in asking: “When does the developing embryo acquire human rights in the sense that it has a claim upon clinical care, with an interest of its own which may not be invaded or neglected in the interest of experimental work”? (1977 : 119). This question he is asking in the 70s has remained one of those practically pertinent fundamental questions that but have never been fortunate to receive convincing answers. In the aforementioned 2007 declaration of INBC, a remarkable reference was made to this question considering that it was the very concern that necessitated their 2003 document entitled *Opinion on research utilising embryos and stem cells*. In this 2003 document, it is emphatically stated that “experimentation on embryos is justified only if practiced on their own interest and cannot be justified by the general interest of the society and science” (INBC, 2007 : 2). Robertson adds Germany, Austria, Malta and Ireland to Italy as those countries that had enacted some controlling restrictions against the manipulation of embryos in in vitro fertilization (2004 : 191). However, with the evolution of time and mentality, many of these countries, like the case of Italy (Penasa, 2014), are gradually and steadily relaxing such restrictions, thereby giving in vitro fertilization a leeway to normalize within human social system.

In general terms, McCormick (1978) attributes the common tension between bioethical emphasis and scientific ambitions in in vitro fertilization on three fundamental axes: The question of the beginning point of human life; the value of human life over the value of knowledge; and the relationship between parenthood responsibility and sex. On this, he frowned at the techno-scientific professional inability to overcome laboratory hazards like embryo wastage in the case where only one or two of the eggs taken from the donor are used and the remaining embryos are discarded. In the same vein, Durand and Perrotin express that bioethical worries about in-vitro

fertilization are swelling as time advances, and, as of 1991, « la discussion bioéthique porte sur la légitimité de la congélation des embryons, puis sur la durée de congélation acceptable avant qu'ils ne s'altèrent et qu'on fasse éventuellement courir des risques aux enfants qui naîtront de ces embryons... ». They further put forwards this question : « Si la femme ou le couple ne veulent plus utiliser ces embryons, que va-t-on en faire ? » They did not hesitate to disclose their nervousness over the response to this question by some advocates of in vitro fertilization who remorselessly affirm that « un embryon sans projet est un embryon sans signification. Quand un couple qui a des embryons congelés ne veut pas les utiliser pour créer une vie ultérieure, on admet que ces embryons n'ont pas d'utilité, ils peuvent donc être détruits sans problème » (Durand et Perrotin, 1991 : 227). These worries may sound old but their content might not be as old for they are still creating contemporary bioethical debacles and the responses from advocates are not evolving a great deal. Precious (2014) exemplifies this very matter with the Canadian province of British Columbia where the Supreme Court, in May 2014, ordered that the unclaimed sperm and embryo specimens could be destroyed. While this very declaration prohibits the sale of embryos, it also declares that if the embryo is from the third party (donor), the consent to be considered should be that of the genetic parent.

This techno-scientific view of the embryo made one of the headline discussion points during the 2007 national summit of INBC. On this point, it was unanimously declared during this summit that “even in the most complex bioethical cases, the embryo must be treated as a proper human life even in the case of uncertain judgement about the embryo’s ontological state. Thus, any exploitative use of the embryos with destructive outcome is never ethically acceptable because it is contrary to their intrinsic dignity and their right to life” (INBC, 2007 : 4). Putting together all scientific claims in in-vitro fertilization, Sgreccia laments saying:

Du fait que le développement biologique est ininterrompu, et qu'il s'accomplit sans mutation qualitative intrinsèque, sans avoir besoin d'aucune autre intervention, il faut reconnaître que la nouvelle entité constitue un nouvel individu humain qui, depuis le moment même de la conception, poursuit son cycle ou plutôt sa courbe vitale. L'autogenèse de l'embryon se réalise d'une manière telle que la phase successive n'élimine pas la phase précédente, mais l'absorbe et la développe suivant une loi biologique individualisée et contrôlée. Même lorsque la figure humaine n'est pas encore reconnaissable, des centaines

de milliers de cellules musculaires font déjà battre un cœur primitif ; des dizaines de millions de cellules nerveuses s'assemblent en circuits et se disposent à former le system nerveux d'une personne déterminée (Sgreccia, 1999 : 462).

According to Shanner and Nisker (2001), the debate on the ethical and legal status of human embryos had for long been at the core of ethical evaluation of artificial reproduction. As they disclose, this argument engenders myriads of interwoven views: embryos as persons; embryos as unique categories yet to be persons; and embryos as property or objects to the mother; and thus, many countries, even at the dawn of the 21st century, are yet to come to a consensus with the scientific community over this issue.

From the socio-ethico-anthropological viewpoint, the whole issue of in vitro fertilization is observed to be staked by a complicated wave of ethical puzzles, a situation that Warren exemplifies with a catalogue of questions/puzzles that had been and are still pertinent : “What if the surrogate mother were to become disenchanted with the pregnancy and desired an abortion? What if the genetic parents desired such an abortion and tried to force the surrogate mother to undergo one? What if the genetic husband and wife are determined to have a healthy child and refuse to accept the deformed or retarded child that is born of the surrogate mother? What if the surrogate mother rejects a retarded or deformed child and accuses the genetic parents?” (McCormick, 1978 : 1462). Despite these and many of such brainstorming ethical questions/puzzles, biotechnology continues advancing as it steadily exploits bioethical lapses with claims that their ends will justify their means. This is the very claim that Edwards and his fellow bio-scientists expressed during the initiation of in vitro fertilization as they are quoted by Duncan boasting that “their justification (for in vitro) will be accorded by success – by providing a satisfying remedy for infertility and by bringing a wanted child to birth” (Duncan, 1977 : 119). However, in spite of the potential socio-ethical plausibility of this claim, it still receives ethical counter trials on the technology of in vitro on the grounds that it does not cure the biological problems that give rise to infertility but simply circumvents them, and so should not be accorded such absolute claims.

Since bioethics is concentrating on preaching and talking while techno-science is busy practising in the field, often than not, many bioethical worries are overlooked as

bio-scientists go about their work. Therefore, it is true to believe that though various assisted reproductive techniques and technologies are already accessibly available in many countries of the world especially developed countries, their acceptance and accommodation are still fraught with conflict and controversy. This is why Macer, in the struggle to tickle general acceptance, advisably explains to the global public that through various reproductive technologies, “physicians have developed methods to overcome infertility, with the motive of helping such families have their own children, because the birth of children to infertile couple brings not only great human joy but a new human being”. To him, “societies should recognize the frustration of such couples and come to their aid” (Macer, 1999 : 139). According to Penasa (2014), such are appeals that have influenced the *Italian Constitutional Court* to start overturning or, at least, knocking down some of the bans on gamete donation and other reproductive assistance technologies despite mounted string of legal challenges from catholic dominated party.

1.2 MEDICALLY ASSISTED DEATH

Death, as defined in *New Oxford American Dictionary*, 3rd edition, “is that which marks the permanent end of the life of a person or of an organism; the personification of the power that destroys life” (2010 : 446). Life, on its own part, is defined in the same text as “the period of existence of an individual human being or animal; the period between the birth and death of a living thing especially a human being” (1009). In an enlarged sense of the word, we are talking “human life” here not only referring to human viability but referring to the concept brought forth by Gushee who believes human life inclusively begins from the inviable period of existence before delivery till when that individual ceases to exist (Gushee, 2006). Within all human circles, it is an obvious fact that peoples of all human race value life and deplore death for it ends life. Therefore, bioethics often comes in to ensure that each individual successfully and happily lives his life to the full. Given that biomedical technology developed in order to provide necessary scientific assistance for a successful human life, the greatest biotechnological challenge, as Cohen expresses, “is how to spread its fruits, limit its excesses and save ourselves from its destructive side which ranks high among the great challenges of our time” (Cohen, 2003 : 3). Even if we transfer the expression “our time” from 2003 to 2015, we will still witness the very challenges and the very

ambitions being expressed for the same reasons and, perhaps, on different magnitudes. As Kass puts it, we can only remain vigilant vis-à-vis biotechnology because “we recognise that the powers made possible by biomedical science can be used for non-therapeutic or ignoble purposes, serving ends that range from the frivolous and disquieting to the offensive and pernicious” (Kass, 2007 : 29). Right back in 1979, it was on this very note that Hans Jonas wrote *Le principe responsabilité. Une éthique pour la civilisation technologique*. As expressed by Jonas (1996), this text was aimed at ethically highlighting the super-powering defy techno-scientific development, especially in the field of biotechnology, was already exerting on the society in the name of modernity thereby pulling human society into a very difficult future.

Given the inevitability of death in as much as there is life, and considering that it cannot be perceived other than through the annihilation of life, any discussion on death is directly or indirectly about life. This is why Gushee talks of the “sanctity of life” in opposing various techno-scientific practices that terminate life for, according to him, they dishonour the intrinsic value of human life. He firmly believes and expresses that “the life of every human being has a value that transcends all human capacity to count or measure, which confers upon them an elevated status that must not be dishonoured or degraded” (Gushee, 2006 : 2). In simple terms, Hans Jonas says about human life: “La vie elle-même n'existe pas en vertu d'un droit, mais d'une décision de nature: que je sois là vivant, c'est un fait pur et simple, qui doit sa seule force naturelle à l'équipement que représentent les capacités innées d'autoconservation” (Jonas, 1996 : 14). In the affirmative manner, Meilaender confirms that one of the first “think tanks” of bioethics was the issue of “death and dying”. To him, this is because “the beginning of wisdom in bioethics may lie in the effort to think about what human beings are and why they matter morally” (Meilaender, 2003 : 68). As such, as already hinted above, fundamental bioethical debates on biotechnological developments usually capitalize on the value of human life; the beginning of human life; necessary characteristics that make human life worth living; and the end of human life.

In a nutshell, “medically assisted death”, according to Capron, refers to the embodiment of all forms of techno-scientifically facilitated termination of human life (Capron, 1978 : 300). He goes further to emphasize that in making such scientific decisions to terminate life, such decisions that are so ethically charged, neither good

intention nor sound knowledge of facts is sufficient without a careful analysis of surrounding issues. To him, there must always be a clear discernment of the immediate and long-term consequences of such decisions (307). That notwithstanding, in as much as there is still a great bioethical discrepancy in the understanding of the beginning and end of human life, the exact concept of “medically assisted death” will ever remain a hard ethical nut to crack. Therefore, with the zeal of examining those controversies that loom over this phenomenon as it is practiced at the extremes of human life/existence, we will work on abortion and euthanasia. These two practices make part of the core of the longest controversial debates in the annals of bioethics principally animated by the controversy over the beginning of human life, the value of human life and, fundamentally, the quality of human life. As we dive into this section, let us keep in mind Warren’s socio-ethical dilemma where he poses: “To what extent should quality-of-life considerations have a bearing on biomedical decisions regarding the sustenance, termination, or shortening of human life, e.g., in questions dealing with abortion and euthanasia?” (Warren, 1978 : 830).

1.2.1 ABORTION

i. **BIOTECHNOLOGICAL VIEW OF ABORTION:** Though the debate on abortion has remained slippery stable, especially in the North American region, Unger believes there is perhaps no issue in bioethics and there may never be any to galvanize the opinion and incite the passion of so many as has done abortion (2014). In conformity, Fleming and Ewing refer to the long controversial history of abortion as “a bitter battle with no end”, a battle that has incited particular representation and orientation in both global and national political arena (2005 : 1). Despite this credit given to abortion as one of the oldest surviving concepts in the files of bioethics to have stood the taste of time, it is still surrounded by a catalogue of definitions that often than not differ only by a play of words.

New Oxford American Dictionary (3rd edition) defines abortion as “the deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy; the expulsion of a foetus or uterus before it is able to survive independently” (2010 : 4). Davis, on her own part, defines it as “the intentional termination of in utero foetal life after conception and before birth” (Davis, 1992 : 2).

Wikipedia tries to give a specified definition by saying that “medical abortions are those induced by abortifacient pharmaceuticals”. In any case, the historic antagonism over the issue of abortion is centred on the ever controversial status of the foetus⁹, a situation that further tickles the question of whether biotechnology has full manipulating rights over the foetus or not. This is why Beckwith argues that “if human persons ought not to be either objects of research or killing, and if the foetus is a human person, then abortion is *prima facie* morally wrong” (Beckwith, 2001 : 1). He further laments that some biomedical professionals often differentiate between “human persons” and “human beings”, giving the latter a lower moral recognition and thus saying that “a foetus does not have the same moral status as infants or children because they lack developmental individualism” (Beckwith, 2001 : 1).

There are principally two types of abortion, as Head (2014) highlights: spontaneous abortion which refers to the expulsion of the foetus as a response to some natural unfavourable conditions, with the example of miscarriage; and induced abortion which refers to the intentionally desired expulsion of the foetus, through a process that is either medically or mechanically provoked or executed. Confirming that « l’avortement provoqué est causé par les recours délibérés à des moyens mécaniques, pharmacologiques ou autres », Hottois cites Army who says « il est un phénomène universel qu’on observe dans les sociétés de types plus divers, des plus primitives aux plus structurées, et connaît des fluctuations en fonction des conditions culturelles, sociales et politiques du moment » (Hottois, 2001 : 76). Therefore, since modern bioethics does not actually incriminate spontaneous abortion, from the legal perspectives of the word, we will concentrate on induced abortion which generally animates heated socio-scientific as well as intercultural debates.

However, induced abortion is classified therapeutic or criminal depending on its *raison-d’être*, its method and its surrounding sociocultural conditions. According to Caccia and Windrim (2009), abortion is considered therapeutic when it is carried out with the motivation of curing an illness or saving the life of the mother like in the termination of ectopic pregnancy or the pregnancy of the woman suffering from cancer of the womb. It is also carried out when the baby has abnormalities involving the major

⁹ Foetus and fetus refer to the same thing.

organ systems that can make it not be able to survive after birth. Almost always in the biomedical tradition, the life of the mother had ever been accorded higher importance in relationship to that of the foetus, making the induction of death into the foetus for the sake of maternal life an old normal and acceptable bioethical tradition. That notwithstanding, abortion will not be coded “therapeutic” if the life to be saved is that of another person other than that of the mother which is directly fused to that of the foetus. In any case, since, often than not, qualifying abortion therapeutic belongs to the medical corps, while qualifying it criminal often comes from the civil society, decisions over the issue of abortion have always been creating a tag of war between various medical associations and the civil law enforcement groups.

The “therapeutic clause” in the execution of abortion is often justified with “the principle of double effect” traceable back to the mediaeval with people like Thomas Aquinas who supported its development as moral solution to bioethical dilemma encountered when performing an act in pursuit of “good” and yet some “bad” also results from it (*Wikipedia*). As per Solomon, this principle mainly applies “in cases where a contemplated action has both good effects and bad effects, and this action is permissible only if it is not wrong itself, and it does not require that one directly intends the evil results” (Solomon, 1992 : 268). Given the strategic nature of this ethical principle, he further stresses that it is often guided by four fundamental conditions of which the absence of one makes the rest obsolete: “the action contemplated must be in itself either morally good or morally indifferent; the bad result must not be directly intended; the good result should not be a direct causal result of the bad result; and the good result must be proportionate to the bad results” (Solomon, 1992 : 268).

Despite the ethical strength of the above conditions, McIntyre (2014) highlights that the principle of double effect is often abused with wrong interpretation in which people claim that the agent may permissibly bring harmful effects provided they are merely foreseen side-effects of promoting a good end. Duncan (1977) had already affirmed and acknowledged that it was because of such abuses that the *International Abortion Act* of 1967 was signed stating that abortion will be considered a non-offence only when two registered medical practitioners certify in good faith that the continuance of the pregnancy would constitute a greater risk to the life or health of the pregnant woman than if the pregnancy were terminated. On the other hand, abortion is said

criminal when it does not carry any of these therapeutic reasons other than the elimination of the pregnancy or the child. In societies where abortion interdiction laws are still radically holding¹⁰, a larger proportion of criminal abortions are carried out clandestinely. As such, for the fear of the risk such situations bring both to the mother and the society, most governments and/or medical associations¹¹ have placed abortion decisions at the discretion of the mother and her physician.

This alteration has made that we should always have two opposing ideological camps in relationship to abortion: pro-abortionists and anti-abortionists. Pro-abortionists are those who do not see anything wrong in aborting in as much as it is carried out with the consent of the mother. According to Beckwith, “pro-abortionists always claim that the court should be neutral and not propose one theory of life over another; and that the decision to abort should be left exclusively to the discretion of each pregnant woman” (2001 : 2). On the contrary, anti-abortionists, according to Duncan (1977), are those who believe that abortion, irrespective of the motive, has some evil elements, and, to them, the *International Abortion Act* of 1967 simply accelerated the rate of abortion. He says many anti-abortionists have formed “pro-life groups” in various parts of the world to fight against abortion, like the case of *The Society for the Protection of the Unborn Child* (SPUC) in Europe and mainly in Great Britain. This particular group has grown from strength to strength especially in Europe with headquarters in London, propagating the same message through freely distributed monthly newspaper known as *Pro-Life Times*¹².

The growing strength of anti-abortionists groups and the social confusion propagated by these groups in the whole of Europe and especially in the Island of United Kingdom, as inflated by Christian conservatives, necessitated the creation of *British National Humanitarian Society* to fight back by defining and clarifying the position of human rights and human freedom in this case. As Fry highlights, this humanitarian society always put stress on “pro-choice” in which they believe that women must always have a choice and never have the decision forced on them. According to this view, the right of women to control their own fertility is a

¹⁰ Examples: Malta, Poland, Ireland, Cyprus, etc. and most African countries

¹¹ Example: *Canadian Medical Association* (CMA)

¹² www.spuc.org.uk/news/spread-the-word/pro-life-times

fundamental human right and they will not be able to take a full and equal part in the society when they cannot all decide for themselves whether and when to have children (Fry, 2014).

In relationship to this, therefore, abortion, even though therapeutic, will be referred to as indirect abortion if it is not willed as an end, that is, if it has just occurred as an unfortunate by-effect of a therapeutic intervention. In the same way, it will be referred to as direct abortion if it is directly aimed and willed as an end in itself to eliminate the pregnancy with no therapeutic motive, and this is very often punishable by law in some societies. In any case, the question of abortion is and has remained one of the oldest, controversial and fluctuating issues in the debate files of bioethics. Therefore, as there are, there will always be views and counter views about it.

ii. **ETHICAL ARGUMENT ON ABORTION:** Abortion has for long been a very hot bioethical item, and, even among ethicists and biomedical personnel, there are still a lot of intra-professional controversies about the issue of abortion. This stems from the fact that even the clause “pro-abortion” does not necessarily mean absolute or unconditional “yes” to any act of abortion, because the “pro-abortion” stand is still defined within necessary ethical regulatory conditions. Anti-abortionists, who are often dominated by religious ethicists, always base their argument, as Gushee expresses, on the complex question of the status of the foetus and then further argue that “since human life begins at conception, i.e. at fertilisation, and since all human life should be equally protected by the law from conception to natural death, whether or not human being concerned is wanted or handicapped, it follows that the destruction of unborn life is always wrong”. They always emphasize that all human beings at all stages of existence are included in “a vision of their immeasurable worth and inviolable dignity, meaning that each human being has a value that transcends all human capacity to count or measure, which confers upon them an elevated status that must not be dishonoured or degraded” (Gushee, 2006 : 2). Bringing it back to the point, therefore, at stake here remains the controversial point of where real human life begins so that the foetus should be accorded its due rights, dignity and respect.

After the *Nuremberg Declaration* which Annas calls “Nuremberg Doctors’ Trial”, and believes gave birth to modern bioethics (Annas, 2009 : 19), the doctrine that

human life begins at conception was preached all over the whole of Western Europe and many biomedical practitioners took recourse into a deeper pro-life reflection. According to Army, as highlighted by Hottois, these biomedical practitioners later on formed associations such as *l'Association médicale mondiale* that was formed in Oslo in 1970, stressing that the biomedical corps should start respecting human life from conception. Hottois further quotes Army where he says:

Les partisans d'une prohibition stricte de l'interruption de grossesse ont l'avantage de défendre une valeur concrète (la vie du fœtus) qu'ils déclarent être absolue. Pour eux, il ne saurait être question de choisir le moindre mal quand celui-ci consiste à détruire l'embryon (le fœtus), auquel la qualité de personne a été attribuée au préalable. Ceci équivaudrait au meurtre d'un innocent. Le fœtus ne saurait être subordonné et sacrifié aux intérêts, même vitaux, d'une autre personne, celle-ci fût-elle sa mère. À la limite, aucun justificatif ne peut plus être retenu puisqu'on ne saurait remédier à une injustice grave dont est victime la femme par une injustice plus grave encore, qui frapperait le fœtus (Hottois, 2001 : 79).

It may be as ethically clear as it is biological that the fusion of the male and female gametes is already the first step of the complex process of the formation of a human being, and, maybe, already a human being simply running short of being a viable person.

According to Hellegers (1978), pro-abortionists believe that within the first 28 human gestation weeks¹³, the foetus is nothing other than a simple combination of a pair of 23 chromosomes yet to have human characteristics. That notwithstanding, some antagonists often use the success of the practice of in-vitro fertilization to prove the autonomy of the embryo as it is often cultured in the laboratory independent of the mother. It is on this line of thought that Sgreccia says : « Il faut reconnaître que la nouvelle entité constitue un nouvel individu humain qui, depuis le moment même de la conception, poursuit son cycle ou plutôt sa courbe vitale » (Sgreccia, 1999 : 462). By this, he wishes to clarify that what makes a human being human is not the physical viability but the genetics constitution that occurs right at fertilisation. However, it may be true that it is not all questions of abortion that should only be examined from the benefits of the child but also from those of the mother who may need some psychological and socio-economic readiness to accept that child. That notwithstanding,

¹³ This duration varies from one country/society to another.

it is “super ethically” true that the intrinsic value of human life is its existence which may need nothing more from the mother than infinite love and acceptance, irrespective of her socio-economic capacity. In relationship to this, Hottois quotes Fletcher saying that abortion challenges love and « l’ordre divin » since he believes that « l’acte sexuel n’a d’autre justification que procréative et qui impose comme destinée première à la femme d’assumer pleinement ses maternités. L’embryon est investi d’une valeur symbolique intangible; toute atteinte autorisée à son intégrité mènerait au relâchement des mœurs et à l’ébranlement de la structure même de la société” (Hottois, 2001 : 80).

Generally speaking, ethical debates on abortion always demonstrate a high degree of multidisciplinary multidimensionality of this issue as they always run from biomedical science through socio-political affairs to socio-cultural studies, thereby rendering it very difficult to establish a common point of ideological convergence. With the development of time and mentality, bioethical ideas on abortion are changing and craze crossing each other at odd points, and the long struggle to legislate this debate has simply resulted into two ethical rhetorical polarities: pro-life and pro-choice. According to Head, a “pro-life person” is one who believes that individuals and organisations, governmental and non-governmental, “have an obligation to preserve all human life, regardless of the intent, viability or quality-of-life concerned”. On the other hand, he continues, “to be pro-choice is to believe that individuals have unlimited autonomy in respect to their own reproductive systems as long as they do not breach the autonomy of others” (Head, 2014). Therefore, while “pro-life persons believe that there are already basic human characteristics in the foetus as to give it absolute right to life so that no consideration could prevail to secure its termination”(Duncan, 1977 : 5), Head says pro-choice persons contrarily “believe that in cases where human personhood cannot be proven, like in pregnancies prior to the point of viability, the government does not have the right to impede a woman’s right to decide whether or not to continue with the pregnancy” (Head, 2014).

As this debate gets into the postmodern era, the era during which universality is fast ceding space to diversity, bioethical evaluation of abortion has become more and more complicated. Fleming and Ewing have observed that people project a “certain degree of ambivalence” on the morality of abortion as they (Fleming and Ewing) can witness confusing situations about abortion. These authors present a situation wherein

in a single society, “there is a strong community support for a reduction in abortion numbers without restricting access; there is a majority support for abortion on demand; there is a very strong support for necessity of abortion; and many others” (Fleming and Ewing, 2005 : 2). Owing to this confusion and diversity of views, various communities, governments and associations have decided to take their own positions, but always trying to strike a balance between respecting the maternal autonomy of “pro-choice” of the mother, and respecting the “pro-life” of the foetus. It was on this ground that *Canadian Medical Association* (CMA) stressed in their 1988 bylaws that induced abortion should not be used as an alternative for contraception. By this, they were putting emphasis on the importance of always considering foetal viability before any reason of terminating pregnancy. They, however, reiterated in the said bylaws that the issue of abortion remains the function of the patient (the pregnant woman) and her physician and none of the two should be compelled. Considering that abortion is no more a hot contemporary bioethical debate item as most of its final decisions had long been pronounced, the most recent CMA bylaws on abortion that were reproduced in 2007 carry more or less the same message.

On these same pedestals, Head (2014) emphasizes the necessity for societies to understand and rightfully interpret these two views: “pro-life” and “pro-choice”, so as to rightfully get the rhetorical nuance they exhibit. He gives the example of United States where “pro-choice” is understood as “pro-abortion” and instead understood in China as “anti-abortion”. However, despite the ethical sensitivity of all debates relating abortion, it is never a suitable forum to outline the merits and demerits of abortion because ethics and thus bioethics does not voice out a categorical “no” or “yes” towards abortion. It simply presents substantial guides based on three fundamental factors: the autonomous rights of the foetus as those of the mother; the value of human life that needs to be respected; and the request for more substantial reasons for an abortion than their vices. However, no woman has ever requested an abortion without a reason, no matter how trivial or banal it may be, but only conscientious in-depth analysis justifies the final decision.

1.2.2 EUTHANASIA

i. **BIOTECHNOLOGY AND EUTHANASIA:** Etymologically, the word euthanasia comes from Greek roots *eu* which means good and *thanatos* which means death, thus giving the literal or nominal meaning of euthanasia as “good death” (*Wikipedia*). Lexically, euthanasia is blessed with a multiplicity of definitions coming from different societies but with all expressing one common point: the termination of life to end suffering. Amongst the many definitions, it is defined in *Random House Webster’s Unabridged Dictionary* (2nd ed.) as “the act of putting to death painlessly or allowing to die, as by withholding extreme medical measures, a person or an animal suffering from incurable, especially a painful disease or condition” (2001 : 89). The *Canadian Parliamentary Information and Research Service Centre* (2013) defines euthanasia as “the deliberate act undertaken by one person with the intention of ending the life of another person in order to relieve that person’s suffering”. To really emphasize the fact that euthanasia is aimed at painlessly ending suffering, it is often referred to as “mercy killing”, “painless death”, “death without suffering”, etc. (*Wikipedia*). Duncan confirms this view by highlighting that “euthanasia is capitally the administration of a drug deliberately and specifically to accelerate death in order to terminate suffering” (Duncan, 1977 : 128). This makes part of what is contemporary known as “physician assisted death” though there is a significant nuance between euthanasia and assistance in death as we will see in a while.

With the evolution of time and mentality, the public is increasingly becoming inquisitive with bio-professional matters, thereby causing biomedical professionals to juggle terms and definitions to fit their acts as well as reduce their ethical responsibilities and guilt. According to Somerville (2014)’s observation, health professionals, for fear of being misinterpreted and prosecuted for intentional killing in case of euthanasia, prefer the name “physician assisted death”. With this nuance, they intend highlighting the dichotomy between physician’s assistance by administering drugs that kill and physician’s assistance by withdrawing medical supports for death to take its course because, as Hans Jonas clarifies, « il y a une différence, néanmoins, entre tuer et permettre-de-mourir [...], et il y a une autre différence aussi entre permettre-de-mourir et aider au suicide » (Hans, 1996 : 47). Saint-Arnaud confirms that « tous les auteurs qui discutent d’euthanasie admettent qu’il existe une grande confusion quant à

la signification du terme ». To her, « la confusion provient surtout des qualificatifs qui y ont été accolés au cours des années et qui en ont diversifié l'emploi ». She wonders why people should bring in such rhetorical confusion when « de tout temps, le terme euthanasie, utilisé sans qualificatif, a désigné l'acte positif de faire mourir une personne souffrant d'une maladie incurable pour abrégé ses souffrances » (Saint-Arnaud, 1999 : 117).

Lamentably interesting, euthanasia was one of the immediate causes of the formal rejuvenation of bioethics in the 1940s as Nazi doctors, besides other reasons and methods, were eliminating people in concentration camps with the pretext that these people were suffering from terminal diseases. According to Sgreccia, in this politically Nazi masterminded euthanasia scheme of the 40s, “plus de 70000 vies, définies existence dépourvues de valeur vitale, furent éliminées de 1939 à 1941” (Sgreccia, 1999 : 760). The awful nature of that situation, both in methods and settings, necessitated “Nuremberg Doctors’ Trial” whose declarations, according to Annas (2009), formed the ground work of what we have today as bioethics, despite the many alterations to which its subject matter has been subjected.

Whatever the case, in a single act of euthanasia, two fundamental events simultaneously take place: the event of “killing” on the side of the professional, and that of “dying” on the side of the patient. From the point of “killing”, we can have direct euthanasia and indirect euthanasia. Bok explains that “indirect euthanasia would then refer to killing by an action that is primarily intended to relieve suffering or promote some other good. On the contrary, direct euthanasia would be described as any situation in which the death of the patient is the primary goal of the act” (Bok, 1978 : 273). Many of those who practice indirect euthanasia, according to Bélisle (1995), always believe that the “indirectness” of the act reduces their moral guilt in the death of the patient especially with the high fluctuation of laws in our societies and countries as time changes.

In the same way, from the fact of dying, we can either have voluntary euthanasia or involuntary euthanasia, depending on the attitude of the patient towards the eminent death. As Bok explains, “voluntary euthanasia is when it is the choice of the patient to be eliminated either by asking to be kept home away from the hospital; ceasing to

struggle against disease; asking the medical personnel to assist in suicide or to perform the act of killing” (Bok, 1978 : 274). In any of these entreaties, the medical personnel simply “administers or facilitates death” into the patient in respect to the autonomous request by the subject. However, as per McCloskey (2014), most of these situations may need some legal and psychological procedures so as to confidently ascertain the state of mind and the autonomy of the patient, since relatives do not fail to levy post-mortem argument that in illness, one can say what he did not intent. On the other hand, involuntary euthanasia, as Bok goes further to explain, “is the act of killing unwilling or non-consenting patients: either those who expressly oppose dying or those who are unable to express any opinion at all”. He substantiates that “involuntary euthanasia refers to such programs like the extermination of the sick and the disabled without their consent as did the Nazis and others in the 1940s” (Bok, 1978 : 274). In any of the cases above, death is often effected in the patient either by injection or by refusing or stopping the administration of some life sustaining drugs, and/or disconnecting all life supporting mechanisms.

Discussions, judgments and arguments on euthanasia, be it voluntary or involuntary, have taken a very wide scope of bioethical history, and are always very complex because they cover a vast spectrum of attitudes and behaviour. Voluntary euthanasia may amalgamate all forms of suicide, same like involuntary euthanasia can also be enlarged to include all forms of assistance rendered to facilitate death. However, the complexity of euthanasia lies on the fact that, for any act of euthanasia to be valid, there must be clear and demonstrated signs of suffering and the eminence of death, so that the terminating act comes as relief. This complexity can be summarised in a “four-fold” juxtaposition of “will and method” of euthanasia. We thus have direct voluntary euthanasia; direct involuntary euthanasia; indirect voluntary euthanasia; and indirect involuntary euthanasia.

From this interwoven complication, medical professionals prefer “indirect voluntary euthanasia” because it is believed to be built on the individual autonomous choice of the patient in exercising his “right to die”. As Sgreccia says, biomedical scientists always prefer this option on the grounds that « selon la théorie de la loi naturelle, il existe une inclination à faire le bien et éviter le mal. La douleur étant un mal à combattre, d’une part, et l’inclination à vivre en société prédisposant à la

collaboration, d'autre part, il n'y a qu'un pas à franchir pour une solidarité sociale orientée vers l'entraide et le soutien altruiste » (1999 : 145). This precision justifies the historical evolution of the appellation of euthanasia in many countries like the case of Canada. According to *Canadian Medical Association* (2013), this appellation has been evolving from “Euthanasia” in 1988, to “Aid-in-dying” in 1993, to “Physician Assisted death” in 1995, to “Assisted Suicide” in 1997, and to “Assistance in Suicide” in 2007, the latter that has been reworked in 2010 and revised (latest version) in 2013. In 2014, the desire to change both the context and content of this act in Canada under the appellation “aide médicale à mourir” has pulled the controversy through 2015 without a significant compromise. Notwithstanding this controversial dilemma, Québec had gone further into drafting “Projet de loi n^o 52” (2013) that recognises a terminal patient's right to ask for medical assistance to die as part of end of life care. Worth noting is the fact that the issue of euthanasia (both in term and context) has for long been and is still one of the evolutionary active bioethical issues of the 21st century on both bio-professional and legal tables.

ii. ETHICAL DEBATE ON EUTHANASIA: It is naturally obvious that one of the surest and undoubted facts about every human life is the eminence of death. That notwithstanding, discussions about death are often timidly approached because in all human societies, there is always clear abhorrence of death and a tacit refusal to accept its inevitability. As such, there is always natural human endeavour to delay the eventuality of death, an attitude that often results in a catalogue of blames and counter blames, thereby victimizing the direct or indirect interference of techno-science in this natural phenomenon. Elucidating the strategic, delicate and challenging duty of techno-science in order to convince humankind, Gutmann quotes Descartes where he declares that “sciences have a definitely practical aim, the harnessing of nature to the purposes of man, the conquest of death not only for the soul but also for the body” (Gutmann, 1978 : 240). This is why most biomedical professionals always argue that euthanasia is an act of liberating the soul believed to be suffering in the already exhausted body which can no more provide the required support. However, the culture of death is not a contemporary affair but ancient, and human culture alongside human mentality, are evolving and thus diversifying human appreciation of the issue of death.

From some viewpoints, the ethical evaluation of euthanasia, same like that of abortion, often questions whether the elimination of human life at any stage and for any reason by physicians do not contradict the real aim of biomedical science which, instead, is to sustain life. Since this strand of thought is usually championed by theological and religious ethics, counter euthanasia argument is often linked to the creative relationship between the “creator” and the “creature”. Bok thinks that this liaison takes the argument closer to the “hot-spot of ethicists of natural law who look at any act that eliminates human life as techno-scientific endeavour to usurp right over life and death which is attributed to the ultimate (God)” (1978 : 268). All in all, the natural law theory makes the ethical evaluation of euthanasia bioethically controversial since those who profess “euthanasia” always mitigate the declaration of “human right to life” with the corresponding “human right to die” (*Wikipedia*). Natural law lawyers, on their own part, always try to demonstrate the limits of human power over human life by expressing that human might is only to support life and not to destroy it. Such arguments have thus made that debates on euthanasia should always be enchanted by views and counter views coming from philosophical, ethical, religious and legal stand points, thus making them multidisciplinary complicated where rationality, spirituality, biology and law claim each a right.

Meditating on the argument often presented by the advocates of euthanasia, Sgreccia expressed that history is still repeating itself and he exclaimed:

Il existe pourtant un point commun entre les théories nazies et l'idéologie pro-euthanasie actuelle: le manque du concept de la transcendance de la personne humaine; lorsque cette valeur, étroitement liée à l'affirmation de l'existence d'un Dieu personnel n'existe plus, l'arbitraire de l'homme sur l'homme est revendiqué par le chef politique d'un régime absolu ou par les exigences de l'individualisme. Si la vie humaine n'a pas de valeur par elle-même, quelqu'un peut toujours l'instrumentaliser en vue de quelque finalité contingente (Sgreccia, 1999 : 761).

In relationship to this, Duncan expresses that many biomedical professionals who solicit the endorsement of euthanasia often argue that in as much as we expect bio-techno-science to care for human life, we should equally expect it to manage human life in any way necessary at any particular moment. To him, this is the very idea that spurred *European Convention of Human Rights* in the 70s to sign “the right to live act” which

says: “Everyone’s right to life shall be protected by law. No one shall be deprived of life intentionally be it in self or in another” (Duncan, 1977 : 129).

Marvin Cohl, on his own part, as highlighted by Wendalyn, has not seen any reason to launch arguments and debates on an act that does not project any satisfactory justification. He clearly declares:

Strictly speaking, this is an open slope and not a slippery slope argument. Yet it is not clear what sort of evidence is available for believing that utilitarian alternatives or other deontological principles would be as effective as the simple principle of prohibiting the elimination of life. A second objection is that if the practice of euthanasia depends upon holding all sort of lines, if human beings are naturally disposed to bring about death by violating rules that are not self-regarding, and if there are tremendous forces in our society for scaling back costs, then the probability of abuse is real and much greater than quality-of-life advocates suspect (Wendalyn, 2001 : 337).

“Slippery argument”, as Cohl applies here, means an argument in which a certain tricky situation may be allowed to prevail not because it is desired but due to lack of clarity and consensus. But he does not see the case of euthanasia to be such as he believes there are always other professional alternatives (palliative care) to keep the life going than taking the option of euthanasia. He, therefore, refers to it as being “an open slope” because its alternatives are affordably available as are its negative consequences clear and avoidable.

Interestingly true about euthanasia is its complexity both within and without the bio-professional corps. As its advocates often condole with voluntary euthanasia because they justify it with the “autonomous right to death” of the patient, and at the same time consider involuntary euthanasia illegally unethical, Duncan does not see this argument substantial. To him, it is better to give right names to those acts as he joins anti-euthanasia advocates to emphasize that “biomedical profession is orientated towards achieving a clinical cure, and the fact that death should sometimes be allowed to occur should be completely forgotten in the efforts to preserve life at all costs” (Duncan, 1977 : 101). With bioethical emphasis that modern biomedical science should explore the rapid biotechnological development and gear all its efforts at restoring human life and health, Duncan’s worry of the 70s is being clarified in the 2000s as health professionals now prefer calling it “assisted suicide” to “voluntary euthanasia”, and, in most cases, condemning involuntary or compulsory euthanasia as homicide. In

any case, ethics acknowledges the inherent risk in the treatment of human system, wherein, given its complicated nature, death may undesirably occur, but will in most cases condemn in the same magnitude the infliction of death as a solution.

Notwithstanding biotechnological justifications for professional withdrawal of supportive measures from a suffering patient for death to occur, even at his request, Warren believes that just the simple fact that it is the “voluntary withdrawal of life supportive measures that are designed and prescribed for use in acute health situations to help patients go through critical health periods” might be letting bare a certain degree of “undesirable professional negligence” within the biomedical corps. By “professional negligence” here, he refers to “a failure to use reasonable skill and care resulting to damage”. To him, “a doctor owes a duty of care to any patient he attends or advises, though he does not guarantee to cure or alleviate nor be correct in his diagnosis or treatment, but he undertakes to use reasonable skill and care” (Gruman, 1978 : 261). It is on this same pedestal that Wendalyn, though some decades after Warren’s remark, still classifies “indirect euthanasia” as “professional omission” which means, “to leave undone, to fail or to forbear to perform an action that is within one’s range of awareness and capability”. He further calls “involuntary euthanasia” as “professional commission” which means, “to perform or to perpetrate an act”. For this reason, therefore, he does not see how a physician can be ethically guiltless even in involuntary euthanasia as they often claim, given that he has voluntarily used his “professional commission” to accomplish an act (Wendalyn, 2001 : 412).

However, with the evolution of time and mentality, there is a certain degree of understanding and consideration of some intricacies in connection to euthanasia. This has led to the contemporary evolution of the context, content and the appellation of euthanasia as seen above, thereby gradually narrowing its incrimination margin. For this reason, Saint-Arnaud at one moment expressed that « désormais, les grands axes du débat actuel sont, d’une part, une euthanasie active volontaire directe, appelée simplement euthanasie et réservée à l’acte de donner la mort à un malade incurable, à sa demande ou non et pour abrégé ses souffrances, et, d’autre part, une approche globale d’accompagnement incluant le soulagement de la douleur totale » (Saint-Arnaud, 1999 : 127). In the postmodern era, the issue of euthanasia has become more of a social problem than biomedical or biotechnological. In any single case of euthanasia, the

whole society is involved beginning from the individual patient through his immediate family to the biomedical corps and the community at large. This is why the word euthanasia is fast ceding space to assisted suicide or assistance in suicide as biomedical professionals are now concentrating mainly on advising and facilitating death without directly performing any act of killing.

This move started as a response to wanton practical/professional abuses of the traditional notion of euthanasia by some biomedical professionals in Europe. Those abuses further necessitated the creation of various *National Medical Associations* to deeply examine, regulate and take care of such cases at national levels. It was then followed by global sensitization that saw the creation of *World Medical Association* in 1946 which, in 1964, endorsed a memorandum commonly referred to as the *Declaration of Helsinki* which was lately revised in 2013, declaring “euthanasia” unethical. This *Helsinki Declaration*, according to Bok, created a rift within the biomedical corps, and those who signed the memorandum justified their conviction with the pertinent article of the *Geneva Declaration* of 1948 which reads: “Physicians have a moral and legal duty to continue appropriate care for patients once they have accepted such a responsibility in the first place. They may not abandon their patients. Yet, it is possible for them to continue some kind of support while going to every length to prolong lives that are ebbing away, or when the support is useless, unavailable or unwanted” (Cited in Bok, 1978 : 270). Despite the fact this Geneva declaration has been revised many times with the latest in 2002, the seven oaths for physicians have been maintained carrying the same message.

Hirsch agrees with this view but explains that when the squabble within the biomedical corps became worst in Europe, *le Conseil de l'Europe* mediated and declared that this whole argument should be based on the fact that « les malades mourants tiennent avant tout à mourir dans la paix et la dignité, si possible avec le réconfort et le soutien de leur famille et de leurs amis ». They went further to emphasize that « la prolongation de la vie ne doit pas être en soi le but exclusif de la pratique médicale, qui doit viser tout autant à soulager les souffrances » (Hirsch, 2012 : 21). This nuance instilled some relief in some bio-scientists and also marked the beginning of a new era in the history of euthanasia when the fact of relieving pains in the patient, so agreed, is no more coded with any specific method other than leaving it at the discretion

of professionals to apply convenient methods that warrant the respect of the dignity and value of human life. As already noted above that the issue of euthanasia is one of the oldest in the files of ethics/bioethics, Hans Jonas, without contradicting the fact that life does not exist by virtue of civil rights and law but by the force of natural law, already said since the 90s:

Mais chez les humains, le fait, une fois là, requiert la sanction d'un *droit*, car vivre signifie poser des exigences au monde environnant, et donc dépend de leur acceptation par ce dernier [...] Et en vérité, l'humanité eut de tout temps (et a aujourd'hui encore) suffisamment à faire avec la découverte, la définition, la défense, l'obtention et la protection des multiples droits dans lesquels se particularise le droit de vivre. C'est alors qu'un droit de mourir devient une affaire réelle, méritant examen, et sujette à controverse [...] Toutefois, ce n'est pas avec le suicide, [...] mais avec le patient atteint d'une maladie mortelle, qui est passivement livré aux techniques de la médecine moderne visant à retarder la mort. Bien que certains aspects de l'éthique du suicide entrent aussi dans cette problématique, l'existence de la maladie mortelle en tant que cause proprement dite de décès nous permet d'opérer une distinction entre ne-pas-résister-à-la-mort et se-tuer, de même qu'entre laisser-mourir quelqu'un et provoquer-la-mort (Hans Jonas, 1996 : 14-18).

Considering that up to our days this issue is still in its evolutionary state, terminologies are changing as do context and content, and, as times are changing, so too is mentality, thus necessitating the revision of various laws and regulations surrounding this issue.

Recapitulating all that we have gone through from abortion to euthanasia, we are able to understand that bioethical emphasis are always more rationally facultative than categorically proscriptive. They simply concentrate on giving valuable guides that help direct the consciences of various professionals on the issue of the value and dignity of human life at all stages of development. That notwithstanding, bioethics is said "pro-life" not because it hates death but because human life equals human existence which has the prime value that must be respected. Therefore, inspired by Zittoun, Hirsch solemnly expresses : « Ce n'est pas la fin de la vie en soi qui est à considérer, mais la vie de cette personne, de cet être-là, qui a tel âge, telles idées, telles valeurs » (2012 : 200).

However, some thinkers believe that bioethics has for long been hypnotized by techno-sciences in front of which bioethics can now be referred to as "a toothless bold dog" since it is just making the talking and science is continuously carrying out its

activities at its pace and rhythm. This is why Dahnke emphatically expresses that bioethics has failed in its original mission and is now bowing down to techno-science and being unable to generate new laws to enforce that incompetent patients be kept alive with artificial devices (Dahnke, 2012 : 407). This “tag of war” between bioethical sympathizers and biomedical professionals is a history making event in which a common point of convergence is seemingly far-fetched. On this same issue, *National Medical Associations* have meditated, *World Medical Association* has made declarations, while action groups are acting and governments are legislating, and the fight continues in search of a global level terrain for all to convey. This general situation has pushed various countries and their *National Medical Associations* like the case of France¹⁴ and Canada (*op. cit.*), to continue to examine, re-examine and revise their bylaws concerning the stakes of bioethics vis-à-vis bio-techno-scientific development in biomedical field. Is it the very scenario in Africa as they also make part of *World Medical Association*?

As we are about to dive into studying some cultural peculiarities so as to be able to establish a proper intercultural globalization of bioethical principles, it is worth noting that we are not aiming at establishing various bioethics in various cultural settings of the world (African bioethics, Asian bioethics, Indian bioethics, American bioethics, etc.), but rather at contextualizing the same standard bioethical principles according to various particular settings.

¹⁴ French bioethical laws (*les lois de bioéthique*) were inserted into the French *Penal Code* and into the French *Biomedical Code* in July 1994 as *Loi N° 94-654*; this very law will be revised in August 2004 as *Loi N° 2004-800*; it will be further revised and re-enforced in July 2011 as *Loi N° 2011-814*; and the French National Assembly finally adopted a possibility of any amendment whenever necessary. Source: Conseil d’État, “Les lois de bioéthique” en *La Documentation française*, Décembre, 2011.

CHAPTER TWO: BIOETHICS AND AFRICAN CULTURE: A DREAM

INTRODUCTION

Despite the general efforts by the world's leading bodies to give bioethical enforcement a global suffrage, its practical globalism has remained an illusion. This, to a greater extent, stems from the fact that the contemporary functional concept of bioethics has been given techno-scientific orientation, thus rendering it a dream in less scientific parts of the world like Africa. From all indications, however, this is far from being the function of ill-will but that of wrong orientation and misleading methodology. As techno-science has thus usurped the interpretation and enforcement of bioethical principles, it is the interest of this chapter to demonstrate how difficult it has thus become to operationally integrate cultural diversity in the application of these principles so as to correspondingly integrate less scientific traditional peculiarities in the evaluation and execution of some practices.

However, the concept of “cultural diversity” is a contemporary interdisciplinary concept which nowadays animates all operations of human and social sciences. Its rising popularity, according to Li (2000), is a strong indication of a rising public awareness towards the differences in people, which may be imaginary or real, based on many distinctions and features. Sow *et al.* (1979) had already emphasized that the concept of “culture” from all its entries is increasingly and rightfully being recognized as an indispensable aspect of the determination of authentic development. Therefore, though many biotechnologies are said universal, their substantial practicability may always need some sociocultural accord, the absence of which will always result in bioethical discrepancies especially when it encounters less scientific societies like Africa.

The importance of “cultural diversity” in the postmodern era cannot be overemphasized since the intensified global anthropocentric reflection valorises sociocultural diversity thereby validating the necessary heterogeneity witnessed among

the global populations. For this reason, Boisvert, in talking about postmodernism, remarks that « il n'y a plus à être progressiste ou réactionnaire parce que nous vivons plusieurs temps en même temps » (Boisvert, 1995 : 27). Despite this emphasis, bioethical development has, unfortunately, greatly adopted western scientific dominance and thus undoubtedly leaving Southern societies wanting. This is why Boisvert talks of postmodern global interculturalism and goes further to lament that « cette réalité culturelle est adaptée à la richesse et à la diversité des sociétés occidentales. Toutefois, elle pose divers problèmes et soulève de nombreuses inquiétudes » (Boisvert, 1995 : 27).

Therefore, to successfully evaluate the enforcement of global bioethical principles in Africa, basic knowledge of some major African cultural peculiarities is not optional. It is for this reason that we will, in the first part of this chapter, examine African culture and its fundamental ethical characteristics. As such, we will be able to see the normative aspects of this culture such as its notion of a family and its attitude towards healthcare, and also see some empirical aspects such as the conception of moral actions in Africa and what Africans hold as moral motivations. In the second part, we will examine the manifestations of various aspects of bioethics in Africa which will demonstrate that bioethics is still a dream to Africans. We will begin by examining excision as a traditional practice still performed in some African societies so that it should permit us to see universalists views advanced towards this practice by the West and the socio-ethical argument advanced by Africans; and then go through assisted reproduction technologies by examining their difficult take-off in Africa, and then fish-out some of the reasons as to why this difficulty. All these will equip us with sufficient background knowledge to better evaluate the level of bioethical development within this culture, since, as Andoh (2011) highlights, bioethics *per se* is still in quest of authenticity in Africa.

2.1 AFRICAN CULTURE AND ITS FUNDAMENTAL ETHICAL PECULIARITIES

Africa is somewhat socio-culturally complicated due to the high index of sub-cultural manifestations within this single continent. Whenever writing on Africa, it is necessary to take note of its historical, geographical and social diversity. Through its long interwoven history, the continent of Africa is partitioned on political, cultural and

religious lines thereby giving it some “dotted” sociocultural differences from one sub-region to the other. According to Lacoste, « cette division politique et territoriale de l’Afrique est souvent considérée comme l’une des causes majeures des très graves difficultés économiques et sociales de ce continent » (Lacoste, 1993 : 20). He further explains that « ces évocations et invocations globalisantes de l’Afrique ne sont pas seulement le fait des médias, mais également celui de personnalités qui savent pourtant fort bien que ce continent présente des contrastes culturels, économiques et politiques considérables, notamment entre les deux grands ensembles: toute la partie nord de l’Afrique , le monde Arabe, et ce que l’on continue à appeler l’Afrique noire » (77). For this reason, therefore, we will be talking of “African culture” here referring mainly to sub-Saharan Africa commonly referred to as “Black Africa”. This is neither a way of “disafricanizing” our compatriots from the northern bloc nor of refusing them “africanity”, but simply for the sake of easier accessibility to less mitigated traditional African cultural characteristics.

According to Hoult, the term “culture”, from sociocultural and socio-anthropocentric points, consists of the assumptions with which people in a particular group approach their world’s assumptions and perceptions that are learned by each new generation while participating in organised transactions (Hoult, 1972 : 70). *Wikipedia*, in order to remain within the circle of social sciences and humanities and avoid various polemics that can come in through natural or applied sciences, maintains the definition of Tylor (1974) who says culture is “that complex whole which includes knowledge, beliefs, arts, morals, law, custom and any other capabilities and habits acquired by man as a member of society [and or groups]”. Despite the fact that almost all sub regions within sub-Saharan Africa individually project some sociocultural differences, they all express a common fundamental peculiarity which Metz & Gaie call “Afro-communitarianism”. According to this communitarianism, as they elucidate, “actions are right roughly insofar as they are a matter of living harmoniously with others or honouring communal relationships” (Metz and Gaie, 2010 : 273). Hoult supports this view by saying that communitarianism is a common practice in almost all traditional cultures, and he says it is “a phenomenon that has a community nature or that belongs to a general group in contrast to belonging to a limited group or to an individual”. He further explains what he means by community as “an association whose all its members

are drawn together by their common interest in one or more phenomena” (Hoult, 1972 : 125).

Enticed by this communitarian spirit, Africans believe that a force of a people is the act of living as one and for one another in a collaborative and functional unity. Metz and Gaie link up this belief with a common African adage which says “a person is a person through other persons” (Metz and Gaie, 2010 : 274). They further clarify that this concept goes beyond a mere “social claim of interdependence for survival and growth”, and that it should not equally be confused with “communism” which is “a system of government based on the principle that in an ideal society there is no private property or social stratification” (*Idem*). As per their explanation, African communitarianism carries “meta-ethical connotations” which Metz and Gaie call “value laden concepts”, according to which “one’s ultimate goal should be to become a full person, a real person or a genuine person, by becoming part of a harmony” (2010 : 275). This confirms the view of Sow *et al* who express that communitarianism is what makes that “in Africa, unity is the primary goal” everybody seeks (1979 : 10). Therefore, communitarianism, as the bed rock of African culture, projects both normative as well as empirical aspects and indications.

2.1.1 NORMATIVE INDICATIONS OF AFRICAN CUTLTURE

African culture, like many traditional cultures, is sustained by norms that need to be duly respected especially where community life is the issue since it is the type of life through which Africans gain their full humanness. Metz and Gaie, speaking as Africans, say: “Our deepest moral obligation is to become more fully human and this means entering more and more deeply into community with others” (Metz and Gaie, 2010 : 275). African concept of community life goes beyond simple respect of individual rights and the right of giving to others what they need or deserve. It instead signifies a deep feeling and caring for others, and being in communion or harmony with them. This is why Metz and Gaie express that “to seek out community or harmony with others is not merely the notion of doing whatever a majority of people in the society want or of adhering to the norms of one’s group, but, developing or respecting community or harmony is an objectively desirable kind of interaction that should instead guide what majorities want or which norms become dominant” (Metz and Gaie, 2010 : 276).

It is, therefore, an obligation on each individual to necessarily define himself as a member of a common group and to participate in all group practices since a community means a harmonious combination of solidarity, love and identity. African culture is thus a culture of oneness, togetherness, solicitude and care. According to this orientation, the notion of individual autonomy to Africans is a subsidiary virtue to prudence, charity (love) and tolerance, which together promote general oneness over individualism, and breed solidarity. This African normative ethics is well exhibited in the concept of “family life” as the base of a harmony and communitarianism; and in “healthcare practices” as the manifestation of harmonious love and care.

i. AFRICAN CONCEPT OF A FAMILY: The concept of ethics in Africa will not be well apprehended without a good knowledge of the notion of a “family”, since a family to an African is the core of a harmony. It may as well be absurd for us to dive into talking about African family system without first of all assimilating African concept of marriage, which, is the base of an African family. Angus defines marriage as “the formal union between a man and a woman, as typically recognized by law, by which they become husband and wife” (Angus, 2010 : 208). Though postmodernism has brought in a remarkable historic evolution in this “traditional” concept of marriage, this union, according to African tradition, is characterised by indissolubility and companionship, and it is aimed at bringing forth children to build a family. Therefore, marriage within African culture is a “mother vocation”,¹⁵ the reason for which Fogou expresses that « dans l’univers africain en effet, l’homme ne devient complètement homme que par la femme, de même que la femme ne devient véritablement femme que par Homme. Ce principe de complétude rend nécessaire la présence du couple homme et femme pour assurer la procréation » (Fogou, 2012 : 145). According to Metz and Gaie (2010), this entails that each and every individual has as a basic duty to wed and form a family and many African societies believe in this principle. As such, the concept of bioethics in Africa or the African concept of bioethics must always start from understanding what a family is to an African and all its general responsibilities towards human life.

It correspondingly goes true that no African is individually autonomous than being an integral member of a harmony beginning from his immediate family. To them,

¹⁵ The vocation through which other human vocations owe allegiance

it is a “bioethical obligation” for one to extend acts of caring towards others, a responsibility that solidifies in marital love where the virtues of caring, sharing, harmony and oneness are nurtured as a new intimate community is formed. Behren stresses that “the emphasis on community, solidarity, caring and identifying with others makes *ubuntu* a relational ethic that prizes harmonious relationships” (2013 : 34). To Africans, therefore, children are a pride and the highest expectation of the newly wedded, and it is a moral obligation to responsibly bring them up with community ambitions. This is why Appiah highlights that “in this culture (African culture), marriage and what is seen as the attendant obligation to raise and support children, is a relationship between families, in which control and respect of children and their correlative obligation to obedience belong” (Appiah, 1992 : 26). Metz and Gaie (2010) see this “idealistic concept” of african marriage as stark contrast with dominant western moral perspectives, where remaining single and childless would appear neither to disrespect anyone’s autonomy nor to fail to maximise the average amount of well-being. In Africa, on the contrary, the blame of remaining single and/or childless goes heavily to the whole community than to the individual because nobody is considered anybody without a community.

This African sociocultural background of marriage gives us a clue of how Africans consider a family. According to Hoult, they look upon a family as a primary social agglomeration of a people. By social agglomeration here, he means

[A]ny group of people with a common ancestry; a group of close kin, especially when the nucleus of the group is a married couple and their children; the relatively stable type of social grouping, appearing in some sense in every society, depending upon the values prevailing in a given society generally based on a particular marriage or inter-related group of marriages and ranges in size from the nuclear to the extended, but which exercise some control over, and often provide the socially acceptable means for the affectionate and sexual desires, the cooperative socio-economic setting needed for the procreation, care and socialization of children, functions very often facilitated by the maintenance of a household by and for members of the family, often termed one of the major institutionalized aspects of human society (Hoult, 1972 : 129).

Furthermore, Hoult further clarifies that there are generally two notions of a family: “nuclear family” and “extended family”. From his explanation, a nuclear family refers to a married couple and their children, if any, including adopted children but usually excluding married children. On the other hand, extended family refers to

[A] set of conjugal groupings living in close association and being bound to one another by the fact that members of the conjugal grouping are related through the male line thus known as the patrilineal extended family or are related through the female line thus known as matrilineal extended family; a kinship group consisting of a married couple, their children and a number of other relatives, all of whom share the same domicile and are sometimes being termed paternal family relations or maternal family relations depending upon whether they are primarily kin to the husband or to the wife (Hoult, 1972 : 130).

From Hoult's expatiation, it is observed that a nuclear family is formed by marriage, grows as children are born, diminishes as they marry and disappears as the couple dies, while an extended family continues enlarging as children grow and marry. The latter completely reflects the case of Africa where families are considered to be directly or indirectly linked to the ancestors, and they even dare making references to children yet unborn into the family. However, African extended family system demonstrates stability, solidarity and unity, and also enriches the concept of cultural diversity. Ritzer uses the view of Ernest Bloch to attest that African culture, with its extended family system, is a reality of what we call culture, and he so does refer to nuclear family system as "the utopian dimension of western culture", which he derogatively says it "instead looks for visions of better life in cultural artefacts and from the texts of Homer" (Ritzer, 2005 : 172).

African families cultivate a very high degree of social justice among their members where every property belongs to the family and it manages and shares it out to members in the form of equitable equality, that is, as need demands, and it is transferrable from one member to another if he needs it more. Becker (1992) testifies the anthropocentric characteristics of African family notion by expressing that these families, guided by their interest and zeal to satisfy the desires of various members, are by far better than the Western normative way of satisfying individuals' autonomy for individuals' maximisation of interest. In African family system, therefore, individual ownership is simply a synonym of custody, where one is simply a caretaker of part of the family property handed over to him by the family. On this note, Hoult clarifies:

[F]irst of all, it is widely agreed that these traditional societies were essentially communitarian or communalistic in their ethical ideas, holding that their rights of many sorts inhere not in individuals but in various corporates – families, lineages, villages, societies, and what is good is the flourishing of certain corporate interests to which the projects of individuals ought to be subsidiary. Thus, in this culture, property rights – the claim for some period to exclusive use

of an area of land for farming, say, were assigned by chiefs to lineages and senior members of each of such groups allocating both responsibilities and crops to members of the group and managing the profits from any sale to cover the needs of individual members (Hoult, 1972 : 26).

Africans also extend this phenomenon to their “socio-economic care” manifested in their high degree of inter-personal care where each individual is expected to exercise his acts of care beyond his immediate household, not as any sign of extortion, but as an aspect of sociocultural fraternity. According to Appiah, this African sociocultural or socio-traditional emphasis of “taking family or clan as a basis for practical reflection” is ideal because it is built on the philosophy which considers everybody as “kinsman/woman”. To him, “this is not consonant with the Kantian demand for universality, but a familiar idea that obligations to family members do not depend on their general qualities; that we are not supposed to care more for siblings than for strangers for some extrinsic reasons” (Appiah, 1992 : 26). This spirit is also witnessed in the way Africans exercise social justice especially in settling social crises. Metz and Gaie (2010) confirm that Africans seriously apply their spirit of universal fraternity in their judgment system which is not retributive or deterrent as to slam punishment in proportion to the crime committed, but reconciliatory where judgement and punishment are aimed at eradicating subsequent occurrence of similar crimes. This thus indicates that their primordial judiciary mission is always to fight against the potential communal disunity that can stem from any criminal act. As such, their reconciliatory justice is always characterized by acts like apology, reparation, compensation and reconciliation.

ii. HEALTHCARE PRACTICES WITHIN AFRICAN CULTURE: Healthcare practices within African societies are primordially enveloped in “care ethics” since the “health situation” of each member of the community is the concern of all the members of that particular community. This notion is practically very important as no bioethical enforcement can completely reject care ethics without neglecting or trespassing fundamental human values. Of great importance to us here is the extent to which a patient exercises “individual autonomous rights” over his life and personal health records; over his expectations from the medical professional as to his diagnosis and consequent treatment; and also over the extent to which medical personnel exercise the ethics of their profession. In general, as Hottois declares, « l'autonomie du patient est devenue une valeur essentielle, l'une de plus importantes liées à l'évolution des

pratiques médicales au cours des dernières décennies ». According to him, « cette information doit être compréhensible et doit contribuer à créer un climat de confiance dans la relation médicale » (Hottois, 2001 : 332). Owing to *World Health Organisation* (WHO)'s declaration of 1994 in Amsterdam, Hottois further declares that « le médecin est tenu d'une obligation d'information destinée à favoriser l'expression du consentement libre et éclairé du patient[...] Le médecin est certes tenu au secret professionnel et il s'agit là d'une exigence qui relève de l'ordre public » (Hottois, 2001 : 333).

It is, therefore, as bioethically logical as it is sociocultural that the autonomous rights of a patient should automatically become the professional duty of medical personnel. That notwithstanding, this principle, as applied *ipso facto* in the West, will surely not hold same in Africa since no individual is independently individual other than being an individual member of a community starting from his/her family. In Africa, individual's confidentiality to health information has a different connotation where this confidentiality is often extended to some immediate members of the family, and even, in some cases, disclosed and confined in closer relatives than in the patient. In this way, the principle of autonomy is enlarged to respond to interpersonal responsibility where individuals have as moral duty to unconditionally help each other especially when it comes to health matters. This goes in line with the view of Duncan where he says: "In general, confidentiality is the rule, but the needs of the community can sometimes take precedence over the risk of the individual inherent in disclosure. [...] Acceptance of the need for the transfer of the information outside what might be termed the immediate therapeutic group will depend on the benefits which the community is likely to derive or provide" (Duncan, 1977 : 83).

Within African cultural setup, care giving to the sick is a non-debatable responsibility of each and every member of the community where it takes different forms: frequent visits to the sick, provision of necessary needs, provision of companionship, and helping the sick to maintain hope. Therefore, having proper knowledge of the health status of the patient is often very necessary for the family and relatives so that they know exactly the proper manner to exercise the "art of caring", putting together the ethics of speech so as to avoid stigmatization and/or trauma, provision of food so as to avoid the provision of foodstuff that may instead deteriorate

the situation, and above all, acceptance so that he/she should remain integrated in the society, even in a deteriorating situation. This is why Metz and Gaie say that “since other members of the community have a stake in the individual’s health, many Africans know that they ought to be aware of the patient’s illness and play a role in discussing how she ought to treat herself” (Metz and Gaie, 2010 : 279).

It is worth noting that this collaborative healthcare saw its most profitable days in the early 1980s when HIV/AIDS¹⁶ pandemic was alarmingly acute in Africa. In fact, some psychosocial highlights disclosed that many AIDS patients were dying more of the trauma and shock generated in them by the information of their “seropositive status” (perhaps due to wrong methodology used in this disclosure) than of the illness, since it was clear that there was no other treatment for them than death. For this reason, as Serwadd *et al.* (1985) disclose, it was simply referred to as “deadly disease” with various regional appellations, as it was simply called “slim” in Uganda. Therefore, in order to avoid such eventualities, such health records were easily confined in closer relatives than in the patients themselves, thereby keeping them in “hopeful life situations” leading to their eventual death supported by the responsible care of their families. This indicates a communitarian bioethical strategy in which the connotations of individualism, autonomy, confidentiality and family are completely interwoven without particular distinction. Just as Metz and Gaie (2010) say, in African ethics, an individual illness is a collective affair to some degree, where the considerations of confidentiality have less moral significance than what prevails in typical western societies. However, this cultural behaviour toward AIDS, together with its stigmatization make part of what WHO, as expressed by Avert (2015), classifies as social and cultural barriers to successful records and prevention of AIDS in Africa.

To be seriously noted here is the fact that African healthcare system bows to two official methods of medical treatment: modern or allopathic western method, and tradi-practitional method. Tradi-practitional method of healthcare, unlike techno-scientific western method, is the system of medical treatment conducted by some “traditionally trained or initiated persons” who use “traditional” and “metaphysical” methods of treatment often characterised by some sort of “mysticism”. These professionals who are often referred to as “tradi-practitioners” or “traditional healers” or “traditional

¹⁶ HIV = *Human Immunodeficiency Virus* & AIDS = *Acquired Immunodeficiency Syndrome*

herbalists” apply sorcery and divination in diagnosing illnesses, and administer drugs which are often concoctions of herbs, barks, roots and leaves of trees. In most cases, they start their treatment by invoking the metaphysical cause of the illness before getting into the administration of drugs, thereby concentrating their mystical treatment on the causes of the illness. Generally speaking, we may believe that most of these normative perspectives of African culture which are framed by some strategic moral and social norms can be enrichment to the general concept of bioethics, both in its content and context, if well exploited. For example, communitarian family system can help prevent some aspects of suicide (prompted or solicited) resulting from individualistic frustration since, as Cotter *et al.* (2015) highlight, some of the best ways of preventing suicide and some of its associated situations is by integrating those individuals into family circles with family love and care, and by listening and sharing with them with family interest and concern.

2.1.2. EMPIRICAL INDICATIONS OF AFRICAN COMMUNITARIANISM

The empirical aspects of African culture put together the various ways by which an African, as a moral agent, gets some necessary life techniques in order to successfully live as a full member of a “harmony”. These aspects of life are centred on communal/family life where both political and moral facets of life are such interwoven as to make it often very difficult to distinguish between the “why” and the “how” of some moral events. This is because most African moral, ethical and bioethical emphases are themselves reasons, that is, the justifications of some of their moral acts are those acts themselves. Through a thorough descriptive analysis in this section, we will appreciate some African acts considered “right” and “acceptable” within their culture, and then come out with those “behavioural manifestations” that animate their sociocultural understanding of scientifically initiated and promoted bioethical aspects of life. This will help us understand how Africans manage and sustain these socio-ethical values across generations. As such, we will be able to bring out those fundamental differences that linger between African socio-cultural appreciation of the value of human life vis-à-vis western scientific mind-set, and the development of African moral conscience or consciousness.

i. AFRICAN MORAL ACTION: African conception of morality is inextricably linked to the concept of bioethics which is sustained by the unshakable belief that a human being has a certain degree of naturally endowed dignity and value that need to be respected as they really are. This practical conception is often indiscriminately cultivated in the form of care extended to every human being with a simple understanding that every human being is a potential member of an “ideal family”. It thus goes in line with what Gendron calls « sollicitude éthique » which she explains as

[U]n désir spontané de donner réponse à l’autre: je sens qu’il faut faire quelque chose, et l’engagement dans cette voie peut se réaliser sans effort en diverses situations: quelquefois, en tant que ‘carer’, nous portons attention et répondons parce que nous le voulons, nous aimons les personnes qui se sont adressées à nous, ou nous avons suffisamment d’estime pour elles, ou la demande se conjugue si aisément avec la vie ordinaire qu’elle ne suscite aucun conflit intérieur. Lorsque je me sens ainsi portée spontanément à donner réponse, le déplacement motivationnel s’exerce librement et directement vers l’autre, sans rencontre chez moi de résistance (Gendron, 2003 : 123).

Within African cultural set up, moral actions go alongside moral reasoning such that an act cannot be reduced to either. This is one of the reasons for which Metz and Gaie believe that “traditional African societies have often thought of human life as having a dignity that implies recognition of certain universal human rights” (Metz and Gaie, 2010 : 283). To them, indigenous sub-Saharan African societies are well-known for always welcoming strangers to their villages, giving them food and shelter for at least a short period, and hardly do they consider any foreigner outside moral bounds rather than look at them as potential parts of their ideal family setup. Gendron, on her own part, believes that though African morality is traditionally oriented, it is a great inspiration for modern ethics since, according to African traditional morality, « l’effort éthique se cristallise à travers la notion de devoir: l’être moral est celui qui s’extrait de l’action morale motivée par élan affectif spontané pour se hisser jusqu’à l’action motivée par le devoir » (Gendron, 2003 : 125).

Due to inter-relational intimacy exhibited within afro-communitarianism, the exercise of “justice” in Africa may not *ipso facto* be the function of human right, but often that of communitarian respect of age seniority. African culture emphasizes much on the respect of elders as Metz and Gaie substantiate this with an African adage which says “what an old man sees sitting down, a young man cannot see standing up” (Metz

and Gaie, 2010 : 285). This slogan analogically means Africans believe wisdom develops with age, and elders thus have an upper hand in traditional justice as a sign of respect for their wisdom and insight. Despite the apparent contemporary oddness of this type of justice, Hoult thinks it is worth maintaining because, according to him, “in any given society, a way of doing or thinking that the society members in general believe is essential to the group’s welfare must continue existing” as he believes “it sometimes tame most behaviours” (Hoult, 1972: 209). In general terms, bioethical orientation in Africa which goes hand-in-hand with moral education is the fruit of a productive collusion between “care ethics” and “social ethics”. To them, therefore, any relationship that does not project both emotional and practical concerns for the well-being of others does not invoke tolerance. This holds firmly with the view of Gilligan, who, in her emphasis on the concept of care ethics, as highlighted by Laugier and Paperman, says “cette conception de la morale se définit par un souci fondamental du bien-être d’autrui, et centre le développement moral sur l’attention aux responsabilités et à la nature des rapports humains” (Laugier et Paperman, 2008 : V).

In a traditional African society, moral formation is rarely a formal event but simply transmitted and acquired through daily practical life since, to Africans, practice signifies knowledge and vice versa. To Metz and Gaie, “this is to be understood as a certain procedural principle, perhaps as applied to a given context, and the way one comes to be aware of this principle and its practical implications is by conscious rational deliberation” (Metz and Gaie, 2010 : 285). Moral knowledge, therefore, develops through one’s practical daily life in a harmony with substantial engagement in real moral issues of the society, and expertise subsequently develops with experience leading to moral wisdom. Metz and Gaie thus say that “becoming a real person (in Africa) plausibly requires the adoption of certain attitudes, emotions and more generally, ways of behaving that do not come easily”. For example, “it can take a lot of work to learn how to overcome resentment towards others, to cultivate empathetic awareness of what it is to be like others, to be assertive in respectful ways, to forgo benefit for one’s self when they would cost others and to be painfully honest with oneself about one’s own motivations” (Metz and Gaie, 2010 : 286).

ii. MORAL MOTIVATION AND DEVELOPMENT IN AFRICA: African moral emphasis is centred on the zeal to respect some common natural human values and thus

aimed at assuring moral rectitude and unity in a harmony. All these, put together, function as the moral motivation on which is tailored African moral development. Despite the common complexity of the term “motivation”, it is used here in reference to Angus’ definition where it is said to be “a reason or reasons for acting or behaving in a particular way; the desire or the willingness to do something” (Angus, 2010 : 1155). This goes in line with Gould and Kolb’s clarification where they affirm that “indeed, with respect to humans, any object or state of affairs may be regarded as motivating, provided only that there is independent evidence that behaviour is in fact directed toward that object or state of affairs” (Gould and Kolb, 1969 : 448). Just like the aforementioned priorities often naturally condition African moral acts, Gendron quotes Nodding who confirms that « lorsque la sollicitude naturelle devient pour l’agent moral le type de motivation à la responsabilité morale à privilégier, elle ou il manifeste un engagement envers cette forme de réceptivité et de cet engagement » (cité dans Gendron, 2003 : 126).

Generally speaking, moral motivations always play a role of a go-between egoism and altruism. In Africa, ethical actions are a product of conscious apprehension of others as motivating factors for the sake of community relationships. Metz and Gaie emphasize that “community relationships to Africans include an emotional engagement with others’ well-being, often cashed in the form of sympathy”. According to this disposition, “acting out of sympathy is part of what is called for when acting rightly or virtuously following Afro-Communitarian moral theory we have spelled out”. Africans thus believe that “such a view accords emotions a constitutive role in moral motivation” (2010: 285). It is on this view that Laugier and Paperman quotes Gilligan preferentially differentiating “moral ethics” from Kohlberg’s “ethics of justice”. According to her, unlike ethics of justice which is « le développement moral sur la compréhension et la mise en œuvre des droits et des règles », moral ethics is instead linked to care ethics which she says « se définit par un souci fondamental du bien-être d’autrui, et centre le développement moral sur l’attention aux responsabilités et à la nature des rapports humains » (Cited in Laugier and Paperman, 2008 : V).

According to Kohlberg, individuals’ ethical development or maturity takes six stages which are intrinsically linked to one’s socialization as one grows from childhood to adulthood under the same social conditions. It may not hold the same in Africa where

adults are often given more ethical righteousness, and thus remains very difficult for Africans to measure moral/ethical development in these very stages. As Metz and Gaie (2010) clarify, African ethical development that forms the base of their cultural justice system projects a certain degree of “partiality” where community harmony and radical respect for elders trump, thus making it difficult for them to graduate this development in various stages. Metz and Gaie believe that from “layman’s understanding of morality in sub-Saharan Africa, there is evidence that they either have failed, or clearly would fail, to approach interpersonal conflict in the purely impartial or universalising manner that Kohlberg thinks is ideal” (Metz and Gaie, 2010 : 281). According to Kohlberg, an ideal ethical development goes with “an impartial justice system” which facilitates individual reasoning for individuals. Contrarily, emotional and passionate love takes the lead in sub-Saharan African moral system, thereby promoting affectionate partial relationship as justification for both moral and legal matters. This is to say that in communitarian moral system, “justice” and “right” depend much on “collective judgment”, where judgment is based on sympathy for the harmony than on the just consideration of individual autonomous right.

African traditional justice system which is the subset of African moral development can be very problematic if not well understood since it projects more of “teleological logic” than “procedural”. This is due to the fact that this traditional moral system is completely interwoven with the justice system, where the two are aimed mainly at safeguarding harmonious unity in the society, irrespective of the procedure. However, just like the western impartial justice system, the African partial traditional justice system always wants and attains human satisfaction. For this reason, we affirm with Metz and Gaie that, “given differences in methods, one might suggest a pluralist account of moral maturation, according to which it differs depending solely on the nature of the society” (Metz and Gaie, 2010 : 282). It has thus confirmed the postmodern dire necessity to incorporate (cultural) diversity in fundamental ethical thoughts and operations so that our actions should always fit in contextual circles within which they are practiced or exercised.

2.2. THE MANIFESTATION OF BIOETHICS IN AFRICA – A DREAM

In the words of Hottois, « la bioéthique n'est, à proprement parler, ni une discipline, ni une science, ni une éthique nouvelle. Sa pratique et son discours se situent à l'intersection de plusieurs technosciences (biologie et médecine), et des sciences humaines (sociologie et anthropologie) » (Hottois, 2001 : 124). This statement demonstrates the multidisciplinary multidimensional characteristics of bioethics as its subject matter runs across a series of social and practical sciences, with all stressing the respect of human dignity and value, a setting that is heavily anthropological. The necessary infiltration of anthropological knowledge into bioethical evaluation is a postmodern phenomenon galvanized by the recent discovery of constructive contributions from sociocultural diversity in the globalization of bioethics. This goes in confirmity with the view of Sgreccia who advises that « nous devons concentrer progressivement notre attention sur la vie, et à partir de la diversité dans le monde, nous pouvons en venir à considérer que la vie de l'homme, l'être, l'homme représentent les sphères de la réalité dans laquelle se déroule le discours » (Sgreccia, 1999 : 141).

In fact, anthropological confrontation enriches bioethical debates with contemporary sociocultural dynamism. Sgreccia again affirms that « l'anthropologie apporte un critère discriminatoire entre ce qui est techniquement et scientifiquement possible et ce qui est éthiquement permis; elle offre aussi un critère de jugement entre ce qui est permis par la loi de la majorité politique et ce qui est licite et profitable pour le bien de l'homme » (Sgreccia, 1999 : 65). In this section of our work, therefore, the issue of “cultural diversity” actively comes into play with claims and counterclaims looking for “anthropo-ethical consensus”. It is discovered that until differences in bioethical orientations are integrated as different means to the same end, the management of global cultural pluralism will ever be problematic. This is because despite the relatively recent development of the contemporary concept of bioethics as we have it today, its core as “life ethics” is as ancient as humanity. Therefore, every human race has its own way of sanctifying human life, and biotechnology, following the evolution of time and mentality, is forcefully introducing its own views and justifications into this bioethical multidimensionality.

In order to put to test the conflictual relationship between this multidimensionality of bioethical enforcement and cultural diversity, we will, in the first place, examine the practice of excision, an African traditional practice said bioethical with socio-ethical justifications and argue it with Western contestation coming from universalist techno-scientific mind-set. In order to verify if Western argument against excision is a matter of Western mentality which is more scientifically inclined or of that of Africans which is more traditional, we will, in the second place, study the establishment of assisted reproduction technology, a scientifically oriented biotechnological practice within African traditional culture. These two settings will give us good grounds on which to evaluate with certainty why it is difficult to see bioethical groundings of African traditional practices like excision or to successfully establish modern biotechnologies like reproduction technologies in Africa. From this background, we will be able to determine how difficult it can be to have an ethical consensus in intercultural debates without recognizing and integrating sociocultural differences. It will also help us, as Kenmogne says, « à savoir s'il existe une manière spécifique de penser l'éthique [bioéthique] en Afrique » (Kenmogne, 2012 : 13), since contemporary techno-scientific bioethical enforcement has remained a dream in Africa. However, as we are delving further into this sensitive intellectual debate, we are as well being cautious of Aimé Césaire's warning highlighted by Nyano, that is, to avoid « soit à se murer dans le particulier, soit se diluer dans l'universel » (Nyano, 2012 : 13).

2.2.1. AFRICAN TRADITIONAL PRACTICE SAID BIOETHICAL: THE CASE OF EXCISION

To begin with, it is worth recalling that as of the 21st century, we can witness a certain duality in bioethics: “bioethics” as a term for those who look at it as “life ethics”; and “bioethics” as a functional concept for those who simply consider it to mean various principles that guide various practices of a certain profession. While the former basically stresses the value and dignity of human life that needs to be respected at all cost, the latter is mainly related to modern biomedical science and medical practice (doctor-patient relationship). Given the contemporary dominance of the latter, we are tempted to wonder aloud if healthy individuals do not equally need bioethical protection and assurance. In any case, it is our greatest wish to develop this section of our work with productive amalgamating of the two aspects/facets of bioethics so that

bioethics should simply and directly stand out as that reflection that worries about the management of human life. This will link us up with the inspiration of Macer who understands bioethics as the enforcement of ethical principles guiding human behaviour and acts towards human beings in respect to their wellbeing, rights and dignity (Macer, 2005 : 1). It has also been observed that there exist some African traditional and cultural practices, like the case of excision, onto which their promoters graft some bioethical bearings and claims that are to be determined.

Though fully subscribing to Nyano's observation that "le problème de l'excision n'est qu'un volet de cette question plus vaste de nos pratiques culturelles" (2012: 28), our choice is motivated by the fact that the practice of excision, though a still highly valued ancient traditional practice in some parts of Africa, stimulates active global controversies. These controversies have thus complicated the apprehension and the acquisition of a precise definition for this practice, a situation that has left nothing other than developing a certain degree of understanding, a simple form of attaching a term to a particular practice. According to *Wikipedia*, excision simply refers to the cutting off of part of an organ, but the French version takes it further by defining it as "l'ablation de la partie externe prépondérante du clitoris et de son capuchon". The latter definition exactly resembles what we are talking about though some societies always "prune" the clitoris and/or other parts of the reproductive organ.

In some parts of Africa, excision is an integral part of the initiation rite of passage into womanhood, a step that marks the beginning of another page of life, a page of seniority in the life of a woman in her society. According to Shahadah (2010), various initiation rites play an important role in African socialization as they demarcate different stages in an individual's development, as well as define that individual's relationship and role to the broader community. To him, the major passage rite in the life of an African is the transition from childhood to adulthood like the case of excision since excision is the passage rite through which the excised becomes fully customized with the ethics of her culture. That notwithstanding, it is clear that the practice of excision runs short of universal conviction and has thus for long been at the centre of serious intercultural ethical dilemma.

i. WESTERN CONTESTATION OF EXCISION: UNIVERSALISTS DEBATE: Despite the ethical plausibility of culturally based justifications for the practices of excision, Western universalists mind-sets always have it very difficult endorsing its worth, especially as its validity is based on a particular “communal judgement”. For this reason, the practice of excision has in recent times instigated heated intercultural debates in which Western counterparts seriously call for its immediate eradication. Dijon confirms that this western accusations are coming « [a]lors que, dans certaines régions de l’Afrique subsaharienne, se pratique encore, sous le couvert de la tradition, l’excision du clitoris afin de faire accéder les fillettes qui la subissent à leur personnalité de femme, les pays occidentaux élèvent fortement la voix pour dénoncer ce qu’ils appellent une mutilation, contraire au plus élémentaire des droits humains, le droit à l’intégrité physique, appelant donc à une répression pénale très sévère » (Dijon, 2012 : 49-50).

Western continuous insistence that excision is too harmfully painful to be human has successfully vested some accusations on excision as physical violence against human right of body integrity, and as moral violence against gender rights. Unfortunately, these accusations have developed into an unceasing request for the urgent prohibition of the practice of excision from human milieu. From these accusations, Nyano infers a syllogistic deductive argument that « l’excision est une pratique mauvaise » (Nyano, 2012 : 27) because “excision = mutilation” (28). This argument, with its true premises, rightfully rejuvenates the bioethical concern for the respect of human body integrity, but, at the same time, it projects a paradigm that “social coherence” may render its conclusion invalid because of its limited contextual bearings.

However, Dijon confirms that « une des questions les plus débattues dans le domaine de l’éthique entre l’Afrique et le monde occidental concerne le respect de l’intégrité corporelle » (Dijon, 2012 : 49). Boitte (1995), on his own part, believes that normally the issue of human body integrity should not cause any difficulty as he supports his argument with Descartes’ view that the contemporary concept of human body integrity should be considered as an individual affair and as the reflection of the inseparable human duality, body and soul. Boitte’s argument signifies that in a human system, unlike in beasts where instincts triumph, what pleases individual’s body is that

which also pleases his soul, and excision should such be considered. That is why Fuambai (2000), though without refuting the fact that excision is mutilation, believes that a hasty call for its eradication based on the above reason may be the fruit of prejudice for the practice pleases the whole human system. To her as well as to Nyano (2005) as cited in Nyano (2012), should such a call be true, then many other practices like body tattooing, body/ear piercing, haircut, etc. should be given the same judgment and verdict. Fuambai (2000) further laments on the fact that at the same time the western world is passing this judgement and verdict on excision, western plastic surgeons are advertising sex transformation, where she talks particularly of “designer vaginas”.

That notwithstanding, Western accusation of excision on grounds that it is mutilation has remained factual since it has to do with the cutting off of an intimate part of the body. Though some sociocultural justifications may minimize the intensity of this judgment, it remains all the same a herculean difficulty for defenders of excision to convince the world that this practice generates happiness in the excised as to be cherished and be endorsed. Upon all odds, however, it may be wisdom cultivated to accept with hedonism that human happiness is intrinsic (body and soul) and remains highly particular. As such, the problem of excision in relationship to human rights and dignity might be properly handled under contextual anthropological guidelines. This is because most sensual concepts like happiness, joy, satisfaction, etc., that nurture human dignity, are better justified at the particular level than universal. No two individuals can possibly live any of these concepts in the same magnitude even under the same conditions. For this reason, while the advocates of excision consider the excised as beneficiaries of traditional benediction, Western observers instead believe they are victims of cultural malpractice.

From these accusations, Mbonda clarifies:

Si l'on applique ces critères, le second en particulier, au cas de l'excision telle qu'elle est comprise et pratiquée dans un certain nombre de sociétés en Afrique, elle n'est pas, comme l'injure (choisie par l'auteur comme paradigme de l'action morale), une pratique ayant pour effet de situer la jeune fille au bas d'une échelle de valeurs. Au contraire, c'est cette pratique qui assure sa place et sa respectabilité dans la société, de sorte qu'à ne pas s'y soumettre, elle subirait alors une déconsidération de la part de l'ensemble de la société, ruineuse pour sa dignité (Mbonda, 2012 : 100).

He further clarifies that what is deduced from the argument on excision « c'est que la notion même de dignité n'a pas la même signification dans les différentes cultures et même chez des auteurs appartenant à la même aire culturelle » (Mbonda, 2012 : 108). He, however, admits that « la violence infligée lors des rites d'initiation n'est pas assimilable à la violence ordinaire. C'est une violence certes réelle, atroce, probablement la violence la plus forte que bien des initiés connaissent tout au long de leur existence » (Mbonda, 2012 : 112). Despite the magnitude of these pains, it may not just be considered *a priori* as a negative sign because, as he further clarifies, « il faut avoir en vue l'importance de ce qu'elle réalise et qui, sans doute, explique aussi son ampleur » (112). From her experience as an excised, Fuambai (2000) also testifies the pains which she believes she had never experienced such before then but does not give it any negative connotation. Nyano confirms that « ce dont elles (les excisées) témoignent c'est la douleur qu'elles ont vécues [...]. Jamais elles ne disent qu'au moment où elles subissent l'opération, elles étaient comme les individus sur lesquels on crache, ni d'ailleurs qu'après elles se sont senties telles » (Nyano, 2012 : 44).

From all the justifications given to the pains that accompany the practice of excision, one is tempted to believe that either these pains are wilfully inflicted for a purpose, or they are willingly permitted for an envisaged benefit. That being the case, then Tasha (2011)'s justification that the whole initiation process is aimed at instilling the spirit of both physical and mental endurance so that the excised can demonstrate fortitude in pains is validated. This is why she thinks that those pains that accompany the exercise of excision should not be given a negative connotation as violence, for those pains lead to a positive end. Tasha's view confirms Ruddick (1992)'s emphasizes that though violence almost always involves pains, the infliction of pains may not always *ipso facto* be violence.

However, Western accusations of excision are not only limited on the issue of pains since that particular issue can very much be health issue. As such, there are always some subsidiary sociocultural accusations against the practice of excision where many persons often claim that the excised are victims of patriarchy. Patriarchy here, according to *Wikipedia*, refers to “a social system in which males hold primary power, predominate in roles of political leadership, moral authority, social privilege and control of property; and in the domain of the family, fathers or father-figures hold authority

over women and children”. According to these accusations, women are excised in order to reduce their sexual desire/sensitivity so as to increase or assure their fidelity or faithfulness to their husbands. It is thus believed that men promote the practice of excision for some egoistic reasons to which women are bound by cultural regulations to succumb. Fuambai (2000) vehemently castigates these accusations in clarifying that the “pruning” of young girls’ clitoris is instead meant to ease “sexual penetration” and ensure or increase their “marriageability” leading to excellent motherhood. According to her argument, it is believed, among other things, that the excised tirelessly involves into sexual dealings, thereby conserving the intimacy of the husband and thus of the couple resulting in a loving and responsible parenthood.

Though excision is a pure traditional act, it needs to be given bioethical bearings since it touches human value, life and health, a move that will reduce the magnitude of its global confusion. However, following Kenmogne (2012)’s worry, we may believe that the difficulty of inserting bioethical bearings and justifications in the practice of excision is due to the unfortunate confinement of the concept of bioethics within the tenets of techno-science. Following his argument, it, therefore, means Western bioethical evaluation of excision is too techno-scientifically oriented to properly discern the profitability of this practice which is instead a traditionally oriented practice based only on sociocultural justifications. This is why Kenmogne laments saying : « À ce jour, notre expérience nous oblige à constater que l’Homme africain est indiscutablement en perte de repères. [...] Portée par le mondialisme et la tendance à l’uniformisation éthique, une mutation profonde prend progressivement place en notre rapport d’Africains à la vie et modifie fondamentalement nos croyances les plus particularisantes » (Kenmogne, 2012 : 18-19). Therefore, as those who practice excision always put forward their sociocultural defensive justifications, the validity of these justifications will always necessitate reasoning with contextual bearings in which may be found “ethical goodness” to render them acceptable.

ii. AFRICAN GLORIFICATION OF EXCISION: SOCIO-ETHICAL DEBATE: Excision, being purely a traditional act, is always framed by some sociocultural reasons and justifications evaluated by “insiders”¹⁷ to be ethically plausible to upgrade human

¹⁷ Fuambai uses “*insiders*” referring to people living the experience of excision (the excised and persons from societies that practise excision) as opposed to “*outsiders*”.

sociocultural dignity. To be noted is the fact that not all “insiders” are for the practice of excision, and Fuambai (2000) expresses dissatisfaction towards those insiders, especially the excised, who militate against the practice they are living, as well as against those who have simply taken neutral positions. According to her, they so do give a leeway to those who know of excision by hearsay to make any argument and build their conclusion on. In any case, Nyano (2012) presents excision as a practical way the society takes charge to promote and give a good orientation to the sexual life of young girls, the life they are about getting into. The objective of excision, he recalls, is therefore to edify the young girl and give her social recognition and necessary social dignity. This means that through excision, the society believes to have veiled the excised with necessary female qualities that make her fit for her community and, above all, to be considered a woman especially in the field of sexuality. Fuambai (2000), an excised herself, testifies that excision is a sign of cultural transformation in the life of a young girl, during which she is endowed with fertility and abundance. Nyano supports this by demonstrating how the whole society galvanizes this practice with lots of encouraging and affirmative appreciations, and thus looks upon an excised « *comme quelqu’un qui particulièrement a de la valeur* » (Nyano, 2012 : 45). The yet to be excised honourably and enviously respect the excised to have successfully crossed the last stage into full womanhood, the stage considered « *une espèce de réussite sociale* » (Nyano, 2012 : 46).

According to Tasha (2011), right from the moment of excision, the excised assumes some rights and duties that hitherto were a taboo and she is thus welcome and integrated among responsible female circles. Referring to the excised, Nyano says « *celle-ci est désormais reconnue socialement en tant que femme et peut participer sans restriction à toutes les activités qui leur sont réservées* » (Nyano, 2012 : 46). The excised take part in decision making and also go in for marriage since most of these traditional societies have as social taboo for a young girl to indulge into any sexual relationship or marriage before ever being excised. In the eventuality of this failure, she no longer qualifies for excision and consequently risk never being asked out for marriage, and may also be considered by her community as cursed. Fuambai (2000) testifies that in those societies where excision is practiced, young men look at the excised as real uncontaminated elements to be incorporated into family life as they are

still freshly initiated and are thus full of traditional blessings¹⁸ believed to assure fertility and socioeconomic success. According to Nyano, the excised leave in the eyes of all young men the image of « celles qui sont dignes d'être courtisées, celles que l'on peut épouser » (Nyano, 2012 : 47). Though the link between excision and marriage can easily be trivialized by outsiders, it may be paramount in most African societies where marriage is not only for companionship but necessarily for the formation, combination and enlargement of families and communities.

The combination of Western accusations on excision as a violation of human rights and African glorification of excision as valorisation of "woman value", creates an active source of countless ethical questions, dilemmas and puzzles. For this basic reason, Nyano is asking: « À quelles conditions, pour généraliser, la pratique de l'excision peut-elle être considérée comme ne violant pas l'éthique? » (Nyano, 2012 : 28). Considering the rationale of postmodern ethical emphasis, it is clear that the clarification to Nyano's worry is found in the justice of social coherence because the understanding of excision necessitates sociocultural evaluation of facts, thus firmly framing its ethical validity within socio-ethical particularity. This is because, as Ngomo affirms, « [l]a culture appelle l'éthique comme son complément normatif » since « [l]e registre de l'éthique prescrit les genres de vie jugés socialement permmissibles » (Ngomo, 2012 : 154). Fascinated by this ethico-anthropological clarification to this North-South ethical dilemma on the issue of excision, Nyano is again asking: « Qu'est-ce qui fait qu'elle semble acceptable aux uns et irrecevable aux autres? » (Nyano, 2012 : 28). Meanwhile, he expresses : « La pratique de l'excision est conforme au système local de représentation, tant sur le plan simplement social que sur celui culturel » (Nyano, 2012 : 29). To clarify his stand, he further declares that « l'excision est ce qu'il est tenu de faire pour être bien vue de son entourage ; l'excision est ce qu'une fille est tenue de subir si elle veut être acceptée par sa communauté » (Nyano, 2012 : 29).

We are lured by these views on the issue of excision to rethink anew the ethics of cultural diversity where cultural justification of ethical principles is tenable. This refreshes in us Boudon's paradigm of « bonnes raisons », « raison fortes » and « rationalité axiologique ». From this paradigm, Mbonda draws inspiration to highlight

¹⁸ Some traditional African societies believe in traditional benediction that passes through some traditional rites of initiations and results in some highly desired basic needs like fecundation and general socioeconomic success.

the fact that « toute pratique culturelle et toute croyance collective reposent sur des bonnes raisons » (Mbonda, 2012: 102). With a touch of socio-anthropological ethics, he further dwells on Boudon's explanation where he says:

Une croyance collective se forme lorsque son contenu fait l'objet d'une adhésion de la part des individus; elle fait l'objet d'une adhésion de la part d'un ensemble d'individus lorsqu'elle fait sens pour chacun d'entre eux en particulier; elle fait sens pour un individu lorsqu'il a des raisons fortes de l'accepter (Mbonda, 2012 : 103).

Socio-anthropological ethics to which this argument owes allegiance, therefore, requires full acquisition of “cultural conspiracy” which, according to Kobylarz (2005), is the knowledge and interpersonal skills that allow people to understand, to appreciate, and to work from cultures other than their own. It involves the awareness and acceptance of cultural differences vis-à-vis self-awareness.

2.2.2. BIOTECHNOLOGY IN AFRICA - A DREAM: THE CASE OF ASSISTED REPRODUCTIVE TECHNOLOGIES (ARTs)

Biotechnological development and advancement in Africa has relatively been stagnant thereby projecting a worrisome regressive progress in relation to the development of time and mentality. In general terms, the difficulty of matching the development of biotechnological practices in Africa with global techno-scientific progress demonstrates the extent to which bioethical enforcement has remained a dream in Africa. This observation is clearly substantiated with the case of Assisted Reproductive Technologies (ARTs) that are yet to be tested to be felt in Africa despite the fact that these technologies had been in use for decades. To a greater extent, this is because the bioethical enforcement that ought to assure a successful global coverage of these technologies has failed to productively integrate cultural diversity and/or particular sociocultural exigencies in its enforcements; and, to a certain extent, because of the inextricable scientific configuration of these technologies that often lacks accommodation within less scientific traditional societies like Africa.

Assisted Reproductive Technologies here refer to the embodiment of all scientifically proven methods used to achieve pregnancy by artificial or partially artificial means, which are used primarily as infertility treatment (*Wikipedia*). These technologies and/or techniques make the central part of biotechnological development

as science and technology has immensely concentrated its innovative development on biotechnology, thus continuously extending its tentacles deeper into biomedicine. This is partly because of human increasing necessary desire for better health and life, and partly because of a series of *United Nations' Millennium Development Goals* that summed up to a global desire for “a disease free world”.

Alongside the evolution of time and mentality, techno-scientific ambitions in biomedicine have equally been evolving and developing both in technique and technology, with a common target of filling some natural reproductive lacunae that surface as human health challenges are increasing. According to Frankel (1978), techno-science, in the name of reproductive technology, has deeply ventured into human existence by altering the natural process of procreation and providing human beings with the potential of exercising control over the generation and quality of human life. In an affirmative manner, Cohen says these new biotechnologies have completely altered the way human beings perceive the most significant elements of life like birth that is surrounded by new procreative technologies (Cohen, 2003 : 5).

In fact, human health frailties and challenges are enormous as they increase geometrically while solutions are coming up at arithmetic rate¹⁹. Considering that human beings beget their successive generations, infertility has proven to be one of the most serious of all human health frailties. Infertility here means the inability of a heterosexual couple to conceive after 12 months of continuous unprotected sexual intercourse, without any gender preference. In some cases, as Asch and Marmor (2008) highlights, it manifests in a woman's inability to sustain a pregnancy demonstrated by repeated miscarriages. Though it is still being trivialized in some parts of the world like Africa, infertility has no geographic preference as WHO's demographic report of 2010 indicates that it irrespectively “affects up to 15% of reproductive-aged couples worldwide”. Biomedical technology has thus come a long way with Assisted Reproductive Technologies to remedy this situation, but, unfortunately, Africa is yet to have enough of these bio-techno-scientific benefits. Meanwhile, Asch and Marmor report how this frailty is often unpredictably destructive among African women as theirs is often due to “untreated pelvic inflammatory diseases” (Asch and Marmor, 2008 : 5).

¹⁹ Inspiration from Malthusian theory

i ASSISTED REPRODUCTIVE TECHNOLOGIES (ARTs) IN AFRICA: The development of Assisted Reproductive Technologies signifies serious and intensive involvement of biotechnological advancement in human procreation process especially in situations where natural reproductive process has failed. Given the North–South socioeconomic and techno-scientific disparity, this techno-scientific endeavour to assist retarded human reproductive system has mainly developed in the North, as supported by advanced scientific development. This partial development has left African populations desperately vulnerable to many reproductive health difficulties that often develop into serious complications as they trivially and traditionally grapple with them within their own capacity. It is worth noting that everywhere, anywhere and at any time, child bearing is nobility and its absence is humiliation, since in all human societies, according to Macer, “there are prenatalistic ideas putting pressure on couples to have children” (Macer, 1999 : 136). This demonstrates the magnitude of the necessity of extending these reproductive technologies to all societies of the world, a situation that is yet to see its days in Africa, despite the dire need.

This global discrepancy in the development of assisted reproductive technologies is an indication of the absence, either by rejection or by negligence, of intercultural bioethical enforcement that would have ensured and assured the establishment of these technologies in Africa. As it has curiously been diagnosed, the situation is aggravated by the unscrupulous techno-scientific grip on the interpretation and application of all fundamental bioethical principles in the name of biomedical sciences. As such, these bioethical principles have forfeited their global or intercultural credibility and have thus become pompously uncompromising with less scientific African cultural environment. For this reason, any bio-professionals who attempt these sensitive biotechnological adventures in Africa always face a multitude of contextual difficulties in coming to terms with African sociocultural peculiar exigencies, and as such, health inequality escalates. Guy Durand reiterates this point with Isambert’s observation that the necessity for the integration of cultural differences in bioethical emphasis shows « ce qu’il y a de légèrement “hypocrite” souvent dans l’emploi du mot “bioéthique” » (Durand, 1997 : 32).

For example, Isambert reports a situation in Madagascar, where a man proven by his doctor to have reproduction difficulties requested artificial insemination for his

wife from a physician of Belgian origin. Owing to this man's culture (the one requesting) where the dignity of a man (manhood) is evaluated from his capacity to beget his offspring, he desired that the wife be kept ignorant of this intervention. That is, she should not be told that it is insemination but that it is a kind of treatment/medication for her to conceive during the next sexual session with her husband. This demand was denied him because the physician stressed on the justice of individual's autonomous right to information, and thus could not inseminate the wife without informing her, forgetting that according to this very culture, this man could say/speak for his wife (Isambert, 1984 : 40). This goes in line with Hill *et al.*'s findings from the rural regions of northern Ghana where many biomedical professionals involved in maternal care often let go many precarious situations with a simple say "I don't know anything about their culture" (Hill *et al.*, 2014 : 36). According to them, there is an indispensable need for "allopathic professionals" to be given serious education and formation on the integration and respect of cultural diversity before they go out to the world. These situations demonstrate the conflict between Western universal and individualistic judgements and peculiar African traditional and communal/family judgement. This, therefore, showcases the need to develop and institute practical intercultural bioethical intervention and enforcement, that is, the enforcement of bioethics of cultural diversity, at the global level. Such a move will be aimed at inculcating into bio-professionals the abilities to mingle professional knowledge with cultural peculiarities as they go about their duties.

However, it is true that some of these reproduction technologies are scientifically complicated and may need a certain considerable socioeconomic environment together with a certain degree of scientific mentality that may be absent in Africa. Yes, considering that none of these factors can ever enjoy global uniformity, contextualization process is thus recommended for it brings into the system the necessary dynamism that helps various operations to directly suit their destinations. Contextualisation is understood here as "the process of assigning *meaning* (any possible derivation) as a means of interpreting the environment within which an action is being executed [...], a process in which culture is understood in more dynamic and flexible ways, and is seen not as closed and self-contained, but as open and able to be enriched by an encounter with other cultures and movements" (*Wikipedia*). Thus, if this is

cultivated, bio-professionals will be able to anthropologically interpret various guiding bioethical principles and introduce these reproductive technologies in Africa according to both contextual sociocultural and socioeconomic dispositions in force.

This contextualization process necessarily entails an intensive collaborative interaction between bio-professionals and social scientists, a professional amalgamation that will create a certain degree of flexibility in both the interpretation and application of bioethical principles enforcing Assisted Reproductive Technologies to benefit African populations. Unfortunately, either for fear of denigration or of alienation, bio-professionals often engage in this collaborative dynamism with a certain degree of timidity that lands them directly into failure. Guy Durand regrets this attitude by stressing that the proper exercise of bioethical activities demands inter-professional collaboration of « les médecins évidemment, puis les philosophes et les juristes, ensuite les sociologues et les économistes, enfin les législateurs et même l'ensemble des citoyens » (Durand, 1997 : 23). If this collaboration were to be successfully established, bioethicists and biomedical professionals will be able to tailor their intervention technics according to African socio-anthropological settings, and thus execute them within African socioeconomic limits. This view ties with that of Zylinska where he emphasizes that “any biomedical intervention that runs short of full collaborative knowledge of the society and its people is likely to fail”, because, he continues, “when it comes to matters concerning our life and health, there seems to exist an unwritten consensus that they must not be left just to experts... since all freethinking citizens in various communities need to have a say” (Zylinska, 2009 : 3).

In any case, looking at these reproductive technologies as the most recent fundamental steps of bioethical enforcement that are necessary for humanity, Wasunna craves for the effective extension of biomedical research to the South to enable them benefit from these technologies. She attributes her great desire to the fact that “a combination of the increase burden of disease in the developing world and the absence of affordable therapies and vaccines has raised the sensitivity of health professionals to issues of ethics and equity in international biomedical research”. She talks intensively of “the transfer of biotechnology to African countries”, and regrets the fact that for years, biotechnology has been seen as belonging exclusively to the west. She further laments on the reality that recent debates revolving around the potential benefits of “genomics”

to improve the health of the poor like Africans has raised a number of social, economic, legal and ethical questions, one of which is: “Can we provide a disease free world?”, a question that directly challenges the UN millennium claim (Wasunna, 2005 : 331). Therefore, from all these analysis, it is factual that to have “a disease free world” so that Africans should also see themselves out of procreative frailties, it takes collaborative efforts of biomedicine together with all social and human sciences such as anthropology, sociology, economics, and many others.

ii. DIFFICULTIES IN ESTABLISHING ARTs IN AFRICA: To begin with, it is necessary to reiterate the fact that talking about Africa is talking about a less scientifically developed region, and talking about Assisted Reproductive Technologies is talking about a purely scientifically oriented or, at least, scientifically testified practice. Therefore, the realization of this section of our work is based on the understanding of the difference that lingers between Western scientific conception of human reproduction and African traditional conception so as to strike a balance. This concern is tickled by the fact that, as biotechnology is seriously widening its efforts to ameliorate some human reproductive defaults, and the scientific world is thus in total jubilation to have successfully developed various ways of fighting against human reproductive handicaps like sterility and impotency, as well as preventing the proliferation of some deadly genetic diseases, Africans are still completely lost in their traditional culture and are wondering both in terms and practice. As such, many traditional Africans are tempted to look at artificial insemination as a means of separating procreation from marriage, that is, separating human procreative sphere from the sphere of marital love in the way that it is either violative of the marriage covenant or likely to be destructive of it and of the family.

However, according to Sgreccia, this North-South conceptual difference on the issue of Assisted Reproductive Technologies is not strange as he believes that bio-scientists always mistaken in their belief that their interventions are « évaluables au-delà des changements culturels et de l'influence des idéologies » (Sgreccia, 1999 : 399). This, therefore, brings comprehension difficulties for Africans since they instead believe that human sexuality has a direct link with human corporality, a link that gives rise to responsible reproduction. Duncan (1977), on his own part, believes that Africans think as such because having a child to them is a sign of manhood, and allowing your

wife to be conceived by any third means is considered the worst type of cowardice. An African child, therefore, is considered the rightful descendent of his father only when he is his proper blood, one of the reasons for which Africans have sentimental attachment to their children, and passionate and affectionate ownership love for their wives, and many of them die seeing their family lineage continuing in their children.

From all indications, African culture projects an unbendable adherence to “natural reproductive law” and thus emphasizes the justice of sexual intercourse in relationship to human procreation process. It is for this reason that African debates on human procreation process often capitalize on the traditional link between a child and the conjugal sexual relationship of the parents. This indicates that Africans talk of human sexuality mainly referring to heterogeneous sexual relationship which makes part of natural reproduction process. It is the very reason for which homosexuality receives the same judgment and rejection within African culture. On this very note, we say with Ngomo who is initiating this very argument from the side of homosexuality, that African debate on human sexuality « se décline, en général, sous trois modalités correspondant à trois registres connexes: la culture, l'éthique et la loi. Le registre de la culture sert de point d'ancrage à des réquisitoires contre l'homosexualité au nom d'une défense de principes d'une supposée authenticité culturelle africaine dans le domaine des mœurs, notamment sexuelles » (Ngomo, 2012 : 154).

To Africans, there is an inextricable reciprocal hetero-genial relationship between sexual love and the generation of human life. It is on this esteem that they always value the corporal expression of love between the father and the mother in their sexual act on the grounds that this love eventually and necessarily extends to their offspring. McCormick (1978) heralds such a view by affirming that parents do not love their children simply because the children are there and need love but because they have loved each other and because the children are the visible fruits and the extension of that love. As such, most typically traditional Africans who present themselves as « les défenseurs d'une intégrité sexuelle africaine » (Ngomo, 2012 : 153), conspicuously reject Assisted Reproductive Technologies together with other sexual orientations like homosexuality on the motive that they are expressions of Western conspiracy to infiltrate perversion into African sexual authenticity.

In the midst of this cacophony or controversy of intercultural hermeneutics, most western bio-professionals often tend to approach Africa with sensitive technologies like reproduction technologies already overcrowded with *a priori* prejudices and presumptions, and thus face countless difficulties in their struggle to penetrate African traditional societies. These intercultural difficulties immensely manifest in the bioethical interpretation of the concepts of “justice” and “individual autonomy”; and also in the consideration of the extension of “family lineage” and thus of “incest”. However, Behren believes that these differences that are here considered difficulties are simply variant orientations of the same principles and not a difference to stand out as a separating factor as often purported. To him, the concepts of “justice” and “individual autonomy” are interpreted in African traditional societies as “harmony” since African perspective of ethics acknowledges the importance of “relationality”, cognisance of their inherent belief that individuals are intrinsically linked to their families and communities. As such, since justice is an important aspect of harmonious relationships in societies, everything entailed by the principle of justice would be inferred in the principle of harmony, a new concept that “would be richer, broader and more inclusive of the concerns of communitarians, care ethicists and virtue ethicists” (Behren, 2013 : 34). Macer equally endorses this insight and describes it as an “enlarged autonomy” known as “familial autonomy” (Macer, 2005 : 146).

In addition to these “socio-technical” difficulties, Asch and Marmor (2008) also observed that most of these Assisted Reproductive Technologies are still kept at a very high cost, making it practically very difficult for average citizens. Therefore, the extension of these technologies to Africa where the majority of people live averagely on less than \$2USD a day has also greatly been handicapped by this socioeconomic difficulty. In many African countries where some of these technologies are already ventured, these high prices have kept them out of the reach of the majority of citizens who desperately need them. WHO *Bulletin* of December 2010 talks of an In Vitro Fertilization (IVF) Service Centre in Uganda whose cost has proven to be exorbitantly high for these populations as it is run by International Women’s Hospital that relies on foreign doctors who fly into the country from time to time. In relation to this, the situation of a Ugandan woman is narrated, a woman who sold her inheritance and her plot, and paid for one cycle of IVF which unfortunately failed. This lady is quoted

lamenting and saying that at this rate, it will take her some nine years again to save enough money for a second cycle, and by then she will be too old. In full despair she shouts: “We cannot afford it and I am going to die without my own biological child”.

In Africa, infertile women can only have hopes if assisted reproductive services are socio-culturally and socioeconomically affordably available, hopes that are far from being realized despite the call. As of now, the only cheapest infertility care centre in Africa is the Al-Azhar University centre in Cairo with the subsidized cost of US\$600 per IVF cycle. Even at this amount, it is still hell to many Africans, and, in addition, considering the fact that the whole continent can just boast of only one subsidized centre despite some developing efforts in some African countries. Kazeem and Adeogun are thus proposing that in order to avert these sociocultural and socioeconomic controversies in the struggle to develop these technologies in Africa, bio-scientists should often conduct their research work locally so as to boost local establishment of some of these technologies; they should understand and take into consideration the socioeconomic context in which Africans dwell; and they should also encourage the involvement of local bio-professionals in some of these activities (Kazeem and Adeogun, 2012 : 5).

If this is done and done in the proper way, African cultural views and realities will be taken closer to these and many other scientific facts and, maybe, bio-professionals will be able to make good use of local facilities and interpretations, and assisted reproductive technologies will see their days in Africa. In all honesty, as various societies grapple with the inevitable encounter with life, health and death, a number of technologies like reproduction assistance that cut across all geographical, cultural and social variations emerge, thus necessitating proper evaluation, harmonization and contextualization of various bioethical enforcements so as to give all global citizens a chance.

CHAPTER THREE: EVALUATION AND CONTEXTUALIZATION OF BIOETHICS: THE WAY FORWARD

INTRODUCTION

The multidisciplinary multidimensionality of this work has drilled us across a series of applied, practical, human and social sciences, thereby helping us to perfectly centralize our reflection on that real bioethical enforcement that animates the relationship between global techno-scientific evolution in biotechnology and cultural diversity. This has situated us at the centre of intercultural debate that enchants the bioethical relationship between the scientific Northern culture and traditional Southern cultures. Thus, we are lured into rejuvenating the central theme that animated *France-Japan bioethics colloquium* of 2008 where it was observed that « la manière d’appréhender le corps humain, sa naissance et sa mort est profondément modelée par la culture ». The primordial question then is: « La bioéthique peut-elle alors avoir une portée universelle ? ».

The reality of this puzzle is the general quest for socio-anthropological contextualization of all global bioethical enforcement and interventions, a situation that postulates the apprehension of a certain degree of human sociocultural reality. This type of contextualization process is easily achieved through a productive exploitation of intercultural dialogue since its success necessitates the recognition of cultural diversity. It thus holds with the view of Amin, as highlighted by Diakité, that « la reconnaissance au départ, de la diversité des cultures humaines, constitue une trivialité dont l’évidence masque la difficulté conceptuelle d’en saisir la nature et la portée. Car où sont les frontières dans l’espace et le temps d’une culture particulière ? » (Diakité, 2011 : 189).

The primordial importance of “intercultural dialogue” in a successful and constructive bioethical intercultural debate stems from the fact that intercultural

dialogue unveils various cultural similarities and differences, thereby taking bioethical research closer to various cultural realities. Hall highlights Panikkar's view on this importance especially where he clarifies that "intercultural dialogue" is not just simple "dialectical dialogue" but necessarily "dialogical dialogue". He further stresses that according to Panikkar,

[D]ialectical dialogue is a dialogue about objects [...]. The dialogical dialogue, on the other hand, is a dialogue among subjects aiming at being a dialogue about subjects. They want to dialogue not about something, but about themselves: they dialogue themselves. [...] In the dialogical dialogue the partner is not an object or a subject merely putting forth some objective thoughts to be discussed, but a you, a real you and not an it. I must deal with you and not merely with your thought (Hall, 2002 : n.p.).

Panikkar has gone this far because often than not, confusion between "dialogue" and "dialectics" masks reality and brings in professional anarchy. For this reason, he has gone further to clarify a minute but salient nuance that lingers between the two by saying:

Dialogue seeks truth by trusting the other, just as dialectics pursues truth by trusting the order of things, the value of reason and weighty arguments. Dialectics is the optimism of reason; dialogue is the optimism of the heart. Dialectics believes it can approach truth by relying on the objective consistency of ideas. Dialogue believes it can advance along the way to truth by relying on the subjective consistency of the dialogical partners. Dialogue does not seek primarily to be *duo-logue*, a duet of two *logoi*, which would still be dialectical; but a *dia-logos*, a piercing of the logos to attain a truth that transcends it (Hall, 2002 : n.p.).

According to Panikkar, a successful intercultural dialogue leads to "diatopical hermeneutics", resulting in "homoeomorphic equivalence". All these come into play when someone deeply understands the insight, the riches and the beauties that make up the treasure or the meaning of some natural events in a given society or tradition, the embodiment of all that makes up a culture (Hall, 2002). Rondeau clarifies Panikkar's point by explaining that « le dialogue interculturel ne peut réussir qu'à partir d'une critique interculturelle qui relativise les présupposés sur lesquels s'érigent les vérités et les conceptions propres aux cultures. Elle permet en outre de constater la nécessité d'entrevoir les problèmes contemporains sous un éclairage interculturel, plutôt que de confiner la résolution de ces problèmes au schéma de la rationalité technoscientifique » (Rondeau, 2001 : *Résumé long*). Therefore, as we accept that intercultural dialogue

takes us closer to particular and peculiar cultural realities, we as well believe that it can facilitate the establishment of bioethical enforcement within African culture in accordance with African fundamental peculiar exigencies. In this light, we are as well endorsing the postmodern socio-ethical view that no ethical conception should be purported universally superior since truth must be relatively testified and satisfied. Therefore, according to Panikkar, as quoted by Hall, “to cross the boundaries of one's culture without realizing that the other may have a radically different approach to reality is today no longer admissible”. According to Hall, “if it is still consciously done, it would be philosophically naïve, politically outrageous and religiously sinful” (Hall, 2002 : n.p.).

Therefore, mindful of the necessity to have a comprehensive knowledge of African sociocultural peculiarities in order to successfully extend bioethical enforcement there; and given the necessity to contextualize bioethical enforcement in order to successfully establish modern biomedical services in Africa, we will be developing this section of our work on the words of Mucchielli where he says: « Dans la pratique, on ne peut jamais appliquer une règle générale sans tenir compte des circonstances particulières » (Mucchielli, 2009 : 52). With this in mind, we aim at harmonising North-South socio-anthropological complexities and differences on the grounds that cultural differences are no more a cause for separation but enrichment for development. It is thus of paramount importance for us to frame this part of our work with various contextualization principles put in place by applied ethics so that, as Diakité puts it, « les différences ne deviennent pas différends » (Diakité, 2011 : 301). This is done within the framework of the consideration that the satisfaction of all does not necessarily mean equality but equitable justice.

This section (Chapter three) of our work will be divided into two parts that will be answering the following two underlying questions: Why are we reiterating the globalization of bioethical enforcement? How can this globalization process be successfully effected so that this bioethical enforcement be felt in the South like in Africa given cultural differences? The first part will be based on the fact that the globalization of bioethical enforcement is not only important but necessary because a certain North-South dichotomy in this domain had been diagnosed. It will thus begin by examining the situation of bioethics in the West (North). That is, going history link to

see how contemporary bioethics, especially in connection to biotechnology and biomedical technology in particular, came to have Western setting; and then to see why it has remained so difficult to think bioethics outside Western framework. In the same way, in evaluating the situation of bioethics in Africa, it will try to expatiate why it is difficult to execute bioethically apt practices in Africa, and then to demonstrate that it is partly because Africans are yet to resolve a certain vital bioethical challenge in coming to terms with individual rights. Part two of the chapter will demonstrate, in the first place, that the successful and satisfactory globalization of bioethics can only be through the cultivation of various contextualization processes: Socio-anthropological contextualization method and Socio-ethical contextualization methods. In the second place, it will demonstrate how this process will be efficiently successful if the concept of bioethics is set free from its intrinsic link to techno-science so as to be able to establish/institute bioethics of cultural diversity which can easily see its days of authenticity in less scientifically developed Africa.

3.1. NORTH – SOUTH BIOETHICAL DICHOTOMY

To begin with, it may not be as misleading as it is necessary to emphasize that bioethical principles are to techno-science what constitutions are to a country. Just like an analogous reflection, when the ruling government of a country usurps the legislative powers to manipulate the constitutions, it rules by dictatorship where the views and opinions of citizens are suppressed by the ambitions of the ruling powers. This similitude x-rays the current functional relationship between bioethics and techno-science where the interpretation and application of bioethical principles is already taken hostage by techno-scientific ambitions thereby dictating and/or inculcating into them techno-scientific tune and pace. If this is the situation that is unfortunately making it difficult to properly implement bioethical principles in less scientifically developed societies like Africa, then we are enticed by the dire zeal to extend bioethical enforcement to Africa to liberate these principles from this bondage with the might of applied ethics as an instrument of liberation. « Mais comment, et à partir de quoi, est censée opérer cette libération ? » (Bégin, 2006 : 69). These are Bégin's words employed when he was elaborating on Malherbe's view that applied ethics, same as we have used here, be understood/considered as a "*pratique*", and, more precisely, as a « *pratique philosophique* ». Therefore, as he further expatiated with Malherbe's own words, we are

soliciting applied ethics in this move in its capacity as a « pratique critique, systématique et créatrice, articulée à la méditation sur l'excellence en humanité » (Bégin, 2006 : 69).

Without any hesitation, it is obvious that socio-ethical contextualization of the interpretation and application of bioethical principles beginning from the situation at hand is the main method employed by applied ethics. This ties with Couture's view where she clarifies that though applied ethics has many « dichotomies » concerning its responsibilities, there is « la dichotomie *abstrait/concret* qui est censée renvoyer au fait que l'éthique appliquée prend comme point de départ des situations ou des expériences vécues plutôt que des problèmes conceptuels » (Couture, 2006 : 81). This is because, as Gagnon puts it, « la diversité est au cœur des débats contemporains concernant les relations interculturelles. Au plain éthique et politique, les idées de multiculturalisme, d'interculturalisme et de dialogue entre les cultures acquiescent, d'une manière ou d'une autre, au principe d'un agencement entre la cohésion sociale et la diversité culturelle » (Gagnon, 2010 : 123). It is thus necessary, *ipso facto*, to rethink cultural diversity as a postmodern novelty aimed at ironing out some intercultural claims and counter claims, and to exploit the riches of sociocultural heterogeneity found in the global society. As such, as bioethical principles comfortably exercise their regulatory duties in the sphere of biotechnology, they will equally be able to evolve with time and mentality so as to match various global sociocultural and anthropological settings. Such a move, according to Sgreccia, will create « une reconstitution de l'unité anthropologique du savoir médical et de la pratique de la médecine » (Sgreccia, 1999 : 246).

3.1.1. CRITICAL EVALUATION OF BIOETHICS IN THE WEST

i. WESTERN IDENTIFICATION WITH BIOETHICAL INTERVENTIONS: The widely acclaimed accusation on bioethics is that it is considered, identified and expressed with Western mind-set as if it belongs solely to the West. The high frequency of this hypothesis in all global bioethical discourses depicts the practical complication in establishing a successful global bioethical enforcement. The reality behind this observation clearly manifests itself in the complex Western historical evolution vis-à-vis bioethics and biomedical technology. During this historical evolution, bioethics as

“a term” and bioethics as “a concept” lost their famous common point of convergence. In fact, Clouser clearly expresses that bioethical principles quo bioethical principles as “principles of life ethics” have historical roots in the ancient Greek “Hippocratic Oath” which was used to link the essence of human life to a ‘Being’, a “Supreme Being” or the “Ultimate Being”, a Being that Christianity will come later on to call “God” with the attribute of the “almighty Creator” (Clouser, 1978 : 116–117). This was conventionally used in the biomedical field to conscientize biomedical personnel in their profession to manage human life.²⁰

It is appealing to note that what is contemporary enlarged to be called bioethics was once the integral part of biomedicine (medical ethics). This “medical ethics” has experienced a long meandered history that finally came under the management of Christianity together with its morality. Therefore, as Euro-American culture has a pretty long interwoven history with Christianity in whose hands was the entire management of biomedical care dominantly manned with the use of canon law and moral principles, “bioethics” also got interwoven with the Western culture. With time, the European civil society got deeply involved in public healthcare matters in order to be sure of the health conditions of its citizens, thereby creating a coarse partnership with various religious bodies and institutions, especially on health laws.

Eventually, techno-science rapidly advanced its tentacles into biomedical care with the intention of supporting and enforcing the maintenance of human life by assuring human health as much as necessarily possible. This enterprise gave birth to what is commonly referred to as biotechnology (bio-techno-science). According to Konold, besides the indispensable benefits that accrued from this biotechnological development, science also facilitated the infiltration into the realm of healthcare the principle that “humanity can and should act in any way to make man a better and happier one”. Through this principle which was commonly referred to as “meliorism”, it was preached in Europe that biomedicine should unrestrictedly include all possibilities of physicians ameliorating human life by any means possible. This doctrine and its

²⁰ Considering that this stage of the long history of bioethics is pretty old, and that no contemporary documents still belabour it, we will simply exploit older texts to get those historical facts that are of interest to us.

various practices were immediately classified by Christian moralists as “medical malpractices” (Konold, 1978 : 162).

This scientific spirit disseminated to North American region and religious bodies further intensified their dogmatic bioethical regulations over biomedical profession (biotechnology). As per Amundsen, this religious emphasis tantalized physicians to form professional associations that revolted and declared: “The physician will have been deterred from irresponsible experimentation on his patients only by his conscience or by concern of his reputation”. They went further into declaring that “medical experimentation is not an area in which others sought to exercise any controls” (Amundsen, 1978 : 936). As this fight for independence by the biomedical corps gained grounds in Europe and North America, biotechnologists took the advantage and sought official recognition, and also appealed to the need to ensure a high standard of practical knowledge and competence. Coupled with rampant wars and endemic diseases that affected most western populations, wanton experiments on humans and human specimens were galvanized resulting in the initiation of new and complicated biotechnological adventures like eugenic modification, artificial procreation and organ transplantation.

As these adventures were evolving with time and mentality, they came to coincide with the general western quest to boost their economies against the many socioeconomic crises that were threatening the western world. As such, according to McCulough, most of these adventures became part of public policy in Europe at that time as “it was perceived that in order to increase the size of the population so that countries might enjoy greater wealth as well as increase military power, the medical profession needed to be designed to take care of this goal” (McCulough, 1978 : 957). For this reason, *Eugenic Protection Act* was signed and ratified in 1948 and was immediately implemented by most Western countries despite heavy religious clamour in the background. In order to stimulate public acceptance of this policy, heavy family allowances were voted in various European countries and people who had no children thus felt cheated and were then enticed to freely seek out scientific procreation assistance. As this situation intensified, the biotechnological corps rendered many bioethical emphases powerless in order to disfavour rigid religious laws. At the last quarter of the 20th century, many of these biotechnological adventures, especially in the

domain of human procreation, were approved and ratified in many Western countries because of their ambivalent capacities in birth control. However, this was not a complete abolition of religious morality from Western society but a way of secularizing and modifying its dogma with rationality.

Jonsen *et al.* explain that similar wanton scientific experimentation also developed in United States after the First World War when some experiments were conducted on black American prisoners with the intention of trying to see how they could scientifically profile and influence their behaviour. This practice which was commonly referred to as “prefrontal lobotomy”, continued until the notorious Second World War human abuse by the Nazi government in Germany, the event that pushed the American authorities to sign out this prefrontal lobotomy before sending out their judges to Nuremberg. In Canada, in the early 70s, Dr Henry Morgentaler conducted the first abortion in his private clinic, the act for which he was prosecuted and judged guilty in the Québec Court of Appeal in 1974. Not long after, the Canadian civil society also gradually parted with the Church’s dogmatic infringement into some biotechnological matters, and most of those previously denied biomedical interventions were gradually inculcated into the Canadian social system (Jonsen *et al.*, 1978 : 993). This historical clue demonstrates, to a certain extent, how most biomedical interventions that currently create global bioethical problems became dominantly Western, and have got deeply rooted in Western cultural settings as to often carry Western portray and identity.

In addition to this historical profile, it is also clear that western culture, though principally scientific in nature, projects utilitarian evolutionary characteristics that encourage the development of some biomedical interventions since utilitarianism favours human well-being and life that is void of suffering. This has indirectly turned most Western bio-professionals into scientific utilitarians in their bioethical evaluation and interventions where death, either induced or permitted, is considered remedy for the soul that is suffering in the already incapacitated body. In a nutshell, this alibi explains why frequent Western bioethical debates often end in favour of some biotechnological practices as these utilitarian tendencies have lured their bio-professionals to always handle bioethical concepts with the words of Hamlet: “To be happy or not to be at all”.

However, the evolutionary characteristics of western culture have made this culture a perfectly dynamic culture as it evolves with time and mentality, and is always changing its emphasis to fit existing exigencies. It is for this reason that it has remained easier for Western culture to simultaneously incubate utilitarianism, materialism and capitalism, socio-philosophical theories that always fundamentally influence bioethical judgements, thereby making bioethics dominantly western. Unfortunately, there is no gainsaying that the practical phase of bioethical enforcement and interventions should normally be global so that it can benefit all of humanity, a disposition that is still a hell to come by.

ii. DIFFICULTIES IN THINKING BIOETHICS NON-WESTERN: As already hinted above, “bioethics”, as we have it today, has projects a certain dichotomy between its etymological roots and its post Second World War practical concept, a dichotomy that complicates global bioethical debates. According to its etymology, bioethics was understood as an embodiment of conscience-searching reflections on the value and dignity of human life, but this concept metamorphosed during post war Nuremberg trials. From these trials that Annas refers to as “Nuremberg Doctors’ Trial”, the new concept of bioethics surfaced as part of health law as applied in medicine, in biotechnology and in public health. According to him, the contemporary concept of bioethics “was born in Nuremberg Doctors’ Trial, a health law trial that produced one of the first major human rights documents: *The Nuremberg Code*”. In his words, it is clear that “accepting this conclusion has significant consequences for contemporary bioethics generally” (Annas, 2009 : 19).

In the same way also, accepting that the contemporary conception of bioethics is the fruit of Nuremberg court session of 1946-1947, we are equally accepting that it will ever be very difficult, though not impossible, to think bioethics non-western. This is mainly because the initiators of those resolutions that resulted into bioethics, their motivations and the bases of their initiative were all western centred. According to Annas, the *International Military Tribunal* that conducted Nuremberg trials was manned by American judges accompanied by some judges from Allied European countries, and even those physicians who acted as consultants and witnesses of these trials were mainly Americans. The twenty-three physicians and scientists who were condemned during these trials were judged according to American penal code, thus

making American life-view dominant in the composition of *Nuremberg Code*, “a ten-point code” that forms the base of contemporary bioethics (Annas, 2009 : 19-23).

This strategic historical alibi demonstrates how bioethics, despite the postmodern struggle to globalize its interventions and enforcement, is purely a western concept, a situation that presents hurdles in thinking bioethics non-Western. Though, to a certain extent, some generalizations were applied in the formulation of some of the points of the *Nuremberg Code* so that they could be contextualized, many of these points were immediately transformed by Western bio-scientists, thereby transfiguring them into Western health laws. This is why Annas quotes Rothman (2003) where he laments that the *Nuremberg Code* that could become global bioethics to serve as a universal model was immediately overturned overnight (Annas, 2009: 24). He is by this regretting the immediate reaction by western biomedical personnel that saw the deformation of most Nuremberg’s declarations. To enforce their stand, they formed the *World Medical Association* just at the footprints of these trials, an association that openly counteracted and reformed some fundamental declarations of these trails on the grounds that they were too rigid for their liking. This move completely entangled bioethics with Western healthcare characteristics, thus making bioethics to continue evolving and developing dominantly according to Western dictates and mind frame. Greek *et al.* (2012) confirm that though Western biomedical science at that time was not yet as we have it today, bioethics has developed with that mentality, making it Western dominated.

According to Schulman, this situation has made that a simple and influential bioethical concept like “human dignity” should now pose a serious global bioethical confusion because it is completely coded with western understanding. To him, the concept of human dignity needs not carry with it any framed principle for its interpretation and acceptance will surely differ from one individual or community to the other. He further uses an example of “caregiving” to elderly and declining Alzheimer patients as a bioethical practice that has never had universal uniformity, but has to be respected as a bioethical concept. To him, this is because “caregiving” is framed by human freedom, individual autonomy and human equality, concepts that have the same intention/goal but differently expressed by different societies (Schulman, 2009 : 5). In conformity with Schulman’s emphasis, Bouffard (2003) believes that the difficulty of

thinking bioethics non-Western is partly because some Western bio-professionals have already framed bioethical enforcement and interventions with Western interpretations, thereby dogmatically purporting them universal.

On the other side of its historical profiling, it might be true that most European countries exported their internal ambitions to weaker nations through evangelization and colonization. That is, since most European countries colonized other parts of the world, especially Southern countries, they carried with them their bioethical emphasis alongside their socio-political ambitions and identity which were unconditionally dumped onto Southern populations. This is why Renaut (2009) believes, in general terms, that despite political decolonization that gave independence to various colonies, there is still a greater need for the decolonization of identity so that these colonies should be fully independent. Otherwise, to him, the so called globalization will just remain pseudo-globalization which is more or less the westernization of the world.

In the same way, the “westernization of bioethics” has caused various bioethical interventions to be arrogantly enveloped in Western scientific and individualistic life-style thereby making it difficult for these interventions to adhere to African communitarianism as well as Chinese Confucianism, traditional life philosophies that instead preach general oneness. These, together with Western intrinsic affiliation to various social philosophies linked to utilitarianism, have mounted great hurdles to various efforts to contextually take bioethical thoughts outside western settings, especially to southern regions like Africa. To this setback, Macer expresses that Western difficulty to relinquish or even relax their firm grip on their “assertion that we ought always to produce the maximal balance of happiness and pleasure over pain” (Macer, 2005 : 8) despite global diversity over the understanding of these concepts, is one of the fundamental hindrances to globalizing bioethics.

The abrogation of various bioethical principles by techno-scientific mind-set in the process of boosting biotechnological development took a critical dramatic rapid pace in the later part of the 20th century. This was because experimentations on animals, as was the case before, were further complicated by the organizations in charge of animal life and rights. As such, consciously or unconsciously, biomedical professionals had to perform experimentations only on human beings and bioethics progressively lost

its roots and has turned to owe allegiance only to its reformations of the 70s that were carried out by biochemists. Annas laments on this point saying: “Although the World War II origin of bioethics is easier to see [...], mainstream bioethics historians [...] continue to prefer seeing bioethics as a 1960s and 1970s response to medical paternalism” (Annas, 2009 : 23). Knowing the harm this misconception of the origin of bioethics has caused and still causing to the global ambitions of bioethics, Annas further expresses: “Recognizing and nourishing the Nuremberg birth relationship with bioethics will permit it to break free from its current focus on, if not obsession with, doctor-patient relationship or medical technology and broaden its perspective to include global and population-based issues” (Annas, 2009 : 23). Yes, if this is done, bioethical enforcement will equally take roots and be effective in Africa as well as in other Southern countries.

3.1.2. CRITICAL EVALUATION OF BIOETHICS IN AFRICAN

i. AFRICAN DIFFICULTIES WITH BIOETHICAL INTERVENTIONS: From the above presentation, it is clear that contemporary bioethical debates still lack sufficient global comprehension as to significantly develop in less scientific traditional Africa. This is mainly because of the uncompromising assemblage of bioethics within the frames of scientific and individualistic settings that form the base of western culture. Bioethical development is thus distanced from African’s intimate traditional stress on family and community (communal) relationship. Therefore, despite the exponential progress of bioethical enforcement, development and interventions, bioethics still runs short of making sense in Africa as it is totally engulfed and over shadowed by western biomedical ambitions and deontology. It is on this understanding Andoh exclaims that “in spite of this progress, core bioethics issues, approaches and values have remained exclusively western dominated and thus largely foreign to most African societies” (Andoh, 2011 : 67).

Looking at this unconditional “westernization of bioethics” as it is bundled together with “biomedical ethics”, Leighton wonders aloud saying: “How then should one think of global medical ethics in a cross-cultural way, especially between the highly sophisticated scientific culture and a less sophisticated folk culture?” (Leighton, 1978 :1048). Therefore, the difficulty of establishing effective bioethical development

in Africa has two fundamental causes: Western relegating negligence; and African socioeconomic fragility and its inextricable submission to traditional setting. Kenmogne (2012), on his own part, attributes this situation of bioethics in Africa to the fact that the inability and/or the unwillingness to respect the etymological definition of bioethics has resulted in a complete lexical misconception of its subject matter, thereby twisting its nominal concept. This is where he questions why the idea of “science” became so dominant in the nominal definition of bioethics instead of “ethics” which makes part of its stem as per its etymology. In connection, he further exclaims : « Aucune analyse logique du mot bioéthique ne nous impose le concept de technoscience [...]. Nous suggérons une évolution pour le terme bioéthique, en montrant comment l’Afrique peut prendre part au débat qu’il soulève, et peut-être l’enrichir à partir des réalités et des observations locales » (Kenmogne, 2012 : 23).

It is thus crystal clear that those who preach the globalization of bioethics have failed to recognize and integrate cultural diversity, a characteristic that is mandatory for a better global dissemination of bioethical knowledge such that it should also be felt in Africa. Andoh confirms this view and thus believes that the struggle to clearly open up bioethical discourse in Africa as it necessary should be, will be long because, to him, “western bioethics is not showing enough concerns for the moral challenges and dilemmas arising from Africa” (Andoh, 2011 : 67). However, he also believes that African historical experience is also to blame for African bioethical retardation. To him, the inhuman and degrading treatment inflicted on Africans by western powers in the course of Africa’s painful period of colonization culminated in immorality, cruelties and the degradation of African values. All these regrettable acts inflicted a hard blow to the dignity of Africans, created a threat to human survival and integrity and have developed stigmas on Africans, instilling in them a certain degree of phobia towards all western initiatives.

This intercultural bioethical misunderstanding has unfortunately created a pitiable bioethical situation in Africa where Africans, though part of this changing/evolving world, cannot enjoy the benefits of these evolutionary changes. As such, Africa continuously fall prey of progressive invasion by serious health crisis that necessitate biomedical interventions framed by bioethical enforcement which, unfortunately, is not yet at their disposal. Against this backdrop, Andoh laments saying:

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 (Andoh, 2011 : 67).

Therefore, in addition to the fact that the Western world has scientifically usurped the enforcement of bioethical principles, the historical anarchy analysed above has both at the intellectual and political levels further widened the gap between African traditional mind-set and modern bioethical emphasis. As such, bioethical development in Africa has too long remained stagnant as no stakeholder thinks it necessary to enforce its take-off. Andoh again confirms and clarifies that the situation of bioethical development in Africa has also remained what it is partly because

[T]here is 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 feel they are not or should not be concerned with such issues (Andoh, 2011 : 68).

This observation justifies, to a certain extent, the general laxity of some Africans towards bioethical issues as various governments simply consider such issues too expensive and luxurious for them to sustain. As a result, there are no budgetary allocations or research finances in this area, thus rendering bioethical research and development stagnant or inactive. This has made that though bioethics has come of age in the developed world to handle some life problems it is still largely “a dream” in most African countries.

To a certain extent, as well, African sociocultural characteristics are also to blame for this stagnating bioethical situation within the continent of Africa. Afro-communitarianism that frames human life in Africa renders the enforcement of some bioethical principles very difficult as most of these principles are already inextricably

interwoven with individualism. Given that individualism stresses much on individual autonomy as against afro-communitarian stress on familial autonomy, their cohabitation has remained a serious herculean taste of life. This is why Kazeem and Adeogun express that “the humanistic and social understanding of personhood that characterizes African bioethics does not accommodate individualism as it is in the west since the African concept of personhood and social relationship are shaped by their unbendable belief in communitarianism” (Kazeem and Adeogun, 2012 : 8).

In the same way, the common but erroneous synonymous treatment of bioethics and biomedical ethics also creates some practical bioethical difficulties in Africa since, according to Andoh, Africans do not entirely rely on western/modern medicine for their healthcare but also on African traditional medicine. He quotes Murove (2005) who firmly maintains that “an authentic discourse on bioethics in Africa must take cognizance of the fact that most Africans rely on traditional medicine for their healthcare needs” (Andoh, 2011 : 69). However, Kazeem and Adeogun (2012), together with many others, join Andoh to admit that bioethics *per se* is not just completely absent from Africa, but that in most cases, it is only terminological differences and applications that pose problems. Kazeem and Adeogun (2012) believe the solution is in simple contextual interpretation of controversial concepts like individualism, considering that African social setting simply absorbs individualism in communitarianism without neglecting or rejecting individual’s wellbeing.

ii. DEFY FOR AFRICA/AFRICANS: From general observation, African culture is a traditionally normative culture and its moral judgements thus predominantly emanate from three intrinsically combined facets: traditional law, traditional ethics and natural law. Above all, their communitarian lifestyle has rendered their moral and ethical judgements deductive where, often than not, individual goodness is necessarily a subset of community goodness. This substantiates Appiah’s view in which he emphasizes that in Africa, “essential ethical ideas develop on the fact that rights of many sorts inhere not to individuals but in various corporate groups: families, lineages, villages, societies; and that what is good is the flourishing of the corporate interests, to which the projects of individuals ought to be subsidiary” (Appiah, 1992 : 26). Therefore, there is no gainsaying that one of the major hurdles to establishing bioethical enforcement in Africa is the African unshakable communitarian traditional influence that has

uncompromisingly remained adamant to the influence from liberal scientifically formulated bioethical principles.

Therefore, if there is anything unclear about African socio-ethical setup, it is the position of individual integrity which ought to be expressed by individuals through the exercise of free choice in free will. As such, the primordial bioethical defy for Africa is the conspicuous valorisation of “individual self”, “individual choice” and “individual integrity” within African bioethical conceptions given the socio-ethical importance of these concepts. With the use of excision, so as to continue with an African bioethical example already discussed above, we wish to capitalize on this African challenge to demonstrate that most African bioethical practices or even those exported to Africa will always ignite ethical debates and condemnation until this underlying challenge is redressed. In other words, notwithstanding the ethical plausibility of cultural or communal qualification of some particular practices to be “good” or “bad” for their individual citizens, Africans still need to update their bioethical setup to sufficiently demonstrate the respect of individual integrity in front of most of such practices. Until then will they ever be in the measure to satisfy fundamental bioethical principles of “bienfaisance” and “non-malfaisance”.

According to Saint-Arnaud (2000), these two principles are not optional in real bioethical situations, but mandatory. The main subsidiary principles that complement them to duly recognize and enforce individual autonomy and integrity are the principles of “justice” and “respect”. Therefore, if we can reflect this to Africa, we will see that Africans, in their bioethical setup, will need to satisfactorily demonstrate practical tolerance, and also exercise “justice” and “respect” towards individual citizens in their capacities as individual beings. Interestingly, this should not pose any difficulty since the interpretation and application of these concepts remain contextually particular despite the necessary universal enforcement. Like Saint-Arnaud expresses, very important about these principles is « l’interprétation qu’en font les différents groupes et cultures » (Saint-Arnaud, 2000 : 60). Therefore, in the absence of clear contextual demonstration of these principles in their bioethical settings, how will Africans effectively justify individual satisfaction in their bioethical practices like in the case of excision which is communally judged and vested on young girls as cultural rights? In the same way, how will they equally justify tolerance for the establishment of non-

traditional bioethical practices especially those in which the effects, good or bad, are lived individually?

Africa, therefore, needs to establish and define a go-between emotional cultural emphasis and rational ethical demands so as to necessarily update their “folk culture” with “critical rationality”. Folk culture, according to Gould and Kolb, “is a culture in which behaviour is highly conventionalized, based on kinship, and controlled informally and traditionally [...]. It rests upon oral heritage, is relatively static and develops indigenously; it is especially found among the so-called primitive peoples and enslaved groups” (Gould and Kolb, 1996 : 272). Just as specified, Africa’s irrelative embedment of almost all aspects of life under ancestral cultural pressure is one of the outstanding sociocultural aspects that have rendered their ethical dispositions so static. For this reason, their communitarian conservative lifestyle unpredictably encounters countless difficulties in measuring up with scientifically initiated bioethical thoughts and is thus unable to update with the fast evolving global society. This is why Giroux quotes Guy Rocher (1996) who lamentably says: « Il y a danger que l’éthique subisse l’influence de la mentalité juridique qui est dominante et omniprésente dans la société moderne [...]. Cette prépondérance de la régulation risque aussi d’entraîner l’éthique dans le vent du *political correctness* que nous connaissons aujourd’hui [...] » (Giroux, 2000 : 86). Giroux himself further says : « Les perspectives qu’ouvrirait alors la présente demande sociale pour l’éthique tireraient moins à réjouissance pour la plupart d’entre nous : cette demande recèlerait un ordre moral virtuellement autoritaire » (Giroux, 2000 : 86).

Therefore, granting ample space for individual choice and integrity within this “folk culture” as it necessarily should be, coincides with what Lambert, in the words of Ricœur, calls « une intrigue morale ». « Une intrigue morale » because when an individual applies his free choice to accept a particular practice, he/she remains in a better position to answer the question of « pourquoi » in connection to that particular practice (Lambert, 1999 : 55).

Interestingly, this issue of individual integrity and autonomous free choice has for some time been at the centre of many great debates and forums that aimed at situating Africa in the orbits of the changing world. According to Fogou (2012), this

was the main *raison d'être* for organizing the *All African Maputo Protocol* of 2003, during which a series of arguments were advanced advocating the liberation of a certain degree of individual autonomy and choice from the entanglement of some cultural principles especially in connection to some sensitive bioethical issues like abortion, euthanasia and artificial insemination. Worth noting is the fact that the “respect of individual integrity and free choice”, as advocated here, does not mean liberal or radical individualism as opposed to conventionalism, but the recognition of individuality and individual choice within conventional judgments and decisions.

However, this multilateral clamour for the respect of individual choice and integrity does not in any way put to jeopardy the importance of communitarianism and/or conventionalism in the ethical uprightness of a society. It is in this vein that Passerin quotes Rawls confirming that though it is true that “a just society does not seek to promote any specific conception of the good, but instead provides a neutral framework of basic rights and liberties within which individuals can pursue their own values and life plans consistent with a similar liberty for others” (Passerin, 1992 : 184). However, care must be taken not to give a higher priority to “individual rights” over “general good” because, as he continues, “the priority of the right over the good rests upon a conception of the self as always prior to its ends, values and attachments, a conception that is implausible as we cannot conceive ourselves as wholly detached from our communal ends and values” (Passerin, 1992 : 184). Bridges also highlights this Rawls’ conception where he explains that we cannot talk of any “particular justice theory” that claims to be true, but rather of the communal conception of justice that claims to be reasonable (Bridges, 2001 : 54) which Rawls, according to Macer, calls “intergenerational justice” (Macer, 2005, 3).

In the midst of this inconsistency, bioethical interventions in the global enforcement of biomedical technology has become indispensable, a situation that has rendered the story of bioethics necessarily long and daring. This has, therefore, made the contextualization of global bioethical enforcement through the particularization of the interpretation of its principles necessarily mandatory. Therefore, this and only this will ensure and assure equitable global biomedical interventions for Africa to benefit.

3.2. CONTEXTUALIZATION & DEMYSTICATION OF BIOETHICS

It is unquestionably true that despite the intensive nature of the relationship between global bioethics and techno-science, global bioethics does not concern itself with scientific equations and/or formulae but rather with the application of those equations and formulae in human life situations in a society. In other words, global bioethics does not question “technology” (a particular professional knowhow) but “technic” (the interpretation and application methodology). It is equally true that as human health frustrations are increasing geometrically, health worries are also fast evolving beyond being solely the responsibility of health professionals to becoming that of all human beings. As such, and coupled with the postmodern valorisation of cultural diversity, bioethical enforcement as part of applied ethics also prioritizes contextualization through which concrete situations are addressed as they really are. Just like Simon emphasizes, in contextualization, as applied ethics projects, « tout action part du concret et retourne au concret, le concret de la situation au départ et le concret de la situation à l’arrivée en passant par celui de l’action elle-même. Et cela dans la variété de leur dimension physiques, biologiques, économiques, sociales, culturelles, juridiques, politiques, religieuses, éthiques » (Simon, 1993 : 19).

However, the contextualization of bioethical interventions may obviously encounter many difficulties and hurdles stemming from the many conspicuous ambiguities in its contemporary conception or operational definition. The crushing weight of scientific ambitions in almost all bioethical conceptions unscrupulously diverted the subject matter of bioethics away from its sociocultural and philosophical responsibilities. Given the magnitude of definitional controversy over the term bioethics, we will consecrate the second part of this section on the re-examination of the “contemporary concept of bioethics”, rethinking how it can be enlarged to comfortably engulf [cultural] differences. The practical enlargement of the concept of bioethics can enable bioethics to satisfactorily display all its potentialities in its various interventions so as to meet up with necessary global differences in various anthropological dispositions and exigencies.

3.2.1. SOCIO-ANTHROPOLOGICAL-ETHICO REGULATORY METHODS

i. SOCIO-ANTHROPOLOGICAL CONTEXTUALIZATION METHOD

D'après ce que nous avons exposé au sujet de la bioéthique, on comprend facilement que la méthode de recherche, d'application et même d'enseignement de la bioéthique ne peut pas se réduire ni à une méthode inductive où les normes proviennent des observations des faits biologiques et sociologiques ni à une méthode déductive où la norme de comportement est immédiatement déduite des principes. Il nous apparaît nécessaire de proposer les méthodes que nous qualifions de triangulaire, car elles comportent un examen à trois sommets (Sgreccia, 1999 : 64).

As Sgreccia insinuates, contextualization has a pride of place in all bioethical evaluations especially as the issue of diversity has come of late to be of paramount importance in the domain of human and social sciences. Bioethical contextualization process can rightfully be classified as being « triangulaire » in nature because it necessarily takes into consideration: 1/ the particular event/situation in question; 2/ general standard principles; and 3/ the judgement capacity of the agent. Therefore, the accommodation of bioethical contextualization is supreme, because, though we might not be responsible for its existence, we are for its survival. For this reason, Hottois is posing a sensitive question : « Comment préservez-vous l'augmentation de la diversité humaine sans que les différences ne coïncident avec les discriminations ni ne soient perçues comme des discriminations, c'est-à-dire comme synonymes d'inégalités et d'injustices ? » (Hottois, 2007 : 13). In order to avoid the eventuality of professionally abusing differences with discrimination, socio-anthropological ethics, amidst all odds, demands that there should always be a proper exploitation of all necessary differences (diversity) in various bioethical interventions and enforcement.

In a nutshell, through socio-anthropological contextualization method, all research work and application activities are carried out according to particular exigencies of concrete situations. This thus assures that both the procedure and the results directly flow from situations in context. In a successful contextualization of bioethics, therefore, various socio-anthropological peculiarities surrounding the situation in context are collaboratively exploited as various bioethical principles are interpreted and applied. Mucchielli (2009) calls it « contextualisation situationnelle »

and further clarifies that it consists of research methodology that has a particular situation as a starting point or as a point of reference. That is, a method that is based on comprehensive analyses of a particular situation as established by the researcher or by an observer with the guide of standard principles. This goes in line with what Parizeau calls « la méthode casuistique », where she explains that « la méthode de raisonnement casuistique permet donc l'élaboration de cas particuliers, c'est-à-dire une série de cas paradigmatiques, qui sont caractérisés chacun par un noyau de maximes, de règles ou de croyances. Ce noyau constitue l'identité morale du cas paradigmatique et sa structure invariante » (Parizeau, 2001 : 160).

Socio-anthropological contextualization method, therefore, is the embodiment of various contextual drills that help the agent to acquaint himself to all sociocultural, socioeconomic, socio-anthropological and socio-environmental conditions surrounding a particular situation in question. As such, the agent is able to properly appreciate the problem he encounters, taking into consideration all surrounding exigencies so as to satisfactorily address that situation as it really is. When this is done with a critical ethical mind-set, it helps professionals to have a deeper understanding of cultural beliefs and practices that are different from theirs, and thus fosters mutual and interpersonal trust and tolerance. This method developed on the weaknesses of universalism so as to assure and ensure, as Diakité already expressed above, « que les différences ne deviennent pas differends » (Diakité, 2011 : 301). This will then ensure that cultural diversity should not be treated as synonym of some socio-political vices like racism and apartheid or socio-political segregation.

For fear of the eventuality of such misinterpretation, Tangwa reminds us never to forget that despite these necessary cultural differences among global populations, the common point of any activity among human beings is “human equality” that forms the base of all human cultures. Therefore, besides these cultural differences, he continues, “what all human cultures have in common is that they are all creations of human beings, reflecting, on the one hand, human capabilities, goodness, ingenuity, wisdom, etc., and, on the other, human limitations, fallibility, frailty, perversity and foolishness” (Tangwa, 2004 : 127). It is, therefore, as true that humanity *quo* humanity possesses biological equality as it is also true that all individual human beings and/or human societies manifest necessary socio-anthropological diversity coming from different cultural

orientations. However, similarities, though so important they are, are here taken for granted as we continue examining how cultural differences may no more be seen as obstacles but as constructive compliments of intercultural equality.

Looking at both the necessity and the intricacies of this socio-anthropological contextualization method, Barrett professes the inevitability of “intercultural dialogue” in its successful execution. By intercultural dialogue, he means an “open and respectful exchange of views between individuals and groups with different cultural affiliations” (Barrett, 2013 : 26). In general, intercultural dialogue fosters deeper intercultural cohesion by eliminating prejudices and stereotypes in interactions; it also fosters the recognition of different cultural practices and beliefs; and may foster the integration of various cultural differences without any alteration on standard principles. According to Pannikar (2000), serious engagement in intercultural dialogue takes us beyond simple “cross-cultural” experience into “intercultural” view which signifies cultural intersection. In expatiating this Panikkar’s view, Rondeau emphasizes that:

[I]nterculturel » renvoie à ce qui concerne les rapports, les échanges entre cultures ou civilisations différentes. [...] Littéralement, « cross-cultural » signifie: d'une culture à l'autre, et exprime l'idée de traverser les frontières des cultures. Or ce sens ne rend pas complètement l'idée de Panikkar. L'interculturalité est pour lui un processus autant qu'un résultat. Comme processus, il part forcément d'une culture qui s'ouvre à une autre et comme résultat il signifie une réalité nouvelle créée à partir du dialogue de deux cultures, un nouveau *topos*, un nouveau langage. Pas une nouvelle culture, mais l'accès à un niveau de la réalité plus profond que les horizons culturels (Rondeau, 2001 : 126).

ii. SOCIO-ETHICO (AUTO/HETERO) REGULATORY METHOD(s): Ethics, in the name of applied ethics, has reliably become a “regulatory force” in the realm of social sciences, a function that, to a certain extent, has rendered traditional proscriptive moral ethics as well as techno-scientific universalists ethics recessive in favour of critical contextual ethics. Hugo testifies that “the simplest method of reasoning in applied ethics is to give advice or render a judgement based on the application of an accepted rule to a clear case. This turns applied ethics into an exercise of deductive reasoning from two premises: one that expresses the sole ethical consideration (rule, principle, ideal); and another that characterizes the case at hand in such a manner as to enable the ethical consideration to be applied to it” (Hugo, 1992 : 50). Through this simple, strategic and influential deductive regulatory judgement, applied ethics has enormously captured a

good number of minds and disciplines to the point that it should now be widely exploited in a variety of fields.

Socio-ethical contextualization method is the central axes of the regulatory efforts of applied ethics, the efforts it uses to indiscriminately regulate various professional interventions among different sociocultural backgrounds. The effectiveness and the efficiency of this method, as Hugo has just testified, come from the proper exploitation of the two ends of the intervention: the provisional dispositions of the case at hand; and the application of the guiding principles in accordance with the demands of the situation. This method is, therefore, made up of two necessarily complimentary methods (a two-in-one method): the auto regulation²¹ method of the agent; and the hetero-regulation method coming from guiding norms. Rondeau clarifies this point by explaining that « l'autorégulation telle qu'elle est comprise en éthique renvoie à la capacité du sujet moral d'agir à partir de valeurs sur lesquelles il a délibéré, plutôt qu'à partir de règles ou les normes auxquelles il obéit aveuglement » (Rondeau, 2007 : 9). This is to say that autoregulation method appeals to the autonomy, the responsibility and the ethical judgement capacity of the moral agent (the professional) in the field to confidently decide on what to do in accordance with the exigencies of the concrete situation at hand together with its surrounding conditions. Boisvert confirms this view by elucidating that « ici, la régulation émane du sujet lui-même, qui décide de ses choix et de ses actions » (Boisvert, 2003 : 28).

The autoregulation part of socio-ethical regulatory force of applied ethics, therefore, regulates the autonomous comportment of the professional in the field as a moral agent thereby stimulating his responsibility and self-confidence, and thus enforcing his judgment and decision-making capacity in conformity with both standard and particular principles. That notwithstanding, there is general awareness of the possibility of professional abuse or misuse of this autonomous confidence due to human weakness and distractions. For this reason, there is always a dire call for ardent cultivation of the virtues of self-evaluation and prudence on the part of professional agents. This is why Boisvert remarks that « envisager la gestion des comportements dans une perspective éthique ne vise pas à exercer un contrôle sur les membres de

²¹ We prefer using “autoregulation” rather than “self-regulation” so as to avert possible misinterpretation of the latter as regulations made to self, whereas the former is directly understood as regulations made solely by self/individual.

l'organisation ou de les encadrer par un code de conduite, mais à amener les individus à gérer eux-mêmes leur conduite et à éviter les abus » (Boisvert, 2003 : 44).

It is, therefore, unquestionably true that ethics, through applied ethics, tries to conscientize individual professionals to always be on the alert as to rationally evaluate particular situations and cases, so as to effect professional acts in conformity with the exigencies of each situation. As the auto-regulatory part of socio-ethico method valorises the autonomous self-confidence of the professional, Boisvert believes that « elle amène à vouloir tendre vers un équilibre entre ses désirs de liberté et ses responsabilités » (Boisvert, 2003 : 44). He also clarifies that this process has « pour but de favoriser une cohabitation harmonieuse et d'assurer des actions cohérentes avec les objectifs visés » (28).

Autoregulation, as already hinted above, must necessarily be complemented by hetero-regulation coming from external authorities like norms and principles to direct and enforce the autonomous decision-making disposition of the agent. It is on this point that Campeau and Jutras emphasize that « une éthique autorégulatoire n'assure pas la régulation à elle seule, on lui adjoint des renforts. Ces renforts viendront d'autorité qui mettra en place les balises minimales nécessaires au vivre-ensemble harmonieux » (Campeau et Jutras, 2007 : 185). Hetero-regulation thus collaborates with auto-regulation to guide the professional responsibility of the agent towards the proper realization of the envisaged object. This “two-in-one method” (auto/hetero) helps individuals to strict a balance in various professional executions so as to avoid any eventuality of buffoonery and radicalism, characteristics that instead abuse diversity and endanger human species.

Worth emphasizing is the nuance that lingers between auto/hetero regulation as ethical mode, and proscriptive regulation as moral mode. As moral mode, principles are universally abiding *ipso facto* while auto/hetero ethical regulation goes with critical rationality, thereby valorising contextual reasoning of the agent as guided by the peculiarities of the case. This is exactly what Bégin, as quoted by Rondeau, calls « normativité éthique » from where she further clarifies that « la normativité éthique correspond à l'autorégulation qui peut s'exercer à l'intérieur d'une organisation; c'est-à-dire l'exercice du jugement en contexte, dans un cadre normatif dont il faut tenir

compte » (Rondeau, 2007 : 17). According to Rondeau, « la normativité éthique questionne le sens institutionnalisé des normes, évalue les conséquences des conduites recherchées par les normes et établit la validité des normes dans une situation précise » (Rondeau, 2007 : 17). Therefore, the recognition and integration of necessary sociocultural norms into various (bio)ethical evaluations enlarge the concept of « normativité éthique » because those sociocultural norms help define and guide our thinking and jurisdiction. This implies that applied ethics, through « normativité éthique », demonstrates its specificity of “rational normativity”, a disposition that its importance in various bioethical interventions and enforcement cannot be overemphasized.

In « normativité éthique », therefore, the complementarity of auto and hetero regulatory modes as fundamental socio-ethical contextualization method is so intense that either the recession or the superfluous of one renders the other obsolete. According to Macer, this is because individual’s autonomy, which he calls “the right of self-rule”, is limited by balancing individual’s desires with respect to the autonomy of other individuals in the society, in other societies, and in our world (Macer, 2005 : 3). It is for this very reason that Rondeau further clarifies that « pour qu’une approche autorégulatoire de l’éthique fasse sens, elle ne doit pas être présentée comme le contraire de l’hétérorégulation » (Rondeau, 2007 : 11). She continues : « Dans cette perspective, hétérorégulation et autorégulation ne sont pas opposées. Le processus autorégulatoire des ordres professionnels [...] ou de tout autre lieu de délibération éthique, engendrent des normes que les individus appliqueront de manière hétérorégulatoire, sans sacrifier les valeurs partagées auxquelles renvoient ces normes » (Rondeau, 2007 : 18).

At the inspiration of Rawls, Thomas confirms that in as much as it is necessary for an individual agent to apply his autonomy in particular cases, it is as well very important not to take societal norms and principles for granted because « si la personne ou la culture autonome est celle qui, en utilisant sa capacité de raisonner, façonne les moyens d’agir pour achever les fins ultimes universelles, il semblerait que l’idée de l’autonomie soit problématique parce que dans notre époque nous sommes convaincus que de telles fins n’existent pas » (Thomas, 2001 : 122). Instead, he continues, « on assume qu’il y a des principes moraux de base que chaque membre de la société devrait

accepter et sur lesquels les lois de la société sont fondées. L'obéissance aux principes de base est assurée par l'État ou la société » (Thomas, 2001 : 123). Therefore, in intercultural bioethics as manned by the spirit of « normativité éthique », ethical principles should neither be neglected nor be dogmatized, but be exploited as critical means of creating practical equity in a diversified global society, a move that will facilitate the establishment of bioethical interventions and enforcement in Africa.

3.2.2. DEMYSTIFICATION OF THE CONCEPT OF BIOETHICS AND THE DIVERSIFICATION OF BIOETHICAL ENFORCEMENT AND INTERVENTIONS

i. THE RE-EXAMINATION AND THE DEMYSTIFICATION OF THE CONCEPT OF "BIOETHICS": It may look absolutely absurd for us to end a research work by re-examining the main concept on which we have been working. However, this last section is a fallout of the whole research work we have gone through up to this point. It is clearly demonstrated from all entries, that the actual functional concept of bioethics in its global endeavours, greatly misses its necessary point of convergence with various social sciences and thus with cultural diversity. Though it has been observed that this situation has a long historical profile, we are asking in the words of Sgreccia, « pourquoi aujourd'hui le problème est devenu plus aigu, et fait l'objet d'une question éthique » (Sgreccia, 1999 : 817). This situation has become so acute in our days because bio-professionals, consciously or unconsciously, have failed to recognize and integrate various cultural differences in their various professional executions as the functional concept of bioethics is completely mystified with techno-scientific mind-set.

Sgreccia, on his own part, attributes this whole scenario to what he calls « la quatrième ère du monde » (819). As he explains, the world has reached the era of scientific confusion which has incidentally taken over western mentality in which the concept of bioethics is being suffocated. Bouffard's view goes inline with Sgreccia's observation and she says this is one of the main reasons for which « les bioéthicien(ne)s se sont plus préoccupés des problèmes éthiques reliés aux technologies biomédicales dans les pays industrialisés, qu'à la qualité éthique des projets de recherche poursuivis dans les pays en voie de développement ». As such, she continues, « au nom de la bioéthique, l'Occident s'arrogerait le pouvoir de dicter la façon dont les décisions

morales doivent être prises partout dans le monde, sans chercher à comprendre les mécanismes décisionnels non occidentaux » (Bouffard, 2003 : 52).

This situation that is galvanized by the indispensable global need for bioethical intervention in human existence and survival has stimulated curiosity which has led to the discovery of three fundamental reasons for western mystification and domination of global bioethical interventions:

- As per Sgreccia (1999), the concept of bioethics has completely been usurped by techno-sciences at the expense of socio-anthropological sciences that had contributed and could still contribute and share in its efforts;
- Bouffard (2003), on her own part, believes that bioethical interventions are developed at the pace dictated by western scientific culture without any consideration for other cultures of the world especially southern traditional cultures like African culture; and,
- According to Kenmogne (2012), the functional concept of bioethics has been misconceived thereby distorting its nominal or contemporary definition by inextricably identifying it with western biomedical ethics.

All these practical circumstances erroneously misdirect bioethics by identifying it solely with “applied/practical sciences” thereby distorted the necessary flow of its functional conception from its etymological definition, and thus destroying its multidisciplinary characteristics. As such, bioethics practically forfeits its influential position among social sciences and consequently its interventional enforcement among southern citizens.

The acute nature of this situation has already made it a general eagerness to demystify the concept of bioethics as a means of setting it free from the current techno-scientific grip so as to necessarily reinstitute it among various social circles. This move will practically activate the multidisciplinary multidimensional characteristics of bioethics such that it can practically embrace socio-cultural flexibility, and be capable of satisfying non-scientific populations like those in Africa. It is only in this way will bioethics take its rightful position, as Hottois puts it, as « un ensemble de recherches, de discours et de pratiques, généralement pluridisciplinaire, ayant pour objet de clarifier ou

de résoudre des questions à portée éthique suscitées par l'avancement et l'application des technosciences biomédicales » (Hottois, 2001 : 121).

This move is indispensable because it highlights and exploits the multidisciplinary of bioethics given the paramount importance of this multidisciplinary to various bioethical interventions. As Parizeau expatiates, « cette pluridisciplinarité se rapporte à des pratiques technoscientifique diverses (médecine, biologie et leurs multiples spécialisations), ensuite à des disciplines qui sont appelées à confronter leur point de vue, d'abord l'éthique et le droit, la philosophie, la théologie, et plus, d'autres sciences humaines (sociologie, anthropologie, sciences politiques, psychologie, psychanalyse, etc.). Ce dialogue pluridisciplinaire permet de rendre compte de la complexité des problèmes qui se posent ». She goes further to emphasize that « cette visée normative qui caractérise la bioéthique mérite d'être examinée plus attentivement » (Parizeau, 2001 : 158). Therefore, the practical negligence of this characteristic from bioethical discourses has kept passionate thinkers wanting. Doucet expresses that « la réflexion théorique et pratique sur la dimension méthodologique de la bioéthique me paraît trop peu développée » (Doucet, 2000 : 169), since, as we can use Hottois's words to complete, « la définition actuelle de la bioéthique ne débouche pas actuellement et compte tenu de la diversité des pratiques et des discours dits bioéthiques sur la détermination d'un concept simple et univoque » (Hottois, 2001 : 127).

Given the drastic nature of the consequences that accrue from this inextricable amalgamation of bioethics with the curriculum of pure practical techno-sciences, Kenmogne admonishes that « nous devons admettre l'existence des problèmes bioéthiques qui s'élaborent au sein des sociétés pauvres, non industrialisées et sous-informées » (Kenmogne, 2012 : 12). This is because these consequences undoubtedly fall heavier on non-scientific poorer Southern populations like those of Africa. Since this problem is diagnosed to be interwoven with the aforementioned misconception of the contemporary lexical or definitional understanding of bioethics, we might not go without questioning how the idea of "science" became so dominant in the functional concept of bioethics instead of "ethics" which makes part of its etymological stem. We are thus conditioned to necessarily demystify the subject matter of bioethics by re-examining its nominal concept with attentive recourse to its etymology in order to highlight the primordial position of the term "ethics" in the functional concept of

bioethics. This is the very worry of Kenmogne who exclaims that « le seul terme, éthique, qui peut être proposé à la place ne nous semble pas satisfaisant » (Kenmogne, 2012 : 23).

We are not by this means developing an impermeable dichotomy between bioethics and techno-science but simply highlighting and off lifting a salient technical obstacle to a successful intercultural globalization of bioethical interventions, especially towards less scientifically developed societies like Africa where bioethics *per se* is still a dream. Looking at this situation, Kenmogne again exclaims : « Il pourrait alors conclure que les préoccupations bioéthiques ne concernent pas les régions du monde où la biotechnologie de pointe n'existe pas encore. Conclusion erronée, car le questionnement bioéthique n'a pas pour condition *sine ne qua non* les technosciences ou les biotechnologies » (Kenmogne, 2012 : 24). For that reason, he openly declares: « Nous suggérons une évolution pour le terme *bioéthique*, en montrant comment l'Afrique peut prendre part au débat qu'il soulève, et peut-être l'enrichir à partir des réalités et des observations locales » (Kenmogne, 2012 : 23).

The real demystification of the concept of bioethics, therefore, is to render the idea of “science” recessive while highlighting that of “ethics” so that the nominal definition of bioethics should unquestionably remain “life ethics” coming from its etymology *bio* and *ethos*. According to Kenmogne, such a new definition will be « plus englobante » since « elle comprendrait la bioéthique comme une application de l'éthique à la vie, et plus spécialement, mais pas exclusivement, à celle de la personne humaine ». He further admonishes: « Faire ainsi sortir la bioéthique de l'enclos de la technoscience permet de contextualiser le discours de cette discipline en faisant appel aux données locales à partir desquelles de nouveaux problèmes bioéthiques peuvent se nouer. Car s'il y a partout des problèmes bioéthiques, nul ne pense qu'ils se posent dans les même termes çà et là » (Kenmogne, 2012 : 14).

This conceptual confusion exists since the inception of bioethics and has always tempted many to consider « bioethics » as a new techno-scientific discipline developing in the biomedical domain. Sgreccia reacts to this confusion by declaring that « la bioéthique n'est pas un nouvel ensemble de principes ou de manœuvres, elle est la même vieille éthique bien appliquée à un domaine particulier » (Sgreccia, 1999 : 116).

Amidst this conceptual cacophony, Parizeau, on her own part, laments saying that, « la bioéthique advient dans ce contexte de crise du pouvoir médical et scientifique, or l'éthique médicale n'est pas suffisante pour répondre à la démocratisation des savoirs, au pluralisme des valeurs et à la sécularisation de la société » (Parizeau, 2001 : 157). However, there is no gainsaying to the fact bioethical enforcement and interventions are easily evaluated and understood through the evaluation of biomedical practices. That notwithstanding, Ricœur, as highlighted by Simon, believes that such evaluation necessitates intensive cultivation and application of « la vertu de prudence », because, to him, contemporary bioethical enforcement takes a lot of « sagesse pratique » since it demands much « jugement en situation ». He further emphasizes that if this « sagesse pratique » is not well exploited according to particular cases, there will always be conflict at various levels:

[L]e niveau de la diversité de la visée de la vie bonne, elle est variable d'un individu à l'autre, d'une tradition à l'autre [...]; le niveau de la diversité des normes et des règles et leur éventuelle incompatibilité [...]; le niveau de la diversité des biens à distribuer dans le cadre d'une communauté politique, l'accès à la culture, etc. » (Simon, 2000 : 59-60).

With Kenmogne, we are still wondering aloud and questioning: « Qu'en est-il donc de cette branche de l'éthique en Afrique aujourd'hui? » (Kenmogne, 2012 : 13). As Kenmogne already admonished us above to admit that there exist serious problems with bioethics in less scientifically developed regions like Africa, he further declares that « ces problèmes peuvent se situer à une échelle présumée dépassée par les sociétés riches, mieux informées et se démarquant industriellement » (Kenmogne, 2012 : 16). To him, therefore, bioethical interventions directed towards such regions like Africa must necessarily « dénoncent les logiques de discrimination, d'exploitation et l'exclusion dans le système de santé » (16). In line with this view, Bouffard recommends on a serious note, the exploitation of anthropologically based methods in global bioethical interventions because « la spécificité des méthodes et des approches de l'anthropologie, en fait une discipline privilégiée pour contribuer au développement de la bioéthique, plus spécifiquement pour ce qui concerne de la recherche en contexte de diversité culturelle ». Specifically, she advocates « la participation des anthropologues à des projets de recherche biomédicaux dans les pays non occidentaux » (Bouffard, 2003 : 65). With this proposal, Bouffard touches the core of Kenmogne's demystification

thesis since, besides the fact that this anthropological method will permit a successful establishment of bioethics in Africa, it will as well enlarge the concept of bioethics to engulf some desperate sectors like “traditional medicine”, which, though non-scientific, also deals with human life. According to Kenmogne (2012), the public transport sector where human life is often carelessly massacred out of inefficiency, inexperience and experimenting driving will also come under bioethical scrutiny when its concept is enlarged.

While solving the problem of contextual bioethical interventions, care should always be taken against possible eventuality of discrimination and social/human rights inequality. It is necessarily appealing here to recall that it was the need to sinuously integrate social and human rights equality in the contextual exploitation of various cultural differences in all socio-bioethical interactions that the *European Council* signed *The white paper on intercultural dialogue: Living together as equals* in 2008. In order to enforce and firmly enshrine this necessary call into bioethical activities, UNESCO also started organising a series of intercultural conferences so as to legally stress the necessity for *International Bioethics Committee* to always assure and ensure global human rights equality to bioethical benefits regardless of cultural affiliations. In one of those UNESCO’s conferences, *International Conference on Bioethics, Medical Ethics and Health Law* (2013), the then UNESCO chair in *Bioethics International Network*, Claudio Buccelli, strongly belaboured the position of human rights in the *raison d’être* of the conference which, to him, was “to meet the needs for balanced cultural and bioethical/moral mediation at the highest level in the confrontation between scientific progress and human rights in a pluralistic and intercultural society” (*Book of abstracts*). Expatiating this UNESCO’s ambition to contribute to a deeper reflection on intercultural conflicts within the scope of bioethics, and to emphasize the consciousness of human rights as a theoretical normative mediator of various bioethical conflicts that bear elements of multiculturalism, Stanton-Jean (2010) expresses that intercultural bioethics must incorporate in its prescriptive and descriptive tasks, norms and institutions of human rights that ensure participation and social integration of individuals from different communities and cultures.

So far, almost all thinkers who have delved into this issue point to one thing: conscious enforcement of human rights, especially human rights to health and dignity,

as an effective sociocultural tool for the resolution of conflicts on matters between bioethics and cultural diversity. To this effect, Andorno conscientizes all bio-professionals to the fact that « les droits de l'homme sont normalement conçus comme des prérogatives fondamentales de la personne humaine qui transcendent la diversité des cultures » (Andorno, 2007 : 58). In the same light, various cultural peculiarities that make the social part of humanity should no more be regarded as hurdles to satisfying rights but as means and facilitators. In fact, this emphasis on the importance of the respect of human rights and dignity in bioethical interventions lures us to rethink human inequality to health issues as one of the main consequential crisis between bioethics and cultural diversity, especially when it concerns a go-between between a culture purported superior and the one rated inferior. It is this very sentiment that enticed Tangwa to vehemently declare as some sort of reminder that “What all human beings have in common, in spite of their rather palpably striking differentiations and differences, is the fact that they are all human beings, equally liable to being, *mutatis mutandis*, rational, self-centred, sociable, fallible, altruistic, equally liable to experiencing sadness/joy, pleasure/pain, equally vulnerable and liable to suffering, equally mortal in the end, in spite of everything else” (Tangwa, 2004 : 126).

ii. BIOETHICS OF CULTURAL DIVERSITY - BIOETHICS IN AFRICA: As we have so far witnessed, bioethics has fast become a contemporary force to be reckoned with as its interventions have become acutely indispensable for human daily survival. But, at the same time, the world is necessarily becoming more and more multicultural, and cultural diversity is thus standing out as an obstacle to the necessary global/intercultural enforcement of bioethical interventions, especially taking them into southern cultures like Africa. This, as afore analysed, is because the functional concept of bioethics is being mystified inside the tunnels of techno-science, thereby confining its development mainly in scientifically developed western culture. It is thus curiously deduced from general opinion that if southern cultures like Africa are to also enjoy the benefits of bioethics as is the case in the west, global bioethical interventions must be diversified enough to create “bioethics of cultural diversity”. “Bioethics of cultural diversity” is that whose interventions are capable of satisfying various ambitions within different cultural settings without any alienation or abdication, but sinuously respecting various cultural peculiarities for the benefit of humankind. However, in so doing, extremes

should ever be avoided since, according to Bouffard, « une application inconditionnelle du relativisme éthique restreint la possibilité d'une véritable négociation d'un consensus moral à travers les barrières culturelles. Et inversement, une application simpliste des universaux éthiques à des cas particuliers nie la complexité de l'expérience vécue et des dilemmes du monde tangible » (Bouffard, 2003 : 37).

According to Panikkar (2000) in his doctrine of “diatopical-hermeneutics”, bio-professionals necessarily have to develop intercultural epistemology through which they will be able to understand different cultural terms and concepts in context and, thus, relatively interpret and apply various bioethical principles in accordance with that context. He further clarifies that relativity inherent to “interculturality” does not question the peculiarities of a culture neither does it “absolutize” them, but it simply “relativizes” them by considering them valid and legitimate within that given culture, that is, within the parameters admitted by the latter, and within the encompassing myths of that culture. Guy Durand (1999) expressed a similar view and went further to declare that it is only out of negligence and/or irresponsibility that bioethicists fail to properly practice this type of relativism in their interventions. To him, as cited by Plourde, « initier à la bioéthique signifie familiariser les lecteurs avec les données de base: concepts principaux, règles [...] ; approfondir la problématique: signaler les enjeux, les courants de pensée contextuelle, les controverses [...] ; signaler les limites, les difficultés, les risques de la bioéthique [...] ; faire connaître le corpus littéraire existant, les auteurs, et les institutions en place » (Plourde, 2000 : 75). Not to any further belabour this point, Guy Durand's conception has already expressed the exact base/core of the bioethical contextualization process that gives rise to bioethics of cultural diversity.

Bioethics of cultural diversity resulting from this contextualization process is similar to what Engelhardt, as Parizeau (2001) highlights, calls « une bioéthique procédurale ». Parizeau substantiates Engelhardt's insight with the words of Jonsen and Toulmin who explain that the system of bioethical contextualization:

[E]st un modèle qui se veut adapté à la société pluraliste et séculière et qui, telle une jurisprudence morale, fournirait des repères précis pour résoudre des dilemmes bioéthiques par les biais de cas paradigmatiques et de règles de raisonnement moral en faisant appel aux valeurs communes implicites. Globalement, cette méthode affirme, d'un point de vue méta-éthique,

l'interdisciplinarité de la bioéthique. De ce fait l'évaluation bioéthique des pratiques sociales s'établit par le biais d'un processus interprétatif auquel chacun contribue à partir de ses compétences et de sa subjectivité (Parizeau, 2001 : 160).

As this explicit substantiation is endorsed, it is also substantial to note that the concept of intercultural bioethics is built in its totality on coherentism which helps to liberate bio-professionals from intuitionism into justifiable reality. This satisfies the fact that, as Tannsjo puts it, "in our search of the truth about the normative status of a particular bioethical action, we must recognise the possibility that what was in one situation a reason to perform an action may, in another situation, be a reason not to perform a very similar action". Meanwhile, according to him, "intuitionism" contrarily is "immediate, not preceded by a conscious reasoning, reactions to a particular case; a reaction to the effect that this is right, this is wrong, and so forth". He believes "it is crucial that our intuitions have a propositional content... because particularism has contextual normative content" (Tannsjo, 2011 : 398).

Therefore, the transfer of bioethical enforcement and interventions to Africa demands the exploitation of the decisive role of coherentism which necessitates the recognition of logical persuasive narratives of African particular situations so as to grip the reality of those situations as they really are. A proper application of this social logic stands a chance of helping bio-professionals from believing and operating on simple intuitive descriptions of situations; relinquishes them from being carried away by disguised dogmatism; saves them from operating on moral emotions rather than on ethical rationality; and thus rescues them from falling prey of concluding on illusions and prejudices rather than on reality. It is only by this means that bioethics can be successfully established in Africa since, according to Andoh (2011) and Kazeem and Adeogun (2012), some of the current handicaps in establishing bioethics in Africa is the western difficulty of sorting out a place of individual autonomy within communitarianism; of interpreting scientifically oriented principles within traditional societies; and of establishing what they call "rational justice" within "morally constituted" societies. This is where Andoh goes further to clarify that for bioethics to have authenticity in Africa, western bioethicists and biomedical professionals must abdicate "the distorting imposition of western templates, values and principles" in Africa (Andoh, 2011 : 27). Instead, they should interpret and apply them according to

“african values, thoughts and materials in their true light, rooted on traditional african and indigenous heritage” (Andoh, 2011 : 27).

If bioethical stakeholders, together with political leaders, really wish to adhere to the dire need to create an intercultural bioethics so as to see it develop in Africa, various principles, according to Behren, “must be revised, with a return to the original principles” (Behren, 2013 : 34). To him, such a move will make various bioethical principles more open and flexible as to accommodate diversity of interpretations for bioethics to be authentic in Africa. In his proposal, the principle of “individual autonomy” should simply be “respect for persons”, which, to him, is richer as it includes the respect of autonomous decisions without necessarily implying individual autonomy. In the same way, that of “justice” should simply be renamed “harmony” because justice is an important element of harmonious relationship in a society (Behren, 2013 : 34). He believes that, if this is done, the new principles will very well reflect afro-communitarian cultural peculiarities and bioethical enforcement and interventions will be easily established in Africa.

In general terms, Andoh (2011), Kazeem and Adeogun (2012), Kenmogne (2012) and Behren (2013) believe that in order to render “intercultural bioethics” capable of productively developing in Africa according to African cultural peculiarities, many bioethical research work should be carried out in Africa, where some African facilities, material and researchers will be productively exploited. Kenmogne substantiates this view with an exemplary list of some existing research centres in Africa that can easily host bioethical research activities if need be. Unfortunately, he believes such an effort to take bioethical research activities closer to Africans and African reality « est en réalité faible et apparamment négligeable » (Kenmogne, 2012 : 15). Therefore, in line with Bouffard (2003), it is clear that bioethics of cultural diversity that can be well established in Africa, must be that which is able to successfully undergo socio-anthropological contextualization.

According to Leighton, the inculcation of anthropological realities, especially those of traditional societies like Africa, into global bioethical interventions ought not to be strange to bio-professionals since a sound bioethical formation needs both a “considerable biomedical knowledge” and “a sound training in social and behavioural

sciences”. Though she refers to this as “an uncommon combination of characteristics” on the grounds that it is as necessary as it is complicated, she goes further to explain that the whole process is generally simple for it only needs:

[A] thorough study of activities, materials used, ideas of cause and belief systems brought to bear in the promotion of health and illness treatment in the particular culture; a thorough study of a catalogue of recognised diseases, their ascribed causes, the usual treatments, the organisation of the society to care for ill members and attitude towards sickness and health, toward death and particular illnesses (Leighton, 1978 : 1046).

As Kobylarz *et al.* (2005) affirm both the necessity and the complexity of this move, they propose that bioethicists and health care professionals should always simplify it with “cultural competency techniques” such as the utilization of medical interpreter services; collaboration with community health workers; involvement of family and community members in decision making; and the exploitation of both administrative and organizational accommodations. According to their explanation, cultural competency in clinical bioethics encompasses the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. This, to them, involves awareness and acceptance of cultural differences; self-awareness; knowledge of the patient's culture; and adaptation of skills to that culture. In line with this insight, Hirsch emphasises that « les médecins doivent alors reconnaître les spécificités des situations, des parcours, les cultures et les limites de la liberté des individus » (Hirsch, 2012 : 200).

Buxõ Rey, like many others, believes that a successful global bioethics must necessarily exhibit constructive relationship with various aspects of intercultural relativism, the results he calls “dialogical and prospective bioethics” (Buxõ Rey, 2010 : 6). According to him, it is only through prospective dialogue between bioethical expectations and sociocultural perspectives of a people that we can demonstrate intensive exploitation of the multidisciplinary characteristics of bioethics so as to be able to take “the ideal guide of universal ethics” closer to cultural anthropology Buxõ Rey, 2010 : 7). He further explicates that though cultural/anthropological sociology is least mentioned in the multidisciplinary axes of bioethics, bioethics has, consciously or unconsciously, got entangled into the jurisdiction of this discipline since every human being for whom bioethics works is necessarily cultural.

Kobylarz *et al.* (2005)'s insight as well as that of Buxõ Rey (2010) is clearly substantiated in Parizeau's convincing analysis of proper intercultural expectations from global bioethical interventions. According to her, a proper execution of various bioethical interventions to yield proper intercultural expectations takes two dimensions: « La première, de nature plus réflexive, accentue le travail de clarification et d'explication des enjeux éthiques proprement dits ; la deuxième est de nature plus normative et conduit généralement soit à une prise de décision pratique ou à une prise de position assortie de recommandations précises » (Parizeau, 2001 : 158). This is very pertinent for proper establishment of bioethics in Africa since African culture is a traditional culture with peculiarities that manifest differently from what prevails within scientific Western cultures. According to various views we have gone through, intercultural bioethics that can easily become reality in Africa detests practical principlism and favours contextual flexibility in its various techniques with full respect of all values enforce. Therefore, to successfully make bioethics a reality in Africa, all bio-professionals need to understand and exploit in their interventions various socio-cultural exigencies of afro-communitarianism with all their intricacies, but without destroying the general values of standard bioethical principles.

CONCLUSION

Our research exercise towards the realization of this work drilled us through the relationship between bioethics and techno-science (biomedical sciences), and between bioethics and non-scientific/traditional cultures (African culture) in search of the converging point where bioethics of cultural diversity can be established (contextualization). Fortunately, this research work is carried out within an era characterized by a densely congested cross-road of thoughts and beliefs: the era of techno-scientific dominance, that is, « la quatrième ère du monde », in the words of Sgreccia; the era that valorises diversity, that is, in the postmodern era; and the era of equitable global sociocultural and socioeconomic development, that is, in the era of contextual globalization.

Unfortunately, too, we observed that these characteristic facets are seriously exploiting their slippery inter-boundaries and some are dominantly inundating others, a situation that stimulated our curiosity and wonder. It is this curiosity that has cajoled us to rightfully discover that the misplaced position of bioethics has caused human anxiety to drift from admiration to disdain, from expectations to disappointments, and from hope to dismay. Upon all odds, the global desire for the unlimited intervention of “bioethics” in various aspects of human life in order to facilitate its highly chanted equitable sociocultural and socioeconomic globalization so that Africa should also benefit has skyrocketed.

Therefore, the inability of bioethics to take its normal global position and satisfy this general desire has exposed bioethics to various criticisms and accusations, especially from social scientists. According to Gorovitz, many social scientists discouragingly proclaim:

Bioethics is not serious, it is not a well-grounded scholarship, it has no well-defined and clear methodology, it lacks any solid conceptual foundation but based instead on the shifting sand of (scientific) sentiments, it is too abstractly removed from the realities of (social) practice to merit being taken seriously, it is unteachable, it pursues unanswerable questions, its utility has not been demonstrated, it makes matters worse by confusing health care providers and researchers, and it is itself ethically problematic because it either implicitly endorses traditional values that ought to be challenged or underdetermines

traditional values that ought to be advocated and reinforced (Gorovitz, 1992: 90).

Astonishing, though, this is not unexpected because it is clear from all entries that bioethics has completely fallen prey to techno-science where it is totally hypnotized within the facets of biomedical sciences.

The cross-border confusion between biomedical sciences and bioethics has been diagnosed to be the core of contemporary bioethical controversy. On this very note, Guy Durand laments saying:

Certains médecins veulent encore définir les règles du jeu et pensent que les décisions relèvent entièrement d'eux. Mais il semble plutôt que, malgré leur rôle essentiel, la réflexion et certaines décisions les débordent de toutes parts. La bioéthique veut être ainsi une approche interdisciplinaire. Non pas au seul sens bénin où un intervenant privilégié profite de l'information venant des diverses sciences, mais au sens fort où il est besoin de la collaboration et de l'interaction des diverses sciences pour analyser les questions concrètes de manière totale et y trouver une solution adéquate. À cet égard, il est significatif que le mot « bioéthique » soit aujourd'hui plus employé que les expressions « éthique médicale » ou « déontologie médicale » (Durand, 1997 : 24).

From all indications, this situation is dangerously worse and risks becoming worst because of the general failure to recognize or acknowledge the necessary dichotomy that exists between the ambitions of techno-science and those of bioethics. Given that bioethics generally emphasizes mainly the respect of the values of human life in any activity or policy that touches humanity, it cannot be taken to mean the same thing with the main ambition of techno-science which is principally the acquisition and management of knowledge. To Grawitz :

[L]e point de départ de la [techno] science réside dans la volonté de l'homme de se servir de sa raison pour comprendre et contrôler la nature. Le premier problème posé par la science est de savoir comment elle est possible. Comment le réel se prête-t-il à notre investigation ? Comment le sujet retrouve-t-il l'objet, le connaît-il ? [...] Dans ce fait, la connaissance elle-même, la réflexion a séparé le sujet connaissant de l'objet à connaître (Grawitz, 1998 : 3).

Bioethics, on its own part, seeks to reunite and identify the subject and the object in the subject which is humanity. In other words, bioethics is a multidimensional reflection by subjects (humans) about subjects (humans).

However, it remains clear that the best measure of the effectiveness of bioethical enforcement and interventions in a particular society, as per its contemporary concept, is through the level of the effectiveness of biomedical services in that society. Notwithstanding, Saint-Arnaud pinpoints that serious bioethical controversies developed within this relationship at the time some changes took place within the biomedical realm, for example: « l'institutionnalisation des soins de santé; le développement de la spécialisation médicale; et la prédominance de l'approche scientifique et technologique en bioéthique » (Saint-Arnaud, 1999 : 41). It is rather unfortunate that in the midst of this controversy, bioethics has almost completely forfeited its multidisciplinary multidimensional characteristics to techno-science under practical sciences. This is why Doucet, on a serious note, paraphrases Callahan lamenting that « la bioéthique a été entraînée rapidement sur un terrain que n'avaient pas prévu ses initiateurs. Les débats initiaux ont rapidement cédé le pas à des préoccupations plus terre à terre. La réflexion bioéthique s'est vite transportée sur le terrain de la pratique » (Doucet, 2000 : 169).

This situation that has for long put the future of bioethics into doubts has unsurprisingly become a global socio-political issue. Levinas, as quoted by Dahnke, believes that this has gone this far because bioethics is a “normative foundation of normativity”, that is, “it has a primordial ethical relation from which is derived a system or procedure for formulating and testing the moral acceptability of certain maxims or judgments relating to social action or civic duty” (Dahnke, 2012 : 408). For this reason, some legislative bodies enacted laws limiting the arrogant infringement of some biomedical professionals into the legislation of bioethics, a move that generated a certain degree of dismay within the biomedical corps. According to Hervé, some biomedical professionals openly rebuked those legislative bodies saying: « Votre loi, on n'en a rien à faire. Le médecin a sa conscience pour lui. Inutile donc de légiférer » (Hervé, 1997 : 82). Thence, many biomedical professionals have held firm to these wordings, thereby intensifying techno-scientific grip over bioethics. This situation has further dislocated the necessary relationship between bioethics and cultural diversity and has thus distanced bioethical enforcement from the reach of Africa which is still less scientifically developed.

Given the necessity to take bioethical enforcement to all the corners of the world, we have ardently advocated the exploitation of various contextualization methods in the interpretation and application of various bioethical principles so as to satisfactorily realize the globalization of bioethical interventions amidst cultural diversity. This will see the authentic development of bioethics in Africa, a realization that according to panikkarian theory is best achieved through the application of contextual hermeneutics. Hirsch also affirms that the sociocultural contextualization of the interpretation and application of various bioethical principles is indispensable if we aim at constructing a realistic bioethics of cultural diversity. According to him, global bioethical difficulties alarm because many biomedical professionals always mistakenly think that their duties are only limited to administering drugs, thereby forgetting that « les familles qui désirent prendre soin d'un mourant ont souvent besoin de conseils et d'aide professionnelle, non seulement sous la forme d'assistance médicale et infirmière, mais aussi d'un soutien psychologique et, quand elles le souhaitent, religieux et spirituel » (Hirsch, 2012 : 24).

We are tickled by Hirsch's revelation to call to mind the nuance that may exist between Western and African interpretation and understanding of some simple bioethical expressions such as “sympathy”, “care for the dying”, and “dying in dignity”, in addition to that of “family” as afore examined. If such global socio-anthropological differences are well exploited, as we are inspired by Métayer (1997) who expresses the very view in talking about global moral ethics, contextual bioethics/bioethics of cultural diversity will become a powerful instrument for the conscientization and inspiration of all bio-professionals as they go about their duties culturally diversified world. Through such a move, according to him:

On peut penser à diverses problématiques et controverses d'actualité, comme la problématique des effets foudroyants du progrès scientifique et technologique, les conséquences extrêmement lourdes de certaines découvertes en biomédecine, en génétique [...], les problèmes de coexistence entre communautés culturelles, la nécessité d'une redéfinition des certains concepts et des rôles sexuels et parentaux dans un contexte où la famille est en pleine mutation (Métayer, 1997 : 8).

Upon all odds, however, there is no gainsaying that human existence and survival direly need techno-sciences especially biomedical science, but it is equally indisputably true that techno-sciences need some bioethical regulations so as to

satisfactorily effect its responsibility with little or no casualties. It is such because, as Bernard puts it, many bio-techno-scientific adventures are « à la fois moralement nécessaire, et nécessairement immoral ». He believes, therefore, that « on peut certainement voir la tâche de la bioéthique comme un effort pour systématiser l'ensemble du domaine moral de la vie, pour lui donner de la cohérence, une plus grande unité et des fondements solides [...], on constate tout de même que l'exigence bioéthique demeure présente dans le monde d'aujourd'hui » (Bernard, 1994 : 17).

We are not pretending not to acknowledge what the bioethical realm can equally learn from African traditional culture given that afro-communitarianism is not useless to global bioethics. Therefore, contextual realization of bioethics in Africa will produce a necessary bioethical enrichment on western stress of individual autonomy with African communal realities that underlie care ethics which forms the base of bioethics. It is on this point that Laugier and Paperman quote Gilligan venerating “care ethics” on the grounds that it is built on “moral ethics” which, like bioethics, looks for the good that goes beyond individual self as against “justice ethics” that stresses much on the satisfaction of individual rights (Laugier and Paperman, 2008: V).

Recapitulating all that we have gone through, it is conveniently convincing to believe that the meeting point between bioethics and biotechnology is the conservation of humanness and human happiness in humanity. On the same pedestals, the global achievement of the latter can principally be enhanced by the recognition and integration of diversified cultural dispositions in the world (unity in diversity) so as to operate as guided by contextualization principles. Encouragingly, fundamental values of global bioethics/bioethics of cultural diversity can be ethically assured by the joint function of Southern conventional realities and Western autonomous rationalities since a happy individual is always an individual member of a culture and/or society. It is this very type of human happiness that Savater tries to instil into his son as the base of the ethics of life. He clearly instructs him saying :

« Fais ce que tu voudras », je voulais en définitive t'encourager à mener la belle vie. [...] L'éthique n'est pas autre chose que la tentative rationnelle de vivre mieux. [...] Tu veux t'offrir la belle vie : [...], tu veux une belle vie humaine. [...] Être humain, nous l'avons déjà souligné, c'est avant tout être en relation avec d'autres humains. [...] Pourquoi ? Parce que l'homme n'est pas seulement une réalité biologique, naturelle (comme les pêches et les léopards), mais aussi

une réalité culturelle. Il n'y a pas d'humanité sans apprentissage culturel et, pour commercer, sans la base de toute culture (ce qui constitue donc le fondement de notre humanité) (Savater, 2009 : 77-79).

We can rightfully end our work with this reflection of Hannah Arendt as cited by Savater: « Ce n'est pas l'homme, mais les hommes qui habitent cette planète. La pluralité est la loi de la terre ! » (Savater, 2009 : 173).

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²² Some sources, especially online sources, are neither dated nor paged; same like some second-hand references may not also have all those necessary entries.

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