

ON THE MYTH CALLED 'AFRICAN BIOETHICS': FURTHER REFLECTIONS ON SEGUN GBADEGESIN'S ACCOUNT

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ABSTRACT: This paper examines, and further reflects, on Segun Gbadegesin's position on the question of African bioethics. In an attempt to situate bioethical discourse within the garb of cultural appropriateness, Gbadegesin gives an African perspective of bioethics by exploring the attitudes of the Yoruba people (an example of an African culture) towards bioethical issues. Through this, he calls for a transcultural bioethics, which will underscore the universality of bioethics without undermining the significance of cultural identities. This paper challenges as a 'myth', the assumptions and positions of Gbadegesin in his recent discourse on African bioethics. By raising and adducing reasons to fundamental questions (such as: How authentic is Gbadegesin's reportage on the Yoruba attitude to bioethical issues? How plausible is the possibility of a universal/global bioethics that is anchored on the recognition of all cultures in bioethical discourse? Is there a distinctive African bioethics? If yes, what is the nature of such an inquiry? What are the bioethical principles employed in solving bioethical issues in African culture?), this paper defends the position that there is not yet an African bioethics.

Keywords: Bioethics; African Bioethics; *Ikuyaj'esin*; Culture; Yoruba.

INTRODUCTION: Bioethics is an aspect of applied ethics which studies ethical issues in all forms of life. It concerns ethical issues arising from healthcare and the biomedical sciences¹. It is an interdisciplinary field of study that addresses adverse set of ethical questions associated with biomedicine, life sciences, most broadly regarded public health, environmental issues, as well as issues relating to all integrated aspects of life. Bioethics accommodates different disciplines (and not only medical field) to be equipped with the tool of offering sharp critique to the activities of medical, biological and technological researches and innovations as they affect 'life'.

Bioethics, in its present form has been criticized for its strong footing in Western culture. This is on the ground that Bioethics developed in the West in response to the impact of development in biomedical technology. Not only that, different approaches (such as principlism, consequentialism, deontologism, ethics of care etc.) employ in evaluating bioethical issues are limited to a string of biomedical problems that do not have their roots in non-Western contexts. In other words, bioethics in its present form is yet to undertake a comprehensive exploration of the social and cultural realities that shape so many bioethical conflicts.

One of the scholars blazing the trail of looking at the possibility of having an African cultural account, both in theory and practice, is Gbadegesin. Besides him, Cletus Andoh², Godfrey Tangwa³, Kaori Mbugua⁴, T. Metz⁵, C. Onuoha⁶, T.O Ogundiran⁷, M. Murove⁸, etc. are other African scholars that have defended the notion of African bioethics. They have put forward different arguments as to why bioethics in its present form is not adequate. Their arguments challenge bioethics deep entrenchment in a domineering culture, its footing in ethical values that reflects Western tradition. For these scholars, bioethics as practiced in modern context, the argument goes, has been portrayed as being Eurocentric in nature. The reasons for this state of affair are not unconnected to the argument that bioethics ignores moral traditions whose roots and ways of thinking lie outside Western philosophy, political and social theory⁹.

Western culture in which bioethics in its present form is deeply entrenched is characterized by the attitude of spreading its tentacles towards other cultures. This is done through the encroachment of

their way of life in order to make them its prototypes without a reservation of being influenced by such cultures.

Also, there is the supposition that the assemblage of bioethics in the Western and philosophical and cultural context may not fit in other cultures of the world¹⁰. This is because for example, bioethics (Western) focuses on individual, ignoring who are intimately affected such as the family and the community¹¹. This focuses on individual is based on a philosophy that regards the self as the end per se¹². Much as this is axiomatic in the West, in the African perspective for example, the reliance on the self and ethical egoism is misplaced¹³. Thus, bioethical principles (of the West) are questioned for not reflecting the cultural experiences of what constitute the value of life in other cultures. Thus, leading to the affirmation of areas like 'African bioethics' and 'Asian bioethics'. Such phrases, it is argued, encapsulate the incorporation of cultural worldviews into the evaluation of bioethical issues as lived moral experience in different socio-cultural contexts.

It is in the light of the above reasoning that Gbadegesin presents an affirmative response to the question of African bioethics. In the rest of this paper, we shall be discussing Gbadegesin's views on Yoruba (African) bioethics which he explores under the umbrella of 'transcultural bioethics'. We think his account of Yoruba ethics is more of a myth. His conviction on African bioethics, as presently constituted, is a fiction, a figment of the imagination. To defend this position, we think it is apposite to first discuss Gbadegesin on Yoruba (African) bioethics.

GBADEGESIN ON YORUBA-AFRICAN BIOETHICS: Gbadegesin calls for 'transcultural bioethics' which is characterized by:

- (a) serious effort to understand the cultures and values of other peoples;
- (b) development of a compendium of values and belief system across cultures;
- (c) promotion of intercultural dialogue on the critical analysis of those values and belief systems;
- (d) identification of set of common values that transcend particular cultures; ;and
- (e) utilization of this set of common values in the development of bioethical principles and standards that all cultures can embrace¹⁴.

From the above, we glean that trans-cultural bioethics aims to achieve a field that is characterized by cultural appropriateness at the base, which builds up and gets to its peak to shed off the cultural fabric for a common bioethical principles and standard for evaluating bioethical issues for all cultures. Gbadegesin explores Yoruba-African bioethics as a cultural building block of 'transcultural Bioethics'.

Gbadegesin's subscription to cultural approach to bioethics propels him to present a Yoruba-African stance on bioethical discourse as a response to the question, is there African bioethics? He presents a bioethics rooted in Yoruba (African) culture by beaming the search light on the inextricable link between the Yoruba cultural beliefs (on personhood and causality) and their attitude towards bioethical issues such as euthanasia, infertility, adoption and surrogate pregnancy and transplantation.

According to Gbadegesin, Yoruba conceptualize a person (i.e. 'eniyan' in Yoruba language) in normative and ordinary dimensions¹⁵. He notes that strong emphasis is laid on the former than the latter. The ordinary dimension encapsulates the 'ara' (i.e. body), which is the psysio-material part of the human body that houses internal components such as 'ifun' (intestine) 'opolo' (brain), 'okan' (heart), flesh, bone and 'ori' (which presupposes the outer head as well as destiny)¹⁶. There is also the part of 'emi', (the spirit, active element of life that guarantees conscious existence) which is the most important and it is understood as part of the divine breath of Olodumare (The Supreme Being). In the words of Gbadegesin:

It is this that make everyone a child of God. Thus, in virtue of this heritage, there are things you cannot do to a human person. You cannot take their lives arbitrarily; you cannot make use of them as objects and you cannot make them objects of contempt and ridicule¹⁷.

On the other hand, the normative dimension of 'eniyani' which really determines the personhood of an individual is premised on the idea of communitarianism (i.e. a perspective that recognizes both individual dignity and the social dimension of human being). That is, an individual is both an autonomous individual (who possesses rationality, moral sense, capacity for virtue and capacity for free choice and responsibility to the community) and a communal being (who is only a person in relation to others). Thus, Gbadegesin asserts that:

Being a person means that one has certain rights and responsibilities ... including the responsibility to be useful to the community and to be of good behaviour. The training needed for this is provided from the beginning of life and it is expected that the grown up person will have internalized society's norms by adulthood. If for some reason, this expectation is not realized, efforts are made to make amend by every of further training, socialization and rituals. Personhood is denied to an adult who, after all, still does not live up to expectation. She/he is treated as a child, with sympathy but without responsibilities¹⁸.

The above assertion implies that the Yoruba confer personhood only after a process of incorporation into a community through rights and responsibilities. It also shows that a child, an insolent adult, a vagabond etc. cannot be called a person in Yoruba traditional culture on the ground that such set of individuals do not meet up to the expectation of the community through rights and responsibilities. Thus, personhood can either be denied or conferred in the light of this standard in Yoruba traditional culture. Consequently, Gbadegesin summarizes the beliefs of the Yoruba traditional culture on the idea of personhood as follows:

- (1) Individuals are creatures of Olodumare (the Yoruba Supreme Deity) and are endowed with dignity and worth, with a capacity for a moral reflection and virtuous life.
- (2) It is wrong to cause unnecessary harm to creature of Olodumare, including non-humans.
- (3) A person who is a member of a community must not be sacrificed to the deities of the community.
- (4) Personhood is constituted by communal relationship through the articulation of values shared with other members and the actualization of individual potentials in response to, and by active participation in the community¹⁹.

From the idea of personhood in Yoruba traditional culture as presented by Gbadegesin, we glean that they frown at total autonomy of an individual as it is in western culture. Rather, they conceptualize the individual as a relational self to the 'others' in the community who is saddled with rights and responsibilities of being useful to that community. Thus, the realization of potentials for both 'self' and 'community' is strongly based on the inextricable link between them. Thus, the defining characteristics of 'African (Yoruba) bioethics' which distinguishes it from 'Western bioethics' are: communalism (which emphasizes the sense of fellow-feeling, solidarity and selflessness), sanctity of life and religiosity.

Gbadegesin explores the Yoruba understanding of causality in relation to bioethics. This idea of cause in Yoruba traditional culture stems from the observation of disruption of order in a world that ought to move smoothly in a straight line. This disruption is perceived as a problem that may lead to misfortune, illness etc. whenever this disruption occurs, the Yoruba make attempt to search for explanation and solution from two perspectives which are the natural realm and supernatural realm. According to Gbadegesin:

The first level of explanation is the natural realm where natural laws are operative when a solution proposed from this realm does not appear effective, then further questions are raised and further answers are sought beyond the realm of nature where spirits, deities and powerful forces are in control of human destinies²⁰.

From the above assertion, we understand that the Yoruba do not only limit the cause and solution of illness for instance to the natural realm. Rather, they extend it to the supernatural realm (i.e. the abode of unseen forces that controls the world and human destinies) with the belief that evil forces could be the cause. And that powerful deity can be consulted in turn to heal such patient.

Having described the idea of personhood and causality in Yoruba traditional culture, we shall delve into how Gbadegesin shows the link between these cultural beliefs and the disposition of the Yoruba to bioethical issues such as euthanasia, infertility, adoption, surrogate pregnancy and transplantation. Euthanasia refers to the practice of intentionally ending a life in order to relieve pain and suffering²¹, according to Gbadegesin, the disruption of the Yoruba to the above idea of euthanasia is embedded in their reluctant attitude towards it. They frown at the idea of mercy killing in this form because;

- (1) We are not in a position to know for sure that a miracle cannot happen and
- (2) We are not responsible for giving life; therefore, we should not be responsible for taking it²².

However, the Yoruba concept of euthanasia which is acceptable “is captured in the idea of ‘Ikuyajesin’ (which means death is preferable to loss of dignity)”²³. This concept permits an average Yoruba woman to refuse surgical operation for the treatment of breast cancer that would save her life. This is on the ground that it would leave her without a breast. Thus, she refuses the treatment base on loss of dignity and not because of pain.

Also, the idea of euthanasia is permitted amongst the Yoruba, if the patient is schizophrenic (which is an example of mental disorder). In the words of Gbadegesin:

In some cases, (mercy?) killing is excused when it is determined that the individual is not only suffering pain, but that the illness is also affecting his/her mental functioning. For instance, in some cases, an infirm old man or woman may become schizophrenic and may start uttering incoherent statement which may cause embarrassment to the family. In such a case, the family may take a painful decision to end her life before an irreparable harm is done to them²⁴.

The above assertion implicitly explains the attitude of Yoruba to mercy killing as evaluated in the light of their idea of personhood. It shows that the rightness and wrongness of mercy killing is dependent on any case of illness that can lead to loss of personhood.

Bioethical issues such as adoption and surrogate pregnancy is acceptable in the Yoruba traditional culture. The Yoruba embrace them as solution to the problem of infertility (i.e. the biological inability of a woman to conceive or carry pregnancy to full term). Adoption and surrogate pregnancy's acceptance rest on the belief that having children is one of the determinants of conferring personhood on an individual.

According to Gbadegesin, adoption and surrogate pregnancy are also associated with the belief that “the spirit of the child the woman in question loves and cares for will eventually attract her own natural child to her”²⁵. It is important for us to note that the description of adoption and surrogate pregnancy is practiced not in the same way as it is in Western culture. For instance, a child is adopted in Yoruba traditional culture from a close relation whereby the child is still recognized as the child of her biological parents.

Surrogate pregnancy on the other hand is described through a scenario whereby the “husband is advised, sometimes by the first wife, to marry a younger woman in the hope that the spirit of the child

so born into the family, will attract a child for the first wife too”²⁶. Surrogate pregnancy is also evident in a situation whereby the woman who finds it difficult to get pregnant “arranges for her husband to marry another woman of her choice on the understanding that she will carry the first wife’s child”²⁷. Thus, this arrangement makes the woman married only the genetic mother of the child to be born.

Transplantation on the other hand is frowned at amongst the Yoruba. The reflection of organ transplantation is associated with their disposition towards organ donation. Their attitude has to do with the:

Cultural belief that death is a transition from one form of existence to another and that therefore if one does not depart from here as a complete person, one may not enjoy one’s existence in the next world²⁸.

From the foregoing, we applaud the effort of Gbadegesin to present a bioethics that is rooted in an African (Yoruba) culture. However, it raises some fundamental questions: what constitute the ‘Africaness’ of Gbadegesin’s account of bioethics? Is Gbadegesin’s account participating in professional bioethics? Do the concepts ‘Ikuyaj’esin’, ‘surrogacy’ and ‘adoption’ as presented by him hold water in the lives of contemporary Yoruba people? How plausible is his participative perspective in ‘transcultural Bioethics’?

SOME PROBLEMS IN GBADEGESIN’S ACCOUNT: According to Gbadegesin’s account of Yoruba bioethics, the humanistic and social understanding of personhood that characterizes African bioethics does not accommodate individualism as it is in the West. Consequently, we observe that the bioethical reflection of the Yoruba on bioethical issues according to Gbadegesin is guided by the Yoruba mindset on the concept of personhood and social relationship shaped by the belief in communitarianism. Implicitly, his account describes the Yoruba attitude to bioethical issues as basically determined by the service to community.

In relation to the foregoing, we argue that there is nothing unique about communitarianism in African (Yoruba) bioethics that makes it peculiar to Africa. This is because communitarianism possesses a utilitarian undertone which is also presented as an approach to bioethics in the West. This undertone informs us of the attitude of the Yoruba towards the evaluation of bioethical issues. This principle is evident in the concept of ‘Ikuyaj’esin’ as reported by Gbadegesin. ‘Ikuyaj’esin’ according to him permits the Yoruba to kill a schizophrenic old parent if he or she is uttering embarrassing words that could harm the reputation of the lineage. Thus, in this scenario, it is justifiable and morally right to kill (for mercy) such adult. In other words, it is permissible through the lens of utilitarian undertone to end the life of an individual. This is on the ground that his or her actions harm (short and long term) the greatest number (i.e. the children or progeny) by deterring their happiness.

From the above, it shows that the communitarian nature of African (Yoruba) bioethics devalues the individual for the greatest good of the greatest number without paying attention to the individual’s well-being whenever there is conflict of interest.

Consequently, this debunks the insistence of bioethicists in Africa that communitarianism (whether radical or most especially moderate which Gbadegesin subscribe to) encapsulates the respect of the individual dignity and moral worth. In other words, the autonomy of an individual through the lens of utilitarian under is determined by the amount of happiness it contributes to the wellbeing of the community. Thus, the communitarian African (Yoruba) bioethics does not proclaim the inherent moral worth of all people just like it is in the West through the utilitarian approach to bioethics.

In consequence of the above analysis, we think that communitarianism is not peculiar to bioethics in Africa. Thus, we admonish bioethicists such as Gbadegesin to desist from the enterprise of misinforming Africans and non-Africans about the peculiar characteristic of the entirety of bioethics in Africa, likewise for the West. This is because they fall into the trap of thinking that the entirety of bioethics in west sees man as an isolated individual in search of pursuing self-interest. However, our research shows that there are different approaches to the evaluation of bioethical issues in the West.

Consequently without prejudice to Gbadegesin's account, we ask these mind puzzling questions concerning the authenticity of his account in the light of the attitudes of Yoruba towards bioethical issues: What are the sources of his claim on the Yoruba disposition? Is it from an oral tradition or his assumptions? Is Gbadegesin's account not assuming Yoruba attitudes to bioethical issues from heterogeneity to homogeneity (i.e. are these attitudes generally accepted by all subcultures under Yoruba culture)? How relevant is his account to the evaluation of bioethical issues in contemporary times?

The relevance of Gbadegesin's account may perhaps be examined through the concept of 'Ikuyaj'esin', surrogacy and adoption. In traditional times, the concept of 'Ikuyaj'esin' is relevant in a scenario whereby an individual opts for suicide as the only choice in the face of shame. That is, the concept from traditional perspective as presented by Gbadegesin is meaningful only in the light of suicide and not euthanasia.

However, if we are to ascribe the concept of 'Ikuyaj'esin' in the evaluation of euthanasia in contemporary times, then the scenarios painted by Gbadegesin will not hold water. This is because, it implies that the Yoruba are not receptive to change in the face of technological advancement and the emergence of stronger dimensions to the bioethical issues in biomedical field. For example, we do not think a contemporary Yoruba woman will refuse a surgical operation that will save her life and still give her an opportunity to be useful to herself and the community due to loss of breast. This can happen in most cases due to financial constraints and probably not for the loss of breast.

To our mind, we think Gbadegesin appears not to have made empirical studies on the idea of life and death amongst contemporary Yoruba people before presenting the argument based on traditional perspectives in relation to evaluating bioethical issues in modern times. We therefore argue that for 'Ikuyaj'esin' to be relevant as a principle for evaluating euthanasia in modern times, then it must be contextualized in strong or irreversible scenarios which the concept implies.

In order for the concept to be sustained, it must incorporate the consideration of issues of life and death such as neo-critical death (i.e. the chronic vegetative state which is characterized by unconsciousness with retained physiological functions and open eyes of the patient), a kinetic mutism (a condition whereby the frontal region of the brain is impaired which makes the patient aware of his environment but unable to establish a contact), lethargy sleep (which may last over a decade), irreversible ailment like cancer etc. These cases have recently called for special concern due to a high incidence of severe diseases such as cancer or perturbations of cerebral blood circulation which leads to an incurable, irreversible state associated with prolonged period of sufferings. Put succinctly, the Yoruba describe these cases as "ko j e ara aiye, ko je ero orun" (i.e. neither an inhabitant of earth nor heaven).

Thus, we reflect that an average contemporary Yoruba will employ the concept of 'Ikuyaj'esin' as modified due to the pain and suffering of the patient. Consequently, our modification of 'Ikuyaj'esin' is more cogent in the context of active euthanasia (i.e. terminating a person's life in a painless way, at his request or with the intention of preventing someone from suffering) in contemporary times.

Surrogacy and adoption as presented by Gbadegesin in traditional Yoruba culture presupposes so many complications if it is adopted in contemporary times. This is because the rationale behind these issues in traditional setting cannot hold water in contemporary times. For instance, the probability of requesting for the child back by the genetic mother is very high in modern times. Thus, conforming to surrogacy has practiced in modern could be detrimental.

Consequently, Gbadegesin fails to take cognizance of the guideline concerning the procedures and the enactment of laws to reduce chances of occurrences before making case for a traditional African understanding and practice of surrogacy in modern times. If this unrealistic in practice in the light of contemporary times, then it is incapacitated in principle. Having questioned the relevance of Gbadegesin's account, we shall turn to the problems inherent in his cultural approach to bioethics.

Cultural approach to bioethics has a global promise, which is characterized by diverse cultural interpretations of normative principles employed in evaluating issues in bioethical discourse. However, cultural approach to bioethics assumes that culture is static. That is, it does not consider the profound and constantly transforming sources of cultural differences. This is evident in the account of

Gbadegesin where he romanticized the attitudes of traditional Africans in evaluating bioethical issues for contemporary framework. In consonance with this, he identifies the entirety of bioethics in Africa with traditional African thought based on communitarianism. This is done in order to exhibit a peculiarity in identity which is in contrast with the Western option. Kwasi Wiredu warns against this attitude of 'Mummifying' our thought because it is detrimental to our development in modern times. In his words,

Africans are apt to identify African thought with traditional thought. The result has not been beneficial to the movement of modernization usually championed by the same class of African²⁹.

Given that every culture undergoes consistent change whether slow or rapid, we think that no culture conforms to particular norms and worldviews forever but only for a period of time.

The 'transcultural bioethics' proposed as the end in view of cultural approach to bioethics by Gbadegesin can be limited by the fact that it is not all cultures that will participate in it. We conceptualize 'transcultural bioethics' as a 'sisphysian' task. It is described thus in the words of Albert Camus because, it could be difficult to incorporate the principles put forward by different cultures without excluding some. Also, we are faced with the problem of effecting changes in the construction of transcultural bioethics whenever culture evolves.

It is no gainsaying that comparative study is at the heart of African philosophy. This is because most African philosophers tend to present the peculiarity of African philosophy through comparison of western conception and African conception. Thus, there is a tendency of comparing philosophy encapsulated in the communal worldviews of the people called ethno-philosophy with professional philosophy. Wiredu admonishes us to desist from such attitude in his article "How not to compare African thought with western thought". He harps that philosophies should be compared on epochal sameness.

Consequently, this has been imported into bioethical discourse in Africa through cultural approach to bioethics. This is evident in Gbadegesin's account which is premised on the importation of traditional African cultural worldviews hook, line and sinker in the evaluation of bioethical issues in contemporary times. This implies that his account is at the ethno-stage. The bone of contention here is how can there be a sound foundation for a building of 'transcultural bioethics' that includes the 'Western bioethics' that consistently meets the challenges of bioethical dilemma in the face of technological advancement as they emerge.

Thus, can the account presented by Gbadegesin and his African counterparts be relevant in the light of contemporary bioethical issues such as blood/blood plasma trade, medical malpractice (i.e. professional negligence by a medical officer which results in harm to the patient), transhumanism? A positive response to this poser is perhaps, very doubtful.

CONCLUSION: Although, there appears to be agreement about bioethics as a field of study, there is much less consensus about the applicability of principles that can be implemented in diverse cultural settings. It is the lack of consensus that led to the many examples of Western, African and Eastern dichotomy in bioethical discourse. In the cause of carving a unique identity for respective cultures in bioethical field, scholars sometimes fall into the trap of overzealously accounting for 'African bioethics', 'Asian bioethics' which they claim are radically different from 'Western bioethics'. Gbadegesin's account of Yoruba (African) bioethics suffers seriously from this defect.

Conclusively, on the bases of our exposition of the limitations of Gbadegesin's cultural approach and constitution of bioethics, we argue that his account has not presented a distinctive African bioethics. Neither has he put forward any peculiar methodology for this discourse, nor does his claim about the defining communitarian character of African bioethics unique. His reference to communitarianism in African bioethics has been identified and discussed by bioethicists in the West such as Ezekiel Emmanuel³⁰ and Daniel Callahan³¹ without much underlying difference. No unique African bioethical principle (s) for evaluating issues in bioethical discourse in African cultural world or beyond has been

presented. Rather, what Gbadegesin engages in is merely a description of attitudes to bioethical issues (such as euthanasia, surrogacy and adoption and transplantation) in Yoruba traditional thought. Thus, his so called 'African bioethics' is more of a myth, and not yet an African bioethics.

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