Decolonizing bioethics via African philosophy: the case for bioethical neocolonialism

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My discussion in this paper focuses on two interrelated issues. One issue is how we should understand, and respond to, the impact of colonialism and its history within contemporary bioethics. Specifically, I focus on the question of whether moral neocolonialism — the covert, rather than overt, conversion of others to one's own values by presentation of these values as universal and requiring of acceptance (Widdows 2007) — is a problem for contemporary bioethics. There has been much scholarly debate on this issue, but little agreement has been reached. While some scholars have called for greater attention to the issue (Chadwick & Schuklenk 2004), others contribute to account of resistance to addressing moral neocolonialism as a substantive problem for the field. Broadly, the resistance account is based on concerns that taking moral neocolonialism in a bioethical context (which I term 'bioethical neocolonialism') seriously would be scientifically and ethically unsustainable.

I aim to move the debate forward by connecting bioethical neocolonialism with a second issue: how we might best understand, and engage in, the practice of philosophy in the wake of the history of colonialism. As I will show, this second issue directly informs the first one, and both issues are directly relevant to practical issues that form part of ongoing efforts to decolonize peoples, intellectual and conceptual resources, and social institutions, including healthcare and education. Relevant bioethical concerns include providing ethically defensible approaches to developing initiatives on treating and preventing infectious diseases, such as tuberculosis and Ebola, and to implementing and managing international research initiatives such as health systems research. Addressing such practical issues involves working across diverse cultures and languages — including those of diverse African nations (Chadwick & Schuklenk 2004; Selgelid

2008; Hyder & Krubiner 2016). I contend that bioethical neocolonialism is a substantial problem, and one that bioethicists ought to concern themselves with. I provide empirical and conceptual support for this position from within bioethics. I suggest that African philosophy provides important conceptual resources that facilitate a response to a problem of testimonial injustice, which I suggest underpins the resistance account.

1. Resisting bioethical neocolonialism

There is widespread agreement amongst bioethicists and health professionals that measurable health inequalities arise from social determinants of health, or the conditions under which people are born, grow, live, work, age, and die, along with the wider forces and systems shaping the conditions of everyday life, including economic systems and policies, political systems, development agendas, social norms, and social policies (World Health Organization). Some scholars have argued that the legacy of colonialism should be recognized more clearly within the available literature as a social determinant of health as well as a factor in bioethical research, and that this legacy and its practical consequences need further and more detailed investigation within contemporary bioethics. Two main types of reasons tend to be presented in support of this line of argument: (i) Western intellectual traditions have historically dominated biomedical sciences and related ethics research, which has resulted in a neglect of diverse indigenous philosophical traditions and values; (ii) Western modes of discourse and values are still being imposed on the citizens of former colonies, by means of education, training, clinical practices, funding approaches and sources, and research programs operating in such locations (Campbell 1999; Alora & Lumitao 2001; Chadwick & Schuklenk 2004; Metz 2010).

In an important contribution to this debate, Heather Widdows defines the concept of moral neocolonialism in terms of the process of converting others to one's own values (Widdows 2007, 306). Widdows argues that what is new about this form of colonialism is that it is covert, rather than overt: instead of directly presenting one's values as superior to those of inferior indigenous values as part of a sustained conversion effort, moral neocolonialists present their values as universal, and then work to demand the "recognition of universal values" (2007, 306). Those who fail to accept these values as universal, or who challenge the universality of the relevant values, run a not insignificant risk of censure within the international research community. As Widdows points out, moral neocolonialism raises the additional problem that if it is a substantive problem, then many global ethics projects within the contexts of law and of social and political life as well as within health and medicine (and indeed education), would turn out to be nothing more than "attempts by the dominant Western framework to morally colonise, in the promotion of certain codes of ethics and particular types of rights, while appearing to assert universal values" (2007, 306).

Widdows clearly admits that imperialism with respect to values could potentially count as a real problem for bioethics. According to her, the real danger of moral neocolonialism would stem from implementing ad hoc solutions to practical issues. In solving problems, we might do no more than expand our current ethical frameworks as simply as is possible in order to address new problem situations as these arise, without sufficient "theoretical consultation and involvement" (2007, 314). As Widdows points out, if we fail to engage in a radical rethinking of our ethical commitments within bioethical contexts as we work to respond to practical problems, we would simply perpetuate current ethical thinking (2007, 314). However, we would do so in contexts where consultation and dialogue with non-Western values would be much more

appropriate (2007, 314). Without such consultation and dialogue, she claims that eventually, the charge of moral neocolonialism would be likely to be proven true (2007, 314). As examination of practical issues and work to resolve them shows that a universal global ethics is already happening, she thinks that the task of bioethicists should be to continue to engage in further debate across cultures and borders in pursuit of a more inclusive global ethics (2007, 313).

Yet having made these acknowledgements, Widdows goes on to argue that because moral neocolonialism may promote inferior approaches to problem solving within practical global ethics, it is ultimately more defensible to resist moral neocolonialism as a problem for the field. Her motivation for resisting the problem is the pressing need to dismiss the possibility that global ethics as a whole could be counted as a form of moral neocolonialism. As she contends, the spectre of moral neocolonialism raises a set of important considerations for bioethics understood as a subfield of global ethics. One of Widdows's main worries is whether a global approach to ethical decision-making would be possible at all if moral neocolonialism were to be recognized as a substantive problem. If it did and it global ethics were deemed neocolonial, she claims, then it would be unclear how we could resolve pressing bioethical problems that require solutions at the international level, such as the black and grey market in human body parts, the spread of HIV, and medical tourism, as well as global ethical problems that go beyond the scope of bioethics, such as human trafficking, property rights, and fair trade (2007, 313).

These latter considerations, tied to her emphasis on the importance of practical problem solving, ultimately lead Widdows to develop what I shall refer to as a resistance account of moral neocolonialism as a substantive problem for the field. To develop this resistance account, Widdows first notes some perceived differences between Western and non-Western ethical systems, such as that a perceived Western emphasis on individualism and autonomy may be

contrasted with what she terms a "non-Western" emphasis on "social units" or community (Widdows 2007). As is well-known, such contrasts have also been identified by a number of developing world bioethicists in the context of articulating the possibility of a Filipino bioethics (e.g. Alora & Lumitao 2001) and of an African bioethics grounded in the concept of *ubuntu* (e.g. Metz 2010, Behrens 2013). By appealing to virtue-based approaches, Widdows works to challenge the view that Western ethics is indeed quite so alien to "non-Western" value systems as those defending indigenous approaches to bioethics and the problem status of moral neocolonialism would have us accept (2007, 312). As she points out, virtue ethics provides us with,

> a picture of morality which has at its heart many of the aspects of morality which have been claimed to belong to the ethics and worldviews of the developing world; namely the importance of moral virtues embodied in the experience of moral living and as part of a way of life (2007, 310).

Hence according to Widdows, if we examine virtue-based approaches to ethics in both developing world and Western contexts we will find these approaches to have substantial overlap, and that on this basis, we should ultimately be convinced that any differences we do find between the values of Western and diverse indigenous systems of ethical thought have been overestimated (2007, 310). If we accept that we may simply be incorrect in treating Western and indigenous approaches as incompatible with one another, then this would enable retention of the possibility of a universal global ethics. Widdows therefore suggests that we do not need to understand global ethics as purveying moral neocolonialism, because "at least some aspects of Western ethics are similar to non-Western ethics" (2007, 313).

Tomislav Bracanovic has also resisted the view that bioethics should give greater weight to indigenous voices and values, in an argument that challenges what he calls, "culturally sensitive bioethics" (2013). Like Widdows, Bracanovic argues that treating cultural phenomena too selectively and descriptively would make effective normative work in global ethics impossible. He expands on this point by suggesting that insisting on cultural sensitivity at the expense of universalism in bioethics runs the risk of instituting further discrimination than is already the case (2013). Moreover, according to him, taking bioethical neocolonialism seriously would risk making bioethics inconsistent with the biomedical sciences, on the basis that,

> the problematic side of culturally sensitive bioethics is its tendency to legitimize beliefs and demands that are absolutely inconsistent with naturalistic commitments of Western biomedical sciences (2013, 648).

Bracanovic's examples of relevant beliefs include the demand to suspend pain medication on the basis that it interferes with prayers, and parental demand to have painful surgical procedures performed on children owing to traditional beliefs about health or chastity (2013, 649). For Bracanovic, these types of beliefs must be challenged — as he claims, medical professionals should be charged not merely with treating patients but with educating them (2013, 649). His reasoning is that metaphysical commitments underpinning Western naturalism and hence Western science cannot be equated with "the metaphysical commitments of any old culturally-shaped moral outlook" (2013, 649). Moreover, Bracanovic suggests that for the sake of consistency, "culturally sensitive" bioethicists should acknowledge that the import of non-Western bioethical principles into Western societies is also a form of moral imperialism, and that they should also oppose such imperialism (2013, 649).

Widdows has expanded her original (2007) resistance account by developing two claims

(2011, 2013). First, she contends that presenting Western and non-Western bioethical principles as fundamentally different misrepresents the various intellectual ethical traditions; for example, not all Western ethics is individualist, as the case of feminist ethics shows (2011, 18-19). Western feminist philosophers have appealed to the relationality of all humans in contrast to liberal individualist grounding for ethics; Widdows cites the work of Carol Gould to illustrate this claim, though it is worth noting that Virginia Held's work in establishing the ethics of care based on relations amongst humans could also provide another helpful supporting example (2011, 18-19). On a related note, Widdows acknowledges the solidarity in which some feminist philosophers stand in relation to what she terms "non-Western" colleagues with respect to promotion of social justice ahead of individual choice (2011, 18-19). Second, Widdows argues that treating Western and non-Western bioethics as fundamentally different is dangerous, because doing so "divides the world into what are effectively two types of persons, as if we were not all human beings" (2011, 14). Therefore, she contends that it is more important to dispel bioethical neocolonialism than to address it as a problem for bioethics and global ethics more generally, in order to avoid further reinforcing misleading and harmful divisions between peoples, and to avoid undercutting the possibility of appeal to common humanity and human heritage (2013). Widdows asserts that this latter possibility is particularly important to the task of solving practical ethics problems in the genomic age (2013).

2. Empirical reasons to take bioethical neocolonialism seriously

Against the resistance account, I shall suggest that there are both conceptual and practical reasons to take bioethical neocolonialism seriously as a problem within contemporary bioethics. If this is right, then it would help to sustain a stronger grounding for the claim that bioethicists

should see themselves as needing to engage in the task of decolonization. Let me begin by discussing some recent empirical work by Hyder & Krubiner (2016).

Health systems research is an interdisciplinary focus area that produces knowledge aimed at enabling societies to organize themselves in ways that improve health services and outcomes (Hyder & Krubiner 2016). In a recent qualitative analysis, Hyder & Krubiner have identified some ethical challenges in health systems research for scholars involved in a partnership between two research organizations: (i) the Future Health Systems Consortium, which aims to improve access, affordability, and quality of healthcare for economically disadvantaged people in low and middle-income countries (including Uganda and Nigeria), and (ii) the Johns Hopkins-Fogarty African Bioethics Consortium, which runs a bioethics training program funded by the US National Institute of Health aimed at building capacity in research ethics with partners in Botswana, Uganda, and Zambia (Hyder & Krubiner 2016). In their study, Hyder & Krubiner discuss how the Future Health Systems researchers they interviewed reported on the problems that they face in conducting biomedical research. A substantial proportion of the qualitative data was drawn from researchers working in African nations: Hyder & Krubiner reported a heavy representation of East Africa-based interviewees' remarks within their data, which they attribute to drawing their participants from a consortium meeting located in Uganda (2016).

The interviewees consistently identified that in implementing research within East Africa, balancing the interests or goals of funding donors with those of the local health system was challenging; so too was balancing the timeline needed to respond adequately to a research question with the expectations of the relevant funding agency or government agencies (Hyder & Krubiner 2016). Added to this, some issues with the value of consent were identified: first, when researchers sought consent at the community level, it was unclear to them which of the following

in fact had the authority to consent for the community: the district medical officer, a health worker, the district political leader, a local political leader, or another individual; second, when community consent had been obtained, it was unclear whether individual consent was also needed; third, where individual consent was also possible, it was unclear whether people would feel sufficiently empowered to differ from the community level consent obtained from a leader (Hyder & Krubiner 2016). This provides evidence of bioethical neocolonialism at work within the research context in two ways: first, that this conflict between individual- and community-based views on consent was observed in situ by the researchers engaged in implementing the research studies in question, and second, that the researchers *themselves* prioritized individual consent as a value *without* appealing to local values when describing their observations during interview (Hyder & Krubiner 2016). Putting this into the terms of moral neocolonialism as defined by Widdows (2007), the value of individual consent is being covertly presented as a universal value: based on their reported remarks, the interviewees don't seem certain what form of consent is actually practiced within the relevant communities, and moreover, their lack of knowledge is not clearly identified as itself being of ethical concern. To resolve the problem, the researchers would have to investigate what the research subject community deems important and why, and engage in a dialogue with community members to resolve the lack of certainty.

Second, the interviewees reported on some concerns about the relevance of some ongoing research to the needs and priorities of the communities involved in the research; as one interviewee remarked, "I think that some health system research activities seem to be foreign … they do not seem to address the immediate needs of the population involved" ((Hyder & Krubiner 2016). Hyder & Krubiner tie the issues of relevance and funding to the issue of responsiveness, which arises when the need of a member of the community involved in the

research as a subject conflicts with the research protocol. They offer an example of a study that was designed to test the efficacy of vouchers for transporting pregnant women living in the African nations involved in the study to hospital: the pregnant research subjects did not want to use the transport method covered in the study protocol because they preferred to use taxis, yet taxis were not covered by the study protocol (Hyder & Krubiner 2016). Ultimately, as Hyder & Krubiner show, this meant that the research prompted a choice between researchers adhering to the study protocol or doing everything possible to save the life of a research subject (2016). The fact of this type of ethical choice being prompted — between the needs of the local community members and the needs of the researchers — attests to the covert presentation of study protocol adherence and the values supporting this as a universal value. Had this value not been assumed, it would have been irrelevant as a factor in decision-making, and the focus would have been on how best to support pregnant women research subjects in reaching the hospital. Hence the choice would not have been perceived as quite so morally pressing by the researchers interviewed, or potentially (though Hyder & Krubiner's study does not discuss their perspective) by the pregnant research subjects.

In addition, the interviewees identified research competition as a problematic ethical issue they face. The interviewees reported concerns with competition between funding donors to work on specific projects that count as current 'hot topics' within research, such as non-communicable diseases, and also with funding donors' resistance to interviewees releasing studies that gave critical reports on some health systems research results (Hyder & Krubiner 2016). This evidence supports Chadwick and Schuklenk's claim that bioethicists in developing world contexts have expressed concerns about being cut off from funding sources and from the international conference circuit if they express dissent, either with respect to empirical research

results or with respect to conceptual orthodoxies (2004, iv). As Chadwick and Schuklenk argue, it is important that capacity building programmes directed from the rich north at the poor(er) south respond to the challenge of learning to listen to voices from developing world, "if they want to avoid being criticised in a few decades' time as just another example of colonialist thinking" (2004, iv). Competition in research grounds another instance of bioethical neocolonialism in practice.

The interviewees also reported observable research study fatigue amongst subjects in multiple studies drawn from the same East African communities: first, experienced research subjects developed "standard" ways to answer study questions, which raises a data collection problem, and second, the communities are being over-researched through duplication of studies and competition between funding agencies, which places a significant and unfair burden on the community from which research subjects are consistently drawn (Hyder & Krubiner 2016). This empirical point counters Bracanovic's position that culturally sensitive bioethics tends to legitimize beliefs that are incompatible with the naturalistic commitments of Western biomedical sciences (2013, 648). Hyder & Krubiner's study suggests that in the case of research-study-fatigued East African communities, *greater* cultural sensitivity in bioethics might have *prevented* the issues with research study fatigue that, as the interviewees themselves noticed, caused not only ethical concerns, but also scientific concerns with the design and data collection of the research in question (2016).

The resistance account represented by Widdows (2007, 2011, 2013) and Bracanovic (2013) involves two substantive claims against bioethical neocolonialism counting as a problem: (i) that it would get in the way of providing international level solutions to practical ethical problems, and (ii) that it would be inconsistent with naturalistic commitments of Western

biomedical sciences. However, evidence from Hyder & Krubiner's study allows for quite a different account, in which we acknowledge that an awareness of bioethial neocolonialism is needed, not only to help us solve practical ethical problems but also to avoid generating problems within scientific research.

3. African bioethics-based reasons to take bioethical neocolonialism seriously

Having suggested that there is empirical evidence available to support our accepting that bioethical neocolonialism is a substantive problem for bioethics, let me now turn to present some conceptual reasons to support my claim that bioethicists should concern themselves with it. Another salient concern raised by the resistance account concerns the degree of difference between Western and indigenous value systems, and the related need for bioethical dialogue across cultures and values. As we saw, Widdows argues that if we accept that "at least some aspects of Western ethics are similar to non-Western ethics" then we can minimize differences to a point that is sufficient to avoid the need for substantive engagement with the problem of moral neocolonialism (2007, 313). However, there is reason to challenge Widdows's conclusion here.

Thaddeus Metz has argued that a distinctively African approach to bioethical inquiry can be defended (2010). By "African", Metz means an account "informed by salient beliefs and practices of many sub-Saharan peoples" (2010, 50). Metz looks to the concept of *ubuntu* to ground his account. He develops a principle based on *ubuntu* and defines this as follows:

> an action is right just insofar as it is a way of living harmoniously or prizing communal relationships, ones in which people identify with each other and exhibit solidarity with one another; otherwise, an action is wrong (2010, 51).

Using this principle, Metz contends that the cases that he adduces in his article show (i) that an African moral theory may entail an intuitively attractive conclusion about a bioethical issue that Western theories such as utilitarianism or Kantian ethics cannot capture so effectively, and (ii) that an African moral theory entails a similar conclusion as the Western theories do, but for a different reason that is at least as plausible as the Western theories (2010, 50). Hence on his account, an African moral theory based on the concept of *ubuntu* may not only be comparable to Western moral theories in terms of efficacy and breadth of applicability, but may exceed the capacity of the Western theories to help us engage productively in bioethical decision-making. This is helpful in addressing the concern raised by Widdows (2007) that proper identification of sufficient overlap between a Western and an indigenous-value-based ethics suggests a sufficient similarity between the two to avoid the need to see bioethical neocolonialism as a substantive concern. If Metz's *ubuntu*-based account is right that an African moral principle can do better ethical work than Western ones, then there is more than minimal separation between the two, and on this basis, there may be reason to think that Western ethics may be found to be neocolonial.

Similarly, Kevin Behrens has recently called for ongoing work to develop an indigenous African bioethics, motivated in part by what he sees as a serious moral crisis in South Africa that impacts negatively on public health policy and social determinants of health such as poverty and education (2013). Inspired by work by both Tutu and Biko as well as by Metz's work on an *ubuntu*-based bioethics, Behrens suggests the strategy of augmenting Beauchamp and Childress's well-known four principles approach to bioethical decision-making by incorporating the concept of respect for persons into the list of principles in place of autonomy — respect for persons having been an original recommendation of the Belmont report, as he points out — and to incorporate harmony in place of justice (2013, 34). This would retain autonomy and justice as

part of the revised principles, but would give broader scope to considerations of ethics and justice not currently supported by the original four principles. Behrens further appeals to African authenticity, dignity, and enrichment of ethical discourse as reasons to pursue his recommended project (2013, 33). Behrens thus provides reason to think that while there is a similarity between the moral principles of Western and African philosophy, this still allows for a necessary role for African voices in development of bioethics.

Segun Gbadegesin has made a case for a "transcultural" bioethics in which resolutions to apparent conflicts between Western and diverse global cultural perspectives could be resolved (2009). In his transcultural approach, while on the one hand, cultural identities are recognized as significant, on the other hand, the universality of bioethics is underscored (2009). Similarly to Widdows, Gbadegesin argues that while he is sympathetic to the view that African institutions should be evaluated by African moral standards, the differences between Western and African moral discourse and moral standards have been overstated (1993, 2009). As an alternative, he suggests that we should note the ways in which bioethical issues and questions *cut across* cultures, but that specific answers to bioethics questions may *vary* from culture to culture (2009). According to Gbadegesin, transcultural bioethics therefore requires ongoing development and dialogue at the levels of practice, rules, and principles (2009).

Gbadegesin uses the Yoruba principle of "*ikuyajesin*," which he defines as "death is preferable to the loss of dignity," to flesh out a middle pathway between universalism and relativism in order to support this claim (2009). He shows that *ikuyajesin* applies to four discrete cases: (i) a woman refusing surgical intervention for breast cancer on the basis that she would be left without a breast, (ii) a man paralyzed from the waist down in a car accident committing suicide, (iii) the daughter of a 90-year-old woman refusing permission for her mother's surgery

on the basis that her mother was old enough to die peacefully in her own home, and (iv) relatives of an elderly woman deciding to kill her on their own because they are so concerned about her 'confessions' of past 'wickedness' (2009). As Gbadegesin explains, unlike the universalist or the relativist, the cultural pluralist can allow that there is consistent and intelligent application of the principle of *ikuyajesin* in each of these cases; the possibility of such allowance shows that ethical space is available in which we may to try to understand and appreciate the perspective of a given standard before we judge it (2009). This kind of cultural pluralism, operating in a conceptual space that is separate from imperialism and relativism, sustains the possibility of a principled transcultural bioethics. For Gbadegesin the only barrier to adoption of such a transcultural bioethics is suspicion that the field currently projects only the values of the West, which as he points out, could be ameliorated if bioethicists engaged in increased dialogue across cultures (2009).

Gbadegesin's proposal for development at the level of practice addresses the biomedical research issues presented in Hyder & Krubiner's empirical study (2016) as well as responding to the resistance to affirming cultural diversity present in the resistance account. Transcultural bioethicists, Gbadegesin claims, will need to facilitate the research focus of regional bioethicists on their community's area/s of pressing need while helping researchers to avoid merely exporting Western priorities to non-Western nations facing different realities, and to coordinate transcultural dialogue on the relevant issues (2009). At the level of principles and rules, Gbadegesin argues that transcultural bioethics cannot be grounded in moral imperialism, because moral adequacy cannot logically be based on cultural superiority; similarly, it cannot be grounded in cultural relativism, as the relativist simply and wrongly assumes that there is no objective basis for cross-cultural judgment of values (2009).

Moreover, according to Gbadegesin, a transcultural bioethics would not require affirmation of all cultural practices. This point directly addresses Bracanovic's (2013) concern with the negative impact that dogmatic adherence to beliefs based in a flawed scientific understanding would have on treating human suffering. Gbadegesin argues that cultural practices that do not promote human flourishing should not be endorsed (2009). In a more recent article, Gbadegesin has expanded on this claim by arguing that the dynamism of cultures such as that of Yorubaland must be taken into account in developing any transcultural approach (2013). His reasoning is that any "approach that treats Yoruba culture as a museum piece does a fundamental injustice to the culture and to the discipline of bioethics" (2013). In the specific case of Yorubaland, Gbadegesin points out that economic and related social forces have sparked a shift in values from a strong focus on ethics as embedded within the community to an increasing focus on the individual's moral agency, distinct from the community; regardless of our views on this shift, he argues, the mere fact of it illustrates that cultural values can and do change, which according to him, further facilitates the possibility of a transcultural bioethics (2013).

It might seem as if the differences between the accounts presented by Gbadegesin and Widdows are not so significant. For example, Gbadegesin's emphasis on the importance of cross-cultural dialogue certainly echoes Widdows's very similar suggestion on this point (2007). However, there are some important differences between their accounts, which I suggest are to be found (i) in their approaches to understanding the relationship between the conceptual and the practical in bioethics, and (ii) in their accounts of cultural pluralism. First, Widdows' view assumes that practical problem solving can be separated out from conceptual analysis: she prioritizes dealing with practical ethical issues, but indicates that while theoretical consultation has an important role to play in bioethics (indeed lack of theoretical consultation is the main

source of danger of moral neocolonialism, according to her), conceptual issues are ultimately less pressing than practical ones (2007, 2011, 2013). However, for Gbadegesin, the practical and the conceptual are much more closely intertwined, not least owing to Gbadegesin's clearer recognition that there may be substantive conflicts between biomedical technology and local beliefs that requires ongoing resolution through transcultural dialogue (2009). Second, Widdows's account of cultural pluralism is less robust than that of Gbadegesin: in suggesting that we have an ethical obligation to avoid dividing the world up into categories of person "as if we were not all human beings" (2011, 14) and that differences between Western and diverse global moral values have been overstated, Widdows fails to do full justice to the scope and diversity of differences in values, and the capacity of these to become drivers of ongoing cultural change — which Gbadegesin's account recognizes (2009, 2013). Gbadegesin's account is thus better placed than that of the resistance account to ground the kind of appeal to common human heritage that might properly ground a genuinely global bioethics.

4. Testimonial injustice and African philosophy

There is an underlying epistemological issue involved in debate on the status of bioethical neocolonialism as a problem for bioethics. The fundamental problem we face is how we can firmly convince proponents of the resistance account that we — and they — can *know* that bioethics requires decolonization, and therefore how we can provide a sufficiently principled account to motivate interest and engagement. This problem is especially challenging to resolve in interdisciplinary fields of inquiry such as bioethics, in which philosophers work in dialogue with scholars and clinicians trained in a range of other disciplines in the sciences, social sciences, and medical humanities, and in which what is meant by 'sufficient epistemic warrant' can sometimes

be unclear across disciplinary cultures. In this section, I discuss why attending to testimonial injustice may help to provide further motivation for taking bioethical neocolonialism seriously. I also consider how some resources from African philosophy can play a key part in motivating such engagement.

Proponents of the resistance account might argue, especially given the practical reasons to address what I have suggested are ethical neocolonial issues with clinical research management and health systems research discussed above, that the relevant issues could be identified and analyzed without attending to the legacy of colonialism, and that clinically and ethically appropriate responses to them could be developed. Moreover, some of these proponents could argue, as does Bracanovic, that if we were to adopt a transcultural approach to bioethics in which the diversity of values within and across cultures is taken seriously, then we would have to affirm moral neocolonialism in cases where what he calls 'non-Western' values are incorporated into Western bioethics (2013, 649). While I disagree with Bracanovic on this point, it does remain to be seen how we might convince someone that such a view cannot be used to ground a rejection of the pressing nature of ethical neocolonialism as a problem for bioethics, or to license rejection of the project of transcultural bioethics.

I propose that to substantiate this aspect of a satisfying reply to the resistance account, we need an account of justificatory expectations within bioethics and philosophy. Recent work by Kristie Dotson on epistemic violence opens up a better way for us to understand this epistemological dimension of the resistance account. Dotson's work shifts the burden of explanation in cases of epistemic injustice, from a speaker who is victimized by practices of silencing, to the "socio-epistemic circumstances of the silencing" (2011, 251).

Dotson begins by pointing out that in order to communicate, we need an audience that is willing and able to hear us (2011, 238). Epistemic violence is derived from the speaker's dependence on such an audience. It arises when the audience refuses (intentionally or unintentionally) to communicatively reciprocate a linguistic exchange, owing to what Dotson terms "pernicious ignorance" — namely, ignorance that reliably arises from an epistemic gap in cognitive resources, and harms someone (2011, 238). As Dotson points out, not all such gaps produce harmful ignorance; in order to understand when such ignorance arises we require, she contends, "an analysis of power relations and other contextual factors that make the ignorance identified in that particular circumstance or set of circumstances harmful" (2011, 239).

Epistemic violence also incorporates a practice of silencing when such silencing is harmful and reliable (meaning that it is not an isolated incident but occurs regularly) (2011, 239). Dotson identifies two main forms of silencing: testimonial quieting and testimonial smothering (2011, 242-246). Testimonial quieting occurs when an audience fails to identify a speaker as a knower (2011, 242). Testimonial smothering occurs when a speaker perceives that their immediate audience is either unwilling or unable to gain the appropriate uptake of the speaker's testimony (2011, 244). The quieted speaker ultimately truncates her own testimony in order to make sure that "the testimony contains only content for which one's audience demonstrates testimonial competence" (2011, 244). Dotson's thinking on testimonial injustice suggests that resistance account proponents are contributing to an instance of testimonial injustice. Because they are reluctant to accept that sufficient principled reasons showing that bioethical neocolonialism counts as a substantive problem could be made available to them, proponents of the resistance account are producing testimonial quieting, by claiming in the face of testimony to the contrary that the problem is being overstated or can be minimized. Their dismissal of the

pressing nature of the problem on the basis that the scholarly community should concern itself with other, more pressing, practical problems requiring urgent resolution consistently reinforces this testimonial quieting. It may be possible that testimonial smothering is also happening — however given the nature of the issue, it is not possible to substantiate a claim concerning this in the available space, and so I shall not pursue it further here.

In the context of bioethics, testimonial quieting is further supported — especially amongst the group of bioethicists who are trained philosophers — by what Dotson (2012) has referred to as the culture of justification that frames academic philosophy and which also features in bioethical inquiry. In a culture of justification, our intellectual projects must be legitimated as such in reference to a set of justifying norms (Dotson 2012, 17). According to Dotson, legitimation narratives, as well as univocally relevant justifying norms, signify a culture of justification (2012, 8). Thus unless a project is legitimated by the justificatory culture — in the example at hand, unless it is already agreed upon that bioethical neocolonialism is accepted according to available justificatory norms — it is exceptionally difficult to motivate its inclusion. Dotson advocates that we shift to a culture of praxis for philosophy, in which (i) value is placed on seeking issues and circumstances pertinent to how we live, and a healthy appreciation for the differing issues that will emerge as pertinent among different populations is maintained; (ii) multiple canons and multiple ways of understanding disciplinary validation are recognized and encouraged (Dotson 2012, 17). As well as promoting more creative philosophical inquiry, Dotson argues that a culture of praxis would allow for more "liveable" options within philosophy (2012, 17, 20, 26). Notice that in adapting Dotson's account to the case of bioethical neocolonialism, nothing in Dotson's approach prevents bioethicists from maintaining a commitment to the sciences and to ethical analysis as driving towards universal knowledge,

including in transcultural bioethics. However, Dotson's argument gives us good reason to think that philosophers and bioethicists do need to work to accept that their justificatory expectations are determined at least in part by historical influences, as well as by their current locations within and across specific communities of scholarly practice (Dotson 2011, 2012). This would create greater space in which bioethical neocolonialism as a problem for the field could be accepted.

Unlike the resistance account, Gbadegesin's position does, I think, leave sufficient space to acknowledge and affirm a need for the amelioration of epistemic violence that is, following Dotson's analysis, clearly directed towards diverse indigenous knowers speaking in transcultural bioethical contexts. Moreover, Gbadegesin's account leaves space for the historical context and social situatedness of justificatory expectations to be recognized and taken into account in the production of bioethical knowing. Here we should also note that Gbadegesin's account is focused on only one strand of African ethics, namely Yoruba ethics, and cannot represent the whole of African philosophy. Moreover, his account has been the subject of criticism on the basis that it romanticizes Yoruba values, fails to sufficiently account for recent change in application of the principle of "*Ikuyaj'esin*", and cannot fully account for contemporary bioethical issues (Fayemi & Akintunde, 2012). Further evidence from African philosophy to support this line of defence against the resistance account, and to support treating bioethical neocolonialism seriously, is therefore required.

African philosophy offers some particularly important resources that support my aim in this paper, namely to affirm that bioethical neocolonialism should be taken seriously as a problem for the field. First, African philosophy is already and broadly acknowledged to incorporate a strong emphasis on health, and on the relationship between pursuing and promoting health, and overcoming the legacy of colonialism (Fanon 1967 [1952]; Tabensky 2008; Oelofsen

2015). As Pedro Tabensky has claimed, a "quest for health" is a distinctive aim of African philosophy (2008, 291). It is therefore highly relevant to the research question at hand, and if bioethics is to work to address ethical neocolonialism going forward, then the wider global bioethics community stands to benefit substantially from attending to African philosophical resources, both within and outside of African contexts.

Second, African philosophy has been shown to be intrinsically countercolonial (Eze 2001; Oelofsen 2015). Emmanuel Eze suggests we should accept that there is no loss of intellectual seriousness in seeing African philosophy as historically influenced and politically engaged, and argues that African philosophy may indeed be considered "a representative voice of counterhegemonic histories of modern philosophy" (2001, 207). Rianna Oelofsen has recently pointed out that the health promoting and countercolonial characteristics of African philosophy as a field of inquiry can be taken up together as part of a project of decolonizing the intellectual landscape, on the basis that "projects in African philosophy have as their aim the restoration of health lost by the colonial heritage of violent oppression and exploitation, through exploring truths articulated within the context of Africa" (2015, 216-217).

As we saw above, the resistance account of bioethical neocolonialism is grounded in significant part in a concern to promote practical, science-based, problem solving. Given this, it is especially interesting to note one of Eze's remarks during his discussion of the historical situatedness of African philosophy as a counterhegemonic voice in the history of philosophy (2001). Eze points out that African philosophy as a project has devoted considerable time and intellectual effort to engaging in the pressing practical issues of the day (it is worth noting that fifteen years later, these are still pressing practical issues): economic and intellectual poverty, anti-black racism, and the cultural marginalization of the African continent within the global

context (2001, 212). Yet Eze suggests that this focus is what is principally responsible for making African philosophy as a project seemingly less attractive to some scholars than an intellectual project focused on ahistorical, universal, knowing (2001, 212). Eze therefore proposes that what would help support engagement with African philosophy is an increased commitment to developing longer historical perspectives, or in short, "historical distance" (2001, 212). Eze describes the first step in appreciating the value of historical distance to African philosophy in terms of understanding African philosophy as "a body of reflections, texts, institutions, and professional societies committed to easily visible historico-political agendas" (212-13). This suggests an explanation: scholars may resist bioethical neocolonialism because bioethics as an intellectual project is currently focusing addressing practical problems, but they may ultimately come to the same realization as Eze does, that a historical distance is needed for the development of the field. If Eze is correct, then bioethics can learn this much from his analysis of African philosophy's trajectory: the development of historical distance is not only beneficial for the strategic position of the field, but also because doing so can make the practical solutions we seek more just, as well as more effective. In this respect, Eze's account of African philosophers as situated within a culture of praxis that is historically informed is in step with the recommendations that Dotson makes for opening up philosophical inquiry by shifting its culture from one of justification to one of praxis, and for understanding testimonial injustice as a source of significant harm to intellectual and to ethical development (2011, 2012).

Scholarship in African bioethics has already benefited from the resources of African philosophy. As mentioned earlier, there has been some important recent discussion of the bioethical significance of *ubuntu* (e.g. Metz 2010, 2014; Behrens 2013; Chuwa 2014). This ongoing work is likely to benefit further from an African philosophy informed by feminist

approaches to *ubuntu* such as that of Gouws & van Zyl (2015). Attending to the relationship between white privilege and bioethics is also important to bear in mind, in light of the concern that the resistance account is ultimately prompted by epistemic violence. The last piece of my discussion will focus on this latter point.

It is possible that scholarly interest in bioethical neocolonialism, and forms of engagement with it in scholarly publications — including this one — is problematically affected by whiteliness. Paul Taylor has defined whiteliness as a "commitment to the centrality of white people and their perspectives" in which white people's way of getting around in the world is consistently (and wrongly) assumed to be "the right way to get around" (Taylor 2004, 230). It is on the basis of whiteliness that Samantha Vice has suggested that white South Africans should acknowledge that, "any voice in the public sphere would inevitably be tainted by the vicious features of whiteliness" (2010, 340). It is plausible that the whiteliness of many bioethicists would be just as vicious — and perhaps even more so — to that of the white South Africans to whom Vice addresses her account. Added to this, many scholars writing on bioethical neocolonialism not only benefit from the effects of whiteliness in society, but also from the historical injustices of colonialism.

As Vice points out, while those of us who are white cannot stop being white, we nonetheless have a duty to try to minimize our whiteliness (2010, 334). I can see no clear route to working to minimize whiteliness within bioethical contexts that does not involve philosophers and bioethicists to continue to open themselves to participating in reasoned dialogue on this and other relevant issues. In her reply to Vice's account, Alison Bailey supports this position when she claims that virtuous white silence does not rule out "conversations with people inside and outside of white social comfort zones" (2011, 477). Engaging in such conversations, including in

political contexts, forms an important and necessary part of engagement in careful inquiry. As Eusebius McKaiser has suggested with reference to the same issue, careful engagement for whites means engaging politically,

> … in a way that does not perpetuate unearned privileges, qua whiteliness, and in a way that allows other interlocutors to engage them – whites – fully, as moral equals. It means, in other words, that whites should live in reflective awareness of the fact that they still experience unearned privileges just because they are white. Being careful, in this sense, does not mean being silent; it means taking care that your unearned social power does not skew your relationships with others in a way that prevents their unqualified entitlement to be your moral equal from coming through in your interaction (2011, 457).

McKaiser's explanation of the concept of what careful engagement involves also lends further support to Dotson's discussion of how practitioners may be taken to operate within and across scholarly communities and the intersections between them in cultures of praxis (2012).

Moreover, McKaiser's argument here allows us to see why Bracanovic's (2013) claims that discrimination would be perpetuated or deepened by paying attention to moral imperialism within bioethics, and that incorporation of diverse indigenous values into Western bioethics would also count as a form of moral imperialism, trade in the unearned privilege of whiteness. Bracanovic assumes that the role of the West is to educate the indigenous other, and does not leave open the possibility that diverse indigenous peoples could be his moral equal. As such, Bracanovic's concerns in these respects were insufficiently carefully articulated, and should have been formulated in ways that supported the equality of diverse voices in sharing knowledge about values. As doing so would lead Bracanovic's two claims to collapse, the challenge that this part of Bracanovic's argument poses to a defence of the significance of bioethical

neocolonialism can, I think, be set aside. More broadly, we can also see why discussion of race and of implicit biases should form a part of future analysis of the breadth and significance of the problem of bioethical neocolonialism. And, in line with Linda Martín Alcoff's recent account, this ought to include more attention to her proposal that white people (especially including in philosophy) should publicly affirm a conception of white identity that is based on rejection of white supremacy and on pursuing development of greater relational self-awareness (Alcoff 2015).

Conclusion

The main aim of my discussion in this paper has been to explain why bioethicists ought to see themselves as needing to engage in a project of decolonization. To do so, I have worked to motivate a case for moral neocolonialism as a substantive problem for bioethics. I have argued that bioethical neocolonialism is a challenging problem involving diverse aspects of inquiry, including of science, ethics, epistemology, and the political. As I have suggested, taking the problem seriously is supported by the results of recent empirical research, which suggest that lack of attention to bioethical neocolonialism is actively creating issues in biomedical and health systems scientific research. In contrast to the views of those endorsing the resistance account, therefore, it should be clear that attending to bioethical neocolonialism does not require adopting an anti-science or anti-naturalist stance. Taking the problem seriously also facilitates identifying and responding to multi-faceted ethical problems in biomedical research that require solutions at the international level, in ways that still drive at universal understanding. In contrast to the views of those who resist bioethical neocolonialism, attending to the problem does not inhibit global analysis of and solutions to bioethical problems, but rather supports this work.

Moreover, attending to bioethical neocolonialism is in keeping with analysis of careful approaches to engaging with race, which is of pressing importance within the broad set of challenges associated with clarifying and pursuing the task of decolonizing peoples, intellectual and conceptual resources, and social institutions, including healthcare and education. Further analysis of this issue would examine and clarify the precise ways in which attending to bioethical neocolonialism also supports more satisfactory ethical approaches to the treatment of patients, and to the development of more inclusive policies governing the provision of healthcare globally, as well as in diverse regions. In addition, further analysis would engage directly with issues of intersectional justice relevant to African philosophy and to African bioethics, including the case for a feminist approach to use of indigenous principles in ethical analysis (Gouws & van Zyl, 2015), and the importance of continuing analysis of race within African and global intellectual inquiry (Taylor 2004; Tabensky 2008; Vice 2010; Oelofsen 2015; Alcoff 2015).

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