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AN AFRICAN THEORY OF BIOETHICS: REPLY TO MACPHERSON AND MACKLIN

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ABSTRACT
In a prior issue of Developing World Bioethics, *Cheryl Macpherson and Ruth Macklin critically engaged with an article of mine, where I articulated a moral theory grounded on indigenous values salient in the sub-Saharan region, and then applied it to four major issues in bioethics, comparing and contrasting its implications with those of the dominant Western moral theories, utilitarianism and Kantianism. In response to my essay, Macpherson and Macklin have posed questions about: whether philosophical justifications are something with which bioethicists ought to be concerned; why something counts as 'African'; how medicine is a moral enterprise; whether an individual right to informed consent is consistent with sub-Saharan values; and when thought experiments help to establish firm conclusions about moral status. These are important issues for the field, and I use this reply to take discussion of them a step or two farther, defending my initial article from Macpherson's and Macklin's critical questions and objections.*

INTRODUCTION

In a prior issue of this journal, Cheryl Macpherson and Ruth Macklin critically engaged with three articles constituting a symposium on African perspectives on bioethics and medicine.[1] One of those articles was mine,[2] where I did two things. I first articulated a moral theory grounded on indigenous values salient in the sub-Saharan region, according to which an action is right just insofar as it expresses respect for communal or, equivalently, friendly or (broadly) loving relationships, ones in which people both identify with each other (share a way of life) and exhibit solidarity with each other (care for others' quality of life). Then I applied this African-based moral theory to four major issues in bioethics, comparing and contrasting its implications with those of the dominant Western moral theories, utilitarianism and Kantianism.

[1] C. Macpherson & R. Macklin. Symposium Editorial: African Perspectives. *Dev World Bioeth* 2010; 10: 30–33. All page numbers in the text refer to this article.
[2] T. Metz. African and Western Moral Theories in a Bioethical Context. *Dev World Bioeth* 2010; 10: 49–58.

I am grateful that these eminent bioethicists have taken the time to reflect on my contribution and to raise important issues that merit further discussion. In particular, Macpherson and Macklin pose questions about: whether philosophical justifications are something with which bioethicists ought to be concerned; why something counts as 'African'; how medicine is a moral enterprise; whether an individual right to informed consent is consistent with sub-Saharan values; and when thought experiments help to establish firm conclusions about moral status. These are important issues for the field, and I use this reply to take discussion of them a step or two farther.

JUSTIFYING THE SEARCH FOR THE RIGHT JUSTIFICATION

In my article I suggested that the African moral theory entails a right to informed consent, just as utilitarianism and Kantianism apparently do, and Macpherson and Macklin are disappointed about that. They ask, '[I]f the African and two Western moral principles all point to the same outcome of an ethical issue, what does it matter

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(except to philosophers) if the underlying justifications differ?' (33). Presumably, this question is rhetorical, the answer being that it does not matter.

In reply, first note that it is only in one case of the four bioethical issues I addressed that the African and Western rationales appear to entail the same conclusion. In the case of informed consent, I do argue that considerations of expected utility, respect for autonomy and respect for communal relationships all entail that there is a right to informed consent; however, in the three other cases, regarding the point of medical treatment, standards of care and animal experimentation, I argue that the African moral theory has different – and better – implications than the Western theories.

Second, it strikes me as judicious to think that Western moral perspectives are *somewhat* correct about bioethics. In general, any long-standing and widespread tradition probably has some insight into moral matters. Since, for all I can tell, individuals truly *do* have a right to informed consent, it should be considered a good thing that the Afro-communitarian principle provides the intuitively appropriate answer that is also given by the Western views. Furthermore, it seems plausible to expect that there will be overlaps between various moral worldviews, such that highlighting not merely differences, but also similarities, will enrich both comparative ethics and moral analysis.

Third, and most deeply, what appears to be a merely 'philosophical' justification for a certain practice will often make a practical difference. For utilitarianism, Kantianism and an African ethic all to entail that individuals have a right to informed consent is compatible with there being important differences in terms of: the nature of informed consent that is required, the strength of the right relative to competing moral considerations, the conditions under which the right obtains, the individuals in whom the right bears, the agents against whom the right exists, the issue of how to respond to violations of the right, the question of whether the right should be legally enforced, and the proper means to take to protect the right.

For a first example, utilitarianism has difficulty showing that there is invariably a right on the part of a competent adult to informed consent, for there can be situations when much better expected consequences would come by deceiving a patient about her status or treatment. In contrast, the deontological, respect-based theories of Kantianism and the African moral theory I have developed would not as readily face this problem. For a second example, the kind of information required in order to make it likely that a patient would retain trust in a medical professional and stick to her regimen, *viz*., to realize desirable consequences, probably differs from that required in order to honour a communal relationship with her. For a third example, while a Kantian would in the first instance recommend some kind of retributive response to a medical professional who violates a right to informed consent, an ethic that fundamentally prizes community would be more likely to prescribe that which would repair the relationship between the professional and the patient whom he has wronged. Such differences in the nature of the right follow from the ultimate justification for the right, making it more than of 'merely' philosophical interest.

IS AN 'AFRICAN' MORAL THEORY POSSIBLE?: COMMUNITY AND COMMUNITIES

Macpherson and Macklin characterize my project of developing an African moral theory as being 'an ambitious task given the complexity and size of the population and geography of African cultures and nations' (30). Although 'ambitious' does not necessary connote 'foolhardy' or 'doomed to failure', it might naturally occasion awareness of such a judgement. Let me say something about why I find it reasonable to think that something rightly called an 'African' moral theory is possible in the face of admittedly notable diversity on the continent.

Firstly, consider an analogy to substantiate my view. Almost no one in the field balks at calling utilitarianism, Kantianism and still other moral perspectives such as egoism or contractualism 'Western'. This is so, in spite of the variety of moral philosophies found in the West and the great differences in the facets of culture out of which they have grown (after all, small-town England differs dramatically from Rome, as does a major city in the Bible belt of the United States from Amsterdam). Analogously, we should expect to be able, in principle, to call a given theory 'African' in the face of the continent's complexity and size.

Secondly, think about the underlying explanation of *why* it is sensible to call something 'Western' despite substantial cultural differences in the West. I submit that this is reasonable because there are trends or themes in the West that are more salient there than in many other parts of the world (but that need *not* be utterly unique to it). Moral considerations of impartial cost-benefit analysis and respect for autonomy, for instance, are common in the West and much more so there than in, say, Hindu, Islamic, Chinese or, indeed, sub-Saharan societies. Since something need merely be characteristic of a locale, as opposed to entirely exhaustive of it (or exclusive to it), in order to aptly label something with the name of that locale, it is fair to call something 'African', supposing it is typical of the sub-Saharan region and is present there to a greater degree than many other places on the globe. Based on my study of sub-Saharan societies and philosophy, I submit that one such 'African' trait is the prizing

of communal relationships. And many, many African scholars agree.[3] So, it should be promising to try to ground a moral theory on the recurrent view of sub-Saharan communities that community is the ground of morality.

THE END OF MEDICAL TREATMENT: A MORAL ISSUE BEYOND THE MEANS

In my article, I argued that utilitarians, Kantians and friends of an Afro-communitarianism will have somewhat different views about what I call 'the point' of medical treatment. Under this rubric, I included questions such as what a healthcare worker should ultimately be striving to achieve, and which diseases and injuries are most urgent to treat (say, in terms of pair-wise comparison). However, Macpherson and Macklin dismiss these questions, maintaining that there is no controversy whatsoever about the proper goal of medicine, and that the only controversy is about the proper means to achieve it. They remark that it is 'not evident that the first issue – the point of medical treatment – poses an ethical problem or dilemma. The point of medical treatment is, plain and simple, to treat the sick and either cure or palliate the patient's condition' (32).

In reply, of course that is the aim, but Macpherson's and Macklin's statement belies complex and controversial questions, to which moral theories will likely have different answers. So, for instance, what truly counts as 'sickness' or a 'patient's condition'? Is abortion when unnecessary for the health of the mother a proper aim of medicine? Is circumcision, when done for religious reasons? Should medical professionals write out scripts for the 'treatment' of baldness? Are the ugly entitled to cosmetic surgery?

In short, what constitutes a disease or injury, or at any rate what counts as 'something worth treating' – with tax money – appears to be an inherently moralized issue. There seems to me to be no merely empirical fact of the matter about what illness, or its converse, health is. These are normative matters, *at least* when public funds are in play, and hence, ones that moral theories are apt to invoke in order to address. So, for example, in my article, I contended that Kantianism has difficulty entailing that people who have sex with the dead or whose main 'intimacy' is with life-like dolls warrant psychological treatment; from a Kantian perspective, they do not seem to count as 'mentally unhealthy' or to merit help from the state, since they could well be fully capable of deliberating about the good and the right. In contrast, the Afro-communitarian theory would entail that such people need medical help for being unable to sustain friendly relationships, ones of identity and solidarity, with other persons to an adequate degree.

Finally, and most clearly, we need moral theories in order to address the issue of how to ration scarce resources, which, in turn, requires prioritizing illnesses, which, in turn, requires employing normative judgement. We cannot avoid, ultimately, theorizing about how badly off someone is and what others are obligated to do for her in the face of competing need. In order to judge conclusively which diseases and injuries merit treatment and which do not, in cases where we must choose between them, we must have some sense of what a healthcare professional, or the medical system as a whole, should ultimately be trying to achieve, *viz*., a conception of 'the point' of medicine.

CONSENT, CONFIDENTIALITY AND AFRICAN VALUES

As discussed above, I argue that the ethic requiring respect for communal relationship *qua* identity and solidarity entails a right to informed consent. If a healthcare professional is going to truly *share* a way of life with her patient, then she must be transparent about their interaction and ensure his willing engagement. Part of what is valuable about friendship is that people come together, and stay together, of their own accord, meaning that it would be unfriendly for a medical practitioner not to ensure free and informed consent and hence, wrong by my African moral theory.

I have already discussed how Macpherson and Macklin are disappointed that this Afro-communitarianism entails the same (broad) outcome as utilitarianism and Kantianism. But they seem disappointed with my analysis for an additional reason, namely, that I appear not to be giving African values a sound interpretation. They say of my reading that it 'will come as a surprise to those of us who may have thought that an African moral theory would reject the individualistic Western account in favour of an

[3] For representative examples, see J. Mbiti. 1969. *African Religions and Philosophy.* London, UK: Heinemann; S. Biko. 1971. Some African Cultural Concepts. Repr. in his *I Write What I Like.* Johannesburg: Picador Africa (2004): 44–53; K. Dickson. 1977. *Aspects of Religion and Life in Africa.* Accra: Ghana Academy of Arts and Sciences: 4; I. Menkiti. 1979. Person and Community in African Traditional Thought. Repr. in *African Philosophy: An Introduction,* 3rd Ed. R. Wright, ed. New York, NY: University Press of America (1984): 171–181; P. Paris. 1995. *The Spirituality of African Peoples: The Search for a Common Moral Discourse*. Minneapolis, MN: Fortress Press: 27–33, 51–56; B. Bujo. 1997. *The Ethical Dimension of Community: The African Model and the Dialogue between North and South*. Cecilia Namulondo Nganda, trans. Nairobi: Paulines Publications Africa; A. Appiah. 1998. Ethical Systems, African. In *Routledge Encyclopedia of Philosophy*. E. Craig, ed. London, UK: Routledge; P. Ikuenobe. 2006. *Philosophical Perspectives on Communalism and Morality in African Traditions.* Lanham, MD: Rowman & Littlefield Publishers.

approach that involves family or even other members of the community in medical decision making' (32).

My hunch is that Macpherson and Macklin are not adequately differentiating between two distinct privacy-oriented issues in medical ethics, a right to free and informed consent, on the one hand, and a right to confidentiality, on the other. The issue of free and informed consent concerns whether the individual patient has voluntarily made a decision about what medical procedures she will undergo. Whether a patient was sufficiently knowledgeable of the cure and care she was agreeing to and in control of the decision to agree (informed consent) is different from whether others also know of her medical condition (confidentiality). Indeed, the existence of free and informed consent to treatment is, both in principle and quite often in practice, consistent with the waiving (or even violation) of a right to confidentiality about the treatment one is undergoing. Just because others have become aware of my medical status (perhaps without my permission) does not mean that I have not given free and informed consent to a certain therapy.

However, Macpherson and Macklin might fairly press the issue, asking whether the implications of my philosophical construal of African morality would entail a similarly 'individualist' response to confidentiality as it does to informed consent. In fact, I suspect not. They are correct to suggest that the dominant theme among African bioethicists has been to downplay the idea of a right to confidentiality.[4] An individual's duties to aid family, including what Westerners call 'extended' family, are weighty in African ethics, to the point that often sub-Saharan moral philosophers suggest that family have a stake in becoming aware of her illness and playing a role in discussing how she ought to treat it.[5] Again, it does not necessarily follow that paternalist infringement of the right to informed consent is justified. That would require additional argument that I think would be implausible in light of the African moral theory; for it would prescribe an unfriendly means (coercion, deception) by which to promote friendliness (aid), which is hardly a way to *respect* the value of friendly relationships.[6] But it might well follow from a properly African ethic that an individual's illness is a collective affair to some degree, i.e., that considerations of confidentiality have less moral significance than in the typical Western approach.

THOUGHT EXPERIMENTS AND MORAL STATUS: TESTING SENTIENCE VERSUS COMMUNITY

Animal experimentation is the last major topic about which Macpherson and Macklin raise important questions. On this issue, I maintain that utilitarianism accords animals too much moral status, often one equivalent to ours (as we are often equally capable of pleasure/pain and preference dis/satisfaction), and that Kantianism accords animals too little moral status, indeed, none at all (since they are not capable of autonomy in the relevant sense). In contrast, in my article I argued that my Afro-communitarian moral theory is just right, as it accords animals a moral status, but one lower than ours, which would rule out imposing pain on them for our trivial benefit,[7] but would permit killing them when necessary to save our life.

My hypothesis is that degrees of moral status are a function of substantial differences in the ability to be part of a communal relationship with us. Most human beings are essentially capable not only of being subjects of friendship or love, i.e., of identifying with other human beings and exhibiting solidarity with them, but also of being objects of it, i.e., of being identified with and exhibited solidarity toward by human beings. In contrast, typical animals (set aside chimps, dolphins and the like for now) are capable only of being objects of communal relationship, that is, unlike rocks and plants, they are the kinds of beings that we in principle can identify with and exhibit solidarity toward, but they essentially cannot do these things with regard to us. Roughly, whatever by nature has the capacity for community with us is a candidate to be entered into community with, but those with a much greater capacity have priority.

Against this conception of moral standing, Macpherson and Macklin raise two points. First, they suggest that there is a sense in which at least dogs are able to be subjects of a communal relationship. After indicating that I claim that characteristic animals can be only objects of community with us, they remark, 'Tell that to dog lovers of the world!'

[4] The rest of this paragraph borrows from T. Metz and J. Gaie. The African Ethic of *Ubuntu*/*Botho*: Implications for Research on Morality. *J Moral Educ* 2010; 39: 273–290: 278–279.

[5] P. Kasenene. 2000. African Ethical Theory and the Four Principles. In *Cross-cultural Perspectives in Medical Ethics*. R. M. Veatch, ed. Sudbury, MA: Jones and Bartlett: 347–357: 349–353, 356; M.F. Murove. 2005. African Bioethics: An Exploratory Discourse. Repr. in *African Ethics: An Anthology of Comparative and Applied Ethics.* M.F. Murove, ed. Pietermaritzburg: University of KwaZulu-Natal Press (2009): 157–177: 170–171; M. Dube. 2009. 'I am because We are': Giving Primacy to African Indigenous Values in HIV&AIDS Prevention. In *African Ethics: An Anthology of Comparative and Applied Ethics.* M.F. Murove, ed. Pietermaritzburg: University of KwaZulu-Natal Press: 188–217 at 192–199.

[6] I have articulated, qualified and defended this principle in T. Metz. Human Dignity, Capital Punishment, and an African Moral Theory: Toward a New Philosophy of Human Rights. *J Hum Rights* 2010; 9: 81–99.

[7] Thereby requiring, in my view, vegetarianism, when sufficiently tasty and nutritious alternatives to, at least, factory-farmed meat are available.

(33). The implication here is that those who love dogs would claim that dogs are capable of loving us, and not merely of being loved by us.

There might be a sense in which dogs can 'love' or 'commune' with us in a way that beings in the mineral and vegetable kingdoms cannot. However, it is not the sense that is salient in African thinking about the nature of community, which, I maintain, is a function of the combination of identity and solidarity. For all we know, dogs cannot think of themselves as a 'we' with us, i.e., as joint members of a group; they cannot suppress their desires in order realize highly ranked and shared ends with us; they cannot help us for our sake; and they cannot feel sympathetic emotional responses toward us consequent to empathy with us. Dogs do approximate some of these conditions more than, say, turtles or snakes, and so might well have a greater moral status than these beings. But they are not capable of being subjects of loving relationships to anywhere near the degree that readers of this article are.

The second point that Macpherson and Macklin raise, with regard to animal experimentation, is the way I have argued against the utilitarian construal of moral standing. My strategy is to point out that ascribing equal moral status to us and to animals is counterintuitive for entailing that there would be no greater reason to avoid killing or harming a person rather than doing so to an animal, in the situation where one must choose between them. Specifically, I ask the reader to imagine that she is driving a vehicle and must select between running over a person and a deer. I submit that she obviously should run over the deer, that utilitarianism cannot easily entail or explain that judgement, and that part of the best explanation of the judgement is that people have a higher moral status than deer and animals comparable to them. In response, Macpherson and Macklin worry that I am 'unfair' to the utilitarian here, for giving 'short shrift' to the view and for 'using one of those philosophers' cooked up examples' (33).

Macpherson and Macklin are correct that there is more to say about the utilitarian theory of moral status, both for and against it. Here is a case that one might reasonably think supports such a theory, perhaps providing some reason to reject the Afro-communitarian theory I have proposed. Imagine a being that can feel pleasure and pain, but that we are in principle incapable of becoming aware of that fact. Suppose our epistemic capacities are just too limited ever to discover that our stepping on or kicking this being hurts it. In that event, utilitarianism would entail that this being has a moral status, but that we could never become aware of that fact. In contrast, the Afro-communitarian theory I have constructed would entail that because we essentially cannot become aware of the fact that this being feels pain, it cannot be the object of a communal relationship with us and hence lacks a moral status.

The case gives me pause about accepting the Afro-communitarian account of moral status I have developed (though close and long-standing friends of relational accounts of morality might not be given pause). However, I nonetheless find the relational theory attractive because it avoids what strike me as graver problems facing a utilitarian account of moral status, problems that come to light upon even more weighty 'cooked up' examples–which are no different in kind from the one I just made to support the utilitarian.

There is no reason to question an example *merely* because it has been 'cooked up' – it all depends on the recipe. In order to understand the nature of the right to life, some of the most important and influential moral (and specifically bioethical) thinkers from the last 40 years have routinely considered hypothetical cases of famous violinists hooked up to kidnapped parties[8] and victims of runaway trolleys,[9] and, in order to apprehend the essence of well-being, they have created thought experiments involving lives spent in experience machines[10] and people whose foremost desires are to count blades of grass or to maintain 3,732 hairs on their heads.[11] Such cases are normally appropriate because they serve as counterexamples to principles that are intended to apply universally, for example, *whenever* a person gets whatever she most desires, she is thereby living well.

Now, a theory of moral status purports to indicate all and only those features by virtue of which a being merits moral treatment for its own sake. Any such theory implies a principle of the form: 'If a being has property X to degree Y, then it has a moral status of degree Z.' The more cases we find where it appears that a being has property to X to degree Y without having moral status of degree Z, the more evidence there is against the theory. To evaluate the principle we could often appeal to normal situations, but it is not necessary to do so since a theory is also a hypothesis about situations we could encounter but might be unlikely to, i.e., it is about 'possible worlds' beyond the one we actually experience, in philosophical lingo. The utilitarian theory of moral status implies that whenever a being has sentience to the degree of being able to feel pain, then it has a full moral status. In order to evaluate that principle, I suggested that if a person and a deer had an equal capacity for pain and one had to choose between their urgent interests, there would be greater moral reason for one not to kill or injure the

[8] J. Thomson. A Defense of Abortion. *Philos Public Aff* 1971; 1: 47–66.
[9] F. M. Kamm. 1996. *Morality, Mortality, Volume II: Rights, Duties, and Status*. New York, NY: Oxford University Press.
[10] R. Nozick. 1974. *Anarchy, State, and Utopia*. New York, NY: Basic Books: 42–45.
[11] J. Rawls. 1971. *A Theory of Justice*. Cambridge, MA: Harvard University Press: 432; C. Taylor. 1992. *The Ethics of Authenticity*. Cambridge, MA: Harvard University Press: 36.

person, which is best explained by differential moral status between (typical) persons and animals.

If the reader still does not like such a hypothetical case, she might consider the following more 'realistic' ones. Suppose you must choose between killing a rabid dog, on the one hand, and letting it bite a person, on the other; or suppose you must decide where to donate your money, either to Oxfam or to the SPCA; or suppose you must decide whether to experiment on mice in order to conduct important research on the nature of Alzheimer's. These cases strike me as 'real life', but they are no different in form to the deer case. The overall suggestion is that, in cases where you must choose between the death of, or serious injury to, animals or persons, it would be right to spare the persons, the best explanation of which is that persons have a higher moral status than animals, a judgement that utilitarianism denies and the Afro-communitarian theory can underwrite.

CONCLUSION

Macpherson and Macklin do find one aspect of my article promising, the claim that the Afro-communitarian moral theory does a much better job than either utilitarianism or Kantianism of accounting for intuitions about ancillary standards of care. Many in the field believe that a medical researcher can have non-contractual duties to treat participants who acquire HIV in the course of testing a vaccine against it, even if she was not responsible for their having contracted it. Such aid neither will routinely maximize expected utility (which could involve providing antiretroviral therapy to some other person with HIV), nor is it required by Kantianism, which makes non-contractual duties to aid a function of the agent's discretion. In contrast, appealing to the fundamental value of a communal relationship, the African moral theory entails that once a researcher identifies with a participant in the course of a clinical trial, i.e., thinks of herself as a 'we' with him and coordinates behaviour toward shared ends, she incurs some obligation to exhibit solidarity toward him as well, where the form that this solidarity should take (*viz*., antiretroviral therapy for HIV) is a function of the identity that has been created (the shared end of finding a vaccine against HIV).

I am heartened that Macpherson and Macklin find this an attractive facet of the African moral theory that warrants taking it seriously (33), but I have argued here that this is not all that is going for the theory. It also does a reasonable job of: underwriting plausible views about what counts as 'health' and the comparative importance of different forms of health(care); entailing and explaining the right to informed consent, while also being consistent with a traditionally African communal orientation toward confidentiality; and accounting for the widespread but poorly theoretically captured intuition that animals have some moral status, but one not as great as ours. If I am correct that the African moral theory handles these issues better than utilitarianism and Kantianism, there is all the more reason for bioethicists to give it consideration.

Biography

Thaddeus Metz is Research Professor and Head of Philosophy at the University of Johannesburg, and has published widely on dignity-based ethics, African moral philosophy and the meaning of life. His book on the latter topic will be published by Oxford University Press in 2011.