developing world
bioethics

Developing World Bioethics ISSN 1471-8731 (print); 1471-8847 (online) doi:10.1111/j.1471-8847.2009.00273.x
Volume 10 Number 1 2010 pp 49–58

AFRICAN AND WESTERN MORAL THEORIES IN A BIOETHICAL CONTEXT

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Keywords
*sub-Saharan Africa,
clinical trials,
health priorities,
informed consent,
special obligations,
animal experimentation*

ABSTRACT
The field of bioethics is replete with applications of moral theories such as utilitarianism and Kantianism. For a given dilemma, even if it is not clear how one of these western philosophical principles of right (and wrong) action would resolve it, one can identify many of the considerations that each would conclude is relevant. The field is, in contrast, largely unaware of an African account of what all right (and wrong) actions have in common and of the sorts of factors that for it are germane to developing a sound response to a given bioethical problem. My aim is to help rectify this deficiency by first spelling out a moral theory grounded in the mores of many sub-Saharan peoples, and then applying it to some major bioethical issues, namely, the point of medical treatment, free and informed consent, standards of care and animal experimentation. For each of these four issues, I compare and contrast the implications of the African moral theory with utilitarianism and Kantianism, my overall purposes being to highlight respects in which the African moral theory is distinct and to demonstrate that the field should take it at least as seriously as it does the Western theories.

INTRODUCTION: SUB-SAHARAN NOT SUB-STANDARD

The internationally influential literature on bioethics is replete with applications of utilitarianism, Kantianism and contractualism, which are western moral theories, that is, basic and general principles of right (and, by implication, wrong) action grounded largely in the cultures of those living in North America, Europe and Australasia. For a given dilemma, even if it were not clear how these theories would resolve it, one could identify many of the ethical considerations that each would entail as relevant and must be thought through. In contrast, the field is largely unaware of an African moral theory and of the factors that for it are germane to developing a sound response to a bioethical problem.

In this article, my aim is to help rectify this deficiency. Some are of course sceptical about the prospect of finding a moral theory that, in the ideal case, has the desiderata of a scientific law, *viz*. simplicity, explanatory power, comprehensiveness, applicability and the like. However, one could reasonably conclude that no such fascinating specimen exists only after a thorough search for it, and I claim that there is a promising territory that has yet to be adequately explored, namely, grounding a fundamental and comprehensive principle of right action on the mores of many sub-Saharan peoples.

I first spell out a new moral theory, explaining the sense in which it counts as 'African', and then apply it to these major bioethical issues: the point of medical treatment, free and informed consent, standards of care and animal experimentation. For all these topics, I compare and contrast the implications of this African moral theory with those of the principles of utility and of respect for autonomy. Since my aim is to develop and defend an African moral theory, and since it is apt to evaluate like with like, I relate it to these dominant western moral theories. While it is true that a large portion of bioethics literature and instruction does not directly appeal to these theories, but rather, say, to the 'four principles', such

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'mid-level' principles ultimately need to be interpreted in light of one that is fundamental and comprehensive; what exactly counts as 'harm', 'beneficence', 'justice' or even 'autonomy' is best understood in light of a background moral theory.[1] Most of the time I show that the favoured African moral theory entails an intuitively attractive conclusion about a bioethical issue that the western theories cannot, while other times I point out that it entails a similar conclusion as they do, but for a different reason that is at least as plausible. My overall purposes are to highlight respects in which this African moral theory differs from western ones and to have demonstrated by the conclusion that the field should take it at least as seriously as it does them.

Note that this is a work of moral philosophy and not of moral ethnography. This article is neither an anthropological contrast of the practices of certain African cultures with some western ones,[2] nor even a comparative application of the values of a single African people with those of 'Westerners'.[3] It is rather an exploration of the divergent implications of theories of morally right action that have their pedigrees in sub-Saharan Africa generally and in the West.

AN AFRICAN MORAL THEORY

In seeking a basic and general principle of right action that is 'African', I mean one informed by salient beliefs and practices of many sub-Saharan peoples. I develop a moral theory that entails and well explains intuitions that are characteristic of the largely black and Bantu-speaking peoples ranging from South Africa to Ghana and Kenya with respect to space, and from pre-colonial societies to contemporary literati with respect to time. Note two important implications of this conception of what makes something African: to count as African, an idea or behaviour need not be present *everywhere* in Africa, and it need not be present *solely* in Africa.

First, I do not suggest that the favoured moral theory is actually widely believed and applied below the Sahara. It is a philosophical construction that is not a mere recounting of folk beliefs, but is rather a novel way of unifying many of them. In addition, there could be unifying principles of right action beside the one I propose that are also worthy of the title 'African'.[4] What follows is *an* (not *the*) African moral theory, although I do believe that it is the most justified relative to competing theoretic interpretations of sub-Saharan moral thought and practice.[5] Furthermore, although the theory I advocate does purport to capture intuitions that are often held below the Sahara, I do not mean to suggest that everyone there accepts them. Whenever writing on Africa, one is expected to note the diversity of the continent, with more than 50 countries and a couple thousand languages, which I hereby do. I claim merely that many peoples in sub-Saharan Africa, ranging over a broad array of space and long span of time, have favoured certain norms that can be (best) unified with the moral theory below, and hence that it is fair to call this theory 'African'.

Second, in labelling the moral theory 'African' I do not mean that either it or the intuitions on which it is grounded are unique to the African continent, only that they are prominent there in a way they are not everywhere else. There are similarities between sub-Saharan values and those of some traditional peoples on other continents, and even between them and some western norms and less dominant philosophical expressions of them, particularly communitarianism and feminism. Despite the lack of something utterly geographically distinctive, it is apt to call the moral theory I develop 'African' because the ideas that it expresses and that inform it are much more salient there than in not only the West, but also the major Islamic and Hindu traditions.

With these qualifications in mind, I begin by pointing out that a major recurrent feature of moral thought in sub-Saharan Africa is the widespread maxim, 'A person is a person through other persons' or 'I am because we are.'[6] To most non-African readers, these phrases will indicate nothing normative, and instead will bring to mind merely some empirical banalities about the causal

[1] For just one example, to act beneficently for a utilitarian means actually raising another's quality of life, whereas, for a Kantian, it involves doing what is likely to realise the other's particular ends or general ability to realise them.

[2] See L.D. Manda. 2008. Africa's Healing Wisdom: Spiritual and Ethical Values of Traditional African Healthcare Practices. In *Persons in Community: African Ethics in a Global Culture*. R. Nicolson, ed. Pietermaritzburg: University of KwaZulu-Natal Press: 125–139.

[3] For examples, see the bioethical application of ideas from the Nso' in Cameroon and the Igbo in Nigeria, respectively, in G. Tangwa. Bioethics: An African Perspective. *Bioethics* 1996; 10: 183–200, and C. Onuoha. 2007. Bioethics Across Borders: An African Perspective. *Uppsala Studies in Social Ethics, Volume 34*. Uppsala: Uppsala University.

[4] In particular, the moral theory I advance makes no essential reference to supernatural entities or forces. For examples of those who place spiritual elements at the bottom of an African moral worldview, see B. Bujo. 2001. *Foundations of an African Ethic: Beyond the Universal Claims of Western Morality.* New York, NY: Crossroad Publishers; and N. Mkhize. 2008. *Ubuntu* and Harmony: An African Approach to Morality and Ethics. In Nicolson, *op. cit*. note 2, pp. 35–44.

[5] I first developed this moral theory in some detail and argued that it best captures a wide array of recurrent intuitions in sub-Saharan Africa in T. Metz. Toward an African Moral Theory. *J Polit Philos* 2007; 15: 321–341. Much of the rest of this section is drawn from this article as well as from T. Metz. The Final Ends of Higher Education in Light of an African Moral Theory. *J Philos Educ* 2009; 43: 179–201: 182–184.

[6] For a classic statement of these ubiquitous phrases, see J. Mbiti. 1969. *African Religions and Philosophy.* Oxford, UK: Heinemann Educational Books: 108–109.

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dependence of a child on her parents or society more generally. However, such statements express a moral claim.[7] In much African reflection, the concept of personhood (as in the second instance of 'person' in the quote above) is moralised, such that to be a person in the true sense is to exhibit good character. That is, an individual can be more or less of a person, self or human being, where the more one is, the better. The ultimate goal of a person, self or human in the biological sense should be to become a *full* person, a *real* self or a *genuine* human being, that is, to exhibit virtue in a way that not everyone does. The phrases say that achieving the state of being a *mensch*, or having '*ubuntu*' (humanness), as it is known among many in southern Africa, is entirely constituted by positively relating to others in a certain manner.

Exactly which sort of relationship is key to being a good person and acting rightly? The uncontroversial answer is, roughly, a communal one, as can be seen from this brief survey of the views of some prominent African intellectuals. First off, note the following summary of the moral aspects of John Mbiti's famous post-war analysis of African worldviews: 'What is right is what connects people together; what separates people is wrong.'[8] Next, consider these remarks from black consciousness leader Steve Biko, in an essay that explores facets of culture that are widely shared by Africans:

> We regard our living together not as an unfortunate mishap warranting endless competition among us but as a deliberate act of God to make us a community of brothers and sisters jointly involved in the quest for a composite answer to the varied problems of life. Hence . . . our action is usually joint community oriented action rather than the individualism which is the hallmark of the capitalist approach.[9]

Finally, here is a summary of one large strand of African ethical thinking from Desmond Tutu, winner of the Nobel Peace Prize and renowned chair of South Africa's Truth and Reconciliation Commission: 'Harmony, friendliness, community are great goods. Social harmony is for us the *summum bonum* – the greatest good. Anything that subverts or undermines this sought-after good is to be avoided like the plague.'[10] Note that apparently for Mbiti, Biko, Tutu and several others who have reflected on African ethics,[11] harmonious or communal relationships are to be valued for their own sake, not merely as a means to some other basic value such as pleasure. Or at least that is one interesting way to read them.

These remarks about the moral fundamentality of harmony and community are suggestive but imprecise. What is the most attractive sense of 'harmony' or 'community' (terms that I use interchangeably), and exactly how must one engage with these relationships in order to act rightly (or wrongly)? I answer these questions by proffering the following moral theory: *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*. Permissible actions are all and only those that esteem harmony and impermissible ones are those that fail to do so. Harmony in this context is a relationship constituted by the combination of two logically distinct forms of interaction, identity and solidarity. To identify with each other is largely for people to think of themselves as members of the same group, that is, to conceive of themselves as a 'we', as well as for them to engage in joint projects, coordinating their behaviour to realise shared ends. For people to fail to identify with each other could involve outright division between them, that is, people thinking of themselves as an 'I' in opposition to a 'you' or a 'they' and purposefully undermining one another's ends. To exhibit solidarity with one another is for people to engage in mutual aid, to act for the sake of one another (ideally, repeatedly over time). Solidarity is also a matter of people's attitudes such as affections and emotions being invested in others, for example, by feeling good when they flourish and bad when they flounder. For people to fail to exhibit solidarity could be for them to exhibit full-blown ill-will for being cruel and experiencing *Schadenfreude*.

A logically equivalent way to prescribe action that prizes identifying with others and exhibiting solidarity with them is to say this: *do not fail to honour relationships in which people share a way of life and care for others' quality of life, and especially do not esteem discordant relationships of division and ill-will*. Note that the

[7] As is made clear in K. Wiredu, 1992. The African Concept of Personhood. In *African-American Perspectives on Biomedical Ethics*. H.E. Flack & E.E. Pellegrino, eds. Washington, DC: Georgetown University Press: 104–117; and I. Menkiti. 2004. On the Normative Conception of a Person. In *A Companion to African Philosophy*. K. Wiredu, ed. Malden, MA: Blackwell Publishing Ltd: 324–331.

[8] H. Verhoef & C. Michel. Studying Morality Within the African Context. *J Moral Educ* 1997; 26: 389–407: 397. For the similar remark that 'in African societies, immorality is the word or deed which undermines fellowship', see P. Kasenene. 1998. *Religious Ethics in Africa*. Kampala: Fountain Publishers: 21.

[9] S. Biko. 1971. Some African Cultural Concepts. Repr. in his *I Write What I Like*. Johannesburg: Picador Africa, 2004: 44–53: 46.

[10] D. Tutu. 1999. *No Future Without Forgiveness*. New York, NY: Random House: 35.

[11] For another representative comment, consider this remark about the practices of the G/wi people of Botswana: '(T)here was another value being pursued, namely the establishing and maintaining of harmonious relationships. Again and again in discussion and in general conversation this stood out as a desired and enjoyed end in itself, often as the ultimate rationale for action.' G. Silberbauer. 1991. Ethics in Small-Scale Societies. In *A Companion to Ethics*. Peter Singer, ed. Oxford, UK: Basil Blackwell: 14–28: 20. See also Mkhize, *op. cit*. note 4.

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combination of sharing a way of life and caring for others' quality of life, or of identifying with others and exhibiting solidarity toward them, is basically a relationship that English-speakers call 'friendship' or a broad sense of 'love'. So, it also follows that the present theory can be understood to instruct a moral agent to *respect friendly relationships, and especially to avoid prizing ones of enmity*.[12]

Reflection on the (non-consequentialist) normativity of friendship suggests that one's primary obligation is to be friendly oneself, with a secondary obligation being to promote friendship among others. It also indicates that maintaining and enriching one's existing friendships comes before promoting new ones for oneself. So, while the present interpretation of African morality is impartial at one level, prescribing community wherever it is possible, it implies that one's own extant communal relationships have a principled priority, a philosophical rendition of the partiality often given to kin in traditional sub-Saharan practice.[13]

The injunction to respect communal relationships (or harmony or friendliness), construed as the combination of identity and solidarity (or of sharing a way of life and caring for others' quality of life), is fairly specific about the kind of relationship that makes one a real person in an African ethic, and it does a reasonable job of philosophically explaining what makes an action right or wrong. Acts such as breaking promises, stealing, deceiving, cheating, raping and the like are well characterised as being *unfriendly*, or, more carefully, as seriously failing to respect the value of friendship. They involve discord in the following senses: the actor distancing himself from the person acted upon, instead of enjoying a sense of togetherness; the actor subordinating the other, as opposed to coordinating behaviour with her; the actor doing what is likely to harm the other for the sake of himself or someone else, rather than acting for the sake of her good; and the actor being malevolent, in contrast to exhibiting pro-attitudes toward the other's good. This explanation of why certain actions are wrong, in terms of failing to prize identity and solidarity, differs from the Kantian idea that they are degrading of autonomy and the utilitarian view that they fail to maximise long-term benefit, something that I hope rings true at this point but that I will clarify in the rest of the article.

Construing morally sound practices in terms of honouring community *qua* identity and solidarity theoretically unifies several common (again, neither universal nor unique) facets of behaviour and reflection below the Sahara. For example, indigenous sub-Saharans often think that society should be akin to family; they typically refer to people outside the nuclear family with titles such as 'sisi' and 'mama'; they tend to believe in the moral importance of greetings, even to strangers; they normally think that there is some obligation to wed and procreate; they generally say that 'charity begins at home' or that 'family comes first'; they frequently believe that ritual and tradition have a certain degree of moral significance; they usually do not believe that retribution is a proper aim of criminal justice, inclining toward reconciliation; they commonly think that there is a strong duty for the rich to aid the poor; and they often value consensus in decision-making, seeking unanimous agreement and not resting content with majority rule. I have the space merely to suggest that these recurrent values are plausibly entailed and well explained by the prescription to respect relationships in which people both share a way of life and care for one another's quality of life. I reiterate that I am not suggesting that this philosophical principle has been believed by all or even a majority of Africans; my point is rather that it captures in a theory several salient aspects of a communal way of life that has been widespread south of the Sahara,[14] and hence that it qualifies as 'African'.

Having briefly spelled out an appealing theoretical interpretation of sub-Saharan morality, my aim is now to bring out some of its ramifications for bioethics. A moral theory that provides a plausible account of right and wrong action and captures a wide array of ethical intuitions common among African peoples should be revealing when applied to some fresh contexts in biomedical ethics. Let us consider the way that the favoured African moral theory grounds arguments and conclusions that differ from those of Kantianism and utilitarianism but that even those foreign to African culture will find prima facie attractive.

THE POINT OF MEDICAL TREATMENT

A medical professional is, clearly, someone who helps people avoid or overcome sickness and injury. Unclear is

[12] I lack the space to address thoroughly the differences between this moral theory and similar ones in western thought. I point out, however, that this theory differs from the classic, feminist ethic of care in at least two ways: it prescribes sharing a way life, which goes beyond caring for others, and it is more impartial for not making reciprocity from the other necessary for having a duty to care for her. And whereas much communitarianism deems one's duties to be relativistically determined by norms that happen to be held by one's particular community, the African moral theory here is more universalist; it is the view that everyone's basic duty is to esteem communal relationship, conceived in part as sharing a way of life with others (which will vary), but also as caring about their quality of life.

[13] As discussed by A. Appiah. 1998. Ethical systems, African. In *Routledge Encyclopedia of Philosophy*. E. Craig, ed. London, UK: Routledge.

[14] For recent discussion of the typically communal nature of traditional African societies by one of the leading African philosophers in the world, see K. Wiredu. Social Philosophy in Postcolonial Africa: Some Preliminaries Concerning Communalism and Communitarianism. *S Afr J Philos* 2008; 27: 332–339.

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how to answer the following questions: What should a healthcare worker ultimately be striving to achieve? Why is protecting someone's health such an important way to help her? What makes one disease more urgent to treat than another and typically warrants priority with regard to resource allocation?

The utilitarian answers that the healthcare worker's ultimate goal should be to minimise woe and maximise well-being. Protecting health is an important way to help someone, for the utilitarian, because any reduction in health is a reduction in the chances of living well. Few utilitarians would say that being healthy is just to live well to some degree; instead, on the dominant (subjective) conceptions of welfare as pleasant experiences or satisfied desires, health counts as a particularly effective, perhaps even essential, means to obtaining welfare. On this view, the diseases that are most urgent to treat are those threatening death, intense pain or some other gross interference in the ability of a person to feel pleasure or obtain what she wants.

The Kantian answers these questions about the point of medical treatment with the claim that its final end should be to respect, and hence protect, autonomy, which, in one influential version, is the capacity to revise ends and perform actions in light of conceptions of the best life and of justice. The less healthy one is, the less one is able to adopt and pursue a wide variety of goals. Even pain, on the Kantian view, is something for a medical professional to help another avoid because it inhibits his ability to deliberate and choose, or because one of his highest ends is to avoid pain (and not because it inherently makes his life worse, as per the utilitarian).

Each of these theories is a plausible account of the proper ultimate purpose of medical treatment, but there are counterexamples to both that might reasonably lead one to search for another theory. For example, utilitarianism has difficulty entailing that psychopathy, mania and opium addiction are serious diseases. People with all three conditions *could be* quite capable of happiness, whether construed as pleasant experiences or satisfied desires.

In reply, the utilitarian may suggest that a medical professional should treat people with these conditions because doing so would substantially improve the welfare of those who interact with them, particularly family members. However, this is not the best explanation, for the *primary* reason for a healthcare worker to treat these conditions is for the sake of the people who have them.

The Kantian is better able to account for these cases; both mania and addiction interfere with one's ability to act in accordance with reasons, while psychopathy is an inability to act in accordance with a conception of justice. Consider, then, the following two sorts of counterexamples to Kantianism. Think, first, about someone who has difficulty feeling emotions, for example, he tends neither to get angry at others nor to feel sympathy for them, and second, about people who have sex with the dead or whose primary 'relationships' are with life-like dolls. In both kinds of cases, people need not be any less able to deliberate about what is good or right and to act in accordance with their deliberations, and yet they are far from being fully mentally healthy.

The natural reply to make on behalf of the Kantian is that emotions provide reliable information about oneself and others, meaning that one will be less likely to act as one should if one is lacking emotional intelligence, something that is likely true of most necrophiliacs and doll-lovers. The point is fair. However, imagine someone who had a variety of epistemic aids to correct for his emotional deficiency. If someone were missing emotional intelligence but had enough other sorts to facilitate action in accordance with judgements of the best life and of justice, many would still view the emotional disconnection to be something worth treating.

In any event, I invite the reader to consider an alternative approach. Note that both the Kantian and utilitarian accounts of the proper function of medicine are 'individualist' in the sense that they prescribe medical treatment in order to support something intrinsic to a person. The utilitarian would have a healthcare worker promote the patient's (or others') happiness, which, *qua* pleasant experiences or satisfied desires, is essentially internal to an individual, while the Kantian would have her support the patient's autonomy, the essence of which is also internal. In contrast, a *relational* account of the final end of medical treatment would prescribe it ultimately as a way to properly value certain relationships between people.

The African moral theory I have sketched is a relational account of this kind, prescribing respect for harmonious relationship *qua* the combination of identity and solidarity. First off, a medical professional would be obligated to act harmoniously with regard to the patient, roughly, to share a sense of self with her and to act for her good. It is standard in African ethical reflection to recognise two distinct sorts of good, namely, what is good for a person, what will make him better off, or what is in his self-interest, as distinct from what a good person is, what will make him better, or what will constitute his self-realisation. The latter category of excellence or virtue is usually known in African discourses as 'personhood' *simpliciter*, while the former is typically referred to in terms of 'welfare' or 'needs'. Both sorts of good appear relevant to a relationship that includes solidarity, for the normativity of friendship suggests that being a good friend involves doing what is likely to make one's friend not merely happier, but also a better friend. What all this means is that a healthcare worker ought to be aiming not only to make the patient better off in welfarist (utilitarian) terms, but also working to *overcome obstacles to*

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developing her character, something neither the utilitarian nor the Kantian at bottom recommends.

Now, since character or personhood on the present African moral theory is itself a matter of esteeming communal relationship, construed as the combination of identity and solidarity, it follows that another, substantial part of the point of medical treatment is *enabling the patient to identify with others and exhibit solidarity with them*. That is, one proper aim of a healthcare worker is fighting those illnesses and injuries that substantially prevent a patient from both sharing a way of life with others and caring for others' quality of life. Concretely, one major reason to treat psychopaths, 'maniacs', addicts, the emotionally stunted, necrophiliacs and doll-lovers is that their conditions *interfere with their ability to engage in friendly relationships*. All these people are isolated from others in various ways; they are unable to do things such as act for another's sake, empathise and sympathise, share oneself, form a 'we', and so on. The favoured African moral theory entails that part of the point of medical treatment is to overcome such alienation by enabling people to love others in a broad sense. This African approach is a different, controversial and promising view worth evaluating further.

FREE AND INFORMED CONSENT

The default position in the field is that a medical professional may treat patients or conduct research on subjects only if they not only understand the basics of the medical professional's plan, but also have, in light of this understanding, agreed without coercive or exploitive inducement to let the plan proceed. The utilitarian defends such free and informed consent solely on the ground of its welfarist consequences; obtaining such agreement is expected in the long run to maintain trust, to avoid disappointment and to foster adherence by the patient to a regimen and participation by the subject in a study. The Kantian, in contrast, appeals to non-consequentialist moral reasons (often called 'deontological restrictions'), noting that it would be disrespectful of a person's autonomy in itself if a medical professional were to treat or conduct research on him without having first obtained his voluntary and knowledgeable agreement.

Both of these western rationales are plausible, but the favoured African moral theory presents a third reasonable explanation of why free and informed consent is normally to be expected prior to remedying or experimenting. Its basic claim is that it would be *unfriendly* to treat or study a person without his free and informed consent. Think about what is involved in genuinely identifying with others; one cannot *share* a life with others in a meaningful way when they are unclear about the basic terms of one's interaction with them, or when one uses force or exploitation to pressure them into doing one's bidding. Friendly relationships require not only transparency between actors about their goals, but also willingness on the part of each to achieve them. This rationale, too, is a fair account of the moral importance of free and informed consent.

Some might object that the logic of the present African moral theory routinely permits infringing the right to free and informed consent. For one, it might seem that a proper concern for harmonious relationships entails doing whatever would promote them the most, which could involve deception or coercion. Consider a case in which, if a medical professional manipulated a person into 'agreeing' to treatment that he would otherwise not allow, the patient would have somewhat more and better harmonious relationships in his life.

In reply, the objection supposes that, if harmony is a final good, it is merely something to be promoted, in the way that happiness is in a utilitarian model. However, the theory I advance here prescribes respecting, not maximising, relationships of identity and solidarity, which is a sensible way to respond to them. I cannot here consider in detail what respect for a relationship involves, but note that, following interpretations of respect elsewhere in ethical theory (where the object is autonomy or life), respect for a harmonious relationship would generally forbid using a very discordant means (involving division and ill-will) to realise a harmonious end.[15] Being unfriendly so as to promote friendliness does not normally honour friendship. Supposing that rough mid-level principle indeed falls out of the favoured African moral theory and is a serious alternative to the notion that one ought to maximise friendship, it can accommodate the right to free and informed consent.

Even if this African moral theory can sensibly include deontological restrictions in its essence, one might have another reason for thinking that it fails to support a sufficiently robust right to free and informed consent. Imagine that a patient were aware of the theory's injunction, perhaps widely adopted in her community, to 'share a way of life' and hence to 'cooperate' with others. She might then feel pressured to agree to procedures that she does not understand or want, so as to avoid being non-conformist or upsetting people. Indeed, one of the standard objections to an African ethic is that it places too much weight on conformity to the group and not enough on individual liberty.[16]

It is one thing for a theory to prescribe certain behaviour, and it is another for people to prescribe behaviour

[15] I qualify this principle in several respects in T. Metz. Human Dignity, Capital Punishment, and an African Moral Theory: Toward a New Philosophy of Human Rights. *J Hum Rights* 2010 (forthcoming).

[16] For discussion, see D. Louw, *Ubuntu* and the Challenges of Multiculturalism in Post-Apartheid South Africa. *Quest* 2001; 15: 15–36.

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based on their misinterpretation of a theory. I am interested in finding the moral theory that is most justified, and hence am concerned solely to evaluate a theory's actual implications, not what people might do upon misconstruing them. I have designed the present moral theory to give some (*pro tanto*) weight to certain traditional practices (which is 'African' in the sense noted previously), while avoiding the problem of requiring an unquestioning conformity. The theory prescribes respect for 'sharing a way of life' in the sense of relationships that are knowingly and willingly adopted and are central to people's self-conception as members of a group. Part of what makes a friendly relationship an important value is the fact that two people have come together, and decided to stay together, of their own accord. One is hardly honouring the value of friendship, or 'sharing' a way of life in the relevant sense, if one conforms to another's wishes merely because one fears her anger. Thinking of oneself as a 'we' and cooperating are compatible with a substantial degree of negotiation, bickering, compromise and change.

STANDARDS OF CARE

Many ethicists believe that a medical researcher can have a duty to help her participants in ways that can be binding even if the parties have not contractually ratified such a duty. For example, if a researcher were studying a vaccine for HIV, many think that if a participant contracted HIV in the course of the study, the researcher would have an obligation to provide him with effective treatment for it, such as highly active antiretroviral therapy (HAART). And note that many maintain that the researcher would have a moral (but perhaps not legal) duty to provide HAART even if doing so would not serve the purpose of the trial and even if the researcher had done nothing to encourage risky sexual behaviour, or had even sought to discourage it. Kantian and utilitarian moral theories have difficulty accounting for this intuition, while the African moral theory outlined above does better.

Kantianism cannot easily conclude that a researcher must provide aid to a participant in such circumstances, as it appears that neither a perfect nor imperfect duty to aid another would ground such a requirement. A perfect duty to help someone is one that correlates with a right on his part to be helped, but the participant appears to have no autonomy-based right against the researcher in this case, as we imagine that the researcher neither interfered with the patient so as to create his need for HAART, nor promised to provide it. An imperfect duty to help others is one that does not correlate with a right on anyone's part to be helped, and the standard Kantian interpretation of such a duty is that it is largely up to the agent whom to help and how much. An agent who never or rarely helped others would violate an imperfect duty of beneficence, but, on the usual model, absent any promise or other voluntary assumption of obligation on the agent's part, it is within the agent's discretion which needy people she will aid. But, then, there would be no particular 'moral pull' on a researcher from a participant in a clinical trial; the researcher would be permitted to help either him or a beggar on the street instead.

Utilitarianism also cannot naturally account for why a researcher would have an obligation to help the participant in this case. After all, the utilitarian in principle recognises no special duties, instead prescribing aid to whichever individuals are going to benefit from it the most with the least cost. From a utilitarian perspective, there is no principled difference between a researcher providing HAART to a participant who has acquired HIV in the course of her clinical trial and to someone who has acquired HIV otherwise. Supposing, for the sake of illustration, that the researcher could afford to provide HAART to only one HIV positive person, utilitarianism suggests that she may as well flip a coin to determine which to save, assuming the consequences would be same either way.

While the two dominant western moral theories have great difficulty accounting for the intuition that the researcher has a non-contractual duty to aid the participant,[17] the favoured African moral theory can provide an attractive explanation of why a researcher has a duty to treat someone who has acquired HIV during her clinical trial as opposed to some other, equally needy person. Recall that 'family first' and 'charity begins at home' are common maxims of African morality. A dominant strain of sub-Saharan ethical reflection is that one's own, existent ties have a priority over merely possible bonds or bonds between others. That is not to say that strangers count for nothing, but it is clear that African morality is best interpreted as being a partial ethic to some degree, deeming actual, local relationships to have greater weight in principle than others. Now, interpreting an African ethic in such a partialist manner can underwrite obligations to aid particular persons that have not been assumed by having made a promise or the like. *Upon identifying with his participants, a researcher has*

[17] Some in the West have argued that a researcher develops a relationship of 'entrustment' with the patient, creating a duty to aid her beyond contractual obligations. The *locus classicus* for this idea is H. Richardson & L. Belsky. The Ancillary Care Responsibilities of Medical Researchers. *Hastings Cent Rep* 2004; 34: 25–33. However, this principle is 'free-floating', i.e. left hanging without a basic and comprehensive foundation, and I present an African moral theory as an attractive way to ground something *like* it. In future work, it would be of interest to compare the entrustment model, which invokes authorisation and vulnerability as central explanatory elements, with the rationale offered here, which does not.

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established part of a morally significant relationship that demands respect and hence full-blown realisation in the form of solidarity as well. That is, once a researcher and a participant have begun to think of themselves as 'we' engaged in the joint project of testing a vaccine, they share a way of life that imposes special obligations to care for one another's quality of life that can go beyond those listed in a contract.

One might object that this partialist rationale does not adequately answer the question of whom to treat, as it appears to require giving aid to others beside participants. For one, 'family first' suggests that a researcher ought to help his own family in addition to, if not before, a participant in a trial. For another, this maxim might seem to indicate that the family of a participant ought to receive aid, not the participant alone.

When it comes to the family of a researcher, there are some contexts in which it is plausible to 'bite the bullet' and maintain that a researcher should indeed use trial resources to meet the urgent needs of her relatives. Most plausibly, if the researcher were the private owner of the firm conducting the trial, then she would in fact have an obligation to spend some of her firm's resources to help family members in dire straits.

If, however, a researcher did not own the firm, but rather had been hired by, say, the government, then it would be impermissible to redirect its resources to her family. Recall the principle that one generally ought not use a very discordant means to promote harmony, and note that an African moral theory, as fundamental and comprehensive, is meant to regulate the behaviour not merely of individuals, but also of institutions.[18] A government can meet its obligation of solidarity with regard to the public only if its officials do not siphon off its resources for nepotistic ends. If a government official did so, he would be acting in an unfriendly way with regard to the public and other officials who have upheld their duty to avoid nepotism. Hence, 'family first' is merely a rough maxim, one limited by institutional concerns and restrictions on advancing the good of harmony by means of the bad of discord.

As for the families of participants, the present African moral theory does not suggest that a researcher has a duty to aid them. The theory interprets the maxim of 'family first' to mean that an agent's friendly relationships of which she is actually a part have a principled priority over both relationships that she is not yet a part of (but could be) and relationships between others (that she is merely in a position to influence). A researcher shares an identity with a participant in her trial, but not with the participant's family. Hence, the logic of the theory is such that the researcher would have a special duty to aid only the participant, and not also his family.

In addition to providing a plausible account of whom a researcher can have a non-contractual duty to aid, which the western moral theories cannot, the present African moral theory uniquely underwrites a widespread belief about precisely what the researcher is obligated to provide. Most think that, if a researcher has a duty to aid a participant in a way that goes beyond an agreement, then the researcher is obligated to confer only resources related in some way to the study conducted, for instance HAART in the case of a participant who has acquired HIV during a vaccine trial. Kantianism has difficulty accounting for this intuition, as there is no autonomy-based perfect duty to provide HAART, and an imperfect duty to aid the participant would leave it to the discretion of the researcher how to do so. Utilitarianism also does poorly, for, on this view, a researcher should provide whichever resources would do the most good with the least bad, which utterly leaves open the potential nature of the benefit. Both theories could suggest that the researcher has good reason to help a participant by taking care of his children's school fees that he would otherwise have to pay.

In contrast, the favoured African moral theory can say this: the form that solidarity should take is substantially influenced by considerations of identity. That is, the way for one person to seek to benefit another is determined in part by the nature of the group to which they both belong. Consider this rationale in another context, before returning to standards of care in clinical trials. It would be wrong for me to ask one of my academic colleagues to mow my lawn or clean my car, even if I really did need these things done. The intuitive problem is one of disrespect, but it does not appear to be disrespect for my colleague's *autonomy*, his capacity to make decisions for himself; I employ no coercion, deception, exploitation or other manipulation, but simply make a fully informed request that he is completely free to turn down. Instead, the object of disrespect appears to be our friendly relationship (or perhaps him *qua* part of a friendly relationship with me). The explanation of the disrespect includes the idea that the kind of aid that one may reasonably expect from another person, or that she may be required to provide, depends in part on the way of life that is shared between them. As my colleagues and I think of ourselves as a 'we' in the context of the collective ends of teaching, research and administration, extra-contractual duties to aid each other would (barring emergencies) be a function of helping one another with regard to these ends. Similarly, if a researcher incurred a non-contractual obligation to aid a participant, what she must do for him would be defined largely by the fact that they, in the

[18] I have discussed some of the major institutional implications of this African moral theory in T. Metz. 2009. African Moral Theory and Public Governance. In *African Ethics: An Anthology for Comparative and Applied Ethics.* M.F. Murove, ed. Pietermaritzburg: University of KwaZulu-Natal Press: 335–356.

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present case, think of themselves as a 'we' in the context of the collective end of fighting HIV. Hence, providing HAART is a relevant way for a researcher to aid a participant, while paying school fees is not.

ANIMAL EXPERIMENTATION

The last topic to which I apply the African moral theory defined above is that of our duties to non-human animals, particularly ones such as dogs and monkeys, which, for all we know, share some of our mental states such as cognition, emotion and affection. I point out that the views entailed by Kantianism and utilitarianism fit virtually no one's intuitions about the matter, and I suggest that this African moral theory on the face of it does better at accounting for them.

To have moral status is to be something that warrants moral treatment in its own right. Prominent utilitarians have famously argued that many animals have a moral status because of their capacity to be better or worse off, whether that is a matter of feeling pain and pleasure or having preferences that can be frustrated or satisfied. And these utilitarians often believe that animals have a full moral status, that is, one equal to that of a normal, adult human being. This implies that if I were driving a bus that were careening down a hill and had to choose between hitting one of the readers of this article or a deer, in principle it could be right for me to strike the reader, if the reader would feel marginally less pain than the deer, if she lacked friends, family and co-workers who would be upset about her injuries, and if I would not feel any more guilt for hitting her. I, and I presume most readers, find this implication counterintuitive.

The Kantian, equally famously, has the opposite problem of not being able to accord animals any moral status at all. The conception of moral status that coheres with the principle of respect for autonomy is the view that it is a function solely of a highly deliberative and reflective capacity, which most animals lack. Kant and contemporary Kantians have suggested reasons for thinking that the principle of respect nonetheless entails that one ought not be cruel to animals; they claim that inflicting pain on animals for trivial reasons, while not doing wrong to the animals, does wrong to persons with autonomy who are thereby degraded. Regardless of how this rationale gets hashed out, few will find it convincing, for surely there is something about what is done to the animal (not merely to some person) that fundamentally explains the wrongness of, say, setting a cat on fire merely for the thrill.

In reply, some have argued on neo-Kantian grounds that animals possess a kind of dignity comparable to that of a normal, adult human. They contend that animals possess moral rights for the same reasons and of largely the same sorts as we do, because we, say, are all subjects of a life (roughly, beings with memories and desires), or have a dignified capacity for movement that a restriction of liberty degrades. However, this view accords animals a full moral status, and the deer case above resurfaces as a forceful counterexample.

In light of objections to these theories, what needs to be shown is that animals have a moral status, but one that is less than that of a person. Differential degrees of moral status would straightforwardly account for intuitions that the urgent interests of an animal may be sacrificed for the urgent interests of a normal, adult human being (the deer case), but not for his trivial interests (the cat case). In a biomedical context, unequal moral standing would accommodate the common judgements that conducting painful or fatal experiments on animals in order to cure severe diseases such as Alzheimer's and cancer would be permissible, but that doing so in order to cure baldness would not.

Unlike utilitarianism and Kantianism, the conception of moral standing that naturally accompanies the preferred African moral theory can account for the full moral status of readers of this article and the partial moral status of animals. Consider the view that while full moral status goes to beings that *can be subjects and objects* of harmonious relationships, partial moral status goes to those that *can be only objects* of them. To be able to be a subject of a harmonious relationship means having the capacity to identify with others and to exhibit solidarity with them oneself, while being able to be an object means having the capacity to be identified with and to benefit from another's solidarity. Normal, adult human beings can be subjects in this sense; they can think of themselves as a 'we', cooperate with others, sympathise with them, and help them for their sake. Most animals, in contrast, are capable of being only objects of a harmonious relationship. For all we know, few kinds of animals can exhibit solidarity toward us, but we characteristically can with them; so long as they are capable of being better or worse off, we are of a kind that can have emotional reactions toward their flourishing such as sympathy and can help them for their sake on that basis. In addition, although few, if any, animals can identify with us in the sense of thinking of themselves as a 'we', our species can identify with them in this sense (e.g. pets can indeed be part of the family). Note that on this account of moral status, it is not the fact of actually being part of a harmonious relationship that makes a being worthy of moral consideration, but instead the fact that it has a capacity for it, such that, roughly, *the more a being is capable of a communal relationship with us, the greater its moral status.*

Such a theory would reasonably explain strong intuitions that Kantianism and utilitarianism (and many other theories besides) have not yet captured. In addition to

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explaining why both persons and animals have moral status that differs in degree, it might resolve the old conundrum of why a severely retarded human being seems to have a greater moral status, and hence to warrant greater protection from painful or fatal experimentation, than an animal with identical internal abilities. The difference would be that, while neither the severely retarded human nor the animal can be a subject of a harmonious relationship, the former is more able to be an object of one. We are more disposed to feel a sense of togetherness with, and exhibit emotional reactions toward, severely retarded humans than, say, dogs and monkeys. In contrast with the individualism of the western accounts of moral status in terms of the internal capacities for pleasure or autonomy, the African moral theory here invites us to consider that a *relational* capacity of the severely retarded human might be what grounds its moral status.

CONCLUSION

There is much work to be done to flesh out the present suggestions and consider whether they are acceptable in the final analysis. I have attempted to provide a full-blown defence of neither the African moral theory spelled out in this article nor its implications for the four bioethical topics I have addressed. Instead, my aims have been the more limited ones of, first, articulating a fundamental and comprehensive principle of right (and wrong) action that has a sub-Saharan pedigree and differs from the most influential western moral theories, and, second, highlighting places where the principle's entailments and explanations in a bioethical context not only differ from those of Kantianism and utilitarianism, but also are no less plausible than theirs, making it worthy of serious attention from bioethicists and moral philosophers in general.

I close with just a few of the questions that, in light of this African moral theory's promise, deserve to be investigated elsewhere: with respect to the point of medical treatment, does this theory do well at explaining when it is appropriate for the public to fund cosmetic treatment, *viz*., not for reasons of vanity but rather to facilitate relationships of certain kinds?; when, if ever, does this theory support the idea that paternalism is justified?; with regard to standards of care, how does the African rationale presented here measure up against the influential 'entrustment model'?; does a conception of moral status grounded in a being's capacity for harmonious relationships oddly entail that, say, ugly people have a lesser moral status than the gorgeous, and can it provide a plausible account of why late-term abortion seems morally more troublesome than (the large majority of) abortions that take place before the end of the second month?

Acknowledgement

For written comments on an earlier draft, I am grateful to Nir Eyal, Ronald Munson and two anonymous referees for *Developing World Bioethics*. I am also thankful for oral comments received at a seminar that was a part of the University of Stellenbosch Philosophy Department MPhil Lecture Series.

Biography

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