

The Role of Philosophy in Global Bioethics

Introducing Four Trends

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Abstract: This article examines the relationship between philosophy and culture in global bioethics. First, it studies what is meant by the term “global” in global bioethics. Second, the author introduces four different types, or recognizable trends, in philosophical inquiry in bioethics today. The main argument is that, in order to make better sense of the complexity of the ethical questions and challenges we face today across the globe, we need to embrace the universal nature of self-critical and analytical philosophical analysis and argumentation, rather than using seemingly philosophical approaches to give unjustified normative emphasis on different cultural approaches to bioethics.

Keywords: global bioethics; culture; philosophy; ethnophilosophy; Odera Oruka

Introduction

“What is the role of philosophy in global bioethics today?” That is a rather complex question for a professional philosopher. After all, what do we mean by “philosophy” in this context? Does it mean merely an inquiring mind, or does it mean a systematic methodology in reasoning and analysis? What do we mean by “bioethics”? Is it a study of codes of conduct in the field of medicine and biosciences, or is it something much wider that includes not only the well-being of humans and the future of humankind but also extensive environmental issues? What does “global” refer to? Does it mean international laws and regulations, transnational issues and challenges, universally shared values, or a global collection of various different culturally embedded approaches and worldviews? Last but not least, what do we mean by “ethics”? Are we talking about a particular normative framework or a comparison of various theoretical and practical approaches to morals and ethics? Are we referring to “good” behavior and obedience to laws generally speaking or an analytical scrutiny of moral theories and ethical outlooks?

As these questions show, there are numerous issues that could be examined under the title of this article. I, however, confine my attention to a more manageable task by focusing on a categorization of various trends in the way philosophy is employed in global bioethics. Recognizing differences in these trends may help us clarify the confusion between facts to be studied, cultural values influencing the understanding of these facts, the wider scope and objectives of our inquiry, and the methods to be used. Ideally, global bioethics will then be able to progress beyond the current status quo of disputes between “imperialistic universalism” and “self-contradictory relativism.”

In what follows, I particularly study the relationship between culture and philosophy. First, I examine in more detail what really is *global* in global bioethics, and how this relates to the increasing cultural diversity in bioethics approaches. Second, in order to clarify the different roles that philosophy may have in global

bioethics debates, I introduce four different types, or recognizable trends, in philosophical inquiry. This list of trends was originally introduced by the Kenyan philosopher Henry Odera Oruka as a part of the debate on the nature and role of African philosophy in a global context. I argue that it can also be used to elucidate current philosophical approaches to bioethics, particularly global bioethics.

My main point is that, in order to forge impartial international agreements in bioethics, we should take advantage of the universal philosophical method of self-critical analysis and logical argumentation. This article does not defend the view that we need to embrace any particular normative outlook as *the* global bioethics. Rather, I argue that, in bioethical debates, philosophy has a special role in promoting a *universal method* of critical analysis in looking at the ethical issues of our biosphere from various perspectives in an attempt to make better sense of the complexity of the questions and challenges we face today. However, it also should be recognized that, in current argumentation in bioethics, there are different trends of philosophy, not all of which are equally self-critical and self-corrective.

What Is “Global” in Global Bioethics—and Where Does Philosophy Fit In?

Bioethics per se is a wide field of study, covering topics from medical ethics to the development of science and the use of new technologies. On the one hand, bioethics studies the fundamental philosophical questions of human existence and well-being, including the concept of humanity. It also examines our basic assumptions on morality and ethical principles and codes of conduct. Bioethics not only analyzes what the rules or limits of “right” and “wrong” action might be in various circumstances, and what characterizes the “good life” (or life in general). It also scrutinizes our fundamental conceptualizations of a “human being” and “moral agency.” On the other hand, bioethical questions are connected to wide questions of justice and fairness. These are evident in studies on the distribution of power, position, and resources; but they can also be recognized in accounts of the scientific inquiry itself.

As the globalization of our world continues, the questions of bioethics are more and more clearly recognized to be transnational, issues that can be addressed only with international action. Contagious diseases, genetically modified organisms, changes in biodiversity, the consequences of the use of advanced biotechnology (most notably in biowarfare), the effects of climate change, and other environmental problems do not respect national borders. We also practice medicine, conduct research, and do business (e.g., in pharmaceuticals) across borders. In order to respond rationally to various bioethical challenges, we need to acknowledge our global interdependence and work together despite our cultural, religious, economic, geographical, and political differences.¹

Consequently, one way to define “global bioethics” is to outline its main areas of enquiry and their scope. Global bioethics, according to this definition, deals with issues that arise out of a globalized condition or are international or transnational in nature.² Although this approach can also be taken by philosophers, it is evident that philosophical argumentation alone does not suffice to deal with complex cross-border issues in which politics and power relations assume a central role. Combined multidisciplinary academic efforts are needed to understand the multifaceted challenges involved. However, it is worth noting that sometimes this need for scientific collaboration may lead us to use approaches that are so widely

cross-disciplinary that they no longer respect the methodology of any of the sciences they allegedly draw on.

Another way to define the “global” in global bioethics is in reference to normative universal frameworks that promise to solve problems in international and cross-cultural contexts. Many proponents of global ethics and global bioethics have attempted to find a (or *the*) prescriptive ethical framework that could provide universal moral principles, norms, and core standards of judgment for assessing different culturally oriented approaches.³ Global bioethics, as a philosophical field of study that subscribes to this line, is often equated with ideological ethical accounts that attempt to articulate a universal set of ethical rules for all to follow.

Sometimes theory and practice, values and facts, and ideals and practices get tangled together. The theoretical effort to search for universal moral principles is often interpreted as being a part of the political, social, and economic trends of globalization. Globalization, for some, represents a form of neo-imperialism that assimilates cultural diversity toward monocultural practices. As the universalistic theoretical approach has been predominantly Western, academics and practitioners who come from different cultural backgrounds have pointed out that a variety of different views still exist that should be taken into account when it comes to the fundamental questions of human value and dignified life, rights and responsibilities, and the role of the community in decisionmaking. As a result of this expanding cultural scope of bioethics, the Universal Declaration on Bioethics and Human Rights now recognizes respect for cultural diversity as an ethical principle.⁴

Even further, some non-Western approaches and societies consider bioethics *per se* as a cultural imposition from the West. It is argued that bioethics introduces issues that supposedly did not exist in the different cultural context before.⁵ In many parts of Africa, for example, the general attitudes toward abortion, contraception, and reproductive rights as well as toward sexual minorities or genetically modified organisms have been conservative, and the liberal approach to these is condemned by many.⁶

The interpretation of “global” in global bioethics is a complex issue indeed. Non-Western approaches do not only argue that the individualistic normative approach *per se* is a form of neo-imperialism and neocolonialism, or that it is not suitable for all cultural contexts. Bioethics may even sometimes be considered as a foreign invasion and a threat. An individualist argument that every woman everywhere in the world is entitled to autonomous reproductive choices and the use of related medical interventions may be seen to be imposing alien ethical views and practices on cultures in which “all life is sacred.” This line of argumentation is often used to rationalize existing social hierarchies while making it appear as if the argument is a defense of difference in cultural values.

Despite these challenges, awareness of the importance of bioethics issues is rapidly increasing across the world. Attempts to engage in critical and impartial analysis are also expanding in Africa, Asia, and elsewhere. Many academic institutions and medical bodies have emphasized the need to learn, understand, and follow international guidelines for research and medical practice. Bioethics education is being further developed. In various places, clinical research ethics and clinical ethics studies are now brought together with studies in philosophy.⁷ Many professionals in the field recognize that they need to engage in the development of international bioethics guidelines in a manner that also takes into account the diversity in the challenges they face in their own region—issues concerning resources and

levels of education, conflicts between cultural outlooks and traditions, economic restrictions, regionally specific health problems, and global power relations.⁸

Four Philosophical Trends in Global Bioethics

I have tried to outline what “global” can mean in global bioethics, and what problems each approach involves. Next I introduce four trends of philosophical analysis that can be detected in global bioethics studies and argumentation. My categories derive from an ongoing debate about the nature of African philosophy. The debate is similar to the debate on global bioethics in that it endeavors to explain the nature and role of philosophy as it is challenged by questions of culture, identity, and global power relations. Applying the categories that define different approaches to philosophical inquiry to bioethical argumentation helps guide a way to finding a reasonable balance between respect for cultural diversity and application of the universal tenets of philosophical analysis.⁹ I argue here that in bioethics there are different trends labeled “philosophy.” Some of these trends are more analytical and self-corrective than others, but all of them play a distinct role in the international debates.

The four different trends of philosophical inquiry applied in this article were introduced by Henry Odera Oruka, who wanted to explain why so much time was used in arguing about the nature of African philosophy, and so little time in actually practicing it.¹⁰ Similar issues have been raised in discussions on bioethics. Employing an analysis from debates on African philosophy adds a global perspective to my examination. Instead of presenting yet another Western effort to understand the situation, this brings in a self-critical African inquiry that aims to find a balance between respect for indigenous cultural wisdom and the recognition of the universality of methods of impartial philosophical inquiry. This is a respectable effort from which “Western” approaches might have something to learn.

Ethnophilosophy

In current global bioethics, the emphasis on cultural diversity and pluralism has created various culturally specific approaches to bioethics. We can now read not only about Asian, African, and Latin American bioethics but also more specifically about Japanese, Chinese, and Indian bioethics, or western African, eastern African, and African American bioethics. In addition, we can study also Christian, Islamic, and Buddhist reactions to bioethical challenges.¹¹

Using Oruka’s categories, these approaches to bioethics with direct cultural orientation can be listed under *ethnophilosophy*. Ethnophilosophy focuses on different interpretations of the core concepts of “general bioethics”: personhood, rationality, autonomy, consent, human nature, and human well-being. The main aim seems to be an attempt to present alternative understandings for the “Westernized” moral concepts and ethical principles globally used in bioethics. The starting point of these inquiries is the difference in cultural worldviews, and in linguistic interpretations and expressions of certain moral concepts and values.

The ethnophilosophical approach presupposes that different cultures have different—and often incommensurable—conceptions and worldviews. As a matter of logic, this move faces challenges to demarcate the nature and uniqueness of non-European thinking from the European mode of reasoning.¹² Ethnophilosophers

often try to describe a world outlook or thought system of a particular community but are willing to generalize these outlooks to wider groups, sometimes to an entire continent, as was the case with Africa. The main feature is that, as opposed to seeing philosophy as a body of logically argued thoughts of individuals, ethnophilosophers see philosophy and ethics more as a communal way of thinking.¹³

The main problem with this model is that it tends to make broad—and often unwarranted—generalizations about cultural views. It presents cultural approaches as sets of collective and fixed beliefs and practices. It does not seriously question the rationality of “myths,” “taboos,” and “customs” within particular cultural settings but allows mystification, categorization, and polarization between different cultural outlooks. For instance, when we read works on African bioethics, we may be led to believe that all Africans share certain beliefs on community-oriented accounts of personhood and spirituality. From such descriptions of cultural worldviews it is easy to draw hasty normative generalizations.¹⁴ If all Africans think collectively, and if their notions of personhood are fully determined by their communities, then we need not bother seeking informed consent or respecting patients’ or clients’ autonomy. Cultural generalizations have a tendency to lead to false polarizations between different cultural values—and to competitions about the superiority of one cultural system over another. When Asian and African thought and value systems are presented as manifestations of a culture in which an individual is regarded not as a separate entity but rather as a part of a meaning-conveying totality, it is easy to justify the suppression of individual rights and individual wills. If different cultural approaches are defended in the name of cultural/national *sovereignty*, even international standards may be bent to accommodate “respect” for different ethical outlooks.

Ethnophilosophical argumentation could then easily be used to justify double standards in medical and research practice, not only in these collective cultural circumstances but also within the wider international practice. Why should even Western researchers seek for individual informed consent, when they can get collective consent from the family, from the village elders, or, in the best case, from the government? It is difficult to hold all individuals as equals across the globe if we assume that in some cultures it is acceptable to treat people as “collectives” without respecting individual will and rights, whereas this is not allowed in other cultural settings.

The same approach depicts the Western cultural outlook as overemphasizing individuals, and thus leading “automatically” to egoism and imperialistic practices. However, just as in African and Asian cultures, Western traditions too have many different value bases and many different ways of promoting or ignoring values held in esteem by others. Just as Western, particularly political, actors do not always respect the modern values of equality and individual rights, neither do all African actors make serious attempts to advance the traditional values of solidarity and communality they claim to hold in high esteem.

A curious feature of ethnophilosophical approaches is one that Matti Häyry notes in his contribution to this issue.¹⁵ It is indeed odd that Western and, more specifically, “North American and Anglo-American bioethics have seldom been studied or practiced as the geographic and linguistic peculiarity that they are.” Culturally oriented approaches from other regions have continued to compare their own ways of thinking with the Western ethos, thereby sustaining the idea that a

generalized “Western” model is the standard against which other cultures have to compete, whether in normative ethical principles or in the goalposts of development in general.

At their best, ethnophilosophical studies in bioethics can clarify some broad features in cultural interpretations of central concepts and principles. They can help us learn more about the world around us, and they can provide interesting material for the professional philosophers’ further work.

The main problem of ethnophilosophy, however, is that it tends to provide a critical view of the culture of “the other,” but an uncritical and often idealized view of one’s own cultural outlook. It also often provides a rather static view of different cultures, despite the fact that all cultures change in time and influence one another. Thus, at its worst, ethnophilosophy oversimplifies cultures and undermines their intellectual and critical potential. This lays the foundation for an unnecessary clash of civilizations. Ethnophilosophical argumentation also tends to endorse the naturalistic fallacy and to encourage confusion between values and facts. After all, the value of a practice does not gain moral justification from the fact that it has been prevalent in a culture for a long time.

Philosophic Sagacity

Another relevant trend introduced by Oruka is *philosophic sagacity*—or *sage philosophy*. Philosophic sagacity looks for original thinkers who do not necessarily have any training in philosophical argumentation, nor even an academic background. The purpose is to find creatively thinking, *wise* men and women who dare challenge traditional views yet command respect in their communities and are looked to for advice in fundamental moral issues.¹⁶

In the field of (global) bioethics, many experts and advisors are self-taught—they do not necessarily have academic training, at least not specifically in philosophy or bioethics. As Tuija Takala notes in her article “Demagogues, Firefighters, and Window Dressers: Who Are We and What Should We Be?”¹⁷ bioethical experts come from different walks of life, and their motives, as well as their claims and qualifications for expertise, are diverse.

These experts do not always ground their views in particular philosophical theories or consistent normative frameworks. Because we all are products of our communities, our thoughts and values are, in one way or another, affected by our social environments. Thus, although experts as “sages” often present forms of thinking that deviate from the mainstream, their opinions are, nevertheless, influenced by their own cultural and social context, be it a rural village, an urban center, a scientific institution, a religion, a political system, or any other social setting. These experts are often opinion leaders whose advice “ordinary” people tend to follow without seriously questioning it.

In the best-case scenario, experts in bioethics, as our modern-day sages, can help us make sense of the complexities of our world and offer views that people can understand. Their technical yet commonsense advice can make us all feel a little smarter, as experts articulate for us our own fears and considerations. In the worst case, however, they can have some other personal interest in putting their ideas forward. The fact that they often challenge mainstream attitudes makes them at least appear to be original thinkers, whereas in reality they can be mere populists seeking publicity and attention. We should also keep in mind that although

the public tends to listen to the advice of recognized experts, these individual views should not replace wider political and public reflection on fundamental bioethical issues. As in a traditional community that relies on trusted sages, in modern society the reliance on expert knowledge and opinions can easily cause other people to lose their ability or incentive to think critically for themselves.

Ideological Philosophy

The third approach to global bioethics could be labeled *ideological philosophy*, because it usually defends a particular normative view—a religious dogma, a political doctrine, a cultural tradition, or a prescriptive philosophical theory.¹⁸

Ideological bioethicists present sharp and convincing philosophical arguments, and they are, as a rule, academically trained. Bioethicists of this kind can be skilled rhetoricians who can and will use any means available to prove their own ideological point to be the right one. Ideological philosophers defend the values and views that they themselves believe in and that they want to promote in the particular historical, social, and economic contexts in which they live. In Africa, ideological positions were born out of a struggle against colonialism, and in defense of cultural and political sovereignty.¹⁹ In other contexts, they can be based on particular interests, whether these are political, economic, academic, or personal commitments. In the history of Western philosophy, Marx's socialism and Locke's classical liberalism—albeit from very different perspectives—reflected the social situation of their times, its challenges and its value frameworks. In bioethics we can find ideological trends not only in various dogmatic religious approaches but also, perhaps less apparently, in Peter Singer's applied utilitarianism and John Harris's unwavering defense of the utilization of new technologies, to mention but a few.²⁰

Although the ideological approach uses philosophical argumentation, it still tends to be dogmatic and not self-critical. Like ethnophilosophy, it can present a very critical and dismissive analysis of the "other" doctrines and outlooks and can offer its own view as the one and only right choice. Its argumentation can also be rhetorical and built on red herring tactics.

A good example can be found in African criticism of Western universalism. The Western individualistic values are critiqued by pointing out that the Western powers themselves have not always respected them. The fact that you do not always practice what you preach is a valid criticism, but it does not refute the individualistic *value* framework per se as trivial, unsuitable, or a harmful outlook that should be disregarded altogether in the African context.

An ideological approach to global bioethics can, at its best, point out serious flaws in competing approaches and can offer interesting alternative normative frameworks to be studied impartially. At its worst, it can be used for political purposes and as a means of indoctrination.

Professional Philosophy

The last, and certainly not the least, philosophical trend presented and defended here is professional, academic philosophy. Professional philosophers are academically trained to engage in scrutinized, impartial, and logical argumentation. Ideally, they do not defend any one particular, static view. On the one hand, their role is to

detect the gaps, challenges, and errors in our reasoning, theories, and conceptualizations. On the other hand, they can also clarify and explore further the possibilities presented by different theoretical frameworks.

A professional philosopher analyzes, deconstructs, and reconstructs ethical models and questions practices that have been taken for granted. Professional philosophy, therefore, has to rise above ethnophilosophy, sagacity, and ideological philosophy. It has to be not only critical but also self-critical and self-corrective. A professional philosopher's duty is to provide sound and valid argumentation, to look at bioethical questions from various angles, to try to understand all aspects of the problems, and to raise new problems and questions that may not have been seen or asked before.

Professional philosophers may also be tempted to become overly provocative or sarcastic in their analyses, as they know that there is no one truth out there. As masters of rhetoric, they can defend or refute any position presented on any issue. Also, because professional philosophers are often called on to act as experts in different fields, they could easily turn into missionaries or mercenaries, selling their skills in analysis and argumentation to those whose creed they like the best, or to those who pay the best.

To avoid this, we should recognize the special professionalism philosophers ideally have. Their professional integrity has an ethical core that expects professionals to keep their personal beliefs and personal interests separate from their theoretical analysis. They also have personal convictions and ideologies that inspire their thinking, but as professionals, they should be able to separate these from their work.

Most fundamentally, professional philosophy uses the method of rigorous, impartial, and logical analysis. Professional philosophers are also embedded in their culture and circumstances, but professional philosophy recognizes these connections and acknowledges that even the philosophical method can be affected by cultural biases.

Conclusion

In global bioethics there are different trends than can all be labeled under the wider concept of philosophy, and they all have different roles in bioethical argumentation. Recognizing these trends and their roles helps us make better sense of bioethical questions and the answers offered to them.

Methodologically, philosophy engages in analytical studies on ideas about knowledge, truth, and the nature and meaning of life, and on ideas about good and bad and right and wrong. Impartial examination of the arguments presented by all sides reveals contradictory, illogical, and unsound argumentation and helps us distinguish politics and rhetoric from ethics. This critical method should also be at the core of global bioethics debates.

I have argued in this article that what should be seen as universal bioethics is a critical philosophical method. Philosophical inquiry is a form of human reasoning that can and should be available for all cultures. Professional philosophy cannot give us final solutions to global and local bioethical challenges, but it can help us when we try to find a common understanding of various issues. In conclusion, philosophical inquiry is needed in our transitional and economically, culturally, and politically changing human context to clarify our ideas and to make sense of the world around us.

Notes

1. For the scope of global bioethics, see, e.g., Cook RJ, Dickens BM, Fathalla MF, eds. *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law*. Oxford: Oxford University Press; 2003; Widdows H, Dickenson D, Hellsten S. Global bioethics. *New Review in Bioethics* 2003;1:101–16; Farmer P. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley and Los Angeles: University of California Press; 2004; Kuhse H, Singer P, eds. *A Companion to Bioethics*. 2nd ed. Malden, MA, and Oxford: Blackwell; 2009.
2. For more analysis of what “global” means in the context of global ethics, see Hutchings K. Thinking ethically about the global in “global ethics.” *Global Ethics* 2014;10(1):26–9.
3. See note 2, Hutchings 2014; for a normative global ethics account, see, e.g., Widdows H. *Global Ethics: An Introduction*. Durham: Acumen; 2011.
4. Ten Have H. The diversity of bioethics. *Medicine, Health Care and Philosophy* 2013;16(4):635–7; see also the Universal Declaration of Bioethics and Human Rights; available at <http://www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/bioethics-and-human-rights/> (last accessed 11 June 2014).
5. For more about the recent debate on non-Western criticism of the Western universalized concept of bioethics, see, e.g., Bracanovic T. Against culturally sensitive bioethics. *Medicine, Health Care and Philosophy* 2013;16(4):647–52; Chattopadnayay S, De Vries R. Respect for cultural diversity in bioethics is an ethical imperative. *Medicine, Health Care and Philosophy* 2013;16(4):647–52.
6. Sometimes basic issues such as sexual minority rights, legalizing abortion, the pressure to use contraceptives, and so on, can be presented as attempts to import Western decadent values and lifestyles. See also Tangwa GB. Globalisation or Westernisation? Ethical concerns in the whole bio-business. *Bioethics* 1999 Jul;13(3–4):218–26.
7. For example, the Muhimbili University of Health and Allied Sciences (MUHAS) in Tanzania is currently developing a multidisciplinary postgraduate program in bioethics.
8. Ogundiran TO. Enhancing the African bioethics initiative. *BMC Medical Education* 2004;4(21); available at <http://www.biomedcentral.com/content/pdf/1472-6920-4-21.pdf> (last accessed 11 June 2014); Wasunna A. The developments of bioethics in Africa. In: Neves P, Lima M, eds. *Bioética ou bioéticas na in evolução das sociedades*. Coimbra: Gráfica de Coimbra; 2005:331–4; available at http://www.cebacores.net/static/cebacores_media/pdf/testemunhos/wasunna.pdf (last accessed 11 June 2014). See also Akabayashi A, Kodama S, Slingsby BT. Is Asian bioethics really the solution? *Cambridge Quarterly of Healthcare Ethics* 2008;17:270–2.
9. Bodunrin PO. The question of African philosophy. In: Wright RA, ed. *African Philosophy: An Introduction*. Lanham, MD: University Press of America; 1984:1–20.
10. For an introduction to the four trends in African philosophical thought, see Oruka HO. Four trends in current African philosophy. In: Coetzee PH, Roux APJ, eds. *The African Philosophy Reader*. London and New York: Routledge; 1998.
11. On various non-Western and/or nonuniversalist approaches to bioethics, see Cheng M, Wong K, Yang W. Critical care ethics in Hong Kong: Cross-cultural conflicts as East meets West. *Journal of Medicine and Philosophy* 1998;23(6):616–27; Kazumasa H, ed. *Japanese and Western Bioethics: Studies in Moral Diversity*. Dordrecht, Netherlands: Kluwer; 1997; Tangwa GB. Bioethics: An African perspective. *Bioethics* 1996;10(3):183–200; and Tangwa GB. Genetic information: Questions and worries from an African background. In: Thompson A, Chadwick R, eds. *Genetic Information: Acquisition, Access, and Control*. New York: Kluwer Academic/Plenum; 1998.
12. Originally, “ethnophilosophy” was the term Paulin Hountondji used to refer to the works of those anthropologists, ethnographers, and philosophers who present the collective worldview of African people and their myths and folklores and folk wisdom. See note 10, Oruka 1998, at 120–2. Similarly, ethnophilosophy in bioethics is based not necessarily on the works of professional philosophers but rather on those of researchers in other fields of study.
13. See note 10, Oruka 1998, at 120–2.
14. On various logical fallacies typical of transnational argumentation on bioethics, see Hellsten S. Global bioethics and “erroneous reason”: Fallacies across the borders. In: Häyry M, Takala T, Herissone-Kelly P, Árnason G, eds. *Arguments and Analysis in Bioethics*. Amsterdam and New York: Rodopi; 2009.
15. Häyry M. What do you think of philosophical bioethics? *Cambridge Quarterly of Healthcare Ethics* 2014;24(1):107–12.
16. I use a somewhat liberal interpretation of sage philosophy in this context. For a more traditional view, see Oruka HO. *Sage Philosophy: Indigenous Thinkers and Modern Debate on African Philosophy*. Nairobi: ACTS Press; 1991.

17. Takala T. Demagogues, firefighters, and window dressers: Who are we and what should we be? *Cambridge Quarterly of Healthcare Ethics* 2005;14:385–88.
18. In African philosophical debate, this trend is labeled “nationalist-ideological philosophy.” However, when applied in the context of bioethics, I take the liberty to rename it as ideological philosophy, as this more properly describes its contents.
19. Nationalist-ideological views in Africa were mostly presented by academicians turning into statesmen. The ideology was in returning pride to one’s own cultural history, values, and identity—and in criticizing the Western colonial powers for their hypocrisy and violation of their own moral principles, which called for respect, equal value, and sovereignty. See note 9, Bodunrin 1984.
20. See, e.g., Harris J. *Enhancing Evolution: The Ethical Case for Making Better People*. Princeton, NJ, and Oxford: Princeton University Press; 2007; and Singer P. *Practical Ethics*. Cambridge: Cambridge University Press; 1979.