

Reconsidering solidarity in an African modified principlism

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Principlism has attracted severe criticisms in contemporary bioethical scholarship. Scholars working in bioethics in the sub-Sahara have challenged the autonomy component of principlism, with strong emphasis on solidarity as a more fundamental principle that ought to guide bioethical discourses and practices in Africa and beyond. Focusing on Kevin Gary Behrens, who defends an indigenous African-inspired version of principlism that incorporates salient African moral values including community, relationality, harmony and solidarity, this article questions the nebulous conception of solidarity in Behrens' African modified principlism (AMP). AMP is anchored in the principles of respect for persons, beneficence, non-maleficence and harmony. *Contra* Behrens, I argue that the attempt to replace the American principlist model 'with a new African-inspired principlist mantra' can only succeed when there is a thorough analysis of the nature and boundaries of solidarity, which is currently lacking. Advancing on Thaddeus Metz's construction of solidarity in his 'Afro-bioethic of communion', I defend a metaphoric normative conception of solidarity that represents historical symbols of the self and the other in a reflexive-care matrix of identification, recognition, inclusion and empathy. Beyond the partialist frame grounding the understanding of solidarity in African bioethical thought, which is inadequate, I offer a metaphoric, sympathetic and unbound space of solidarity. Suggested for future research is investigating the ranging implications of a metaphoric normative understanding of solidarity for dealing with vulnerable and non-vulnerable groups in the context of healthcare and environmental bioethics at the local, regional and global levels.

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The question 'Is there an African bioethics?' can be distinguished from 'Should there be an African bioethics?'. While the former is an empirical question requiring a presentation of works within the province of African bioethics, the latter fundamentally raises questions about the rationale, necessity and justification of African bioethics. Though the project of African bioethics is still in the making, there is a growing literature debating and establishing the existence and necessity of bioethics from the African space.^[1-10] Such an African-oriented bioethics can either be significantly different from mainstream bioethics in the West, or be a modification of principles grounding bioethics in the West or elsewhere.

Tom Beauchamp and James Childress^[11] principlism, which has attracted serious criticisms in contemporary bioethical scholarship, is an instance of a framework that has inspired thinking about the possibility of an African version. In light of the severe criticisms against the principle-based bioethics orientation in the West, some African bioethics scholars are developing a modified form of principle-based bioethics that would reflect African moral norms and realities. In this regard, Behrens^[6] article 'Towards an indigenous African bioethics' is instructive and of interest to the present article for further interrogation.

Behrens defends the necessity of an African bioethics. In developing African bioethics, he makes the case for the indigenous adoption of a revised version of principlism in Western biomedical ethics. Behrens addresses three important themes in his article: (i) the need for an indigenous African bioethics; (ii) the African contribution to global bioethics; and (iii) the African version of principlism. In this article I shall be interrogating specifically the notion of African modified

principlism (AMP). In doing so, I aim to provide reflections on the question 'is the notion of solidarity in Behrens' AMP cogently adequate to making AMP an attractive alternative to Beauchamp and James Childress' principlism?' Exploring further critical reflections on AMP is fundamental to illuminating the presuppositions and justification of African bioethics, while fortifying its potential in complementing principles and ideas in mainstream bioethics for global relevance.

The discussions in this article are organised into three parts. A conspectus of the positions of Behrens on AMP is provided in the first part. AMP is anchored in the principles of respect for persons, beneficence, non-maleficence and harmony. As a follow-up, I provide a critical interrogation of the cogency of AMP. In a reply to Behrens, I argue that the attempt to replace the American principlist model 'with a new African-inspired principlist mantra' can only succeed when there is a thorough analysis of the nature and boundaries of solidarity, which is currently lacking in Behrens' AMP. On the strength of Metz's^[9] construction of solidarity in his 'Afro-bioethic of communion', I defend a metaphoric normative conception of solidarity that represents historical symbols of the self, and the other in a reflexive-care matrix of identification, recognition, inclusion and empathy. In the last section, I provide concluding remarks on the implications of a robust conception of solidarity for doing bioethics across space.

African bioethics and its principles: A conspectus of Behrens' perspective

Concerned by how bioethics literature from sub-Saharan Africa often relies on Western moral theories and ethics principles, especially the

principlism espoused by Beauchamp and Childress, Behrens^[12] seeks an African bioethical scholarship 'through the lens of indigenous African moral thought or values'. Behrens has concern for the many social problems and moral crises plaguing contemporary Africa, and their connectedness with human health and dignity: hospital maladministration, poor medication, poor facilities, mismanagement of healthcare resources, corrupt practices in healthcare and injustice in health rationing, among others. These problems are not just public health challenges that worsen patients' vulnerability: they are moral problems requiring bioethical interventions. In addressing these and other related moral problems, Behrens urges against 'applying Western moral systems to the African context'.^[6] He rather advocates that 'bioethical issues should be engaged from the perspective of African philosophy and values'.^[6] By relying on African culture, moral traditions and ethical values in the evaluation of health-related moral problems in Africa, Behrens' conviction is that the 'most pressing reason for an authentic African bioethics is to restore dignity'.^[6]

African moral perspectives, he argues, can contribute to bioethics in significant (but not unique) ways through ideas and values such as community, relational personhood, harmony and solidarity. Distinguishing between this set of values and the dominant focus on individual autonomy in Western bioethics, together with the abstraction of theories for rational application, Behrens notes that the African values resonate 'with the ethics of care, highlighting the central importance of caring, emotion and relationships in moral decision-making'.^[6]

As a consequence of the above essential African values, Behrens proposes that African bioethicists develop an indigenous version of Beauchamp's and Childress's principlism that will accommodate the salient components of African ethics. His argument is that while principlism in its Western formation is not a common morality for decision-making, two out of the four principles (autonomy, beneficence, non-maleficence and justice) constituting principlism are in consonance with African values. These are beneficence and non-maleficence. Like the common objection against the principle of autonomy, he notes that it is too individualistic and un-African.

Behrens replaces the principle of autonomy with the principle of respect for persons. Though the principle of respect for person includes respect for autonomy, it does not imply autonomy necessarily taking precedence in situations where principles are in conflict. He proposes that the principle of justice 'be renamed 'harmony' in order to reflect the African perspective on relationality and individual embeddedness in the community'.^[6] Given that justice has a relational dimension, as it is a central feature of harmony, Behrens urges that including all that the principle of justice represents in the principle of harmony holds promising implications for diverse categories of global ethical orientations, including care ethics, virtue ethics and *ubuntu* ethics. His expectation of the modified (respect of persons and harmony) and adopted (beneficence and non-maleficence) principles is that when integrated, the resulting 'modified principlism' would 'be richer and more inclusive of the concerns of' different ethical traditions.^[6] Thus AMP is based on the non-hierarchical principles of respect for persons, beneficence, non-maleficence and harmony.

Harmony is characterised as having relationships of solidarity, caring for the good of the other and identifying with others in co-operative ways to achieve common ends. Such relationship is not

necessarily limited to persons, as there can be harmonious relationship between persons and nature too. Solidarity in the context of harmony is about recognising and taking cognisance of areas of shared interest with others. Solidarity is a means of promoting harmony between the living and across generations of people.^[13] Therefore for Behrens, acts that respect the person, encourage beneficence and avoid maleficence and promote harmonious relationships based on solidarity and care are morally right, while others that do not are morally wrong.

Against modified principlism in African bioethics

The question of the cultural appropriateness of bioethical discourse in the African context, which Behrens has engaged, is no doubt important, as it is a significant contribution to the ongoing debates on the desirability of African bioethics on one hand, and the non-global character of Western bioethics on the other hand. The specific contribution he has made in this regard is his AMP proposal, despite some objections that I shall point out in this article. Showing that there are moral values from Africa that can be useful in making up for the deficiencies of principlism while also having positive influence on international bioethical discourse is more worthwhile than a quixotic defence of a unique African bioethics.

In adding to describing how ideas from African culture can be relevant to enriching bioethical discourse generally, one may consider certain anthropological understandings coming from an African context, and how such views mitigate some of the shortcomings of widespread Western ideas on the fundamental characteristics of a human person. Much as I share the view that bioethics is related to culture in fundamental ways, and that the two should mutually interact when necessary, my reservation with regard to Behrens' attempt is that it may be premature to engage in such a task without first answering some pertinent questions. Does Behrens envision African bioethics as a field, or a discipline? Quoting him, 'African bioethicists should begin to apply indigenous African philosophy, thought and values to ethical values'.^[6] This suggestion closely links and limits African bioethics to the apron of African philosophy, thereby making it a discipline rather than a field that is open to interdisciplinary benefits.

'It is true that today, bioethical discourse is polarised, especially along the line of American, European and Asian traditions, and that it may be desirable adding^[7] the 'African model' to the international bioethical discourses. However, we may ask: do African states have similar or the same historical conditions that prompted and influenced the evolution of bioethics in the West or elsewhere? It may be asked further, do African historical and current challenges define the need for an African bioethics? The answers to these questions seem to be in the negative.

While the cultural, intellectual and technological atmosphere influenced the development of bioethics in the Global North, the experiences in Africa are different from that of the West. The phantom of the atomic experience of Hiroshima and Nagasaki, which led to a tradition of what Borry, Scotsman and Dierickx^[14] called 'ambivalence towards scientific progress', cannot be quickly forgotten. The exponential proliferation of technological innovations, especially across the life sciences, posed unquantifiable challenges to traditional

medical knowledge and practices. Another fundamental factor has to do with equity question in allocation of resources to health services, as well as the enlightened emancipation of citizens and patients. One cannot undermine as well the postmodern condition, typified by a recognition of multiple truths, non-paternalistic opinions and pluralism in moral matters, which altogether influenced the development of bioethics in the West. 'In establishing African bioethics, the question must be asked what its historical, social and political contexts are, which will unavoidably influence its nature, ambience and trajectory.'^[7]

Behrens rightly has an understanding of the relevant health- and dignity-based moral challenges of contemporary African societies. However, instead of defending a healthcare ethics that can meet the yearnings for improved human wellbeing and the dignity of Africans, while also promoting capacities in healthcare decision-making, he chose, unjustifiably, the path of bioethics. Although bioethics and healthcare ethics are not unrelated, their frontiers and scope are essentially not the same.^[7] Bioethics is a broad area of enquiry covering all ethical issues in medicine and the life sciences.^[15] 'Healthcare ethics is an interdisciplinary field that investigates moral problems in the clinical, organisational, professional^[7] and resource contexts of healthcare. In light of the social and health challenges identified by Behrens as the bane of human flourishing and dignity in Africa, an intellectual commitment to healthcare ethics seems pertinent.

From another angle, supposing one trivialises the above distinction and imperative of healthcare ethics, and chooses instead African bioethics, some fundamental questions of conceptual relevance need to be answered. In his exploration of an African-inspired principlism, Behrens has not considered questions relating to the meaning of solidarity and the nature of harmony in bioethical dilemmas. The current understanding of solidarity in Behrens' framing subtly entails partialist presupposition that holds serious implications for how dilemmas are addressed in bioethical discourse. While Behrens^[6] does not justify why solidarity is essentially a means of expressing harmony, nor how it can be institutionalised in a bioethical context, he takes harmony to be a function of the relational nature of humans 'embedded in community and family'. Essentially, he shares Metz's^[16] construction of solidarity as an important African value focused on 'caring for one another and seeking the good of others'. In Behrens' view, the principle of harmony should be incorporated into the dominant principles of respect for persons, beneficence and non-maleficence in order to modify principlism.

Beauchamp and Childress' attempt to use principles and not moral theories and ideals in dealing with moral problems in medical practice has been extensively criticised. For instance, principlism has been criticised on the grounds of having no systematic connection between principles and moral theories. It 'lacks systematic unity, and thus creates both practical and theoretical problems. Since there is no moral theory that ties the "principles" together, there is no unified guide to action which generates clear, coherent, comprehensive, and specific rules for action nor any justification of those rules.'^[17] In the absence of a unified moral theory, principlism therefore 'defaults to eclectic, *ad hoc* "theories" which ultimately obfuscate moral foundations and moral reasoning.'^[17] In addition to the potential for principlism to lead to conflicting moral judgements in concrete cases, the principles making up principlism 'are not first justified through a

specific ethical theory in order that they can then be brought to bear on moral experience.'^[18]

The above shortcomings, among others, that inform the criticisms against principlism should not be repeated in the African bioethical project. Behrens' modification notwithstanding, AMP remains old wine in a new bottle. Substantively, the principles constituting principlism lack a unified moral theory from which they are all derived. The implication of this is the absence of a unified guide to action that generates coherent and specific rules for such action, as well as justification of those rules. AMP as presented by Behrens, is not immune to this shortcoming, as the modified principles too lack any systematic relationship to one another, both in terms of origin and motivations behind their development.

The beneficence and non-maleficence principles have their origins in the Hippocratic tradition. The principle of respect for persons has its origin in the politically motivated Belmont report, while the principle of harmony is supposedly grounded in African culture. Though these principles are formulated to promote both the doctor-patient relationship and research integrity, a core limitation of principlism is that 'principles function neither as adequate surrogates for moral theories nor as directives or guides for determining the morally correct action.'^[17] In fact, principlism, whether African or Western, usually results in neglect of the theories from which it originated. With specific reference to the principle of harmony, Behrens' analysis suggests that this principle is derived from the *ubuntu* relational African moral theory that is anchored on a specific conception of authentic personhood, community and relationship of both identity and solidarity. Questionable, however, is the extent to which the principle of harmony with an *ubuntu* root can satisfy the universal and common morality paradigm of principlism. Fundamentally, the attempt to replace the American principlist model with a new African-inspired principlist mantra can only succeed when there is a thorough analysis of the nature, boundaries and justification of solidarity, which is currently lacking in African bioethics literature.

Arguably, solidarity in African culture is a common practice playing out at different levels of existence, where people, regardless of gender, age or religious orientation, assist others in diverse ways without concern for the costs concomitant to such process or the results of seeking the good of others. This willingness to shoulder the costs of helping others in their endeavours could result in emotional sacrifice or financial, labour or social commitment for the sake of the other. To be in solidarity with others is a function of different possible causes, including sharing identity, understood in terms of having similar experiences or similar aspirations. In this sense of solidarity, it is an amoral and alegal practice that is institutionalised in one form or another, and commonly accepted as a way of life in many traditional African agrarian and communal societies.

However, there is also a contractual relationship of solidarity enforceable by law, which makes people willingly and wittingly care for one another through a co-operative scheme such as a health insurance or pension scheme. Solidarity in this sense is not necessarily a moral practice, but informed out of a legal and welfarist orientation. While solidarity in the contractual and non-contractual senses may be elemental to harmony, as Behrens projects, it does not necessarily follow that solidarity in either context is a moral value unique to African societies.

There is also a third possible conception of solidarity. It is a metaphoric normative conception, which represents historical symbols of the self, the other and the community in a reflexive-care matrix of identification, recognition, inclusion and empathy. In African cultures, metaphors of solidarity have been understood in terms of a beehive. Such a metaphor is a mental-normative image of individual and collective commitments to the wellbeing of others who are not members of one's social group, but who are morally deserving of a sense of belonging, recognition and empathy. A metaphoric normative conception of solidarity involves an impartial framing of voluntary relationships and connections to others in ways that identify with their conditions and aspirations, in order to empathise, promote social cohesion and inclusion, and improve their lots without necessarily incurring overburdening risks and costs to the self. It entails 'solidarity with' the other, and 'solidarity among' the we and the other.

As a projected ideal, bees' solidarity, or solidarity with family, friends and in-groups of interest is a metaphor prescribing obligations to the other for the sake of harmony. The self has a relational obligation to care for the other and the community. In Metz's words, to exhibit solidarity involves 'an empathetic awareness of the other's condition, and a sympathetic emotional reaction to the empathy.'⁽⁹⁾ As Fayemi explains, 'acting in solidarity with others is either for the sake of improving the other's welfare or quality of life or for reasons of respecting the communal relationship in itself.'⁽¹⁹⁾ Harmony results when there is not only an acceptance of responsibility to the self and to others, but also when one is sympathetic to the good of the other. It is about valuing others in the appreciation of self in voluntary efforts towards social cohesion. The 'other' is metaphorically represented by the most disadvantaged groups, which are not limited to the community of humans, nor restricted to regional boundaries or generational lines. To the extent that solidarity entails some 'positive obligations to act in such a way as to assist others in the framework of a system of mutual and sometimes non-reciprocal obligations, sacrifices and responsibilities,'⁽²⁰⁾ it seems to resonate with the ethics of care, acting for the sake of human flourishing and beneficence regardless of the other's reciprocation. While beneficent (and non-maleficent) obligations do result from mutually identifying with people, building solidarity with and among them as well as reciprocal co-operation, metaphorical solidarity ensues when there are impartial and disinterested self-driven reciprocal welfarist ends. I consider this conception as a more plausible understanding of solidarity, which can justify the principle of harmony while also suggesting the potential diverse manifestations of such metaphor in different contexts – clinical, research and environmental.

The foregoing analysis of the metaphor of solidarity in African culture is not meant to suggest a unique conception or practice of solidarity among African people that is not found elsewhere. Rather, my core claim is that rather than seeking to develop an African modified version of principlism, or defending the necessity of an African orientation in bioethics, as Behrens and other apologists have done, more scholarly attention should be given to healthcare ethics (and environmental bioethics) in Africa. Contrary to Behrens' arguments in support of the necessity of African bioethics, and his claim about the principle of harmony as a salient African moral

value, I have shown that the concept of solidarity is nebulous and not necessarily a moral idea. However, when construed in the metaphorical sense, as is the case in many African cultures, its normative subtlety can be evinced.

Conclusion

Contrary to Behrens' enthusiasm about a modified African principlism for African bioethical reflections in particular, I think his defence of an authentic African bioethics tied to the already troubled intellectual terrain of African philosophy is a wrong start. My rejection of African bioethics is not informed merely by the fact that Behrens fails to engage in the necessary meta-conceptual elucidation of its nature, ambience and meaning. It is on the basis of the inherent problems with the idea of 'African principlism' that Behrens invokes in his conception of African bioethics, and the seemingly misplaced priority behind the development of African bioethics, as well as the fact that I think healthcare ethics is more of an urgent societal priority in Africa. The notion of solidarity in African principlism is not only blurred in Behrens' analysis, it also leads to partial sentiments. Beyond the partialist frame grounding the understanding of solidarity in African bioethical thought, I offer a metaphorical, sympathetic and unbound space of solidarity.

Although this article has focused on solidarity as an aspect of AMP, other components of AMP, including the principles of respect for persons, beneficence and non-maleficence, deserve further critical interrogation in terms of internal coherence and cogency. Future research needs to explore the ranging implications of a metaphoric normative conception of solidarity for dealing with vulnerable and non-vulnerable groups in the context of healthcare and environmental bioethics at the local, regional and global levels.

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