COURSE GUIDE

NOUN 322
INTRODUCTION TO BIOETHICS

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Introduction

NOUN 322 Introduction to Bioethics is a two-credit unit compulsory course prepared for the B.A. Philosophy Department, National Open University of Nigeria. The course is to guide the students on the rudiments of Bioethics. It tells them what Bioethics is, and exposes them to basic and necessary theories, guidelines and issues in bioethics. The need for bioethics is based on the various abuses of research by scientists and the various technological advancements of our time. The course also opens the students' eyes to the numerous bioethical challenges that confront our world today. The students are advised to attempt the self-assessment exercises at the end of every section as well as the tutor-marked assignments at the end of every unit.

Course Aims

The history of bioethics records inadequacies of traditional decision-making processes in the face of health technology advancements and various abuses in biomedical experimentation and research. Hence, bioethics deals with the broader and richer ethical evaluation of actions that might harm humans, individuals and the public, and non-human beings, especially general life activities, health care and research. This course will assist students to apply ethical principles and theories to biomedical, medical health, and health-related issues and research. The course considers ethical, legal, and social issues that are relevant to human and non-human life and their application to the use of new and emerging technologies particularly in the field of medicine and global health in general. The field of bioethics will be established in this course as one that emphasises responsible conduct of research and the application of medical and biomedical tools to human participants. It covers the social, legal and moral. Generally, it seeks:

1. To provide the student with the general understanding of bioethics
2. To expose the student to the issues discussed in bioethics
3. To guide the student on how to resolve bioethics dilemmas with the knowledge of ethical theories gathered.

Course Objectives

Each unit in this course has stated objectives that it seeks to achieve. Pay close attention to those objectives for a successful understanding of the course. However, by the time you are through with the course contents, you will be able to:

- explain what bioethics is and be able to trace its history
- identify the major bioethical theories and principles
- discuss bioethical issues of contemporary times
- discuss how to be ethical in healthcare issues and research relating to human beings and animals
- apply bioethical principles, guidelines and theories to concrete situations
- take decisions on bioethical dilemmas
- relate the knowledge of bioethics to African culture and settings.

Working through this Course

There are twenty-three study units in this course. You are expected to follow these units step-by-step for effective understanding of the issues they treat. However, you must understand that what has been provided for you in this material is just a guide. You will do yourself good if you consult the recommended texts and other texts that are relevant for the course. These will help, in no small measure, to broaden your knowledge of the course. The self-assessment exercises are to test your level of understanding. Do not hesitate to test yourself with them as they will help to sharpen your understanding. As occasions demand, you will from time to time, have assignments to write. If I were you, I would take the assignments seriously knowing that they shall constitute a part of my final performance in the course.

Course Materials

The major components of the course are:

1. Study Units
2. Textbooks
3. Assignments' File

4. Presentation Schedule

Study Units

There are twenty-three study units in the course, Introduction to Bioethics. They are broken down as follows:

MODULE 1 NATURE AND SCOPE OF BIOETHICS

UNIT 1	Nature and Definition of Bioethics
UNIT 2	History of Bioethics
UNIT 3	What is Ethics?
UNIT 4	Relationship between Ethics and Bioethics

MODULE 2 BIOETHICS AND OTHER DISCIPLINES

UNIT 1	Bioethics and Medical Ethics
UNIT 2	Religion and Bioethics (Islamic, Christian and Buddhist Ethics)
UNIT 3	Culture and Bioethics (Communitarianism and African Ethics)
UNIT 4	Law and Bioethics (Legal Issues)
UNIT 5	Gender and Bioethics (Feminist Bioethics)

MODULE 3 TRADITIONAL ETHICAL AND BIOETHICAL THEORIES

Unit 1	Virtue Ethics
Unit 2	Consequentialism: Utilitarianism
Unit 3	Deontology: Kantianism
Unit 4	Principlism: Four Bioethical Principles

MODULE 4 RESEARCH ETHICS

Unit 1	History and Evolution of Research Ethics
Unit 2	Vulnerability in Research
Unit 3	Bioethics Committees: Meaning and Functions
Unit 4	Ethics Dumping
Unit 5	Writing a Research Protocol

MODULE 5 ISSUES IN BIOETHICS

Unit 1	Life and Death Issues
Unit 2	Assisted Reproductive Technology
Unit 3	Genetic Engineering/Cloning
Unit 4	Artificial Intelligence

Unit 5 Animal Ethics

References

We have included a list of books that are relevant for every unit. You will gain greatly if you read such books and similar ones on the topics treated. Reading the books will help to build your knowledge and thereby enhancing your understanding of the course.

Assignment File

Your assessment in this course will come in two forms: the tutor-marked assignments and a written examination. The tutor-marked assignment which will be organised by your tutor carries 30% of the total marks for the course.

Tutor-Marked Assignment

There is a tutor-marked assignment at the end of every unit. You are advised to solve the assignments and submit your solution to your tutor. At the end of the course, the tutor-marked assignments will carry 30% of the total marks of the course.

Final Examination and Grading

Your final examination, which carries 70% of the total marks, comes at the end of the course. This will constitute a two-hour examination, where you will be asked questions on the issues that you have already encountered in the course of your study.

Course Marking Scheme

Assessment	**Marks**
Assignments	Four assignments of 10% each, out of which the best three is selected
Final Examination	70% of the total curse marks

Total	100% of course marks

The total marks accruable to you from this course are broken down as follows:

How to get the most from this Course

In distance learning, the study units replace the university lectures. You are therefore expected to read through the course on your own and on your own time. Another aspect of this is that you do not read at the prompting of your tutor. You read when you decide to do so. Since there is no lecturer for you in this course, the study unit tells you what to do at each point. It will benefit you immensely if you obey its instructions.

The units are arranged in a common format. The first item of every unit is an introduction to the subject matter of the unit, and how a particular unit is integrated with the other units and the course as a whole. What follows next is a set of learning objectives. These objectives, as already stated, let you know what you should be able to do by the time you have completed the unit. These learning objectives are meant to guide your study. You are advised to go back to the stated objectives at the end of every unit, to know whether you have achieved them your learning.

The self-assessment exercises at the end of the units are to help you to assess your understanding of the units. Do not neglect them as the way you answer them provides you with a mirror to gauge your performance in learning the course.

Tutors and Tutorials

Your tutor will provide a human guide for you in the course of this work. However, you are to have only fourteen hours of contact with him or her during your study of this course. Pay close attention to your tutor. If you have any questions to ask as regards the course it is your tutor that will provide the answer. He or she will also mark your tutor-marked assignments. You should try as much as possible to attend all the tutorials. Doing so will be of benefit to you.

Summary

This course is meant to equip you with skills needed to take practical bioethical decisions in real life. It gives you invaluable insights into the major issues in bioethics and how to use bioethical principles to evaluate their ethical nature. Good luck.

MAIN COURSE

MODULE 1 NATURE AND SCOPE OF BIOETHICS

MODULE 2 BIOETHICS AND OTHER DISCIPLINES

MODULE 3 TRADITIONAL ETHICAL AND BIOETHICAL THEORIES

MODULE 4 RESEARCH ETHICS

MODULE 5 ISSUES IN BIOETHICS

MODULE 1 NATURE AND SCOPE OF BIOETHICS

UNIT 1 THE NATURE AND DEFINITION OF BIOETHICS

Unit Structure

1.1 Introduction

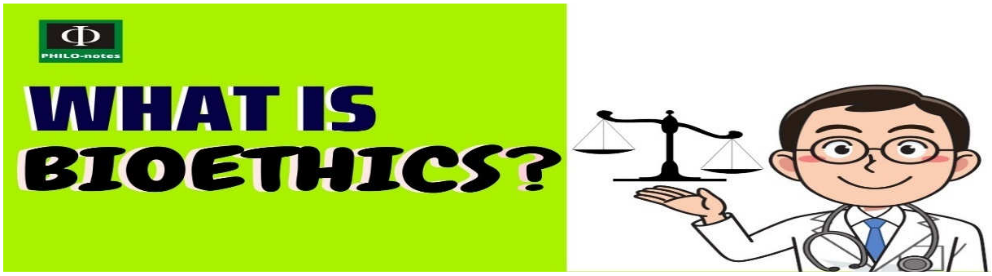
Bioethics is a branch of ethics which is one of the main core areas of Philosophy. Other core areas are: Metaphysics, Epistemology, Logic and Social and Political Philosophy. That is why it is essential to first understand what we mean by ethics and the various concerns of ethics to understand what bioethics means. We shall go deeply into the meaning, scope and definition of ethics shortly but briefly, we can say that Ethics is about human beings and their behaviour.

1.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss the nature of Bioethics
- define Bioethics
- identify the factors that gave rise to Bioethics

1.3 The Nature of Bioethics



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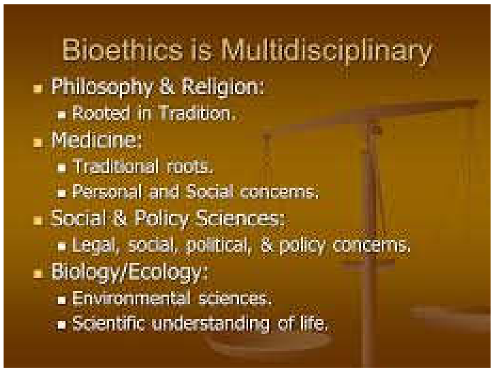
Ethics is that which evaluates human actions as good or bad, acceptable or unacceptable, right and wrong. It is the area of philosophy that reflects on human actions. An application of ethics to medical and biomedical issues gives rise to bioethics. So we can say that Ethics is the practical reflection upon and implementation of moral principles and ideals in human behaviours and Bioethics is a branch of ethics that is engaged in their works by healthcare and other practitioners in areas that affect life and living. Contrary to those who are experts in a specific field, etiquette pertains to the rules that govern the relationships and interactions among people in specific groups or settings. Bioethics however focuses on the relationships between practitioners and patients, practitioners and society, and society and patients and issues relating to the use of human beings in research, as well as environmental concerns, mainly.

Source

Discussing the nature of Bioethics we can say that Bioethics is a field which is related to biology, medicine, ethics, and philosophy and is concerned with the moral issues in biological and medical science and practice. This is a fascinating area of study, which focuses on important questions that emerge in the sphere of health, medicine, bio-technology, and life sciences while drawing on scholars from various disciplines to help solve questions of moral values, principles, and decisions.

Bioethics primarily concerns itself with human life and wellness, but it also occasionally deals with ethical questions pertaining to the nonhuman biological environment. However, inquiries regarding the latter are commonly investigated in distinct disciplines such as environmental ethics and animal rights (Ladwig, 2023).



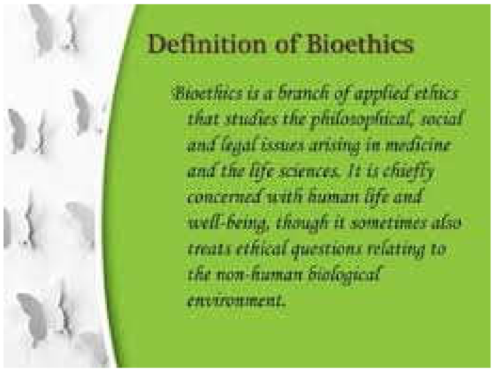
Bioethics is Multidisciplinary

- Philosophy & Religion:
  - Rooted in Tradition.
- Medicine:
  - Traditional roots.
  - Personal and Social concerns.
- Social & Policy Sciences:
  - Legal, social, political, & policy concerns.
- Biology/Ecology:
  - Environmental sciences.
  - Scientific understanding of life.

Source

Bioethics by its nature is a discipline that is commonly described as having a fashionable focus on multidisciplinarity, interdisciplinarity, transdisciplinarity, pluriperspectivity, and integrativity. In this context, multidisciplinarity refers to the inclusion of all relevant human sciences and activities in addressing bioethical questions. Interdisciplinarity aims to foster dialogue and establish a cooperative approach among these various disciplines. Transdisciplinarity seeks to transcend differences and integrate them into a unified bioethical perspective, particularly for questions that cannot be fully understood from the standpoint of a single science or field. Pluriperspectivity refers to the process of bringing together and mediating different scientific and non-scientific contributions, including various forms of reflection, different schools of thought, and cultural traditions. It encompasses diverse viewpoints that are influenced by cultural, religious, political, and other specific factors (Andoh, 2016:2). Bioethics is an interdisciplinary discipline that systematically examines the moral aspects of life sciences, health care, and others mentioned above. It encompasses the study of moral principles, decision-making processes, behaviour, and policies, employing various ethical approaches.

1.3.1 Definition of Bioethics



Definition of Bioethics

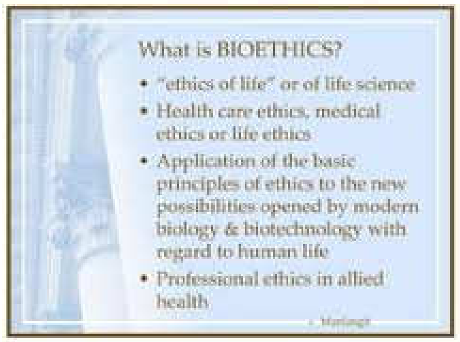
Bioethics is a branch of applied ethics that studies the philosophical, social and legal issues arising in medicine and the life sciences. It is chiefly concerned with human life and well-being, though it sometimes also treats ethical questions relating to the non-human biological environment.

Source

Bioethics does not have a univocal definition. However, Chadwick (2023) defines bioethics as a field that applies philosophical, social, and legal principles to address ethical issues in medicine and the life sciences. Although moral debates in medicine have been present since ancient times, the establishment of bioethics, along with the wider field of applied ethics, is a more modern occurrence. Allen (2021) in a seminar presented at The National Institute of Environmental Health Sciences defines Bioethics and what bioethicists are concerned with as the study of ethical, social, and legal issues that arise in biomedicine and biomedical research. Bioethics, as it is currently understood, originated as a separate field of study in the early 1960s. The formation of bioethics was shaped by developments in the life sciences, particularly medicine, as well as an increasing awareness of the ethical implications associated with these progressions (Wilson, 2013).

Self-Assessment Exercise

1. How will you describe the nature of bioethics?
2. How did Chadwick define bioethics?



What is BIOETHICS?

- "ethics of life" or of life science
- Health care ethics, medical ethics or life ethics
- Application of the basic principles of ethics to the new possibilities opened by modern biology & biotechnology with regard to human life
- Professional ethics in allied health

Source

1.3.2 Factors that gave rise to Bioethics

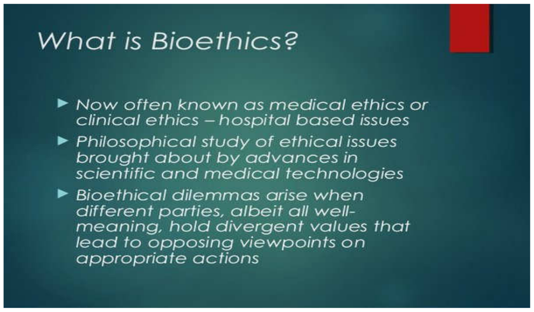
A major factor that gave rise to bioethics has to do with growing concerns about the proper and just deployment of medical advancements and technology. As Kuhse and Singer (2012) noted, since the 1960's ethical problems in health care and the biomedical sciences have gripped the public consciousness in unprecedented ways. The result of new and sometimes revolutionary developments in the biomedical sciences and in clinical medicine gave rise to biomedical concerns. The concerns arose from medical developments such as: Dialysis machines, artificial ventilators, organ transplants that offer the possibility of keeping patients who otherwise would have died. The developments also include: *In vitro* fertilization and other reproductive techniques, groundbreaking developments in genetics and the possibility of genetic enhancements. In vitro fertilization for example generate ethical issues such as: the right to procreate or reproduce, relationships that arises between parents and children, the birth of children who are not genetically related to the women who bear them., Some see the process of *in vitro* fertilization as a reproductive process that interferes with nature thus making it unnatural.

The moral status of the embryo also calls for concern. The replacement of the marital act of procreation is a major concern for some people particularly some religions like Christianity. From all said we can conclude that all these technological breakthroughs are accompanied by ethical problems and dilemmas. The development of modern contraceptives , prenatal testing, and the availability of safe abortions have given women and couples increased choices about the number of children and kinds of children they are going to have. (2012: 3).

Another factor apart from groundbreaking developments in medical field that gave rise to the field of bioethics is the concern about the power that doctors and scientists have over their patients. This power manifests itself in the paternalistic nature that medical doctors have over their patients. So, issues such as the rights of patients, the rights of the community to be involved in the a decision that affects their medical state particularly in a communitarian society like Africa where decisions are not left to individuals alone but families have a say in medical decisions. Therefore, there is an increasing concern on public awareness in medical decision making. The case of Karen Ann Quinlan an American woman in 1975 who became an important figure and controversial issue in the history of the right to die controversy in the United States is a good example.

Quinlan case raised ethical issues in moral theology, bioethics, euthanasia, legal guardianship and civil rights. At the forefront of the problem were bioethicists who had to examine critically the role of doctors, the role of the family which includes parents and husband and above all how the rights of the patients can be protected. The right of the patient is therefore paramount to bioethicists in any dilemma.

A major concern of Bioethicists is to protect the rights of patients and ensure that they are not ethically abused. Doctors are not expected to give technical decisions alone but ethical decisions on which patients and others may have views no less defensible than those doctors. (Kushe and Singer, 2012:3).

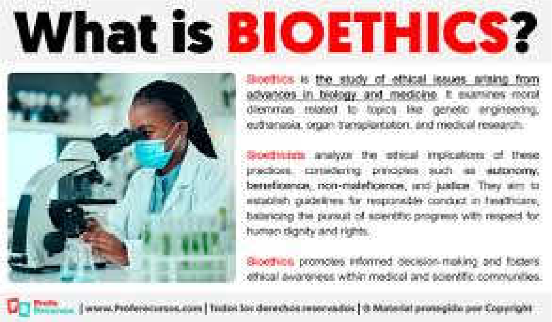


What is Bioethics?

- Now often known as medical ethics or clinical ethics – hospital based issues
- Philosophical study of ethical issues brought about by advances in scientific and medical technologies
- Bioethical dilemmas arise when different parties, albeit all well-meaning, hold divergent values that lead to opposing viewpoints on appropriate actions

Source

Bioethical inquiries encompass practical challenges in the fields of medicine, healthcare, research, and ecology, as well as theoretical dilemmas related to doctrines and their underlying assumptions. The primary distinction between practical and theoretical questions is in their respective needs. Practical questions require solutions, whereas theoretical questions require clarification (Hary, 2015:24).



What is BIOETHICS?

Bioethics is the study of ethical issues arising from advances in biology and medicine. It examines moral dilemmas related to topics like genetic engineering, euthanasia, organ transplantation, and medical research.

Bioethicists analyze the ethical implications of these practices, considering principles such as autonomy, beneficence, non-maleficence, and justice. They aim to establish guidelines for responsible conduct in healthcare, balancing the pursuit of scientific progress with respect for human dignity and rights.

Bioethics promotes informed decision-making and fosters ethical awareness within medical and scientific communities.

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Source

1.4 Summary

Bioethics is a discipline under ethics which is one of the core areas of Philosophy. Bioethics therefore is a discipline under the main course philosophy. There is no univocal definition of Bioethics just as there is no univocal definition of ethics and philosophy. By its nature, Bioethics is multidisciplinary, interdisciplinary, transdisciplinary pluriperspective, and integrativitive.

1.5 References/Further Readings/Web Resources

Akpenpuun D. (2005). *Medical Ethics: Conceptual and Practical Issues*. Ibadan: John Archers Publishers Limited.

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1.6 Possible Answers to Self-Assessment Exercises

1 Bioethics by its nature is multidisciplinary, interdisciplinary, transdisciplinary, pluriperspective, and integrative.

2 Chadwick (2023) defines bioethics as a field that applies philosophical, social, and legal principles to address ethical issues in medicine and the life sciences.

UNIT 2 HISTORY OF BIOETHICS

Unit Structure

2.1 Introduction

The history of bioethics also helps in knowing what Bioethics entails. Bioethics grew out of some major ethical concerns. In the first case, amid the various technological advancements in medicine and biomedical advancements, the field of bioethics emerged. Historically, Bioethics emerged in the mid-20th century as a response to advancements in medical technology and biology that presented new ethical dilemmas and choices in medical issues. It encompasses a wide range of issues, from clinical ethics, such as end-of-life care and patient autonomy, to broader societal concerns like genetic engineering and healthcare equity.

2.2 Learning Outcomes

By the end of this unit, you will be able to:

- explain the origin of Bioethics
- identify the etymology of Bioethics
- discuss the History of Bioethics
- identify the empirical turn in Bioethics
- identify the methodologies of Bioethics

2.3 Etymology of Bioethics

The term Bioethics etymologically comes from two Greek words namely “bios”, meaning life and “ethos”; ethics being the study of moral nature, behaviour.

2.3.1 Origin of Bioethics

Bioethics was first coined in 1927 by Fritz Jahr (1895-1953) a German teacher and theologian who for the first time in history used the term 'and bio-ethics' in an article titled: "bioethical imperative" which is a revision of Immanuel Kant's categorical imperative. Bioethics was later proposed by Van Rensselaer Potter (1971) an American biochemist, and oncologist in his book 'Bioethics: Bridge to the Future' He proposed the term "Bioethics" to mean "science of survival" in the ecological sense. He said in the preface of the book that he wants to contribute to the future of the human species by promoting the formation of a new discipline, the discipline of Bioethics. The field of Bioethics in his view sets out to bridge the humanities and science which otherwise seems to be two cultures unable to speak to each other. In the past ethics has been considered the special province of the humanities in a liberal college curriculum. It has been taught along with logic, esthetics and metaphysics as a branch of philosophy. Ethics constitutes the study of human values, the ideal human character, morals, actions and goals in largely historical terms, but above all ethics implies action according to moral standards.

What we must now face according to Potter is the fact that human ethics cannot be separated from a realistic understanding of ecology in the broadest sense. Ethical values cannot be separated from biological facts. We are indeed in great need of a Land Ethic, an Urban Ethic, an International Ethic, a Geriatric Ethic, and so on. All of these problems call for actions that are based on values and biological facts. All of them involve Bioethics, and survival of the total ecosystem is the test of the value system. From Potters description of bioethics, we can then have an understanding of how bioethics latter became an area of ethics that is concerned with healthcare and the biomedical science.

Kuhse and Singer (2012) define Bioethics as that which refer to the growing interest in the ethical issues arising from health care and the biomedical sciences. Not only can bioethics be seen as a modern version of its older version known as medical ethics. Today, Bioethics has grown tremendously to include ethical issues and dilemmas in the humanities and social sciences, the environment and animal ethics.

Bioethics has grown to become more global with issues in global health as part of its concerns especially as the entire human race is becoming more and more connected with globalisation, environmental factors and the use of computers and artificial intelligence.

The field of bioethics further gained prominence in the 1960s and 1970s, influenced by several key events and developments. One such events has to do with abuses in medical research and research procedures. The Nuremberg Trials, which exposed the horrific medical experiments

conducted by Nazi doctors, highlighted the need for ethical standards in research. This led to the development of the Nuremberg Code, which laid the groundwork for modern research ethics, emphasizing voluntary consent and the necessity of avoiding unnecessary harm to participants.
In 1967, the first heart transplant performed by Dr. Christiaan Barnard raised ethical questions about the definition of death and the allocation of organs, further propelling bioethics into the public consciousness. Around the same time, the advent of dialysis and other life-sustaining technologies challenged existing notions of end-of-life care and resource allocation.

The emergence of modern bioethics can also be attributed to the frequent absence, inconsistency, or moral inadequacy of the law in addressing critical issues within the biomedical field throughout the past forty years. The exponential growth of biotechnology, coupled with the inadequacy of the legal system and legislatures in addressing emerging issues, and the escalating liability crisis in the United States, have compelled the medical community to actively pursue solutions to the complex challenges that practitioners face daily. The clinical application of bioethics, founded on case-based (casuistic) reasoning, ‘is now more based on the Principles’ which primarily prioritises patients' autonomy and other values such as beneficence, non-maleficence, and justice. However, it also considers other important bioethical concepts, such as those derived from communal ethics and professional oaths and codes. Emergency physicians have a responsibility to ascertain both the personal values of each patient and whether the patient follows an individualistic or communitarian ethical framework, if feasible. Such determinations can assist in determining the most suitable individuals to make decisions on behalf of the patient in cases where the patient is unable to make decisions on their own.

2.3.2 The Empirical Turn in Bioethics

There is a huge discussion on whether bioethics is a normative discipline or empirical or both. The fact that bioethics is an offshoot of Ethics, an applied case of ethics makes the question very relevant. Since Ethics is a normative science that deals with ‘is’ and ‘ought’ then it is easy to jump to the conclusion that its subset should be normative in its approach. Be that as it may, Bioethics has grown over the years to become multidisciplinary. Borry, Schotsmans & Dierickx (2005) in discussing the nature of Bioethics, says that since the origin of bioethics it has attracted the collaboration of few social scientists, and social scientific methods of gathering empirical data have remained unfamiliar to ethicists. But of recent the relationship between bioethics and empirical and normative perspectives on bioethics appear to be changing. The reasons for the initial hindrance were identified as the:

1. Interdisciplinary dialogue that runs the risk of communication problems and divergent objectives.
2. Social sciences were absent partners since the beginning of bioethics.
3. Meta-ethical distinction between 'is' and 'ought' created a 'natural' border between the disciplines.

The nature of Bioethics has now taken an empirical turn for three reasons. Firstly, dissatisfaction with a foundationalist interpretation of applied ethics created a stimulus to incorporate empirical research in bioethics. Secondly, clinical ethicists became engaged in empirical research due to their strong integration in the medical setting. Thirdly, the rise of the evidence-based paradigm had an influence on the practice of bioethics (Borry et al. 2005).

2.3.3 Methodologies in Bioethics

Due to the multidisciplinary nature of Bioethics, a lot of methods have emerged. The various methods help Bioethics to relate conveniently with the various discussions, Dilemma, issues and problems that Bioethicist face in their day-to-day activities. The many methods used in Bioethical research include but is not limited to:

- The use of ethical principles, theories and common morality
- Codes, virtues and Professionalism
- Legal methods
- Sociological Methods
- Qualitative Methods which include Focus Group discussions, in –depth interviews, Key Informant Interview, Ethnography, Archival Technique, Case Study Technique, Observation Technique, Role Play, Gap Analysis to mention a few.
- Quantitative Surveys
- Experimental methods
- Ethnographical methods
- Religion and Theology

Self-Assessment Exercise

1. What is the etymological meaning of Bioethics?
2. Will you describe bioethics as a discipline in the humanities alone?

2.4 Summary

Bioethics is a discipline that first started in the humanities. It has however taken an empirical turn. This is in advancement of its multidisciplinary nature. The methodologies adopted in bioethics thus ranges from methodologies of research from the social sciences to the Arts to the sciences.

2.5 References/Further Reading/Web Resources

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Uduigwomen A. F. (2003) Contemporary Issues and problems in Biomedical Ethics Calabar: Nigeria Vision Connections.

2.6 Possible Answers to Self-Assessment Exercises

1. The term Bioethics etymologically comes from two Greek words namely “bios”, meaning life and “ethos”; ethics being the study of moral nature, behaviour.
2. Bioethics is a discipline that originated in the humanities but has taken a new turn by being empirical.

UNIT 3 ETHICS AND BIOETHICS

Unit Structure

3.1 Introduction

In this unit we shall be examining what ethics is, the various definitions of ethics and its branches. It is important to understand ethics and what it entails because bioethics is a subset of applied ethics which is one of the main branches of ethics. Thus, ethical issues are the concerns of bioethics.

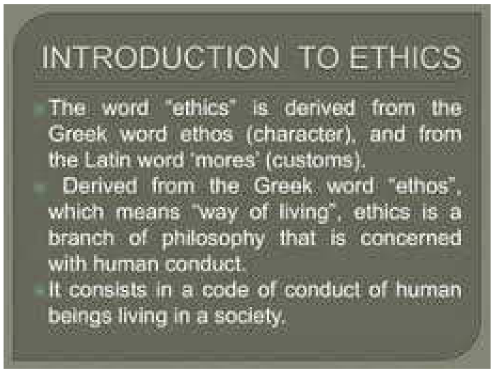
3.2 Learning Outcomes

By the end of this unit, you will be able to:

- explain the various definitions of Ethics
- identify the various branches of Ethics
- identify Bioethics as a fourth major branch of Ethics.

3.3 What is Ethics?

Definition of Ethics



INTRODUCTION TO ETHICS

- The word "ethics" is derived from the Greek word ethos (character), and from the Latin word 'mores' (customs).
- Derived from the Greek word "ethos", which means "way of living", ethics is a branch of philosophy that is concerned with human conduct.
- It consists in a code of conduct of human beings living in a society.

Source

We shall start our discussion on ethics by asking the pertinent question: What is Ethics? The term “Ethics” like Philosophy does not have a univocal definition. The term "ethics" comes from the Greek word "ethos," which means "morals" or customs. The term ethics is often used synonymously with morality or customs or habits and acceptable ways of behaviour in a community. Ethics is the systematic study of morality, with a particular emphasis on the principles that determine the moral correctness or incorrectness of human behaviour (Bunge, 2012:243). Ethics is basically concerned with determining what is ethically right or wrong via the lens of moral study (Begley, 2011:21).

WHAT IS ETHICS?

Ethics is based on well-founded standards of what is morally good and bad and morally right and wrong for the society.

Ethics stablish the rules that individuals need to follow for the survival of the society. Therefore, ethics are **subjective and communal.**

An ethical behavior is an action that is following the rules of what is considered correct in society. On the contrary, a *moral behavior* is driven by the desire to be good.

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Source

Frankena and Granrose (1974: 1) in defining ethics says it stands for a branch of philosophy, namely, moral philosophy or philosophical thinking about morality and its problems. While ethics lacks a specific definition comparable to philosophy, its fundamental nature creates a philosophical conundrum. Omoregbe (1993:3-4) says ethics can be defined as the branch of philosophy which deals with the morality of human actions; or as a branch of philosophy which studies the norms of human behaviour. It can also be defined as the systematic study of the fundamental principles of the moral law or as the normative science of human conduct. Thus, we can say that ethics is about what is right or wrong, what is acceptable or unacceptable, what is justifiable or unjustifiable and what is good or bad.

The understanding of ethics varies between ordinary people and philosophers, resulting in different perspectives on its essential nature. Non-experts usually view ethics as a set of underlying rules that impact and define specific behaviour. Some consider it as morality. Philosophers, on the other hand, investigate ethics more deeply, seeing it as a complicated philosophical quandary. For example, a person without specific training may understand medical ethics as a set of norms that regulate doctors' behaviour towards their patients and colleagues in the medical industry. Business ethics can be defined as a collection of norms that govern how a businessperson should conduct while dealing with clients, employees, and competitors, as interpreted by someone who lacks specific understanding in the subject.

The various views of ethics highlight its complexities, as it moves beyond traditional perspectives and becomes a matter of significant philosophical investigation (Leong, 2024). The differences between a layperson's and a philosopher's perspectives show the inherent complexities of understanding the true nature of ethics, emphasising the importance of a thorough analysis of its philosophical underpinnings.

The idea of "ethics" is very important in philosophy, and various philosophers have given it different meanings (Blumenthal-Barby et al., 2022:10). Alasdair MacIntyre believes that ethics is inextricably tied to the fundamental essence of humans (Akgun, Keskin, and Fidan, 2022:453). St. Thomas Aquinas associates ethics with morality, emphasising its inherent connection to reason, recognising that humans are rational beings (Callan and McHugh, 2022:31). From another perspective, ethics is viewed as a branch of philosophy that examines and evaluates moral judgement, decision-making, and principles (Forsyth, 2020:210).

Source

3.3.1 The Branches of Ethics

Ethics has three major sub-branches which are: Descriptive ethics, normative ethics, and meta-ethics (Ozumba 2001: 6). Frankena and Granrose also noted that there are three kinds of inquiries about morality: 1(1) descriptive and explorative studies such that are made by historians and social science scientists ;(2) normative inquiries about the principles, standards, or methods for determining what is morally right or wrong, good or bad; and (3) “meta-ethics” questions about the meanings of terms like “right” “good” “responsible” etc about the meaning of “morality” itself, or about the justification of ethical judgements. Moral philosophy may be equated with inquiries of the second or third kinds (1974):1). Descriptive ethics is the branch of ethics that studies the moral codes of different societies or cultures. (Uduigwomen, 2001:4) The purpose is to find out areas of similarities and differences in various cultures.

Normative ethics, on the other hand, is concerned with the practical aspects of regulating morally right or incorrect behaviours. It creates standards or benchmarks by defining the virtues that people should embody, the obligations they must fulfil, and the consequences of their actions—whether morally correct or wrong. Normative ethics thus deals with norms of conduct (Uduigwomen 2001: 4). Norms that guide human actions and by which we can judge such actions as right or wrong. In normative ethics there are theories that discusses how human actions can be evaluated.

There are three major classifications of those theories. They are virtue theories which evaluate human actions based on character, virtue and vicious actions. The second evaluate human actions based on the results or consequences of such actions. These are consequentialist theories. These include theories such as egoism, altruism, utilitarianism.

The third category of theories focus on the motive behind actions and what duty expects. They are called deontological theories. A major deontological theory is the categorical imperative propounded by Immanuel Kant. These theories are used to evaluate ethical decisions as right or wrong or their adherence to moral principles (deontological ethics).

Meta-ethics according to Frankena can also be referred to as “analytical, “critical,” or “meta-ethical” thinking. (1963). Meta-ethics is the study of how moral principles came to be and how they are interpreted. It focuses on comprehending the essential essence of moral judgement and theory (Dimgba, 2023: 160). Naturalism, intuitionism, emotivism, and prescriptivism are some notable meta-ethical theories. Meta-ethical inquiries delve into topics such as universal truths, divine will, the role of reason in moral decision-making, and the meaning of moral language.

3.3.2 Bioethics as the Fourth Branch of Ethics

A fourth category of ethics which contemporary philosophers are interested in is applied ethics. This is the area of philosophy the bioethics deals with.

Applied ethics is the practical use of normative ethical theories to answer ethical quandaries in the real world (Bowen, 2020: 595). This domain discusses contentious issues such as abortion, the death penalty, homosexuality, war, the environment, animal ethics, and distribution of scare health technologies, effects of new and advanced technology on human being, paedophilia, and rape, among others. Applied ethics also includes bioethics, corporate ethics, legal ethics, and medical ethics. Applied ethics broadens ethical discussions by addressing pragmatic concerns and using philosophical ideas to navigate the complexities of practical situations.

Self-Assessment Exercise

1. Mention the three major branches of ethics
2. What is the fourth category of ethics that relates to bioethics?

Applied ethics is the field that seeks practical solutions to developing problems and conversations (Bowen, 2020:595). For example, abortion, as previously stated, falls under the purview of applied ethics because it involves a specific sort of contentious behaviour. However, moral values like as autonomy and the right to life must also be considered while resolving the question. Furthermore, the issue moves into the realm of meta-ethics as it delves into the fundamental question of the source of rights. Bioethics is a type of applied ethics. As such, Bioethics belongs to the group of applied ethics.

In the next unit we shall examine how Bioethics relates to this fourth category of ethics.

3.4 Summary

Source

"Ethics" comes from the Greek word "ethos," which means "customary or morals". Ethics is the organised study of morality, focusing on the rules that tell us what is morally right or wrong in interactions between people. Ethics doesn't have a clear definition like philosophy does, but the way it works at its core makes it a philosophical puzzle. Philosophers and regular people have different ideas about what ethics is and how it works, which leads to different views on what it really is. Most people who aren't experts see ethics as a set of rules that affect and describe how people should act. And philosophers, on the other hand, investigate ethics more carefully because they see it as a difficult philosophical problem. Normative ethics looks at how to make sure people behave in ways that are morally right or wrong. By telling people what morals they should have, what duties they should carry out, and what will happen if they do something bad, it sets standards or benchmarks. The main question in normative ethics is whether actions should be judged by their effects (consequentialism) or by how well they follow moral rules (deontological ethics). Applied ethics adds to the conversation about right and wrong by looking at practical issues and using philosophical ideas to help people figure out how to handle tough scenarios. Bioethics is a form of applied ethics.

3.5 References/Further Readings/Web Resources

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3.6 Possible Answers to Self-Assessment Exercises

1. The three major branches of ethics are: descriptive ethics, normative ethics and meta-ethics
2. The fourth branch of ethics that is related to bioethics is called applied ethics

UNIT 4 RELATIONSHIP BETWEEN ETHICS AND BIOETHICS

Unit Structure

4.1 Introduction

This unit delves into bioethics as a subset of ethics. We shall also be discussing the scope of bioethics. And the major task of Bioethicist. The unit promises to enlighten us on what Bioethicists engage in and where they can be useful in the various institutions and organisations in life.

4.2 Learning Outcomes

By the end of this unit you, you will be able to:

- identify Bioethics as a subset of ethics
- discuss the scope of bioethics
- describe the major task of Bioethicists.

4.3 Bioethics as a Subset of Ethics

Ethics seeks to determine what actions performed by human beings are right or wrong. It helps human beings as rational agents to decide on the actions are good or bad. It helps human beings to determine the right ways to behave and how to treat others. We can then say that Bioethics is a subfield of ethics that investigates various actions that arises from the medical field and all other human endeavors that have to do with human beings and human experimentation. Given the various areas of ethics namely descriptive ethics, normative ethics, metaethics and applied ethics, Bioethics then falls within applied ethics. This is because Bioethics is a field that applies ethical theories to medicine, Biomedicine, Biotechnology even social science and other disciplines whose central focus of discussion is human beings.

4.3.1 The Scope of Bioethics

The scope of Bioethics is very wide. It has within its scope all aspects of subject matters that has to do with human beings. This includes the development of ethical codes and guidelines, promotion and prevention of ethical practices, recognition and resolution of ethical dilemma. Bioethics deals with life and death issues such as: the concept and criteria of death, euthanasia, physician assisted suicide, human suffering and palliative care, abortion organ transplants and donations, Genomic research, human cloning, genetic engineering, infertility treatment or issues Reproductive technologies such as IVF, Ectogenesis, Implantation and genetic screening, saviour babies, medical ethics, Gerontology.

Bioethics education is another major scope of Bioethics that involves the teaching and practice of bioethics, establishing and providing Bioethics competence. Research ethics is also a major area that Bioethics covers. It is about the conduct of research both at the local, regional and international space on human beings. Bioethics is also concerned with environmental issues.

A major concern of Bioethics is publication ethics. Further Bioethics deals with resource allocation and Global health care issues Global Health issues (Pandemics: Vaccine and Drug interventions), Non-Communicable Diseases, Economic Disparities, Environmental Factors, Political Factors, Animal health and research ethics is also an area that Bioethics touches. Public opinion, Community engagement and decision-making about health and health research, Issues raised by Artificial Intelligence and Machine Learning. Personalised Medicine, Global Bioethics: diversity and inclusiveness. Bioethicist are becoming more culture sensitive. Informed consent in cultures.

4.3.2 Who are Bioethicists?

The major concern of Bioethicist is to ensure that there are ethical concerns in the conduct of scientists, clinicians, researchers in their dealings with issues that concern human beings and the environment. Bioethicists conduct research on ethical, social, and legal issues arising in biomedicine and biomedical research. Bioethicists teach courses and give seminars and help to draft institutional policies; serve on ethics committees, and provide consultation and advice on ethical issues. Bioethicists work for academic institutions, hospitals and medical centers, government agencies, private corporations and foundations. Bioethicists usually have a graduate degree in bioethics with a background in a related discipline, such as philosophy, law, medicine, nursing, public health, psychology, political science, biology, or theology. Allen (2021).

Self-Assessment Exercise

1. Where can we locate Bioethics within the scope of ethics?
2. What is the major concern of Bioethicists?

4.4 Summary

Bioethicists ensure that ethical dilemmas that arise in medical decisions and medical research are resolved. They protect human beings and human participants in research and clinical practice.

4.5 References/ Further Readings/Web Resources

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Possible answers to Self-Assessment Exercises

1. Applied Ethics
2. The major concern of Bioethicist is to ensure that there are ethical concerns in the conduct of scientists, clinicians, researchers in their dealings with issues that concern human beings and the environment

MODULE 2 BIOETHICS AND SOME OTHER RELATED DISCIPLINES

Unit 1 Bioethics and Medical Ethics
Unit 2 Religion and Bioethics (Islamic, Christian and Buddhist Ethics)
Unit 3 Culture and Bioethics (Communitarianism and African Ethics)
Unit 4 Law and Bioethics (Legal Issues)
Unit 5 Gender and Bioethics (Feminist Bioethics)

UNIT 1 BIOETHICS AND MEDICAL ETHICS

Unit Structure

1.1 Introduction
1.2 Learning Outcomes
1.3 Bioethics and Medical Ethics
    1.3.1 What is Medical Ethics?
    1.3.2 Ethical Issues in the Practice of Medicine
    1.3.3 Informed Consent
    1.3.4 Assumptions of Informed Consent
    1.3.5 Patient’s Autonomy
    1.3.6 Informed Consent in African Setting
    1.3.7 Confidentiality and Privacy
    1.3.8 Relationship between Medical Ethics and Bioethics
    1.3.9 Similarities between Bioethics and Medical Ethics
    1.3.10 Differences between Bioethics and Medical Ethics
1.4 Summary
1.5 References/Further Reading/Web Resources
1.6 Possible answers to Self-Assessment Exercises

1.1 Introduction

This unit explores the relationship between Bioethics and Medical ethics. We shall highlight the similarities and differences between the two disciplines.

1.2 Learning Outcomes

By the end of this unit, you will be able to:

- explain what the meaning of medical ethics
- discuss the relationship between medical ethics and bioethics
- identify the similarities between bioethics and medical ethics
- highlight the differences between bioethics and medical ethics.

1.3 Bioethics and Medical Ethics

1.3.1 What is Medical Ethics?

Medical ethics has a very long and varied history. Some scholars are of the opinion that it dates back to ancient Greece and the Hippocratic oaths. Others believe that it is much older. Medical ethics is concerned with the obligations of the doctors and the hospital to the patient along with other health professionals and society. (Markose, Krishnan, Ramesh 2016)

1.3.2 Ethical Issues in the Practice of Medicine

Ethical issues in the practice of Medicine include: Informed Consent, patient's autonomy, truth-telling and veracity, confidentiality and privacy, to mention a few. We shall briefly examine some of them.

1.3.3 Informed Consent

Informed consent is one of the rules from the principle of autonomy, which in Principlism, goes together with the other principles of, Beneficence, Non-maleficence, and Justice. Its historical background and moral value make it important in both healthcare and research settings. Even though there are problems today, informed consent is still an important way to protect people's rights, build trust, and give people power over their decisions. Philosophical and moral thoughts will continue to shape and improve the practice of informed consent, making sure that it adapts to the changing ethical landscapes of medicine and research.

The idea of "informed consent" has changed a lot over the years, shaped by events in history and philosophical arguments. In the early days of medicine, the Hippocratic Oath made it clear that doctors had to do what was best for their patients. But this often led to authoritarian behaviour, where doctors made choices for their patients without their input or permission (Jonsen, 2000).

Around the turn of the 20th century, important decisions like Schloendorff v. Society of New York Hospital (1914) and Salgo v. Leland Stanford Jr. University Board of Trustees (1957) made informed consent legal. These cases set the standard that patients have the right to know about their medical treatments and to choose whether to agree to or reject them (Faden & Beauchamp, 1986). The Nuremberg Code (1947) and the Declaration of Helsinki (1964) were very important in making informed consent an important part of research ethics. These works reacted to the unethical nature of the Nazi medical experiments and stressed the need for people to voluntarily and fully understand the research they are taking part in (Shuster, 1997).

Informed consent is a fundamental expression of the Principle of Autonomy and is often given priority over other rules deriving from the other principles of: beneficence, non-maleficence, and justice making sure people understand the possible risks and rewards of an intervention is prerequisite to informed consent (Beauchamp & Childress, 2013). This lets them make decisions that are in line with their own values and preferences. (Beauchamp & Childress, 2013).

1.3.4 Assumptions of Informed Consent

There are some basic assumptions of informed consent. These assumptions include: respect for persons, trust and empowerment. Informed consent rests very strongly on an assumption that persons must be respected. As such, respect for persons, which autonomy ensures, is shown through informed consent, which recognises their right to make their own choices about their bodies and lives. People are required to be given the knowledge they need to make good decisions because of this respect (O'Neill, 2002). Informed consent also builds trust between patients and doctors and between people who take part in research and the people who do the study. By making sure that everything is clear and honest, informed consent helps to build and keep trust, which is very important for good healthcare and ethical study (Gillon, 1994). People feel more in control of their own health and study participation when they give informed consent. This gives people more power, which is especially important for weak groups that are more likely to be exploited or forced (Beauchamp & Childress, 2013).

Even though informed permission is morally important, it is hard to get these days. Medical procedures and study plans can be very complicated, which can make it hard for people to fully understand what they are being told. Effective communication and education methods are needed to make sure that informed consent is really informed (Flory & Emanuel, 2004). It is important for informed consent to be culturally sensitive and consider the different beliefs and ideals of different groups. Understanding how people from different cultures see freedom, danger, and trust is important for this (Macklin, 1999). With the rise of digital health tools and ways to learn from afar, informed consent is having more issues than before. Kass et al. (2003) say that new tools and ways of doing things are needed to make sure that digital consent methods are strong and safe. Sometimes it can be harder for vulnerable groups, like children, people with cognitive problems, and people who are poor, to give informed consent. To mitigate these inimical power dynamics, appropriate stricter conditions are required in the process of obtaining informed consents. (Levine, 1988).

1.3.5 Patient's Autonomy

The concept of autonomy says that everyone has the right to make their own choices about their bodies and lives, without being forced or influenced in any way. This right is respected and protected by informed consent, which makes sure that people have all the knowledge they need to make choices about medical treatments or research (O'Neill, 2002).

Other principles include: beneficence and non-maleficence. These two principles say that researchers and healthcare workers should do what is best for their patients and participants, which in practice usually means maximising benefits and minimising harm and restrain from harm. Justice is the fourth bioethical principle which says that the pros and cons of human experimentation should be shared fairly. People are protected from being exploited or unfairly treated by the principle of justice, which requires fairness, forbids unjustified discrimination, and requires that likes are treated alike and unlike, unlike, in the same sense and way (Rawls, 1971).

1.3.6 Informed Consent in African Settings

The nature of informed consent may take a new turn in African setting. This is because previous participants' comprehension of informed consent information has focused on developed countries (Afolabi et al. 2014). There are a lot of unfamiliar ethical issues and concepts in research between Western and African countries. In Africa, the individual does not exist alone but operates within the community and family relations. This has a lot of implications for health, healthcare and health related research. In healthcare and health research issues Gbadegesin (2013) established that "the principles of beneficence, non-malevolence, and justice can be accommodated within a traditional Yoruba ethics of healthcare. What cannot be easily accounted for in traditional Yoruba healthcare system is the ease with which the principle of autonomy is accommodated in Western bioethics. This is on account of the reason of the understanding of the person in relation to the community" (Gbadegesin, 2013). Thus, there is a need to pay attention to how informed consent is measured and achieved in African research settings.

1.3.7 Confidentiality and Privacy

In giving one’s consent in medical care and research, privacy and confidentiality of information provided is very crucial. Privacy is the state in which an adult’s life or facts or existence may not be broken into without her proper consent; confidentiality is the state whereby when we gain privileged entrance or insight into another person’s affair, we may not divulge such without her expressed permission. Confidentiality is one of the most discussed issues in healthcare. It is an issue that bothers on the ethics of doctor-patient relationship.

Confidentiality is closely related to privacy. Breach of confidentiality violates patients’ person which is often seen as a grievous offence that can lead to suspension and termination of the doctors’ license. This is because information about the patients’ medical care is considered confidential and should not be divulged but treated as such.
If confidentiality is breached, it might hurt the patient and create lack of confidence in medical care and medical procedures. Thus, confidentiality is the patient’s right.

The implication of confidentiality is that doctors have an obligation to keep their patients information. They have the obligation to keep patient’s information and not divulge the information without their consent. If this is not done, it may lead to adverse effects such as stigma, diminished trust between patient and doctor, and lack of confidence in the medical practitioners and the medical institutions. Patient will not want to share information with doctors and this may impact their treatment and care. Patient’s records are confidential to them and should be seen as such. Violation of patient’s confidentiality can lead to legal and ethical consequences. That is why we have protection acts such as The Data Protection Act 2018 in the UK.

Breaching confidentiality may not be totally avoidable. There are some situations that may create dilemmas to confidentiality. Such cases may include:

- When the required consent of the patient or a legally authorized person is sought and not given.
- When the safety of a third party is a concern. There may be situations when withholding information about patient may lead to another person’s harm.
- When some legal requirements require reporting certain circumstances or when there is a court order; however, whenever there is a need to comply with the law, this takes precedence.
- When there is a need to communicate a threat or an exposure to it,

say in a public health situation.

- When, for instance in an emergency in an unconscious patient, seeking consent may be impossible. Helpful standard treatment may proceed but appropriate consent must be sought at the earliest opportunity.

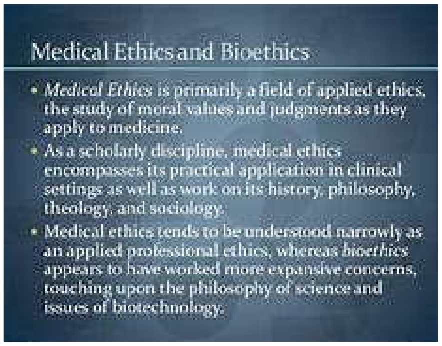
Each case of breach of confidentiality should be examined and treated according to extant laws. So breaching confidentiality may not necessarily be unethical.

1.3.8 Relationship between Medical Ethics and Bioethics

The field of medical ethics and bioethics are related to each other in that the aspect of ethics is common to both. The two as a discipline uses ethics to evaluate human actions in issues and concerns that deals with man. Despite the relationships that they may have, both fields are somewhat different. We can say that medical ethics is within bioethics. Kuhse and Singer (2012: 4) asserts that medical ethics is within the province of bioethics although it takes a different approach. Primarily medical ethics focuses traditionally on the doctor patient relationship and the various virtues that a good doctor possess and are expected to possess starting from the Hippocratic Oath which they take at induction to the profession. Medical ethics is also about the relationship between colleagues in the medical profession. Bioethics on the other hand is a kind of reflection on the enterprise of medicine.

Medical ethics and Bioethics are then similar but they also have some differences. Let us highlight some of the differences and similarities:

1.3.9 Similarities between Medical Ethics and Bioethics



Medical Ethics and Bioethics

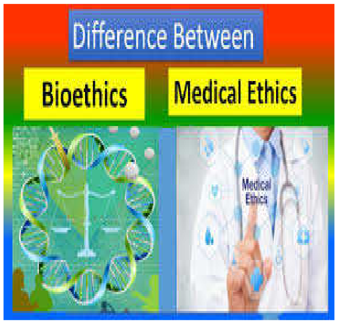
- *Medical Ethics* is primarily a field of applied ethics, the study of moral values and judgments as they apply to medicine.
- As a scholarly discipline, medical ethics encompasses its practical application in clinical settings as well as work on its history, philosophy, theology, and sociology.
- Medical ethics tends to be understood narrowly as an applied professional ethics, whereas *bioethics* appears to have worked more expansive concerns, touching upon the philosophy of science and issues of biotechnology.

Source

- Bioethics and Medical ethics ensure good clinical practice amongst medical practictioners
- Bioethics and Medical Ethics focuses on Human beings

- Bioethics and medical ethics focus on human health and human health care
- Bioethics includes medical ethics as its concern
- Bioethics includes medical ethics but it is not limited to medical ethics
- Bioethics is an applied discipline of ethics that includes medical ethics, environmental ethics and even animal ethics.

1.3.10 The Differences between Medical Ethics and Bioethics



Source

The differences between medical ethics and bioethics as presented by Kuhse and Singer and other scholars can be summarised as:

- A difference between Bioethics and Medical ethics is in the scope and focus
- Bioethics is not limited to doctor-patient relationship alone
- Bioethics is not limited to the relation between doctors
- The codes emerging from Bioethics concern, for instance those of research and environmental ethics, transcend the scope of care giving.
- It is also about asking deep philosophical questions about the nature of ethics, the
value of life, what it is to be a person, the significance of being human.
- Bioethics embraces issues of public policy and the direction and control of being
human.
- Bioethics covers not only clinical practice but issues that arise by the advancements in biological research and technology.

Self-Assessment Exercise

1. Is Bioethics and medical ethics one and the same?
2. What is common to both bioethics and medical ethics?

1.4 Summary

In summary, bioethics is distinct and novel. It is also a discipline that has its offshoot partly from medical ethics in that it adopts some of its practices, such as ‘do no harm’. As well as ‘risk-benefit analysis’. It applies ethics to medical practice and research in medicine. It provides ethical reasoning on the right or wrong conduct of medical practice and the relationship between medical practitioners such as Doctors, nurses, clinicians and the institutions and organisations such as hospital, hospice and patients.

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1.6 Possible Answers to Self-Assessment Exercises

1. Medical ethics and Bioethics are similar but they also have some differences.
2. Ethics or morality.

UNIT 2 RELIGION AND BIOETHICS (ISLAMIC AND CHRISTIAN ETHICS)

Unit Structure

2.1 Introduction

Ethics and Religion are quite intertwined. So also, is bioethics and religion. The intersection of religion and bioethics represents a profound and complex area of philosophical inquiry. As medical technology and biological sciences advance, they present ethical dilemmas that challenge traditional moral frameworks and necessitate nuanced consideration. Religion, with its deep-seated moral teachings and ethical guidelines, provides a rich source of insight and direction in navigating these dilemmas. In particular, Islamic, Christian and Buddhist ethics provide distinct perspectives on bioethical issues, grounded in their theological, moral, and philosophical traditions.

2.2 Learning Outcomes

By the end of this unit, you will be able to:

- identify the relationship between bioethics and religion’
- discuss bioethics and religion
- discuss how Islamic religion relates with bioethics
- discuss how Christian religion relates with bioethics
- enumerate how Buddhist religion relates to bioethics.

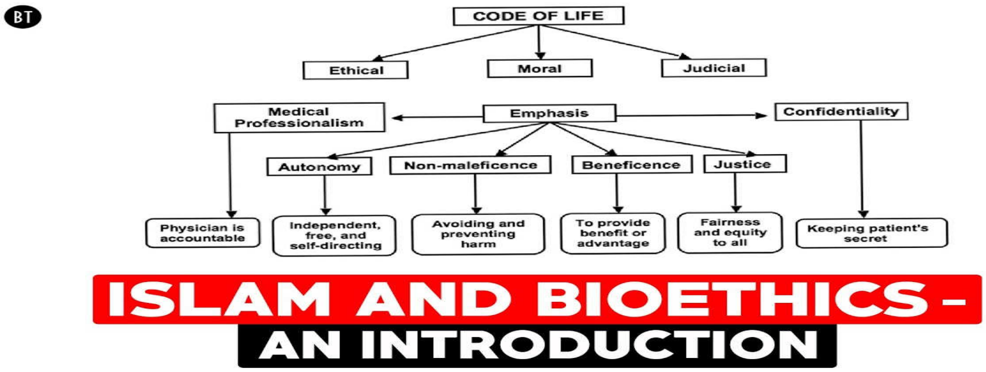
2.3 The Role of Religion in Ethics and Bioethical Issues

Religion has historically played a crucial role in shaping ethical norms and values, influencing both personal decision-making and broader societal policies. Major world religions, including Christianity, Islam, Judaism, Hinduism, and Buddhism, offer comprehensive ethical systems that address issues of life, death, suffering, and human dignity. Religious ethical frameworks often provide direct or derived guidelines on bioethical issues such as abortion, euthanasia, genetic engineering, and end-of-life care which are also the concerns of Bioethics.

The rapid advancement of medical technologies and biotechnologies poses significant ethical questions that intersect with religious teachings. Issues such as genetic editing, cloning, stem cell research, and assisted reproductive technologies challenge existing moral boundaries and demand rigorous ethical scrutiny. Religious ethics provides critical perspectives that can either support or challenge these advancements based on theological doctrines and moral principles.

For example, the use of CRISPR technology for genetic editing raises questions about the moral limits of human intervention in natural processes. Religious perspectives often highlight concerns about "playing God" and the potential long-term consequences of altering the human genome (Sulmasy, 2019). Conversely, many religious traditions also emphasize the moral imperative to alleviate suffering and improve human health, which can support the ethical use of medical technologies under certain conditions.

2.3.1 Islamic Ethics and Bioethics



[Source]

Islam as a religion and its theological positions seem to be profoundly germane. In analyzing various bioethical topics of the present time, principles on the matters of respecting the sanctity of human life and dignity, compassion, justice and responsibility have formed the moral system to organize ethical reasoning regarding more demanding issues. As one of the major religions and the fastest growing and expanding belief systems in the World, it is important to analyze the standpoint of Islam regarding bioethics (Ali & El-Kamary, 2017). In our opinion, this holds significant importance in the contemporary world, given the rapid scientific and technological advances that pose new ethical dilemmas concerning human life, health, and wellbeing. Islam, as a comprehensive system of faith and practice, provides revealed principles that can guide Muslims on navigating these complex current debates, ranging from the beginning to the end of life (abortion, euthanasia) to issues like genetic manipulation, organ transplants, and more (Tabatadze & Golitsyna, 2019).

Islamic bioethics thus serves as a necessary bridge between the discoveries of modern science and the enduring wisdom of the Quran and Sunnah, seeking a synthesis that harnesses the best of both realms. This way, we could apply the elevated ethical standards of Islam regarding the inviolable value of human life to emerging technologies, counteracting potential dehumanizing effects, and promoting holistic health and well-being from a worldview that encompasses body, mind, and spirit. As integral components of Islam, the Quran and Sharia, serve as the foundational sources of ethics, including then Islamic bioethics. These sources emphasize the importance of life, dignity, and the well-being of humans, and establish principles such as nonmaleficence, justice, and the safeguarding of human life (Ahmed, 2016). Despite their significance, the principles underpinning Islam's ethical framework applied to routine clinical scenarios remain insufficiently understood by many clinicians (Mustafa, 2014). In addition, and despite criticisms, it has been observed that discussions in Islamic countries on various aspects of modern bioethics align with Islamic sources (Karmy Bolton, 2010).

One of the core principles in Islamic ethics is the sanctity of life. Life is considered a divine trust, and taking a life unjustly is strictly prohibited as clearly stated in Surah Al-Isra Ayat Qur'an 17:33;

> وَلَا تَقۡتُلُواْ ٱلنَّفۡسَ ٱلَّتِي حَرَّمَ ٱللَّهُ إِلَّا بِٱلۡحَقِّۗ وَمَن
> قُتِلَ مَظۡلُومٗا فَقَدۡ جَعَلۡنَا لِوَلِيِّهِۦ سُلۡطَٰنٗا فَلَا يُسۡرِف
> فِّي ٱلۡقَتۡلِۖ إِنَّهُۥ كَانَ مَنصُورٗا
>
> And do not kill the soul which Allah has forbidden, except by right. And whoever is killed unjustly – We have given his heir authority, but let him not exceed limits in [the matter of] taking life. Indeed, he has been supported [by

the law].

This belief significantly influences Islamic ethical positions on issues like abortion, euthanasia, and assisted suicide.

In bioethics, the sanctity of life principle is paramount in debates on abortion and end-of-life care. Islamic ethics generally opposes abortion, except in cases where the mother's life is at significant risk. Most Islamic scholars agree that life begins at ensoulment, which is believed to occur at 120 days of gestation, making abortion before this period a complex ethical issue but largely permissible in certain conditions (Rizvi, 1989). Euthanasia and assisted suicide are categorically rejected in Islamic ethics, as life and death are considered under Allah's sovereignty (Qur'an 6:151).

Islamic ethics emphasizes the inherent dignity of every human being, a concept derived from the Qur'anic verse that states humans are created in the best of forms (Qur'an 95:4). This principle is crucial in bioethical discussions, ensuring that all individuals are treated with respect and compassion, regardless of their condition.

This principle impacts the treatment of disabled individuals, genetic engineering, and stem cell research. Islamic ethics advocates for the protection of vulnerable populations and cautions against practices that may undermine human dignity. Genetic engineering, particularly germline editing, raises significant ethical concerns about altering Allah's creation (Qur'an 4:119). However, therapeutic cloning and stem cell research may be permissible if they align with the objectives of preserving life and health (Ghaly, 2010).
Medical advancements bring forth significant ethical questions, many of which are addressed within the framework of Islamic ethics. Technologies such as in vitro fertilization (IVF), genetic editing, and artificial intelligence in healthcare prompt a reevaluation of traditional ethical boundaries.

Islamic ethics often emphasizes the importance of Shariah, or Islamic law, in guiding medical practices. IVF is generally accepted within Islamic ethics if it involves the married couple's gametes and respects the sanctity of marriage (Clarke, 2009). Genetic editing, especially germline editing, is approached with caution due to potential unintended consequences and ethical misuse. However, somatic cell editing for therapeutic purposes may be permissible if it aligns with the principles of necessity and public interest (Ghaly, 2015).

Suffering is a multifaceted issue within both Islamic ethics and bioethics. Islam teaches that suffering can have a spiritual purpose and that it is part of the human experience (Qur'an 2:155). This perspective influences bioethical discussions on pain management, palliative care, and end-of-life decisions.

Islamic ethics promotes compassionate care and pain alleviation, drawing a line at practices that intentionally end life. Palliative care, which focuses on relieving suffering and improving the quality of life for patients with serious illnesses, aligns with the Islamic ethic of compassion and respect for life (Athar, 1996). Euthanasia and assisted suicide, however, are prohibited, as they conflict with the belief in Allah's ultimate control over life and death.

Islamic ethics emphasizes the role of community and collective decision-making in ethical issues. Moral decisions are seen within the context of the ummah (community), guided by the principles of Shura (consultation) and Ijtihad (independent reasoning). This communal approach provides support and guidance in navigating complex bioethical dilemmas.

In practical bioethics, this means engaging with various stakeholders, including patients, families, healthcare providers, and religious scholars, to arrive at ethically sound decisions. This approach ensures that decisions are holistic and consider the well-being of all involved (Sachedina, 2009).

2.3.2 Christian Ethics and Bioethics

Source

2.3.3 Foundation of Christian Ethics

Christian ethics derives from the Church’s understanding of, and response to the contents of the Bible which is often referred to as the Scripture. The Bible contains the Old and New Testaments which are authoritative revelations from God and the purpose of God for humanity. The Old and

New Testaments form the basis for the intersection between Christian Ethics and Bioethics

Christian ethics, rooted in the teachings of Jesus Christ and biblical principles, provides a framework for moral decision-making. Bioethics, a field that addresses the ethical implications of biological and medical procedures, often intersects with Christian ethics.

Medical advancements bring about significant ethical questions, many of which are addressed within the framework of Christian ethics. The development of technologies such as in vitro fertilization (IVF), genetic editing, and artificial intelligence in healthcare prompts a re-examination of traditional ethical boundaries.

Christian individuals today encounter few moral dilemmas as intricate or widespread as those found in the field of medicine. The issues encompass the initiation and termination of existence, truthfulness, assisted reproduction, personal decision-making in health issues, authoritative control, moral frameworks, a perplexing assortment of medical interventions, and inquiries regarding experimentation. Consequently, a dictionary containing specialised terminology has emerged, serving as the common language for medical professionals, non-experts, legal specialists, and ethicists. Living wills, euthanasia, Roe vs. Wade, triage, extraordinary means, life support systems, in vitro fertilisation, surrogate motherhood, sperm banks, implantation, genetic screening, right to die, therapeutic abortion, Karen Ann Quinlan, quality of life, and informed consent have become widely known and are no longer limited to medical manuals and court records.

The number of distinct groups of individuals engaged in bioethics is as intricate as the subject itself. Within the medical community, there are various distinct groupings. Due to the advancements in science and technology, doctors are compelled to make difficult choices about matters of life and death. Nurses frequently encounter personal conflicts over the ethical behaviour of doctors or the desires of patients and their families.

Administrators must reconcile the requirements of government financing restrictions with the local pressure to allocate funds for budgets and cover the continuously advancing technologies in contemporary medicine. In addition to this, there is an expanding discipline of specialised medical ethicists who aim to harmonise various theological perspectives with utilitarian humanism logic. Anything as perplexing as this naturally becomes valuable material for the media and politicians. Protesters mobilise to attract media attention and influence legislators to enact legislation that aligns with their moral perspective. Each of these organisations tends to promote and popularise its own set of moral values.

Opinion polls on medical concerns are commonly featured in newspapers and news publications. In our diverse nation, the legislatures and court systems have become the final option for resolving numerous medical-ethical problems. The court rulings on abortion and Karen Ann Quinlan were merely the most widely recognised. Courts have consistently grappled with determining the mental capacity in matters involving mental health and elderly individuals. They persist in their efforts to establish clear definitions for prenatal viability, the time of death, and patient rights. They have also been tasked with making decisions on the ownership of sperm banks and custody in circumstances involving surrogate pregnancy. At the centre of this complex and ethically challenging situation is the modest parish pastor, endeavouring to provide solace and guidance to his anguished and bewildered congregation. The decisions that his members have to make regarding the various possibilities in medical technology sometimes appear to contradict the practical application of Holy Scripture. There are instances where three or more distinct scriptural instructions appear to be relevant, making it challenging to provide unambiguous and straightforward guidance. It becomes increasingly challenging when families, who perceive the uncertainty around the issue, insist that their pastor provide them with a conclusive response that they can implement without any moral qualms.

2.3.4 Foundational Principles in Christian Ethics and Bioethics

One of the foundational principles in Christian ethics is the sanctity of life. According to Christian belief, life is a sacred gift from God, and human beings are created in the image of God (Genesis 1:27). This belief underpins the Christian ethical stance on issues such as abortion, euthanasia, and assisted suicide. Christian ethics generally opposes these practices, emphasizing the inviolability of human life.

In bioethics, the sanctity of life principle influences debates on abortion and end-of-life care. For example, many Christians oppose abortion based on the belief that life begins at conception and that terminating a pregnancy is morally equivalent to taking a human life (Psalm 139:13-16). Similarly, euthanasia and assisted suicide are often rejected because they involve actively ending a life, which is seen as contrary to God's will (Exodus 20:13).

Another crucial concept in Christian ethics is the inherent dignity of every human being. This belief is derived from the understanding that humans are created in God's image and have intrinsic worth. In bioethics, this principle translates into the idea that all individuals should be treated with respect and care, regardless of their physical or mental condition.
Issues such as the treatment of disabled individuals, genetic engineering,

and stem cell research are often examined through the lens of human dignity. Christian ethics advocates for the protection of vulnerable populations and cautions against practices that may commodify or devalue human life. For instance, genetic engineering and cloning raise concerns about "playing God" and the potential for creating inequalities among humans (Genesis 1:26-28).

Christian ethics often emphasizes the importance of natural law and the intended order of creation. Consequently, procedures like IVF and genetic editing are scrutinized for their alignment with God's design. While IVF is sometimes accepted within Christian ethics if it respects the sanctity of life and marital union, genetic editing, especially germline editing, is often viewed with caution due to the potential for unintended consequences and ethical misuse (Jeremiah 1:5).

Suffering is a complex issue within both Christian ethics and bioethics. Christianity teaches that suffering can have a redemptive value and that it is a part of the human experience (Romans 5:3-5). This perspective influences bioethical discussions on pain management, palliative care, and end-of-life decisions.

Christian ethics promotes compassionate care and pain alleviation but often draws a line at practices that intentionally end life. Palliative care, which focuses on relieving suffering and improving the quality of life for patients with serious illnesses, aligns with the Christian ethics of compassion and respect for life (2 Corinthians 1:3-4).

Christian ethics emphasizes the role of community and the collective discernment of ethical issues. Moral decisions are not seen as isolated but are made within the context of the Christian community, guided by Scripture, tradition, reason, and experience. This communal approach can provide support and guidance in navigating complex bioethical dilemmas. In practical bioethics, this means engaging with various stakeholders, including patients, families, healthcare providers, and religious communities, to arrive at ethically sound decisions. This approach ensures that decisions are holistic and consider the well-being of all involved (Acts 2:42-47).

Uduigwomen (2003: 166-167) summarises five principles in a Christian approach to biomedical ethics. The principles are:

1 God’s sovereignty over life: God made man in his own image and he only has the right to give and take life. Thou shall not kill is one of the ten commandments as given in Exodus.

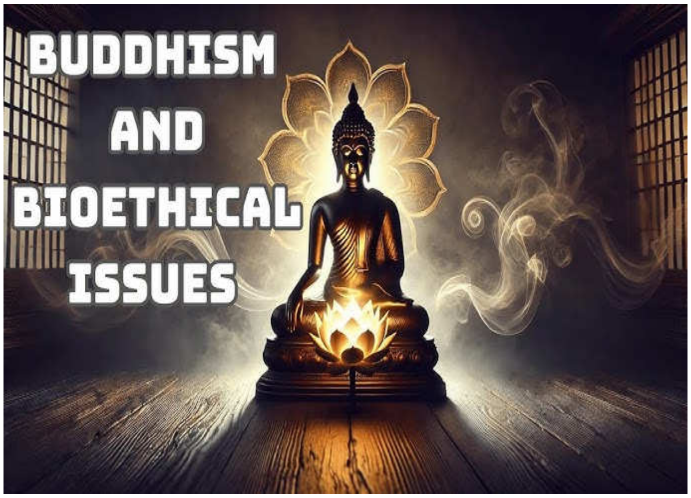
2 The Dignity of man: Human beings resemble God and they represent Him. This is the basis of capital punishment for capital crime. Killing or even cursing man violates his dignity before God

3 Sanctity of life: This is simply the view that life is holy and sacred.

4 Mortality of life: Human beings are mortal hence they die. Sin came in through Adam and Eve and brought in death.

5 Love for fellow humans: Love is essential in Christian ethics. Love for fellow human beings is vertical that is God ward and horizontal man ward. These principles are important and they are applied accordingly to bioethical issues especially when there are conflicting bioethical issues on a bioethical issue.

2.3.5 Buddhism and Bioethics



Source

Here we shall discuss in brief Buddhist Bioethics. Buddhist bioethics is the application of Buddhist principles and teachings to ethical dilemmas in the fields of medicine, biology, and healthcare. It is deeply rooted in Buddhist philosophy, which emphasizes compassion, non-harming, mindfulness, and interdependence. Unlike Western bioethics, which often relies on rights-based or utilitarian frameworks, Buddhist bioethics focuses on intentions, karma, and the alleviation of suffering.

2.3.6 Core Foundations of Buddhist Bioethics

The core foundations of Buddhist ethics are the following:

1 The Five Precepts:

The five precepts are the ethical guidelines that shape behavior and decision-making. They can be highlighted thus:

- Refrain from harming living beings (**Ahimsa** or non-violence).
- Refrain from taking what is not given.
- Refrain from sexual misconduct.
- Refrain from false speech.
- Refrain from intoxicants that cloud the mind.

2 The Four Noble Truths:

Ethical decisions are made with an understanding of the nature of suffering (**dukkha**) and the goal of alleviating it. It is thus held that:

A. Life involves suffering.

i. Suffering is caused by attachment and craving.
ii. Suffering can be overcome.
iii. The Eightfold Path offers a way to end suffering.

3 The Eightfold Path:

Ethical living is guided by principles like **Right View**, **Right Intention**, and **Right Action**, which encourage mindfulness, compassion, and non-harming.

4 Karma and Intention:

Actions are judged by the intention behind them rather than just the outcome. Ethical behavior aims to avoid generating negative karma and instead cultivates positive outcomes for all sentient beings.

5 Interdependence:

The interconnectedness of all beings means that ethical choices should consider the broader implications for individuals, society, and the environment.

2.3.7 Applications of Buddhist Bioethics

Buddhist bioethics addresses many contemporary issues in healthcare and biology. Some of the issues are discussed below:

Abortion

Abortion according to Huges (2007) has been generally disapproved in Buddhist culture on the grounds that it is murder. In order words, the key considerations is that life begins at conception, and taking life (even potential life) is considered a violation of the principle of non-harming. However, the specific circumstances (e.g., risks to the mother's life or severe fetal abnormalities) and the intention behind the decision are critically evaluated. Decisions are made with compassion for all involved, seeking to minimize suffering for the mother, fetus, and family.

Euthanasia and Assisted Dying

In a discussion of Euthanasia, Buddhist Bioethics generally will discourage. Voluntary euthanasia because it involves taking life, which generates negative karma. Suffering is seen as part of life's natural process, but care for the dying should focus on compassion, pain relief, and emotional support. Palliative care and mindfulness practices are often encouraged to help individuals face death with dignity and peace.

Organ Donation

Organ donation aligns with Buddhist values of altruism and interdependence**.** In Buddhist Bioethics, donating organs is viewed positively if it is an act of generosity and compassion that helps others. However, care must be taken to ensure the donor does not suffer unnecessarily, and the act must be voluntary and free from coercion.

Genetic Engineering and Cloning

Genetic engineering is evaluated based on its intentions and consequences. Modifications that reduce suffering (e.g., curing diseases) may be permissible, but altering life for profit, vanity, or control is discouraged. Ethical considerations focus on avoiding harm, respecting the sanctity of life, and ensuring equitable access.

End-of-Life Care

Death is seen as a natural process, and mindfulness practices are encouraged to help individuals face death with awareness and peace. Efforts should focus on reducing pain and providing spiritual support rather than extending life unnecessarily. Compassionate care and mindfulness meditation are key components of Buddhist-inspired end-of-life practices.

Buddhist bioethics offers a compassionate, intentional, and context-sensitive approach to modern dilemmas. Its emphasis on mindfulness and interconnectedness makes it particularly relevant in areas like end-of-life care, mental health, and environmental sustainability. By prioritizing the alleviation of suffering and promoting harmony, it provides valuable guidance for addressing complex ethical challenges in healthcare and beyond.

2.4 Summary

Religion plays very important role in bioethical discuss. The various tenets of different religions influence their ethics and determine what is viewed as right or wrong**.** The various ethical principles of the varied religions affect ethical decisions on issues such as: organ transplants, abortion, blood transfusion, artificial insemination, allocation of health care resources and many more bioethical issues including animal ethics and the environment. Other religions are of concern to bioethical issues. Such as: Hinduism, Buddhism, Jehovah's Witness, and Taoism to mention a few.

Self-Assessment Exercise

1. How can we say the concept of suffering in Islamic religion do affects bioethical thinking?
2. What is the basis of Christian ethics upon which bioethics is reflects on?

2.5 References/Further Readings/Web Resources

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2.6 Possible answers to Self-Assessment Exercises

1. The Bible

2. Islam teaches that suffering can have a spiritual purpose and that it is part of the human experience (Qur'an 2:155). This perspective influences bioethical discussions on pain management, palliative care, and end-of-life decisions.

UNIT 3 CULTURE AND BIOETHICS (COMMUNITARIANISM AND AFRICAN ETHICS)

Unit Structure

3.1 Introduction

Discussions in bioethics can be influenced by various cultural backgrounds and underpinnings. Bioethicists in Africa engage in bioethics as a professional practice on a daily basis and the field is inadequately defined in terms of methodology and teaching methods. There is a call for a more awareness of the extent in which culture can shape bioethical issues and dilemmas. African bioethicists are beginning to see the need to take cultural underpinnings seriously. Bioethics has become a thriving global movement that aims to promote fair and inclusive discussions by integrating ethical principles from diverse cultural and socioeconomic contexts (Schaeffer, 2015:107). The core bioethical values, contents, trends, and principles originating from Africa are currently considered to have the least influence and are unfairly marginalised, as they are yet insufficiently theorised and underdeveloped. Andoh (2011) opines that, African views on bioethics are neither sufficiently developed nor heard. Africans need to confront these current challenges of bioethics to their lives and communities and to develop African conceptions to in-corporate African specificities and approaches. Chukwuneke et al (2014) opines that “the extent to which cultural diversity should be permitted to influence bioethical judgments in Africa, which at present is burdened with many diseases, should be of concern to researchers, ethicist and medical experts taking into considerations the constantly transforming global society”. I is thus important to take cultural underpinnings seriously in bioethical discuss as culture may influence bioethical decisions.

3.2 Learning Outcomes

By the end of this unit, you will be able to:

- Identify the issues in Culture and Bioethics
- Discuss Communitarianism and Bioethics
- Discuss Communitarian Bioethics
- Know the Philosophical Foundations of Communitarianism
- Discuss African Communitarianism and how it affects bioethics
- Communitarian bioethics
- Know whether Communitarian Bioethics Paternalistic**?**

3.3 Communitarian Bioethics

Communitarian Bioethics is characterised by a lack of exploration into its philosophical foundations, normative underpinnings, moral theories, and principles. Its future is uncertain due to scepticism and the absence of clearly established pillars.

Moreover, the world is characterised by diversity, where various traditions and lifestyles coexist. However, it is important to note that not all personal or cultural values hold the same moral significance. However, the prevailing mainstream bioethical norms are depicted as the sole legitimate and universally applicable ideal, and Western bioethicists continue to face challenges in reshaping or reconstructing the profession in accordance with their own cultural and ethical traditions. They have displayed a significant lack of tolerance for alternative values that could offer practical solutions to difficult challenges, while also contributing to the advancement of the field. Faced with the presence of colonialism, communitarian bioethics continues to actively protect and redefine its identity, authenticity, specificity, particularity, and relevance. Ethical decision-making and discussion exhibit diversity, and bioethicists should cultivate the ability to accept, incorporate, and embrace additional social and community considerations, as well as emerging tendencies in communitarian ethics. The moral ideals and principles of African and other important civilizations serve as the bedrock for ethical advancement in the globe, potentially shaping its destiny.

3.3.1 Philosophical Foundation of Communitarianism

Communitarian refers to or is typical of a community. The perspective referred to here is one that acknowledges the importance of both the individual's inherent worth and the societal aspects of being human (Etzioni, 1998). The Concise Oxford Dictionary (1995) states that communitarianism and communalism are synonymous. Communal refers to something that is connected to or advantageous for a community. Communalism is a political ideology that promotes a world where all property is collectively held and individuals are remunerated and contribute based on their abilities and needs.

Communitarianism, as defined by the Oxford Dictionary of Philosophy, is a political model that emphasises the importance of emotional connections, family relationships, and a shared sense of purpose and tradition (Blackburn, 1996). The concept of community encompasses a range of entities, including the political state, smaller communities and institutions, and the family.

Communitarianism posits that the individual is situated within a framework of social connections and mutual reliance, rather than being in isolation. The fundamental focus is the promotion of policies that benefit the general welfare. Communalism upholds social values such as peace, harmony, stability, solidarity, mutual reciprocity, and sympathy. Communitarianism is centred on ethical principles such as generosity, compassion, solidarity, and social wellbeing. Communitarianism questions the individualistic liberal notion of a shared benefit and emphasises the importance of social connections and the equilibrium between individual liberties and societal obligations. It does not represent a glorification of the organisation. Social order and liberty should be mutually complementary and reinforcing, rather than giving absolute power to the community.

Communitarianism advocates for the use of persuasion instead of compulsion in promoting pro-social behaviour through methods such as therapy, dispute resolution, communication, pluralism, and consensus achieved through discourse. It is not based on the majority opinion or rule. It acknowledges that certain issues, including as freedom of speech, the right to vote, and the right to a fair trial by peers, are not determined by majority rule. In contrast, there are certain obligations, such as paying taxes, having a valid driver's licence, and refraining from abuse, that are subject to majority rule (Etzioni, 1998).

Communitarianism can be described as the antithesis of a society that operates under the social contract, which views society as a collection of individuals who establish the guiding principles of their own political system. In contrast to communitarianism, the social contract theory focuses on fundamental rights such as the right to life, the right to liberty, and the right to property. Contracts establish both rights and obligations. The communitarian movement that emerged in the 1990s in the Western world is dedicated to establishing a fresh moral, social, and public structure centred on the concept of revitalised communities, reminiscent of mediaeval European society. The primary objective is to highlight the importance of being conscious and dedicated to fulfilling obligations towards fellow community members (Gyekye, 1997).

Communalism has historically and continues to be a fundamental aspect of traditional African civilization, shaping its socio-economic structure. This system is rooted in the principle of collective ownership of land, similar to the concept of commons in mediaeval Europe. The land was collectively owned. The right to land was essentially the right to utilise it. The chief serves as the caretaker. According to Gyekye (1997), private property is limited to cattle and the profits derived from the land. According to Segun Gbadegesin, this social behaviour is only partially a result of solidarity. Furthermore, the lack of machinery and advanced techniques for managing extensive agricultural tracts is a significant contributing factor. The concept of life involves a reciprocal exchange: by sacrificing one's personal interests, one can be assured that the community will prioritise their well-being as well (Gbadegesin, 2000). Put simply, communitarianism in European mediaeval and African societies is a practical and cautious system that rewards moral behaviour.

3.3.2 African Communitarianism

African Communalism is exemplified by John Mbiti's creation of the African worldview, which states: "I exist because we exist; and because we exist, I exist." I am present due to the existence of the community (Chimezie, 2022). Ubuntu refers to the concept of interconnectedness and the belief that one's humanity is tied to the well-being of others. The question that arises from this perspective is if an individual is entirely formed by their social connections, as radical/unrestricted/extreme communalism argues.

Moderate or restricted communitarianism posits that this stance opposes the principles of individualism, such as autonomy and the ability to make free choices. Radical communitarians, such as Joseph Mbiti and Ifeanyi Menkiti in Africa, as well as Michael Sandel, Charles Taylor, and Alasdair MacIntyre in the West, argue that: 1) a person's identity is defined by their community, rather than being based on isolated attributes like rationality and free will; 2) personhood is earned through an individual's moral accomplishments, granting them full membership in the community; and 3) personhood can be lost if an individual fails to meet the criteria set by their community (Ikuli and Ukang, 2021). From this standpoint, emphasis is placed on the obligations that individuals have towards the community, as the welfare of the collective takes precedence. Individual rights are relegated to a subordinate position.

Kwame Gyekye, a proponent of moderate communitarianism, contends that radical communalism amplifies the normative standing and authority of the community while disregarding the intricate characteristics of the individuals comprising the community (Laryea, 2020). He argues that extreme communitarianism isolates a society from other historico-cultural groups by focusing exclusively on its own unique characteristics. This poses the risk of particularism, which is the belief that a thinker from one culture is incapable of comprehending the ideas generated in another society. Moreover, excessive communitarianism results in the incapacity to detach oneself in order to assess, critique, and modify the values and practices of one's own group. Gyekye argues that a significant risk associated with this phenomenon is the potential for political intolerance, authoritarianism, and even dictatorship (Gyekye-Jandoh and Alidu, 2016).

The concept of moderate communalism, advocated by Léopold Sédar Senghor and endorsed by current thinkers like Kwame Gyekye, Kwesi Wiredu, and Segun Gbadegesin, posits that communitarianism places greater emphasis on the collective rather than the individual (Ikuli and Ukanag, 2021). It perceives society not as a collection, but rather as a collective of individuals. Personhood, according to this perspective, is not just determined by belonging to a community. The focus is on being attuned to the concerns and welfare of the community. This does not necessarily have a harmful effect on individual rights. Rights and responsibilities are of equal importance.

The perspective on obligations towards others is based on prioritising their needs over their entitlements. Rights are accorded due consideration, but equal consideration is also given to other values of the community that, in certain circumstances, may be deemed more important. The individual possesses both autonomy and a sense of belonging to a community. It is acknowledged that in addition to being inherently social, individuals also possess rationality, a moral sense, the ability to exhibit virtue, and the capacity for free will. One advantage of this is that it allows individuals to maintain their ability to objectively evaluate the practices and beliefs endorsed by their community. Furthermore, this is essential for the advancement of ethical development. The idea of autonomy, individual and the community is very crucial in African bioethics.

3.3.3 Communitarian bioethics

Typically, strong opinions cause the pendulum to swing in the opposite direction. An intense or perhaps excessive focus on autonomy results in reduced stress on autonomy. In this viewpoint, the prioritisation of the common good takes precedence above individual rights. Personal rights, including the right to health care, are considered within a communal framework. According to Daniel Callahan's recommendation, it is more appropriate to inquire about what factors contribute to a favourable society rather than questioning whether something infringes on autonomy. (Wiredu, 2000)

The notions of public health, distributive justice understood as solidarity or a collective obligation to care for all individuals, equitable availability of healthcare, inclusion of the family in decision-making processes, and shared agreement on public policy are manifestations of this perspective. The allure is in the notion that residing in an organic society is more fulfilling and compassionate compared to being isolated inside a collection of independent individuals. According to Judith Jarvis Thomson, the inhabitants of our society, who resemble bees, do not actually treat each other kindly.

According to Beauchamp and Childress, the primary reason for the importance of rights is that they serve as a protective barrier against government interference in communal matters (Beauchamp, 1994). However, it is necessary to emphasise the importance of communal values and consideration for others to counterbalance the potential negative effects of excessive focus on individual rights. Principlism, the mainstream philosophy of medical ethics, has an alternative worth exploring.

3.3.4 Is Communitarian Bioethics Paternalistic?

Paternalism is widely regarded as a menace to individual autonomy, liberty, rights, and privacy. While generally uncontroversial when applied to youngsters or the mentally ill, it entails restricting the freedom or autonomy of an individual for specific reasons. An act is considered paternalistic if it infringes upon the freedom or self-governance of the individual, is carried out without their consent, and is based on the belief that it will enhance their well-being (including preventing any decline in well-being) or advance their interests, values, or overall welfare. Paternalism entails a clash between two significant principles: 1) the principle of autonomy, which emphasises the importance of individuals having the ability to make their own decisions about their lives, and 2) the principle of beneficence, which emphasises the importance of supporting and safeguarding the welfare of others. Gerald Dworkin argues that paternalism is only appropriate under two specific situations (Dworkin, 2015).

First and foremost, paternalism should aim to safeguard against irrational tendencies, such as cognitive and emotional limitations, as well as preventable and inescapable ignorance. Furthermore, to be considered justifiable, paternalistic intervention should only be applied to decisions that have significant consequences, pose potential risks, and cannot be undone (Dworkin, 2015). Based on his approach, paternalism is deemed justifiable solely for judgements that are extensive, possibly hazardous, and entail irreversible repercussions. Paternalism can take on various forms, including weak and powerful. A weak paternalist holds the belief that it is acceptable to intervene in the methods individuals select to achieve their goals, if such methods are likely to undermine those goals. A staunch paternalist holds the belief that individuals may possess misguided, perplexed, or unreasonable objectives, and it is justifiable to intervene in order to prevent them from attaining those objectives.

In liberal countries, an individual's capacity to make autonomous choices has significant implications for key aspects of healthcare relationships, including patients' autonomy and professionals' rights of conscience. While a liberal political framework safeguards human autonomy, this protection is contingent upon the presumption of an individual's capacity to make rational choices (May, 2009). However, in African countries, most individuals lack the necessary skills and knowledge to make autonomous and well-informed decisions. In the current period of advancing healthcare, when the boundaries of life and the potential for treating illnesses have significantly changed, the methods and principles of providing care have undergone significant transformation, and patients' ability to make decisions has greatly improved. Based on this perspective, it can be confidently stated that medicine is predominantly individualistic, as it seldom prioritises the welfare of the community.

Communitarianism is commonly seen as the complete opposite of liberalism. It aims to anticipate individual choices by relying on communal moral rules and authorities (Etzioni, 2011). In light of the increasing focus on professionalism and the potential advancements in precision medicine, communitarian bioethics must expand its scope and fundamentally redefine its area of study. This can be achieved by developing the necessary skills and resources to promote community-based practices and institutions.

Western philosophers sometimes tend to create universal arguments based solely on the moral reasoning and political experiences of Western liberal countries, as well as Western-style civil and political liberties. The common law places utmost importance on the right of every individual to possess and manage their own person, without any kind of restraint or interference from others. Daniel Callahan concisely explains this: The appeal of autonomy as a key value is much more prevalent in American society, representing a significant ideological tendency. One of our patriots famously declared during the 1776 revolution, "grant me freedom or grant me demise," which became a defining symbol of our struggle for independence. It elucidates our cultural opposition to the prevailing welfare state in the UK and other European nations, particularly evident in recent conflicts around the government's involvement in healthcare. The concept of "solidarity," which is highly valued in those countries, has limited influence in the United States (Callahan, 2015).

However, the current Western approaches do not sufficiently understand and address African communitarianism, and they do not offer or encourage a comprehensive understanding of the dynamic and lively African identity. The model exhibits a lack of responsiveness to political discourse that is sensitive to traditional values. It fails to sufficiently acknowledge the significance of an African cultural viewpoint in ethical decision-making within the field of bioethics. The attempts to conceptualise the philosophical basis and foundational roots of African communitarianism based on Greek traditions, such as Aristotle's philosophy and other European thinkers, reveal a noticeable inherent inconsistency and unresolvable conflict. Therefore, attempting to base the principles of African communitarianism on Western values would result in a significant misinterpretation if its values are only examined, analysed, and linked to the Western concept.

According to Aristotle, humans are social creatures and political creatures since they cannot thrive on their own and require a community, specifically a polis. The concept being referred to is the notion of an intimate and interconnected local community that is united by common goals. In this community, individuals naturally assume and fulfil socially assigned roles, and the social significance is both unified and structured hierarchically. Community members or participants unquestioningly adhere to and support traditional norms, values, and practices without critical examination (MacIntyre, 1984). Grounding its foundation in Aristotelian philosophy might result in paternalism, as individuals unquestioningly adhere to established values. This raises ethical considerations on whether individual rights are paramount and inviolable under any circumstances, or if individuals should instead prioritise the collective well-being. Moreover, the complex matter of a person's duties and societal positions, as well as conflicts, legal frameworks, and personal accountability, appear to be undermined in African reality due to the collectivist philosophy's disregard for individual subjectivity and autonomy. Does collectivist philosophy, often known as the 'theory of we', genuinely reject the idea of individual subjectivity, personal self, and autonomy? African morality is primarily rooted in the benefit values of collective family and community well-being, rather than being only dependent on religion or faith.

This moral framework emphasises the importance of maintaining individual character while prioritising the welfare of the larger social group (Igbafen, 2014). African communitarian principles do not explicitly prohibit individualism, inventiveness, or nonconformity. However, they do emphasise the consideration of communal norms in moral reasoning, which may influence the evaluation of certain behaviours.

Kwame Gyekye asserts that the communal framework does not negate the existence and significance of the individual's ability to assert oneself through their actions (Gyekye, 1997). This perspective opposes the notion of random individual decision-making and instead acknowledges and values individuals' creativity, ingenuity, and human rights. Therefore, it is not the case that there is a lack of individual thinking and activity in African communities, but rather that it must always conform to the rules of the community. The key point that is commonly emphasised is that although individuals have their own distinctiveness, free will, and personal identity within the community, individual autonomy should not supersede that of the community. When there is a power imbalance and a conflict between individual rights, it is seen that societies don't always dominate people. This is because some factors make individuals more likely to focus on their own interests and protect themselves from the pressure to conform to the community.

Within the communitarian framework, there is a differentiation between the "ontological" and "moral" conceptions of personhood: Person as a "being" and Person as a "agent". Individuals, as agents, are based on their fundamental existence as self-aware and logical beings, who manifest their ability to make independent choices - freedom. This involves the ethical obligation for one's voluntary choices. An individual's "moral self" is formed gradually by their voluntary choices and behaviours, both internally and externally. The primary objective of the "moral self" is to establish significant and high-caliber connections with the "other" within a communal setting. The communal nature inherent in African ontology enables the development of an individual's genuine "moral self" and the practice of genuine "freedom" within their society, rather than in isolation (Kahiga, 2015).

The appeal of moderate communitarianism lies in its ability to provide a more comprehensive understanding of the relationship between individualism and communitarianism, as opposed to the limited perspective offered by a radical communal thesis (Bongmba, 2015). The concept of human rights means that individuals are entitled to certain rights and should have the ability to make decisions for themselves. Strengthening individualism should not be viewed as a compromise with Western principles, as the Western heritage also embraces communitarian ideas. Adhering to principles, maintaining universal ethical values, and seeking objective truth does not automatically mean disregarding the principles and values of other communities that differ from ours, as long as they align with their own worldview and perspective on life. Hence, the notion that a universal "Enlightenment" understanding of "Reason" can be effortlessly imposed on any non-western setting is highly problematic. The statement made by Knoppers and Chadwi (2015) suggests that ethics is not a fixed collection of theories or principles that can be easily applied to new situations. They also argue that there cannot be universal norms in the field of bioethics, as ethical norms are constantly evolving and influenced by the scientific advancements they pertain to.

African communitarian bioethics is characterised by its communalistic orientation, which stands in contrast to the Western ethical tradition that prioritises an individual's sense of self and autonomy. Nevertheless, it is crucial that we address and promote further training and financing opportunities to address the prevailing authority and power dynamics, as well as the limited patient rights that exist in research and clinical encounters in Africa. It is necessary to establish and maintain stricter and more resilient ethical principles and improve global ethical standards to govern research endeavours in different areas. It is a truth that significant portions of African communities consist of vulnerable groups, including individuals with lower socio-economic status, extremely impoverished populations, and generally ignorant people who have little access to healthcare.

The population in question is highly vulnerable, experiencing significant disadvantages in terms of their medical, political, economic, social, and technical circumstances. Researchers frequently engage in unethical practices to take advantage of the fragility of Africans. Currently, conventional bioethics does not adequately address the specific moral perspectives of patients and their family members. On the contrary, it strongly supports a philosophy centred on the quality of life, which mandates that individuals must demonstrate specific cognitive abilities in order to obtain their moral and legal rights. Daniel Callahan notes that mainstream bioethics is predominantly characterised by a firmly secular and often liberal ideological stance, which has influenced the field in a manner that is generally prejudiced against conservative principles (Callahan, 2015). Typically, individuals who base their advocacy on religious beliefs are often disregarded during discussions. Conventional bioethics has long agreed that religious beliefs are polarising in a diverse community and therefore have limited relevance in shaping public policy. Individuals who support the right to abortion and also believe that all humans who are already born have the same moral value, as well as those who adhere to the principle of "do no harm" from the Hippocratic Oath, have minimal influence. This is because mainstream bioethics dismisses Hippocratic medicine as paternalistic and disregards the idea of equal moral worth for all humans as an outdated remnant of Western religious traditions (Smith, 2000).

Nevertheless, conventional bioethics is unable to encompass many inherent normative convictions, ranging from metaphysical convictions regarding the essence of life and death to cultural convictions concerning personality, selfhood, and authenticity. African perspectives on life, personality, embodiment, sexuality, morality, ethics, race, ethnicity, kinship, and gender in cross-cultural settings. Furthermore, the socio-economic realities and levels of public perception and knowledge are largely disregarded. Africans experience disparities in healthcare, including less research focus on prevalent diseases they face, due to factors such as racial discrimination, cultural disparities, economic disadvantage, and lack of knowledge.

For years, Africans have faced restricted access to healthcare, widespread poverty, and a lack of trust in medical research conducted by non-Africans. The outcome is a significant lack of confidence and scepticism towards Western values, researchers, scientists, and the difficulties faced in promoting healthcare programmes and research initiatives in Africa due to the disregard for African traditional and cultural values. They experience a lack of effective social improvement, empowerment, and involvement in the community, which results in feeling disconnected from oneself and experiencing embarrassment. This is because the values and ideals they support and encourage are unfamiliar or distant.

Furthermore, it does not target the rectification of injustices or the lack of acknowledgment of the rights of community members who may struggle to identify or acknowledge them. The modes and paradigms of knowledge established a clear division between developed and underdeveloped, which in turn created a dichotomy between good and bad. This division was rooted in the belief that their knowledge and values were superior. This frequently results in the fragmentation, marginalisation, and alienation of indigenous knowledge systems and traditional practices, as they are not given sufficient attention to what local populations deem significant in their way of thinking and doing. Failure to acknowledge the values that local communities regard to be genuine expressions of their humanity, being, and existence can be morally wrong, and it is necessary to take significant actions to address and rectify these concerns.

Moreover, in clinical research conducted in an African context, where normative decision-making is of utmost importance and where the community's influence on individual decision-making is significant, there exists a conflation between what is beneficial for an individual and what is beneficial for others, such as their family, community, or society, which impacts research outcomes. Most of the researches conducted in this African context takes place within a challenging regulatory environment characterised by a scarcity of moral guidelines and a lack of established policies. The inequality issue arises when there is a lack of equal partnership and information sharing between researchers and the community over the actions to be taken. Please provide a detailed explanation of the procedure, including the expected outcome and the advantages that will result from it. The current process of interaction lacks equality between the researcher and the community, who own and generate knowledge via their daily activities. The researcher determines the agenda solely based on commercial or profit-driven reasons, whereas the community is regarded as a marginalised entity with no active role. The community exists solely to be examined as objects of existential insignificance, serving merely as resources for study purposes. Frequently, individuals find the terminology used in the study process to be unfamiliar (Masoga and Kaya, 2011).

The community is treated as the recipient of information, rather than actively participating in communication. They are addressed and talked to, but not given the opportunity to be heard or engaged in dialogue.

In this study context, the leaders and elders of the community have a crucial role in obtaining informed permission. However, it is imperative that participants or patients provide voluntary and well-informed agreement to participate in research or receive treatment, as acknowledged by international standards. International standards primarily emphasise the rights of individuals who may be involved in research and provide protocols to guarantee that potential research participants have the autonomy to decide whether to take part. To accomplish this, potential participants must possess the ability to comprehend and value the information provided to them. The details regarding risks, potential advantages, and alternative options must be unambiguous and thorough.

Furthermore, individuals must be aware that they have the freedom to refuse participation or withdraw from the study at any given moment. Prior to engaging with community members, researchers must initiate discussions with community leaders and elders to explore various strategies for addressing ethical dilemmas and deeply ingrained cultural concerns. Additionally, researchers must obtain explicit permission to enter the community and interact with its members. Researchers can engage in comprehensive discussions with community members to define the nature of research, its objectives, and the potential risks and rewards, only after obtaining approval from leaders. This allows researchers to seek the consent or refusal of community members to participate in the research project.

Nevertheless, the research conducted in Africa currently lacks a profound comprehension of crucial ethical principles, like safeguarding human dignity, prioritising the patient's well-being, and ensuring nonmaleficence in patient decision-making. Researchers must prioritise the provision of sufficient information to patients, ensuring that they give their consent to treatments and procedures willingly, and possess the ability to comprehend and value the potential advantages and drawbacks of the care they receive. Non-maleficence, which means "first do no harm," beneficence, which means doing good, and trust are essential ethical principles that form the foundation of clinical care. During these study settings, patients and their families bring diverse cultural frameworks of morality, health, sickness, healing, and kinship to therapeutic encounters. Religious beliefs and cultural standards have a substantial impact on how moral dilemmas are understood and presented.

The objective of this process is to enhance transparency and empower community members by increasing their knowledge about research, risks, and benefits. It also aims to enhance researchers' understanding of cultural practices, beliefs, human rights, religion, and traditions of the community to foster trust, partnership, and engagement. Establishing a sense of trust is crucial between the two sides, particularly when it comes to sharing confidential information within the community and determining the method of transmitting such information to the researcher (Maosga and Kaya, 2011). Local stakeholders must engage to reconcile fundamentally divergent perspectives on the human body and community identity with the goals of modern biomedicine. It promotes dialogue and collaboration, fostering a more democratic approach to science by countering dialogues that are dominated by sponsor interests. This can be achieved by delineating ideals that would be endorsed by individuals who are free, equal, and rational.

The purpose is to enable a decentralised form of scientific governance that promotes the sharing of ideas and information, with the goal of fostering respect for human dignity, freedom, and the acknowledgement of everyone’s right to provide justification.
In the context of communitarian decision-making, where the liberal concept of autonomy is compromised by reducing patient rights and expanding collective rights, it is necessary to foster the development of ethical principles that embrace social and communal considerations. These principles should encompass values such as reciprocity, mutuality,

solidarity, citizenry, and universality. Nevertheless, the primary issue is in the necessity of clearly defining moral norms, regulations, and principles that must be adhered to uphold human dignity, human rights, and fundamental freedoms that align with our communal perspective on life.

Additionally, it is necessary to establish processes, provide advice, and cultivate expertise in order to conduct risk assessments, conduct thorough analyses, and evaluate the probable for both harm and benefit to the community. African experts have the ability to differentiate between sound and flawed arguments, as well as to discern rational thinking from trends, societal influence, bias, and governmental policies. They also assess if the potential risks outweigh the advantages. Furthermore, it is important to determine the appropriate boundaries between what is achievable and what is considered desirable or ethical. It is a reality that ethics in Africa is mostly characterised by a reactive approach rather than a proactive one. Reactivity is restrictive because it only responds and acts after harm has already happened, whereas proactivity enables individuals to anticipate harm, exert significant control, or prevent unpleasant effects before they may occur.

African nations have the capacity to readily cultivate and integrate a collective form of self-governance and establish organisational structures. African countries could create laws that protect the rights of patients within their communities. These laws should respect the autonomy of patients and establish Research Ethics Committees with the authority to address conflicts between patients and doctors. Moreover, it is vital to develop innovative methods to rekindle physicians' dedication to professionalism and its associated aspects, such as minimising errors, guaranteeing safe, consistent, and high-quality care, eliminating unneeded services, and enhancing service delivery efficiency.

The transformation must commence within the realm of medical education. Medical school forms the fundamental basis for all future training and practice. To ensure that physicians truly exhibit professionalism, rather than simply talking about it, medical leaders must create an environment that allows and promotes a dedication to the well-being of patients (Ezekiel, 2015). They can find inspiration in the Ubuntu framework, which promotes and embodies global ideals that uplift and embrace humanistic beliefs of personal empowerment. This framework encourages individuals to embrace their own strength and potential. Within everyone is a vast reservoir of untapped potential.

These five key elements namely:

- Human Consciousness,

- Compassion,
- Creativity,
- Collaboration,
- Competence

They are the essential sources of personal empowerment and social harmony. The activation and expansion of these five qualities in individuals, teams, groups, and organisations are crucial for achieving humanity's ultimate unity, prosperity, well-being, and survival [49]. Furthermore, the utilisation of science and technology should be employed to eliminate poverty, enhance health, and safeguard the environment.

Furthermore, an ethical dilemma in Africa necessitates an ethical resolution that originates from the continent itself, drawing upon its inherent culture, anthropological comprehension, and moral principles. Africa is considered the birthplace of human civilization, and if bioethicists are faced with a deadly pandemic, it is essential for us to revisit the moral ideas that originated from this continent. Among them: The Africans possess a deep anthropological and moral understanding that aligns closely with universal anthropological and moral principles. These principles include valuing life as the most precious gift to humanity, showing respect for life, fostering love for life and procreation, and recognising the significance of individuals within the interconnected chain of ancestors and future generations. The profound religious sensibility and abundant manifestations of introspection that are crucial for cultivating moral values and principles; The valuable human capital of youthful and dynamic individuals who possess the capacity for education, knowledge acquisition, growth, and the adaptation of African values to the contemporary global context; A profound feeling of connection, kinship, and communal existence, along with a deep concern for the ill and dying; An increasing political consciousness and understanding of politics that has the potential to alter the societal and economic factors contributing to the proliferation of life-threatening illnesses; An increased emphasis on the acknowledgment and advancement of human rights, liberty, and parity (Chummar 2009). Improve the platform to facilitate collaboration, networking, and information sharing on bioethical matters both locally and globally.

Self-Assessment Exercise

1. Does communitarianism see the individual as isolated?
2. What are the five key elements that are the essential sources of personal empowerment and social harmony within the community in Africa?

Despite recent criticisms of communitarian bioethics and scepticism about its moral merits, it is undeniable that this theory holds significant influence in the world. Furthermore, it is likely to become the prevailing set of bioethical values in the future, even though it may be challenged by concepts and principles that are not inherent to authentic African communitarianism. This perspective is based on the belief that communitarian ideas and values thrive predominantly in Asian and African civilizations, as they serve as the major guiding principles in these societies. Due to the absence of equivalents to Aristotle and European concepts in East Asian philosophy, African bioethics bears a closer resemblance to Asian bioethics. East Asians typically prioritise community life over Western philosophy, with Confucian ethical theory and practice placing significant emphasis on the family.

Ultimately, African and Asian philosophies concur that the essential identifying characteristics of a person consist of normative components such as human dignity or virtues. With the advent of globalisation, the globe is seeing a shift that drives individuals to adopt communitarian principles in decision-making more than any other alternative, due to the emergence of complex challenges. Communitarian values are prevalent in the United States and thrive within the African-American community.

3.4 Summary

The recognition of the wide range of our historical, moral, and narrative differences necessitates that bioethics forge a novel direction towards increased interactivity and inclusive integration, incorporating other views. It should encourage a dynamic and diverse conversation that promotes a culture that values diversity to enhance the development of the industry as a truly global corporation. That is, the enterprise that assists humanity in fulfilling its ethical duty to preserve and protect all forms of life. And which provides guidance for tackling some of the most crucial concerns confronting the environment and humanity?

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2.6 Possible Answers to Self-Assessment Exercises

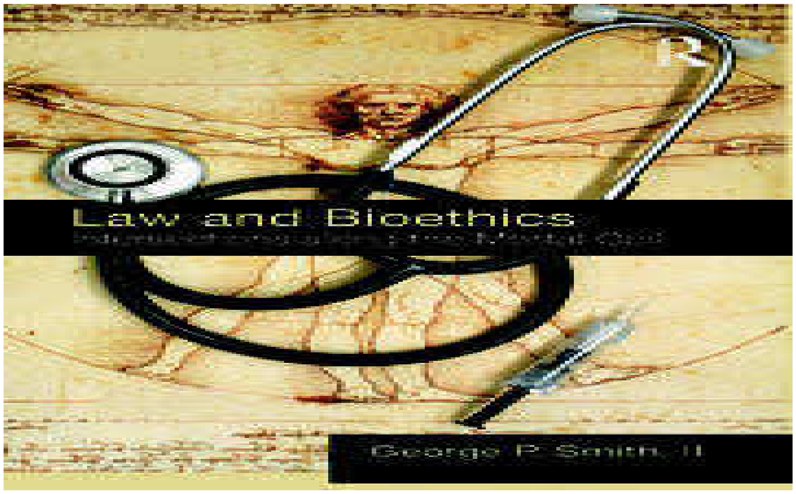
1. Communitarianism posits that the individual is situated within a framework of social connections and mutual reliance, rather than being in isolation.

2. The five key elements that are the essential sources of personal empowerment and social harmony are: human consciousness, compassion, creativity, collaboration, and competence

UNIT 4 LAW AND BIOETHICS

Unit Structure

4.1 Introduction



[Source](#)

The intersection of law and bioethics represents a dynamic and intricate field of philosophical inquiry, addressing the ethical implications and regulatory frameworks associated with advances in medicine and biological sciences. As medical technology progresses, it frequently poses new ethical dilemmas that challenge existing legal structures and necessitate robust ethical and legal analysis. In this unit we shall be examining the relationship between law and bioethics. A lot of bioethical issues have attracted legal actions and reactions. This is because individuals and communities have rights to protect. Bioethics also ensures that necessary guidelines, laws both local, regional and international are strictly adhered to in bioethical issues especially when dilemmas come in.

4.2 Learning Outcomes

By the end of this unit, you will be able to**:**

- discuss what is law?
- highlight the impact of law on bioethics
- discuss law and bioethics as a field
- evaluate some legal issues in bioethics

4.3 What is the law?

The term law carries several meanings. In ordinary speech, it usually refers to specific criminal or regulatory provisions ("It's against the law to …"). This usage also reflects the common equation of law with statutes, not just criminal statutes but also those governing civil or procedural matters, such as the ownership of property or how one is called for jury duty.

4.3.1 The Impact of Law on Bioethics

Source

The relationship of law and bioethics is complex and multifaceted. One need not fully endorse the view of George Annas, a leading legal commentator, that "American law, not philosophy or medicine, is primarily responsible for the agenda, development, and current state of American bioethics" (1993, 3), to conclude that the law has strongly influenced the methodology, central focus, and values of bioethics. "And—to the considerable extent that bioethics is an American invention and export—the influence of American law has been felt even in societies in which legal institutions play a less pronounced role than they do in the United States" (Capron 1994, 43). Law's role in shaping bioethics has at least six facets.

Notable cases have played a major role not merely in the development of bioethics but also in making it, by the 1990s, a prominent part of private reflection and public discourse. Difficult ethical issues are nothing new to the health professions. Yet until the 1970s issues were examined largely behind closed doors by physicians and nurses (and the occasional theologian). In contrast, legal proceedings in democratic societies are usually open (though parties may be permitted to use fictitious names to preserve their privacy). Consequently, the media are able not merely to report about a difficult issue that must be resolved but also to give it a human face by recounting the drama as it unfolds in the hearing room. And bioethics cases are often very dramatic, as was, for example, that of Karen Ann Quinlan, a twenty-one-year-old woman who in 1975 had lapsed into a persistent vegetative state. As Quinlan's parents argued in the New Jersey courts for the authority to order the hospital in which she was housed to turn off her ventilator, her yearbook photograph appeared so often in print media and on television that it was probably as familiar to most Americans as the face of their local member of Congress.

Likewise, bioethical breaches—particularly scandalous ones, such as the Nazi physicians' experiments on concentration camp prisoners during World War II and the Tuskegee syphilis study (a study conducted by the US Public Health Service from the 1930s to the 1970s without the informed consent of its subjects)—not only generate landmark judicial rulings but also provoke adoption of new statutory or administrative law.

Related to addressing bioethics cases in the courts is a second facet of the law, its largely inductive methodology. This method is especially associated with the common law, the process through which judges render decisions specific to the facts of the individual cases before them that are grounded in, or justified by, the decisions in prior cases whose facts are sufficiently analogous. Not only do judges often apply the same methodology when interpreting statutes, but also legislatures in drafting statutes usually operate concretely and incrementally, building on court decisions and existing legislation (or borrowing from other jurisdictions) rather than attempting to operationalize grand principles. The law's fact-based, inductive method provides a counterpoint to the "Principlism" that characterizes much philosophically oriented analysis in bioethics. Of course, this approach is not unique to the law, but it reinforces other case-based traditions in ethics, such as casuistry and Jewish ethics.

4.3.2 Law and Bioethics as a Field

As a field of study, law and bioethics can be viewed from several perspectives. First, a nonlawyer doing bioethics— whether at a policy level or in individual clinical situations—needs at least some understanding of the law and legal institutions. Moreover, institutional ethics committees usually include at least one lawyer, who can provide analytic abilities as well as expertise on statutory, regulatory, and case law.

Second, the subject of law and bioethics is of increasing interest to students, scholars, and practitioners of law. In one view, law and bioethics can be seen as a subset of health law that deals with medical decision making, genetic and reproductive technology, human subjects research, and the like. Health-law casebooks today typically do include chapters or sections on bioethics. But this view does not fully capture the way in which bioethics is generally conceived. By the early 1960s, long before health law emerged as a separate field, courses dealing with bioethics were being taught at American law schools, although the first casebook with "bioethics" in the title was not published until 1981 (Shapiro and Spece). That volume, like other legal books dealing with bioethical issues, not only describes "the new biology" and recounts the dilemmas engendered by modern medicine and biotechnology; it also discusses ethical theories and concepts, such as proportionality and personhood, which have crept from ethics into legal opinions. Nonetheless, law and bioethics is not just a subset of law and philosophy (or law and religion) in that attention is usually focused on philosophical concepts not for their own sake but as they relate to understanding society's appropriate responses to technical developments that deeply affect people's lives and relationships. Books dealing with law and bioethics draw most of their text from reports of medical and scientific developments and from the rich array of relevant cases, statutes, and regulations, as well as commentaries about them (Capron and Michel 1993).

In addition to receiving academic attention, law and bioethics have been examined by commissions established by national and state governments through statutes and executive orders. These bodies have advanced bioethical analysis and promulgated legislative and administrative proposals (US Congress 1993; Meslin and Johnson 2008; National Reference Center for Bioethics Literature 2013).

Although people looking at the topic of law and bioethics from the perspective of bioethics are likely to view it as a legitimate area of scholarship and practice, it is largely unrecognized among lawyers at large, who treat it neither as one of the distinctive "law and …" interdisciplinary fields nor as a distinct special application of law ("bioethics law") akin to employment law, sports law, and the like. The

Association of American Law Schools does not categorize courses or teachers under such a heading, nor does the Index to Legal Periodicals, despite the existence in law journals of bioethics symposia as far back as the late 1960s (Capron and Michel 1993). The literature of law and bioethics is found not only in law reviews or, for that matter, in scholarly journals of other disciplines such as philosophy but also in medical and health-policy journals and in bioethics publications, such as the *Hastings Center Report, the Kennedy Institute of Ethics Journal, the Journal of Law, Medicine and Ethics, and the American Journal of Bioethics.*

Scholars differ on the precise influence the law has had in shaping the content, methods, and focus of the interdisciplinary field of bioethics, but all would agree that the influence has been significant. Both those who applaud and those who bemoan the law's influence seem to agree that the law has done more than merely allow the enforcement of, or provide redress for breach of, existing moral rights possessed by participants in the health care system. Rather, the law has—through its orientation toward rights and through the values implicit in the processes it has fostered—established new rights and preferred certain values over others. On the positive side, this has helped promote the autonomy of patients and subjects, the openness of the processes by which decisions are reached, and equality of respect and concern for all participants. On the negative side, it has diminished the sense of community and of duties that attach to rights, while increasing many providers' sense of adversariness in their relationship to patients.

In a society in which ethical standards were sufficiently complete to address even novel technical problems, widely enough shared to be accepted without question by all or nearly all persons, and consistent and coherent enough never to lead to uncertain or contradictory results, bioethics might operate with little reference to the law. As Grant Gilmore observed in 1975, "A reasonably just society will reflect its values in a reasonably just law. The better the society, the less law there will be. In Heaven there will be no law and the lion will lie down with the lamb" (1044). Until that time, the law will continue to play a large role in bioethics—not only providing a relatively neutral means through which troubling issues can be addressed and contended points resolved in a manner that is socially sanctioned, but also shaping bioethics through its concerns for justice and fair procedures, equality, and personal self-determination.

4.3.3 Legal Issues in Bioethics

Bioethics is an interdisciplinary field that connects with disciplines such as law, philosophy, medicine, and public policy. Legal issues in bioethics pertain to the implementation of ethical principles in the legal framework governing biomedical practices. This discussion examines the fundamental philosophical principles behind important legal matters in the field of bioethics. It specifically concentrates on topics such as informed consent, end-of-life choices, reproductive rights, and the governance of developing biotechnologies. Through the examination of these matters, we acquire understanding of the interplay between law and bioethics in resolving intricate ethical quandaries in the fields of healthcare and biotechnology.

4.3.4 Informed Consent

Informed consent is an important notion in the fields of bioethics and law, which embodies the ethical tenet of respecting an individual's autonomy. Patients must get comprehensive information regarding the risks, benefits, and alternatives of medical procedures and provide their consent to them willingly (Faden & Beauchamp, 1986).
Legally, the presence of informed consent is crucial for safeguarding patients' rights and guaranteeing ethical medical practices.

Foundations of Philosophy

The concept of informed consent is based on the principle of autonomy. Autonomy is the principle that highlights individuals' entitlement to make choices regarding their own bodies and lives, without being forced or influenced by others (O'Neill, 2002). The notion of informed consent is implemented by providing patients with the essential information needed to make knowledgeable decisions regarding their healthcare. This criterion upholds their autonomy and enables them to actively engage in their medical treatment.

Legal Obstacles

The implementation of informed consent presents numerous legal obstacles. An important concern revolves around ascertaining the patients' ability to provide informed consent. Assessing ability can be intricate when dealing with minors, those with cognitive impairments, or those experiencing substantial distress. Proxy consent and advance directives are legal methods that address these situations by granting selected individuals the authority to make decisions on behalf of incapacitated patients (Dworkin, 1993).

Another obstacle is guaranteeing that consent is truly well-informed. Patients must comprehend intricate medical information, necessitating unambiguous and efficient communication from healthcare practitioners. Inadequate provision of information might result in legal challenges and erode faith in the healthcare system.

4.3.5 Decisions Regarding the End of one's Life

Decisions about the end of a person's life, such as euthanasia, assisted suicide, and the discontinuation of life-sustaining therapies, give rise to significant ethical and legal challenges. These matters entail finding a balance between honouring the patient's right to make decisions for themselves and adhering to ethical standards of doing good and avoiding harm.

Euthanasia and Assisted Suicide

Euthanasia and assisted suicide are controversial subjects in the fields of bioethics and law. From a philosophical standpoint, proponents of these procedures often cite autonomy and the right to die with dignity as reasons, asserting that individuals should have the ability to determine the date and method of their own death (Singer, 2003). On the other hand, counterarguments often highlight the importance of preserving life and the possibility of misuse or dangerous consequences (Keown, 2002).

From a legal standpoint, the regulation of euthanasia and assisted suicide exhibits significant variation. Certain nations, such as the Netherlands and Belgium, have implemented legal frameworks for these activities, subject to stringent criteria. In contrast, the United States has more stringent legislation, with only a limited number of states allowing physician-assisted suicide (Battin et al., 2007). These restrictions are a manifestation of ethical distinctions and the imperative to establish measures to safeguard those who are susceptible to harm. Termination of life-sustaining medical interventions.

Another crucial aspect of end-of-life care is the discontinuation of life-sustaining interventions, such as mechanical ventilation or artificial nourishment. From a legal standpoint, this treatment is typically deemed acceptable when it is in accordance with the patient's desires, which can be either explicitly expressed or indicated through advance directives. The underlying philosophical justification is rooted in the principle of honouring patient autonomy and acknowledging that preserving life at any expense may not necessarily align with the patient's optimal well-being (Buchanan & Brock, 1990).

Sexual and reproductive rights

Reproductive rights pertain to matters concerning the availability of contraception, abortion, and assisted reproductive technology (ART). These matters frequently entail clashes between individual rights and society or moral considerations.

4.3.6 Abortion: Termination of Pregnancy

Abortion is a contentious matter that elicits significant ethical and legal inquiries. The philosophical discourse revolves around the ethical standing of the foetus and the entitlements of the expectant woman. Advocates for abortion rights assert that women should have the authority to make decisions about their own bodies and reproductive options, based on the principles of bodily autonomy and the right to privacy (Thomson, 1971). However, critics contend that the unborn child possesses an inherent entitlement to existence that necessitates safeguarding, frequently using religious or ethical tenets (Marquis, 1989).

Abortion policies exhibit substantial variation across different countries and states, as dictated by the law. The Supreme Court ruling Roe v. Wade (1973) in the United States established the legal right for women to choose to have an abortion. However, this right has encountered various obstacles and limitations over time. The legal framework pertaining to abortion is constantly changing, since it reflects continuing discussions on ethics and politics.

4.3.7 Assisted Reproductive Technologies (ART)

Assisted reproductive technologies, such as in vitro fertilisation (IVF) and surrogacy, give rise to intricate legal and ethical concerns. These technologies present a challenge to conventional ideas of parenthood and family, which in turn forces legal systems to confront issues related to parental rights, the legal status of embryos, and the ethical consequences of genetic editing (Baylis, 2013).

From a philosophical standpoint, Assisted Reproductive Technologies (ARTs) provoke inquiries on the commercialization of human existence and the possibility of eugenics. Legal rules aim to strike a balance between the advantages of these technologies in assisting individuals in becoming parents and the necessity of safeguarding the rights and well-being of all parties involved, including children born through these procedures. Control and oversight of newly developing biotechnologies
The advent of emerging biotechnologies, including genetic editing, cloning, and synthetic biology, gives rise to novel ethical and legal dilemmas. These technologies possess the capacity to transform the fields of medicine and agriculture, however they also present substantial hazards and ethical considerations.
Genetic editing refers to the process of making deliberate changes to the DNA of an organism.

CRISPR and other gene-editing technologies enable accurate alterations to the human genome, giving rise to optimism for the treatment of genetic disorders, while simultaneously evoking concerns about the creation of "designer babies" and unforeseen repercussions. The ethical discourse centres on matters pertaining to safety, consent, and the possibility of social inequity (Savulescu, 2015).

From a legal standpoint, the regulation of genetic editing exhibits significant variation. Certain nations have enforced strong prohibitions or temporary suspensions on the manipulation of human germline, but others allow study under rigorous circumstances. The regulatory system seeks to guarantee the responsible and ethical use of these potent technologies, striking a balance between innovation and precaution.

4.3.8 Cloning

Cloning refers to the process of creating an identical copy of an organism or a specific gene sequence. Human cloning is widely regarded as a highly contentious field within biotechnology. Many ethical problems regarding cloning revolve around issues related to identity, individuality, and the possible exploitation of cloned humans (Kass, 2002). Human cloning is extensively outlawed, which reflects a widespread agreement on the necessity of preventing potential harm and ethical violations.

Self-Assessment Exercise

1. How will you describe the relationship between law and bioethics?
2. What is a major aim of legal issues in Bioethics?

4.4 Summary

Law serves as a crucial mechanism for implementing and enforcing bioethical standards in biomedical practices. It supports the rights of individuals, privacy issues, confidentiality and autonomy. Law translates abstract ethical principles into concrete regulations that govern the conduct of healthcare providers, researchers, and institutions. The legal system also concentrates on balancing the protection of individual rights with the promotion of public health and societal well-being. Fair distribution of public health resources is also one of the crucial issues that law is concerned with.

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4.6 Possible answers to Self-Assessment Exercises

1. The relationship of law and bioethics is complex and multifaceted.

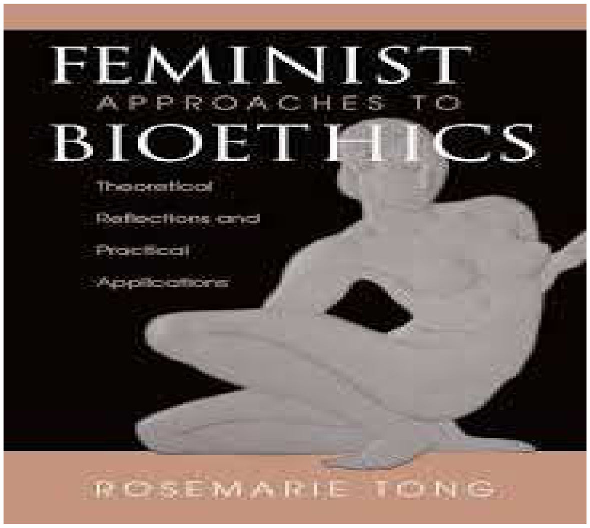
2. Legal issues in bioethics pertain to the implementation of ethical principles in the legal framework governing biomedical practices

UNIT 5 GENDER AND BIOETHICS (FEMINIST BIOETHICS)

Unit Structure

5.1 Introduction

Feminist bioethics emerged as a critical response to traditional bioethical frameworks that often marginalized women's experiences and overlooked issues of gender inequality. By incorporating feminist principles and critiques, feminist bioethics seeks to address power imbalances, social injustices, and specific ethical concerns related to women's health and reproductive rights, offering a more inclusive perspective.



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5.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss feminist bioethics
- identify issues relating to reproductive rights and justice in feminist bioethics
- discuss the ethical issues in reproductive technologies from the perspective of feminist
- discuss the various gender and health inequalities issues in feminist bioethics.

5.3 Feminist Bioethics

Feminist bioethics is grounded in the broader principles of feminist theory, which aims to understand and address the ways in which gender, power, and social structures intersect to produce inequalities. Feminist bioethicists argue that traditional bioethics has often been androcentric, prioritizing male perspectives and experiences while neglecting those of women and other marginalized groups (Sherwin, 1992). By incorporating feminist insights, feminist bioethics strives to create more inclusive and equitable ethical frameworks.

A key critique of traditional bioethics is its emphasis on abstract principles such as autonomy, beneficence, non-maleficence, and justice, which may not adequately address the lived experiences of women and other marginalized groups. Feminist bioethicists contend that these principles often fail to consider the social contexts in which ethical decisions are made, including the power dynamics and structural inequalities that shape individuals' choices and opportunities (Donchin, 2001). Instead, feminist bioethics emphasizes relational autonomy, acknowledging that individuals' autonomy is shaped by their relationships and social contexts (Mackenzie & Stoljar, 2000).

Building on this critique, intersectionality becomes a key concept in feminist bioethics. It highlights how various forms of oppression and identity, such as race, gender, class, and sexuality, intersect to shape individuals' experiences and ethical concerns (Crenshaw, 1989). Feminist bioethicists use intersectional analysis to uncover how these intersecting identities affect health outcomes, access to care, and ethical decision-making processes.

This approach aims to create more nuanced and context-sensitive ethical frameworks that better address the complexities of people's lives. Through these efforts, feminist bioethics has made significant contributions to the field by highlighting and addressing ethical issues related to women's health, reproductive rights, and the social determinants of health. This perspective not only broadens the scope of bioethical inquiry but also fosters more just and equitable healthcare practices.

5.3.1 Reproductive Rights and Justice

One of the central concerns of feminist bioethics is reproductive rights and justice. Feminist bioethicists argue that women's reproductive choices are often constrained by social, economic, and political factors, which must be addressed to ensure true reproductive autonomy (Purdy, 1996). They advocate for comprehensive reproductive health care, including access to contraception, abortion, and assisted reproductive technologies (ART), as well as policies that support women's reproductive choices and well-being.

5.3.2 Ethical Issues in Reproductive Technologies

Feminist bioethics also critically examines the ethical implications of reproductive technologies, such as in vitro fertilization (IVF), surrogacy, and genetic screening. These technologies can offer new opportunities for women, but they also raise concerns about exploitation, commodification, and the reinforcement of social inequalities (Tong, 2007). Feminist bioethicists emphasize the need to consider the social contexts in which these technologies are used and to ensure that they are implemented in ways that promote justice and equity.

5.3.3 Gender and Health Inequalities

Feminist bioethicists highlight the ways in which gender influences health outcomes and access to care. They argue that social determinants of health, such as socioeconomic status, education, and social support, disproportionately affect women and other marginalized groups, leading to health inequities (Daniels, 2006). By addressing these social determinants and advocating for policies that promote health equity, feminist bioethicists aim to improve health outcomes for all individuals.
While feminist bioethics has made important contributions to the field, it also faces several challenges and areas for future development.

Self-Assessment Exercise

1. What is the main aim of Feminist Bioethics?
2. What guides feminist Bioethics in its discussions?

Addressing Diversity and Inclusion

Feminist bioethics must continue to expand its focus to include the diverse experiences and perspectives of women and other marginalized groups. This includes paying greater attention to issues such as disability, aging, and global health, as well as incorporating the voices of those who have been historically excluded from bioethical discussions (Kittay, 1999).

Integrating Intersectionality

Integrating intersectionality into bioethical analysis requires ongoing efforts to understand and address the complex ways in which various forms of oppression intersect. This involves not only recognizing these intersections but also developing ethical frameworks that can effectively address them. Feminist bioethicists must continue to engage with intersectionality and work towards creating more inclusive and equitable bioethical theories and practices (Collins, 2019).

Bridging Theory and Practice

One of the ongoing challenges for feminist bioethics is bridging the gap between theoretical insights and practical applications (Tong, 2018). This involves translating feminist bioethical principles into concrete policies and practices that can effectively address gender-related ethical issues in healthcare and biomedical research. Feminist bioethicists must work with policymakers, healthcare providers, and other stakeholders to implement their insights and promote ethical practices that reflect feminist values.

5.4 Summary

Feminist Bioethics is guided by its theories. The aim is to incorporate feminist ideals and ideas into bioethical issues so as to achieve inclusion and diversity. Feminist bioethicists are advised to work with policy makers to achieve their aims of inclusion and diversity.

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5.6 Possible Answers to Self-Assessment Exercises

1. By incorporating feminist principles and critiques, feminist bioethics seeks to address power imbalances, social injustices, and specific ethical concerns related to women's health and reproductive rights, offering a more inclusive perspective.

2. Feminist Theories

MODULE 3 TRADITIONAL ETHICAL THEORIES AND BIOETHICS

UNIT 1 VIRTUE ETHICS

Unit Structure

1.1 Introduction

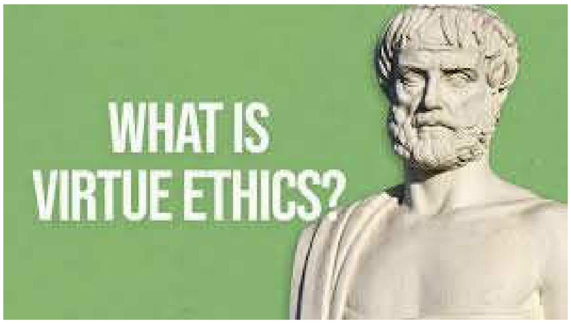

Fig 1.1

Source

Virtue ethics is one of the ethical theories and is of great relevance to bioethical discourse. It is one of the theories that is used to evaluate appropriate ethical conduct and professional character. It also serves to evaluate biomedical procedures in order to formulate policies for regulation of conduct. Unlike consequentialist ethics theories that emphasizes consequences of our actions and deontological theories that emphasizes the motive, intention and duty behind actions virtue ethics emphasises human character and virtuous acts which are germane to bioethical conduct.

Fig 1.2

Source

1.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss what is virtue ethics
- describe how virtue ethics is applied in bioethics
- discuss the problems with application of virtue ethics in clinical practice.

1.3 What is Virtue Ethics?

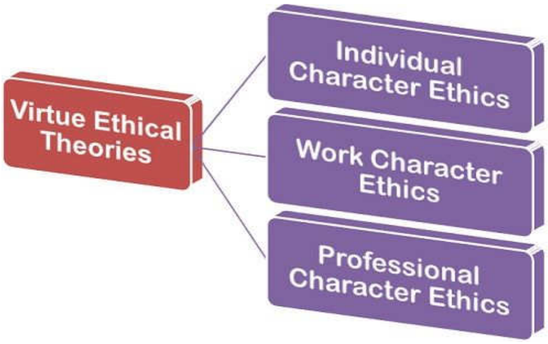

Fig 1.3

Source

Virtue ethics places emphasis on virtue and character as the most important in achieving ethical standards. Examples of virtues include: honesty, courage, truthfulness, generosity, compassion, veracity, fairness, self-control, prudence, integrity, temperance, kindness, benevolence, courage, justice, modesty, thoughtfulness, care, generosity and so on. Virtues can be developed through learning and practice. Aristotle's ideas are at the heart of virtue ethics, which says that character and moral virtues are more important than rules or outcomes when making moral choices.

This way of thinking is very different from theories of ethics such as deontological and consequentialist views, which are about following moral rules and one’s duty and the results of actions, respectively.

The main idea behind virtue ethics comes from Aristotle's *Nicomachean Ethics*, which says that developing good character traits leads to moral behaviour (Aristotle, 1999). Virtues like bravery, moderation, and knowledge are acquired through regular practice, and the goal is to reach *eudaimonia*, or happiness. From this point of view, moral education and building character are more important than following strict moral rules or thinking about what will happen (Hursthouse, 1999).

The idea behind virtue ethics is that the best way to answer a moral problem is to think about what a good person would do. This way of thinking looks at the whole person's life and how they develop virtues over time (MacIntyre, 1981). Virtue ethics doesn't just look at actions on their own; it also looks at how actions help build a good character.

1.3.1 Application of Virtue Theory in Bioethics

Virtue ethics is a type of ethical theory that focuses on the idea of character rather than on the consequences of actions or on duties. Good actions are those that flow from a good and virtuous character. A virtuous person deliberates and sees things in particular ways, and has the right sort of emotional response to situations. A virtuous person also acts on his or her perceptions of what ought to be done. The main claim by virtue ethics is the reference made to character which is found in virtuous acts in justifying an action. Responsible research in public health will be that which will be carried out by a good person, by a just person, by a benevolent person. To decide whether to include children or people living with HIV/AIDS in research will be determined by whether it will be benevolent to do so. The major problem with virtue ethics is in evaluating what our virtues are: What happens when two genuine virtues conflict. For example: Beneficence and honesty that would be unkind

In bioethics, virtue ethics offers a unique way to deal with tough moral problems in healthcare by focusing on the character and honesty of practitioners. Bioethics is the study of moral problems in biology, medicine and healthcare. It often involves making difficult choices that aren't easily explained. Virtue ethics is a useful way to look at these problems because it focusses on the moral character of healthcare workers and how important qualities like kindness, compassion, trust, truthfulness and humility are germane to their relationship with patients.

Bioethics is based on the relationship between a doctor and a patient, and virtue ethics stresses how important trust and honesty are in this connection. In addition to being technically skilled, a good doctor shows empathy and kindness towards their patients (Pellegrino & Thomasma, 1993). This point of view fits with the holistic care model, which looks at the patient's health in a wide range of areas, such as their mental and social health.

In end-of-life care, for example, a good doctor must be honest about the outlook while also being compassionate, helping the patient and their family make hard choices. It takes more than just clinical skills to do this (Sulmasy, 2001). It also takes traits like patience and humility.

Healthcare professionals can use virtue ethics to help them make moral choices that respect patients' liberty and sense of worth. Instead of only followig strict rules or doing calculations based on results, virtue ethics pushes eople to think about what a morally perfect person would do. This method works especially well when rules aren't clear or are at odds with each other.

For example, when it comes to informed consent, a good doctor makes sure that their patients fully understand what will happen during medical treatments. This gives them a sense of control and respect (Beauchamp & Childress, 2013). It is not just about following the rules; it is also about the doctor's character and how much they care about their patients.

Self-Assessment Exercise

1. What is virtue ethics?
2. How does virtue ethics relate to bioethics?

1.3.2 Problems with Application of Virtue Ethics

Even though virtue ethics has some good points, it also has some problems, especially when it comes to bioethics. One big criticism against virtue ethics is that does not seem to give enough actionable steps. Some argue that virtue ethics doesn't give clear rules for what to do, which makes it hard to solve certain ethical problems or apply the theory to ethical issues particularly when there is a dilemma.

Additionally, the idea of virtue can be culturally relative, leading to different views on what makes a person moral. This can lead to disagreements and misunderstandings in a multicultural hospital setting.

To solve this problem, we need to have a deep knowledge of how different cultures see virtues and right behaviour (Hursthouse, 2007).

Some bioethicists say that these problems can be solved by taking a combined method that combines virtue ethics with deontological and consequentialist theories. This pluralistic strategy can give us a bigger picture for making moral choices in healthcare (Pellegrino, 1995). For example, virtue ethics focusses on the healthcare provider's character, deontological ethics can give clear rules for what to do, and consequentialist ethics can help you figure out what choices will lead to. When put together, these points of view can help find a fair solution to moral problems. The limitations of virtue ethics make the use of other ethical theories necessary in Bioethics.

1.4 Summary

Virtue ethics is a theory used by bioethicists to solve moral problems. As a theory, it is a useful and all-encompassing way to think about ethical problems in bioethics. It stresses how important it is for healthcare professionals to have good moral character and develop their values. Adding other ethical theories to virtue ethics can make it more useful, even though it has problems like culture relativism and the need for action-guidance. Virtue ethics can help make healthcare more moral and kinder by encouraging virtues like kindness, empathy, and honesty.

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1.6 Possible Answers to Self-Assessment Exercises

1 Virtue ethics is a type of ethical theory that focuses on the idea of character rather than on the consequences of actions or on duties.

2 Virtue ethics offers a unique way to deal with tough moral problems in healthcare by focusing on the character and honesty of practitioners.

UNIT 2 CONSEQUENTIALISM: UTILITARIANISM

Unit Structure

2.1 Introduction

This unit examines utilitarianism as an ethical theory that is very germane to discourse in Bioethics. Utilitarian ethics is a major version of consequentialist ethical theories. Consequentialist ethical theories emphasize that outcomes or consequences of our actions in determining what is right or wrong. Other consequentialist theories are: the Divine Command theory, Ethical Egoism, Ethical hedonism to mention a few. The application of Utilitarianism to bioethical issues is also discussed in this unit.

2.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss utilitarianism as an ethical theory used in bioethics
- identify the two main types of utilitarianism
- apply utilitarianism as a theory to bioethical discourse
- identify the limits of the application of utilitarianism.

2.3 What is Utilitarianism?

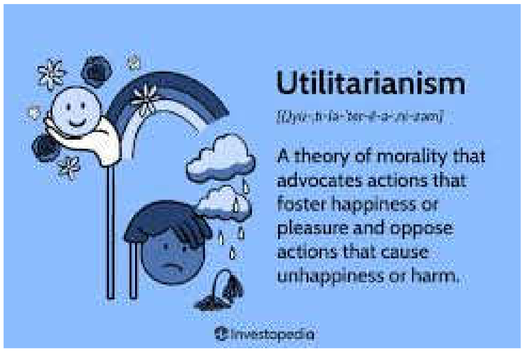

Fig 2.1

Source

Utilitarianism is a moral theory that says the best thing to do is the thing that brings the most good to the most people. There are also different kinds of utilitarianism, but they all follow the same principle which is to maximise happiness and minimize pain. In their own way, they all say that we should decide what is morally right or bad by looking at what will help people the most. (Oduwole, 2001, 34). In other words, what will make the world's balance of good and bad the best? There are two main types of utilitarianism. We have Act and Rule Utilitarianism propounded by Jeremy Bentham, and John Stuart Mill respectively. They are both hedonists, which means they think that good is pleasure and that pleasure is the same thing as happiness. Pain or evil, on the other hand, means displeasure and unhappiness to them.

Jeremy Bentham thinks that each person's happiness depends on whether they are in pain or pleasure. Bentham said that the way to act utilitarianism is by acting on usefulness. He says this is why he says that:

> By "utility," we mean an object's tendency to bring about benefit, advantages, joy, good, or happiness. In this case, "utility" means stopping harm, pain, evil, or unhappiness from happening to the person whose interests are being looked at. If that party is the community, then the community's happiness. If a certain person, then that person's happiness. 117 (Frankena, 1974).

When John Stuart Mill talked about rule utilitarianism, on the other hand, he made a difference between quality and amount of pleasure. To follow a rule that leads to the best is to do the right thing. This is a type of utilitarianism that says "the rightness or wrongness of a particular action is a function of the correctness of the rule of which it is an instance."

2.3.1 Utilitarianism and Bioethics

Utilitarianism as an ethical theory is often applied to bioethical discourse to make decisions and formulate policies. It is one of the most prominent theories that bioethicists use because of its applicability to common good and the good of the society. Utilitarian theory in bioethics incorporates principles of utilitarianism in evaluating bioethical practices. It focuses on how to attain and produce the greatest amount of happiness for the greatest number of people in the society. Any action or decision that leads to happiness for the greatest number of people is considered right or good and any action that induces pain over and above happiness for the greatest number of people is wrong or bad. Thus, we can say that utilitarianism is society-centred because it places value care for the greatest number of people. The application of Utilitarianism emphasises the outcomes and consequences of our actions. Hence, outcomes and consequences determine the rightness or wrongness of an action. The application of utilitarianism to bioethical discourse can be called utilitarian Bioethics.

2.3.2 Application of the Theory of Utilitarianism to Bioethics

In doing justice to an application of utilitarian theory to bioethics we shall examine a case and apply it to the utilitarian theory.

Case Study: Imagine a 5-year-old girl with progressive renal failure and is not responding well on chronic renal dialysis. The medical staff is considering renal transplant. The effectiveness is “questionable” The only person that is compatible in the family is the father. The father is afraid of a lot of things including surgery. He says the doctor should tell the family that he is histocompatible. He maintains that truth telling will wreck the family. The physician is not comfortable but agreed with the father. The physician says her case can even be used for research without telling her after all some other people will benefit. (Beauchamp &Childress)

The Utilitarians will evaluate the case based on the probable consequences of the different courses of the action open to the girl, the father, the physician and the family. Risks and harm will be considered from the point of view of the father. A consequence such as the benefit of the transplant to the girl will also be considered. The goal is to balance the interest of all affected. Utilitarians disagree amongst themselves because of their different views of value. A lot of probabilistic judgement will come in persons before a decision can be made. This is one of the weaknesses of utilitarianism. Where is the place of motive and duty in our decision or action?

Self-Assessment Exercise

1. What does utilitarianism emphasise?
2. What is the ultimate goal of utilitarianism?

2.4 Summary

Utilitarianism emphasises that the best action is that which brings the greatest number of happiness to the greatest number of people. Utilitarianism is one of the commonly used theories in bioethics. It helps to decide the best course of action when there is an ethical dilemma**.**

2.5 References/Further Readings/Web Resources

Beauchamp, T. L., & Childress, J. F. (2013). *Principles of Biomedical Ethics* (7th ed.). Oxford University Press.

Bentham, J. (1789). *An Introduction to the Principles of Morals and Legislation*. Clarendon Press.

2.6 Possible Answers to Self-Assessment Exercises

1 Utilitarianism emphasizes the greatest amount of happiness for the greatest number of people.

2 Utilitarianism balances the best interest of all concerned in an action.

UNIT 3 DEONTOLOGY: KANTIANISM

Unit Structure

3.1 Introduction

3.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss deontology as an ethical theory
- identify the basic features of Kant’s deontology
- identify how deontology relates to bioethics.

3.3 What is Deontology?

Fig 3.1

Source

Deontology is an ethical theory that stresses the importance of duty and following rules in making moral choices. The word "deontology" comes from the Greek words "deon" meaning duty and "logos" meaning study. Deontology is a type of ethical theory that is centered on the idea of duties. Deontology states that some actions are right or wrong in and of themselves, regardless of their consequences. We have a duty to either do those things or refrain from doing them. A deontologist would disagree that ends justify the means. A deontologist would argue that the means themselves matter. A deontologist relies on motive or intention on moral judgements and not consequences.

3.3.1 Immanuel Kant’s Deontology

One of the most important proponents of deontological ethics is Immanuel Kant.The ethical thought known as Kantianism is a deontological theory. It is an ethical thought of Immanuel Kant (1724-1804). His moral theory, Kantianism, has had a huge impact on the field of ethics. According to Kantianism, an action is moral if it follows duty and principles, not if it has good results (Kant, 1785/2002).

The Categorical Imperative is one of the most important ideas in Kantian deontology. It tells us how to judge what is good. Kant says the Categorical Imperative in several different ways, and each one gives us a different view of our moral tasks. Formula of Universal Law is the first and most famous version. It tells people to "act only according to that maxim whereby you can at the same time will that it should become a universal law" (Kant, 1785/2002, p. 31). People who follow this concept must act in a way that is consistent with rules that can be applied to everyone without any problems. For instance, if someone is thinking about lying to get out of a tough situation, they should think about whether the saying "it is okay to lie" could be used in all situations. Everyone would have to lie for trust and communication to break down. This would make the saying useless and morally wrong.

The Formula of Humanity is another important part of Kant's moral theory. It tells people to "act in such a way that you treat humanity, whether in your own person or in the person of any other, always at the same time as an end, never merely as a means" (Kant, 1785/2016, p. 41). This phrase emphasises the inherent value of people, saying that people should always be treated with respect and humanity, not just as tools to get things done. Kant thought that rational agents had value on their own and that autonomy was important. (This theory shows that he agreed with him?). It is against things like slavery and manipulation that take advantage of or dehumanise people. It stresses that moral acts must respect the moral agency of every person.

The third version, the Formula of the Kingdom of Ends, imagines a made-up group of smart people who make moral rules that apply to everyone. Kant says that people should "act according to the maxims of a universally legislating member of a merely possible kingdom of ends" (Kant, 1785/2002, p. 46). This point of view tells people to think about what their actions mean in a bigger picture and to act as if their moral rules could guide a group of morally independent agents. It supports the idea of moral legislation, in which everyone not only follows moral rules but also helps make them in a community of equals.

Kant also says that reason is very important when making moral choices. Kant says that moral rules must come from thinking things through logically, not from wants or feelings (Kant, 1785/2002). Kantian ethics is different from other theories of ethics because it is based on reason. For example, utilitarianism bases morals on the results of actions and maximising happiness. Kant says that moral tasks are categorical, which means they apply to everyone and always, no matter what a person wants or how a situation turns out.

3.3.2 Application of Deontology in Bioethics

For Kant some features of actions other than or in addition to consequences make actions right or wrong. Kantianism will implore you that moral judgment is applied to all persons in similar situations. It is like what we are used to saying: “what if everyone does that?” Any action that is not universalizable is not morally right and should not be pursued. To summarise Kant “act as if the maxim of your action were to become by your will a universal law of nature”. Kant also says we should not use others as a mere means to an end but an end in themselves. This is the basis for respect for persons and human dignity. The intention or motive of an action in research matters to Kant. The question to ask is: Is this action universalizable? no, not moral, yes, moral. What is my motive for carrying out this research? Duty! Is it my duty to ensure that women who are beneficiaries of this research are not excluded? yes! What does duty say about responsible conduct of research in public health matters. Are you proposing to treat yourself or any other person as a means and not as an end in himself or herself? What is the motive behind your research? Will the research treat participants with respect? Will the research treat others as a means? Will the research on vulnerable population make them more vulnerable? These are determinants of responsible conduct of research in public health. Treating others with respect particularly participants has been inspiring to research in public health. The principle of autonomy and most of our ethical codes and guidelines rest on this assumption.

3.3.3 Criticisms of Kant’s Deontology

Kantian deontology is often criticised for what they see as its rigidity and the fact that tasks can sometimes conflict with each other. One job might be to tell the truth, but another might be to keep other people safe. Kant agrees that these problems exist, but he says that they can be solved by logically analysing maxims to find their underlying principles and putting tasks in order of how universal and necessary they are (Kant, 1785/2002). Some critics also say that Kantianism might not consider the moral importance of outcomes, especially when strict duty-following could cause harm. But supporters say that putting a focus on duty and respect for people gives us a strong moral framework that protects human dignity and rational autonomy (O'Neill, 1989).

Self-Assessment Exercise

1. What is deontology?
2. Mention the name of a popular deontologists .

Kant's ideas about right and wrong have been criticised, but they are still strong and important. It gives an interesting picture of morals based on duty, reason, and respect for people. Kantian deontology asks people to think about how their actions affect other people, follow universal rules, and value other people's inherent worth. Because of this, it is still an important way to think about and make decisions about ethics in modern moral theory.

3.4 Summary

A striking difference between consequentialism (Utilitarianism), deontology (Kant's ethics) and virtue ethics that we have discussed in this module is in what they consider as important in judging an action. For Utilitarians it is the consequences of our actions. For deontologist like Kant, it is the motive, duty, and respect for person. It is about universalizability of our actions. For virtue ethicists it is the good character that determines a right or wrong action. We may sometimes need to refer to all the considerations in balancing an action as right and wrong rather than stand-alone theories. These theories guide in deciding the right or wrong when conducting research and in the review of protocols even when the laws and guidelines are not adequate for review.

3.5 References/Further Readings/Web Resources

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3.6 Possible answers to Self-Assessment Exercises

1 Deontology is an ethical theory that stresses the importance of duty and following rules in making moral choices.

2 Immanuel Kant

UNIT 4 PRINCIPLISM: FOUR BIOETHICAL PRINCIPLES

Unit Structure

4.1 Introduction

In bioethics there are four principles, the adoption of which to make ethical decisions is known as Principlism that guides moral actions. Principlism is a way of thinking about things that is based on four main moral principles namely: autonomy, non-maleficence, beneficence and justice. This way of thinking, which was largely developed by Beauchamp and Childress in their important book Principles of Biomedical Ethics, gives us an organised way to look at and solve ethical problems in healthcare (Beauchamp & Childress, 2013). Even though each principle gives different advice, they often go hand in hand and need to be matched against each other in real life. We shall examine the four principles in this unit.

4.2 Learning Outcomes

By the end of this unit, you will be able to:

- identify the four principles of bioethics
- discuss the four principles of bioethics.

Fig 4.1

Source

4.3 Autonomy

Fig 4.2

Source

Respecting the ability to make decisions of autonomous people, letting them make well-informed decisions about their own lives and medical care, is what autonomy means. This concept stresses how important it is to give informed consent, keep information private, and have the choice to refuse or accept treatment (Beauchamp & Childress, 2013).

Respecting autonomy in a clinical setting means giving patients all the knowledge they need about their conditions and treatment options, making sure they understand what it all means, and letting them make their own decisions. For example, a person who has been identified with cancer should be told about the pros and cons of chemotherapy, radiation, and surgery, and their choices should determine how they are treated (Gillon, 2003).

Autonomy in health care is closely linked to informed consent, confidentiality, truth telling and fidelity. If you respect a patient's autonomy you will keep the information concerning the patient confidentially, tell the truth about the patient's condition to that he or she can be well informed about the treatment procedures and make informed choices.

4.3.1 Beneficence

Fig 4.3

Source

The idea behind beneficence is that healthcare professionals should look out for the patient's best interests, boosting their health and taking steps to avoid and remove harm. According to this concept, healthcare workers should take care of their patients' health and well-being by being skilled and kind (Beauchamp & Childress, 2013).

A doctor suggesting a vaccine to keep you from getting sick is an example of beneficence. The healthcare worker uses their knowledge to help the patient, with the goal of improving their health and keeping them from getting sick in the future. To be truly beneficent, a doctor may also have to do things other than medical treatments, like meeting the social and psychological needs of their patients (Jonsen, Siegler, & Winslade, 2015).

4.3.2 Non-Maleficence

Fig 4.4

Source

Non-maleficence, which is often summed up in the phrase "do no harm," tells healthcare professionals not to hurt their patients for no/inadequate reasons. This concept stresses being careful and weighing the risks, making sure that medical interventions don't have more negative effects than positive ones (Beauchamp & Childress, 2013).

Fig 4.5

Source

One real use of non-maleficence is giving medicines with serious side effects a lot of thought before prescribing them. For instance, a doctor might not prescribe a strong drug for chronic pain if there are safer options available. This would lower the risk of addiction and other bad effects (Gillon, 1994).

4.3.3 Justice

In healthcare, justice means making sure that everyone gets the same tools, treatments, and chances. It deals with issues of fairness by making sure that all people can get the care they need without being treated differently or unfairly (Beauchamp & Childress, 2013). To do justice, you must fight for all patients to get the same care, no matter their race, socioeconomic position, or other factors. For instance, when there is a public health emergency like a pandemic, fair sharing of vaccines and medical resources is needed to make sure that weaker groups are not hit harder than others (Daniels, 2001).

Each guideline gives good moral advice, but they don't always agree with each other, so there needs to be a balance between them. Respecting a patient's autonomy (like if they refuse a medicine that could save their life) might go against beneficence (doing what's best for the patient). When this happens, ethical discussion and deliberation are needed to work through the conflicts between ideals.

Self-Assessment Exercise

1. Mention the Bioethical Principle that says “do no harm”
2. What is the main idea behind the principle of beneficence?

Some people don't agree with the four principles otherwise known as Principlism. Some think that it is not enough to handle moral issues, dilemmas and conflict. Many ethicists say it's too simple and doesn't go deep enough to fully handle complicated moral issues. Some people are also against the principles because they can be interpreted in different ways depending on the society and situation (Clouser & Gert, 1990). The act of balancing principles can also be subjective, as different practitioners may weigh principles differently based on their own or their organization's views.

In order to get around these problems, some bioethicists say that Principlism should be combined with other ethical theories, like deontology, virtue ethics, or consequentialism. This interdisciplinary method can give a more complex and complete framework for making moral choices in healthcare (Jonsen et al., 2015).

For instance, while Principlism gives us a clear way to think about moral ideals, virtue ethics can add to it by focusing on the moral and character qualities of healthcare professionals. This combo can lead to care that is more compassionate and moral.

4.4 Summary

With its four main ideas of autonomy, beneficence, non-maleficence, and justice, principlism gives us an organised and useful way to think about ethical problems in healthcare. Even though it has flaws and complaints, combining it with other ethical theories can make it more useful and in-depth. Healthcare professionals can handle tough moral problems and look out for their patients' health by finding the right balance between these principles.

4.5 References/Further Readings/Web Resources

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The Four Principles of Biomedical Ethics healthcareethicsandlaw.co.uk.https://www.healthcareethicsandlaw.co.uk

4.6 Possible answers to Self-Assessment Exercises

1 Non-beneficence

2 The main idea behind beneficence is that healthcare professionals should look out for the patient's best interests, boosting their health and taking steps to avoid and remove harm.

MODULE 4 RESEARCH ETHICS

Unit 1 History and Evolution of Research Ethics
Unit 2 Vulnerability in Research
Unit 3 Bioethics Committees: Meaning and Functions
Unit 4 Ethics Dumping
Unit 5 Writing a Research Protocol

UNIT 1 HISTORY AND EVOLUTION OF RESEARCH ETHICS

Unit Structure

1.1 Introduction
1.2 Learning Outcomes
1.3 What is Research?
    1.3.1 What is Research Ethics?
    1.3.2 Evolution of Research Ethics
    1.3.3 The Hippocratic Oath
    1.3.4 History of Abuses in Research
    1.3.5 The Nigerian Situation
1.5 Summary
1.6 References/Further Readings
1.7 Possible answers to Self-Assessment Exercises

1.1 Introduction

Following moral standards to the designing, planning, conducting, reporting and dissemination of research is what research ethics is all about. It is an important part of both scientific and academic study. This area has changed a lot over the centuries because of events in history, philosophical debates, and changes in society. Knowing the past and how research ethics has changed over time can help you understand the current ethical standards that researchers follow.

1.2 Learning Outcomes

By the end of this unit, you will be able to:

- describe the meaning of research
- trace the history of research ethics
- identify the various research guidelines
- discuss the evolution of research ethics

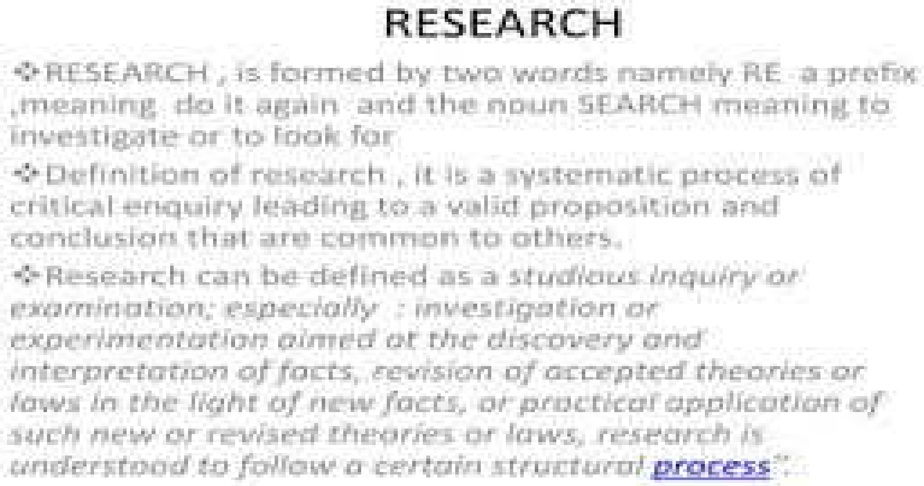
- Give example of the Nigerian situation in the abuse of research

1.3 What is research?

Fig 1.1

Source

To have a good grasp of research ethics we need to understand what research is. There is no univocal definition of research. Girardin (2003) defines research as an investigation into a topic or idea to discover new information. Research is an inquiry into an aspect of the past, present or near future (Oredein: 2004). It is a way of obtaining knowledge that is generalizable. Results of research are usually applied to other populations apart from those researched. Researches are also disseminated or published affect conduct of research so that knowledge generated can be made available for scientific conduct and the study population. Thus, research furthers human knowledge about the environment and how to manage the world better. In the conduct of research, it can be ethical and unethical. The focus of research ethics is on research conducted on human beings and animals. In contemporary times the focus of research ethics has extended to the environments because of the impact of research on the environment and its further impact on human beings.



RESEARCH

- RESEARCH , is formed by two words namely RE a prefix ,meaning do it again and the noun SEARCH meaning to investigate or to look for
- Definition of research , it is a systematic process of critical enquiry leading to a valid proposition and conclusion that are common to others.
- Research can be defined as a *studious inquiry or examination; especially : investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws, research is understood to follow a certain structural* process".

Source

1.3.1 What Is Research Ethics?

Fig 1.2

Source

Research ethics is a subset of bioethics thus a subset of applied ethics. It is concerned with how research involving human beings and animals can be conducted ethically. It is about responsible conduct of research. The goals of research ethics can be listed as follows

1. To protect human participants in research.
2. To ensure that research is conducted in an ethical manner. By this we mean following the appropriate ethical guidelines both locally and internationally
3. Ensuring that research activities from design to execution to dissemination are monitored appropriately
4. To ensure that ethics committees at all levels are involved in the ethical conduct of research
5. It sets out to ensure scientific integrity.
6. It is also concerned with dissemination of research results. Publication of research results is germane and paramount to research ethics.

1.3.2 Evolution of Research Ethics

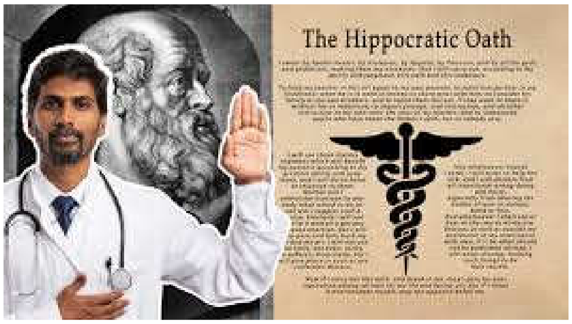


Fig 1.3

Source

1.3.3 The Hippocratic Oath

The history and evolution of research ethics started with large scale abuses, violations and crimes against human beings in the conduct of research. Let us start by looking at the history of research ethics. In ancient Greece, philosophers such as Hippocrates emphasised the value of ethical behaviour in medical practice, a precursor to ethical considerations in medical research (Jonsen: 1998). The Hippocratic Oath attributed to the Greek physician Hippocrates widely regarded as the Father of Western Medicine, which is still used today, emphasises the importance of ethical and professional standards in the medical profession. It stresses that doctors have an ethical duty to do no harm.

Aliouche (2021), projects the newly version of the declaration of the Geneva adopted version of the Hippocratic oath by the World Medical Association General Assembly on October 14, 2017, in Chicago thus:

- I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
- THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration.
- I WILL RESPECT the autonomy and dignity of my patient;
- I WILL MAINTAIN the utmost respect for human life;
- I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;
- I WILL RESPECT the secrets that are confided in me, even after the patient has died;
- I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
- I WILL FOSTER the honor and noble traditions of the medical profession;
- I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
- I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
- I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
- I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
- I MAKE THESE PROMISES solemnly, freely, and upon my honor.

She added that the key additions to the 2017 edition, since the prior 2006 version include respecting the autonomy of the patient; mutual respect for teachers, colleagues, and student physicians to share medical knowledge for the benefit of patients and the advancement of healthcare; and a requirement for physicians to attend to their health as well as their patients.

1.3.4 History of Abuses in Research

However, contrary to the Hippocratic Oath, during the World War 11 Nazi doctors performed horrific experiments on thousands of concentration camps inmates. This marked a very important event in the history of research ethics.

Fig 1.4

Source

Fig 1.5

Source

Fig 1.6

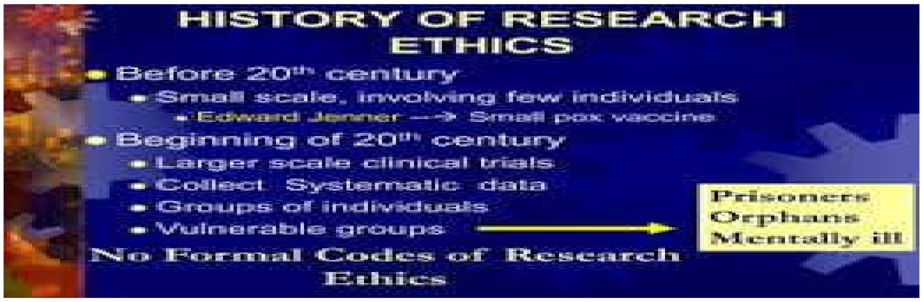
Source

A lot of experiments were performed by the Nazis on thousands of inmates from various nationalities and age groups. The non-Jew groups include: Slavic peoples, Roma and Sinti, Soviet prisoners of war, Communists, people with disabilities and Gay men. The horrible medical experimentations were done on prisoners without their permission. For various reasons these groups were subject to various experimentation. For example, the prisoners were deemed condemned, hence, useful for human experimentation without their consent. The people living with disabilities were considered genetically inferior, hence, posing a threat to the German racial health.

Fig 1.7

Source

At the end of the Second World War, the Nazi doctors were put on trial at Nuremberg and 22 doctors were found guilty of research atrocities.



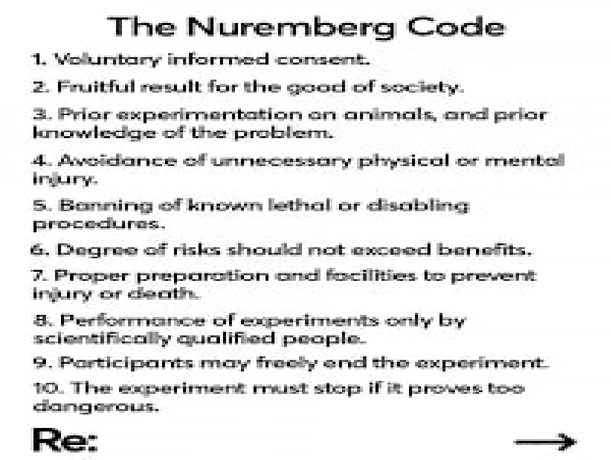
HISTORY OF RESEARCH ETHICS

- Before 20th century
  - Small scale, involving few individuals
    - Edward Jenner → Small pox vaccine
- Beginning of 20th century
  - Larger scale clinical trials
  - Collect Systematic data
  - Groups of individuals
  - Vulnerable groups → Prisoners Orphans Mentally ill

No Formal Codes of Research Ethics

Source

As a matter of the scientific experimentations on human beings that lead to various abuses on fundamental human rights, the Nuremberg Code was developed in 1947.



The Nuremberg Code

1. Voluntary informed consent.
2. Fruitful result for the good of society.
3. Prior experimentation on animals, and prior knowledge of the problem.
4. Avoidance of unnecessary physical or mental injury.
5. Banning of known lethal or disabling procedures.
6. Degree of risks should not exceed benefits.
7. Proper preparation and facilities to prevent injury or death.
8. Performance of experiments only by scientifically qualified people.
9. Participants may freely end the experiment.
10. The experiment must stop if it proves too dangerous.

Re: →

Source

The Nuremberg Code set ten rules for ethical study, such as the need to avoid needless suffering and obtain voluntary consent (Shuster, 1997). A lot of people think of the Nuremberg Code as the foundation of modern research ethics because it stresses the importance of protecting human beings who take part in research, the importance of research being based on good science and the concept of voluntary consent. Informed consent to the Nuremberg code is important and participants must be free to withdraw from research any time. It also stresses that qualified researchers should use appropriate research designs. The risk benefit ratio in research must also be considered.

The risk of the research must not be more than the benefits and it must be minimised. (http://ohsr.od.nih.gov/nuremberg.php3).

History of Research Ethics

Codes, guidelines & regulations developed to guide research involving human participants.

Guidelines were created in response to:

1. An ethical lapses in research.
2. Provide answers to new problems and challenges in research.

Source

The World Medical Association (WMA) passed the Declaration of Helsinki in 1964(wma.net).

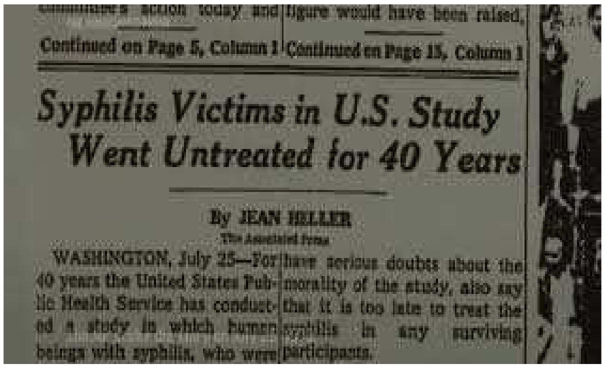
HELSINKI Declaration

The Declaration of Helsinki is a set of ethical principles developed by the World Medical Association (WMA) to guide medical research involving human subjects. It emphasizes the importance of protecting the health, rights, and well-being of research participants

Source

This Declaration improved on the lapses of the Nuremberg Code and gave a more detailed and complete set of rules for how to conduct ethical study. The Declaration is considered as the first world standard for biomedical research. The Declaration brought up important ideas such as:

Consideration of the well-being of subject taking precedence over interest of science. It must be said here that earlier on the interest of the group was more paramount in research than the individual. The Declaration also stresses that consent must be in writing like the need for ethical review boards and the significance of informed consent. The Declaration has been revised up to about 9 times since 1964. In the revisions, the use of placebo controls has been limited to special circumstances. And is not recommended where proven prophylactic, diagnostic or therapeutic methods exist. The access to benefits for all study participants is further emphasised in latest versions. This made it official that research ethics would be supervised (World Medical Association, 2013). The Declaration of Helsinki has been changed many times to include new ethical problems in biomedical research. This shows how dynamic the field of Bioethics is.



action today and

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figure would have been raised,

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Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Source

Source

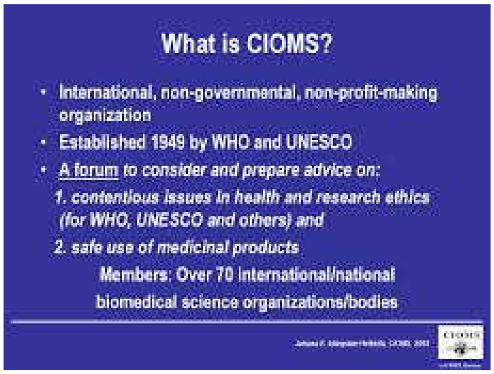
In the US, the famous Tuskegee Syphilis Study, which took place from 1932 to 1972, showed that major ethical violations were happening, such as not getting informed consent and not giving African American men effective treatment. As a result, the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research was created. This led to the 1978 release of the Belmont Report. The Belmont Report laid out three fundamental ethical principles: respect for persons, beneficence, and justice. These principles are now used as the basis for reviewing the ethical conduct of research that involves human participants. (National Commission, 1978). These three principles was further developed by Beauchamp and Childress in their famous book Principles of Biomedical Research with the addition of non-beneficence as one of the major principles. Today we have, autonomy with the special emphasises on respect for persons and community, beneficence, non-maleficence and justice as the widely acceptable principles for conduct of research in bioethics.

In the United States and around the world, ethical issues in the middle of the 20th century led to the creation of Institutional Review Boards (IRBs). The job of these groups is to look over research plans to make sure they follow ethical rules and government rules. IRBs are very important for protecting the rights and well-being of people who take part in research. They do this by looking at the risks and benefits of planned studies and

making sure that people give their informed consent (Hemminki, 2006).

CIOMS 75
1949-2024
COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES

Source



What is CIOMS?

- International, non-governmental, non-profit-making organization
- Established 1949 by WHO and UNESCO
- A forum to consider and prepare advice on:
  1. contentious issues in health and research ethics (for WHO, UNESCO and others) and
  2. safe use of medicinal products

Members: Over 70 international/national biomedical science organizations/bodies

Source

The Council for International Organisations Medical Science (CIOMS) Guidelines in 1993 issued the international guidelines for Biomedical Research Involving Human Subjects with a purpose to indicate how the ethical principles of the Declaration of Helsinki can be applied effectively particularly in developing countries. This guideline has been widely adopted and disseminated because of its global applicability. The guidelines are based on the three principles of respect for persons, beneficence, and justice. With 15 guidelines and interpretive commentary. The topics include: Informed consent, research in developing countries, and protection of vulnerable populations, distribution of burdens and benefits and role of ethics committees. The guidelines also capture the obligations of sponsor, the researcher, and the host country.

Self-Assessment Exercise

1. What is the first Code declared to protect human experimentation in research?
2. How can you trace the history and evolution of research ethics?

So, from Nuremberg to Helsinki, to CIOMS other ethical guidelines came up such as: 1996 ICH guideline (International Conference on Harmonisation), National Bioethics Advisory Committee (NBAC) which advises the President of the United States on matters related to research involving human participants. They published a report in 2001. We can then say that abuse of research led to fundamental ethical principles which generated international guidelines. National guidelines also followed and institutional operational guidelines also came up. Thus, fundamental principles are applied to local laws and within local contexts. In Nigeria the National Health research Ethics Committee generated a code for the ethical conduct of researchers.

1.3.5 The Nigeria Situation

It is pertinent to examine the climate of research in Nigeria particularly the abuse of research. In Nigeria, there was a case of abuse in research in 1996 during a large epidemic of Cerebral Spinal Meningitis which involved a lot of deaths. The case involves the administration of an experimental drug called Trovan by Pfizer to Nigerian children without proper authorization and informed consent. The trial was conducted in Kano, Nigeria, in 1996, and aimed to test the efficacy of Trovan in treating meningitis (Ready, 2001). However, several ethical violations occurred during the trial, including the lack of informed consent, inadequate oversight, and the use of an experimental drug without proven safety and efficacy which could otherwise not have occurred in high income countries. The unethical nature of the Pfizer trial in Nigeria sparked global outrage and raised important questions about the exploitation of vulnerable populations.

Research ethics is always changing because science and technology are always getting better and creating new problems. Genetics, stem cell research, and data protection are just a few of the big ethical questions that have been brought up by recent events. Ethical frameworks need to be looked at closely and changed as needed. For instance, the rise of big data and artificial intelligence (AI) has led to the creation of rules to deal with worries about data protection, algorithmic bias, and the proper use of AI in research (Floridi & Taddeo, 2016).

The idea of "do no harm" is still very important in study ethics, but what is now considered harm includes not only physical and mental harm, but also social and economic harm. Ethical concerns now include a wider range of issues, such as how research benefits should be shared fairly, how vulnerable groups should be included, and how research results might affect society in the long run (Resnik, 2018).

The development and history of study ethics show that people have always been trying to find a balance between the need to learn and the need to protect human rights and dignity. The field of research ethics has grown in reaction to events in history and changes in society. It began with philosophical talks and now has detailed ethical rules and regulatory frameworks. Research ethics principles and practices will continue to change as new science and technological advances are made. This is to make sure that ethical concerns stay at the top of all research projects.

A summary of the major guidelines and codes for ethical research goes thus:

- 1947: Nuremberg Code (WW11: Nazi War Crimes)
- 1964: Declaration of Helsinki World Medical Association (revised 2000, 2008)
- 1977: FDA Regulations
- 1979: Belmont Report (Tuskegee Syphilis Study)
- 1993: CIOMS Guidelines (revised 2002)
- 1996: ICH-GCP
- 2000-2001: OHRP
- 2007, 2009: NCHRE

1.4 Summary

Ethics is about moral decisions and behaviour. In research there is a need to be ethical. Being ethical amounts to conducting research in a way that is morally acceptable. The evolution of research ethics started with abuses in research thus giving rise to the realisation and need to remember history so that we do not repeat abuses in research. Guidelines were developed to protect the integrity, rights, well-being and safety of research participants. Human beings engage in research are to be considered as participants and not subjects. The consent of participants is very important and information should be adequately provided. The essence of Ethics Committee's review of research protocols is to ensure that human participants are protected and that researchers treat participants fairly and equally preventing risk and harm.

1.5 References/Further Readings/Web Resources

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CIOMS - Council for International Organizations of Medical Sciences› 2017/01

International Ethical Guidelines for Health-Related ... Https://Cioms.Ch ›

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1.6 Possible answers to Self-Assessment Exercises

1. The Nuremberg Code

2. The history and evolution of research ethics started with large scale abuses, violations and crimes against human beings in the conduct of research

UNIT 2 THE VULNERABLE POPULATION

Unit Structure

2.1 Introduction

In research some groups of people are considered vulnerable. Such groups must be protected. Examples of the vulnerable group includes but are not limited to: pregnant women and foetuses, children, prisoners, persons with physical or mental disabilities, elderly individuals, those who are educationally or economically disadvantaged, refugees, people living with HIV and AIDS, asylum seekers, Sex workers, MSM. Let us examine why it is very important to protect the vulnerable groups in research.

2.2 Learning Outcomes

By the end of this unit, you will be able to:

- define vulnerability in research
- identify the vulnerable groups in research
- discuss why they are vulnerable
- discuss the role of bioethics in engaging vulnerable groups in research.

2.3 What is vulnerability?

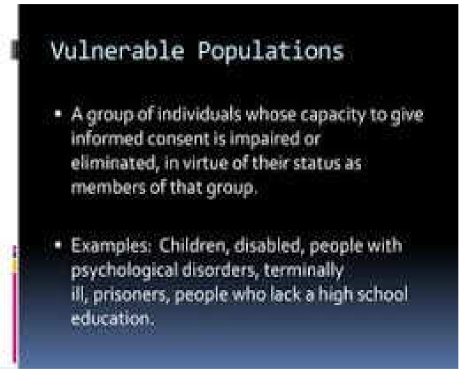
Definition of Vulnerability

Vulnerability is about susceptibility to harm. "that which can be hurt or wounded; open to hurt by attack or criticism." (Oxford Dictionary). It is often argued that in one way or the other we are all Vulnerable. However, vulnerability has degrees, severity and kind.

Vulnerable persons refer to: Persons who have insufficient power, intelligence, education, resources, strength, or other attributes to protect their own interests (CIOMS, 2002). Those who are relatively (or absolutely) incapable of protecting their own interest (Levines)'

The Belmont Report (1972) refer to Vulnerable populations as those groups that might "bear unequal burdens in research" because of their "ready availability in settings where research is conducted", such as prisons, hospitals, institutions, and camps, and called for extra protection for these groups.

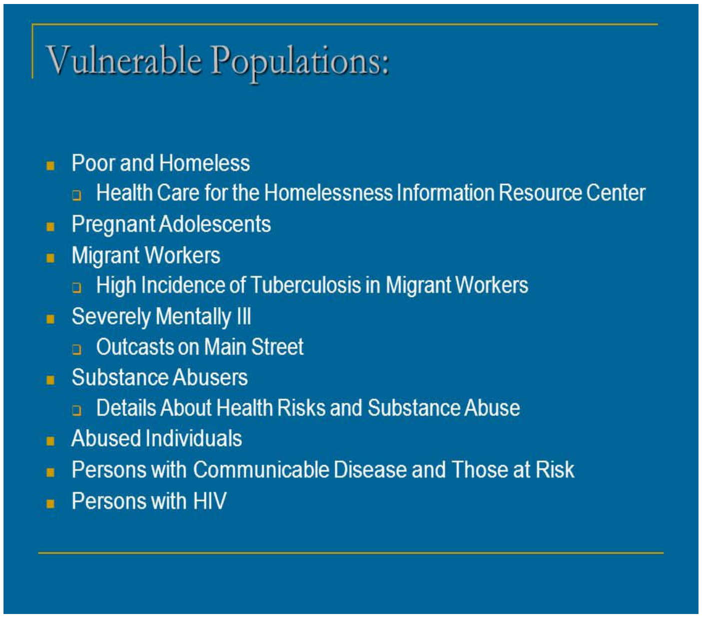
2.3.1 Who are the Vulnerable Groups?



Vulnerable Populations

- A group of individuals whose capacity to give informed consent is impaired or eliminated, in virtue of their status as members of that group.
- Examples: Children, disabled, people with psychological disorders, terminally ill, prisoners, people who lack a high school education.

Source



Vulnerable Populations:

- Poor and Homeless
  - Health Care for the Homelessness Information Resource Center
- Pregnant Adolescents
- Migrant Workers
  - High Incidence of Tuberculosis in Migrant Workers
- Severely Mentally Ill
  - Outcasts on Main Street
- Substance Abusers
  - Details About Health Risks and Substance Abuse
- Abused Individuals
- Persons with Communicable Disease and Those at Risk
- Persons with HIV

Source

Some vulnerable populations engaged in research are:

- Adolescents
- Children
- Women
- People living with HIV or AIDS
- Prisoners
- Elderly
- Sexual minorities
- Refugees
- Mentally incapacitated

2.3.2 Justification for including vulnerable groups in research

The concept of vulnerability is a cornerstone of the theoretical basis and practical application of ethics in human subjects research. Risks to humans participating in research must be minimized; that is, subjects must be offered protection from risks. Vulnerable subjects require additional protections. Gordon (2019). Typically, the justification for including a vulnerable group in research is when a problem disproportionately affects that group. Based on the principle of respect for a person (capacity and rights of all individuals to make their own choices). Respect for autonomy (acknowledging dignity and freedom). The stronger have a duty not to exploit the vulnerable. Justice (Don't use any group for the exclusive benefit of another). Exploitation (They are not to be exploited). Confidentiality (Participants' information must be protected, especially if harm could result if it fell into the wrong hands).

Self-Assessment Exercise

1. What will you consider to be the main justification of the vulnerable group in research?
2. What can we do to ensure that the vulnerable group is not exploited in research?

2.3.3 The role of bioethics in engaging with vulnerable groups in research

In bioethics, it is ensured that research on vulnerable groups must address their context appropriately. Ethical principles require, among others, that:

- We appropriately get informed consent using processes relevant to the vulnerable group in question
- We evaluate the social and scientific value of the research to the group members
- Determine whether the research has a favorable risk benefit ratio in the context of the groups

- Ensure adequate protection for group members based on their biology & social context
- Ensure fair recruitment process

2.4 Summary

It is important to ensure that human participants are protected in research. This is to promote autonomy and self-dignity of research participants. Bioethics also ensures that the interest of vulnerable groups are protected in research to that they are not unfairly treated and they are not excluded from research that can benefit them. The vulnerable groups are in the care of others, hence, it is essential that their welfare is protected.

2.5 References/Further Readings/Web Resources

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2.6 Possible answers to Self-Assessment Exercises

1. The justification for including a vulnerable group in research is when a problem disproportionately affects that group.

2. Ensure the vulnerable groups are ethically protected.

UNIT 3 BIOETHICS COMMITTEES: MEANING AND FUNCTIONS

Unit Structure

3.1 Introduction

Bioethics Committees or Research Ethics Committees (REC) are very important for making sure that research is conducted in an ethical way. What are Ethics committees and what are their basic functions? In this unit we shall be examining the composition, types, and roles of Ethics Committees. In most countries RECs are based on Bioethical Principles and review research projects (review and authorise protocols, monitor execution as appropriate, review and monitor changes in protocol, archive appropriate documents). They also give advice and education and help make policy.

3.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss what ethics committees are
- identify the various types of ethics committee
- know the functions of ethics committee
- identify the composition of ethics committee
- discuss the national health research ethics committee in Nigeria
- know how fundamental ethical principles are applied by bioethics committees

3.3 Bioethics Committees

Source

A bioethics committee as defined by the UNESCO Guide 1(2005) is a committee that systematically and continually addresses the ethical dimensions of (a) the health sciences (b) the life sciences and (c) innovative health policies. In contemporary time there are ethics committees devoted to social science and research in the humanities too as long as the research deals with human participants.

3.3.1 Composition of Research Ethics Committee

COMPOSITION

1. Chairperson
2. 1-2 basic medical scientists.
3. 1-2 clinicians from various Institutes
4. One legal expert or retired judge
5. One social scientist / representative of non-governmental voluntary agency
6. One philosopher / ethicist / theologian
7. One lay person from the community
8. Member-Secretary

AJ

Source

A research ethics committee is composed of experts from different fields (multidisciplinary experts) and they employ a variety of approaches to resolve bioethical issues and problems. The range of experts include but not limited to: scientists, physicians, bioethicist, religious representative from the community, community representative, behavioural scientist, legal person (an attorney specialising in health law preferable), nurse and an administrative officer. The composition of the committee is expected to be in the odd number in case there is a need to put their resolution to vote. This underscores the democratic process of the Committee. The Chairperson of the Committee convenes meetings and members interact based on the various strengths, expertise, fields of specialisation and exposure that they have. They interact to examine protocols submitted by researchers and ensure that the research process is ethical. In their workings they are bound to encounter ethical dilemma. What do we mean by ethical dilemma?

An ethical dilemma is a technical one. A bioethical dilemma is a form of argument in which two premises lead to a conclusion that usually reflects unpleasant alternatives –an apparently unacceptable, perhaps unethical, choice (UNESCO GUIDE 1: 2005). Bioethical dilemma we can further say arises when two or more of the fundamental ethical principles conflict with each other. So the committee will meet to resolve such dilemmas and make recommendations. We have bioethics committees at various levels ranging from the national to regional to local levels. Institutions and organisations also have research ethics committees.

3.3.2 Forms of Bioethics Committees

There are four forms of Bioethics Committees. We have:

1. Policy – Making and /or Advisory Committees (PMAs)
2. Health-Professional Association Committees (HPA)
3. Health Care/Hospital Ethics Committee (HECs)
4. Research Ethics Committees (RECs)

In some cases, Ethics Committees are referred to as Institutional Review Boards. In some other cases the Health Care/Hospital Ethics Committee (HRECs) and Research Ethics Committees (RECs) are merged together to form one single committee known as Health Research Ethics Committees. (HREC). Respect for autonomy, beneficence, non-maleficence, and justice are some of the philosophical ideas that ethics committees based on and how they work.

3.3.3 National Health Research Ethics Committee

Source

In Nigeria the National Health Research Ethics Committee (NHREC) serves as the parent body of all Health Research Ethics Committee. The incident of the infamous drug trial of unapproved trovafloxacin drug (Trovan), on children in Kano, by Pfizer in 1996 and its unpalatable consequences triggered Nigeria to establish the National Health Research Ethics Committee (Ewuoso, 2016). NHREC is a national body advising the Nigerian Ministry of Health, State Ministries and Institutional Health Research Ethics Committees on ethical issues concerning research. NHREC started its operations in 2007 with Professor Clement Adebamowo as the leader. NHREC regulates and ensure the ethical conduct of clinical research and the optimal protection for Nigerians participating in clinical research.

Source

NHREC developed a code referred to as "National Code for Health Research Ethics. Federal Ministry of Health" It was approved in January 2007 by the National Council on Health in its 50th Annual meeting.

Mandate of National Health Research Ethics Committee of Nigeria

- Determine guidelines for the functioning of health research ethics committee;
- Register and audit health research ethics committees;
- Set norms and standards for conducting research on humans and animals, including norms and standards for conducting clinical trials;
- Adjudicate in complaints about the functioning of health research ethics committees and hear any complaint by a researcher who believes that he has been discriminated against by a health research ethics committee;
- Refer to the relevant statutory health professional council matters involving the violation or potential violation of an ethical or professional rule by a health care provider;
- Institute such disciplinary action as may be prescribed against any person found to be in violation of any norms and standards, or guidelines, set for the conduct of research under this Act; and

- Advise the Federal Ministry of Health and State Ministries on any ethical issues concerning research. Yakubu & Adebamowo (2013)

Aside from NHREC UNESCO experts that Countries should establish its National Bioethics Committee. Princewill in his article "Establishing National Bioethics Committee: The Case of Nigeria", advocated for an establishment of the 8 National Bioethics Committee. The Nigerian Government constituted the NBC and it was inaugurated in April 2023.

The aim of the establishment of the committee is to ensure protection of the dignity, rights, safety and well-being of citizens seeking healthcare assistance, as well as researchers in health and other related fields. The committee was constituted by the Federal Government of Nigeria in 2024.,

Self-Assessment Exercise

1. How will you describe the nature of expertise of bioethics committee and the advantage in resolving bioethical issues and problems?
2. Who convenes ethics Committee meetings?

3.3.4 Application of Fundamental Ethical Principles by Bioethics Committees

How do Ethics Committees apply the fundamental principles of ethics? In relation to Respect for Autonomy ECs are to ensure that researchers get informed consent by telling participants enough about the study's purpose, procedures, risks, and benefits.

In the application of Beneficence and Non-maleficence researchers are expected to help research participants as much as possible to ensure they are not harmed in the process of research. They are to overlook research plans to make sure that the expected benefits are greater than the risks and that the right safety measures are in place to keep participants from harm and risks. With respect to justice, Ethics Committees are to ensure that research is conducted to make sure everyone has an equal chance to be a part of them and gets the benefits of the research

3.3.5 Functions of Ethics Committees

The following are thus the functions of ethics committees NHRECs play several important roles in making sure that health research is done in an ethical way:

1. Review and Approval of Research Proposals: HRECs are expected to carefully review research protocols to make sure they follow ethical rules and international best practices guidelines. In

reviewing protocols HRECs should ensure scientific validity, ethical considerations. The informed consent procedure should be properly monitored.

2. Monitoring and Oversight: HRECs are expected to monitor ongoing research to ensure ethical standards are not violated. Monitoring activities includes receiving of progress reports, visiting the study sites, and anticipating adverse events in research.

3. Building of ethical relationship between researchers and the community. HRECs are to ensure that researchers are responsible to the research community.

4. Policy Development: The HRECs help make national rules and policies about how to do ethical research. By using their knowledge and experience, HRECs help to make sure that health research is done in an ethical way.

5. Ethics committees in themselves need to receive training and be re-trained on a regular basis.

3.4 Summary

Formation of Bioethics Committees arose as a result of abuses in the conduct of research involving human participants. The Committees operates on the local, regional, and Institutional levels. They are also found in hospitals. They oversee research and health care institutional organisations to ensure ethical conduct are strictly adhered to. The committees are bound to encounter dilemmas in the course of engagement. Adhering to the right conduct is the major watchword that guides the committee in the long run. The ethical standard must ensure the autonomy of research participants and communities, informed consent, adherence to good clinical practice, the right of research participants to withdraw at any time from research, Even though ethics Committee have to deal with a lot of problems, RECs protect the moral purity of research by encouraging ethical diversity, public trust, and ethical reflection. As health research changes, the work of RECs will continue to be important for figuring out how to do responsible science in the modern world.

3.5 References/Further Readings/Web Resources

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3.6 Possible answers to Self-Assessment Exercises

1. A research ethics committee is composed of experts from different fields (multidisciplinary experts) and they employ a variety of approaches based on their expertise to resolve bioethical issues and problems.

2. The Chairperson of the Committee convenes meetings

Unit 4 ETHICS DUMPING IN RESEARCH AND BIOETHICAL CONCERNS

Unit Structure

4.1 Introduction

In this unit we shall be examining Ethics Dumping refers to the unethical practice of conducting research in developing countries that does not adhere to internationally recognized ethical standards. We need to be reminded that in conducting research there is a need to be ethical. Research can occur locally, regionally and internationally. Thiuus there is a need to conduct research ethically across the globe. In this unit we shall be explain what ethics dumping is and how it can affect the ethics of conduct of research.

4.2 Learning Outcomes

By the end of this unit, you will be able to:

- define ethics dumping in research
- state the areas ethics dumping occurs
- identify how ethics dumping occurs
- state the reasons ethics dumping occurs
- identify the concern of bioethics in ethics dumping
- state how ethics dumping can be curbed

4.3 What is Ethics Dumping?

Ethics dumping refers to the practice of conducting unethical research in low- and middle-income countries (LMICs) or with vulnerable populations, taking advantage of lax regulations or inadequate oversight.

The term was coined by Professor Doris Schroeder, Director of the Centre for Professional Ethics at the University of Central Lancashire, and it highlights the ethical concerns associated with research practices that exploit individuals and communities in LMICs. The term "ethics dumping" was coined by the European Commission and first appeared in their 2014 2015 Horizon 2020 work programme (Teixeira da Silva, 2022).

In Ethics Dumping, the weaknesses or gaps in ethics policies and systems of lower income countries are intentionally exploited for intellectual or financial gains through research and publishing by higher income countries with a more stringent or complex ethical infrastructure in which such research and publishing practices would not be permitted Teixeira da Silva (2022).

Areas where ethics dumping occurs

“Ethics dumping” (Schroeder, Chatfield, Singh, Chennells, Herissone-Kelly) occurs mainly in two areas namely:

1. When research participants and/or resources in low- and middle-income countries (LMICs) are exploited intentionally, for instance because research can be undertaken in an LMIC that would be prohibited in a high-income country.
2. When exploitation can occur due to insufficient ethics awareness on the part of the researcher, or low research governance capacity in the host nation”.

Reasons for ethics dumping

Ethics dumping can occur for four reasons:

1 When exploitation in research is intentional and ethical best practices are violated,

2 When there is insufficient knowledge on the part of the researcher in the low or middle-income country

3 When the guidelines and laws are not duly monitored for effective application in the country of research.

4 When exploitation may occur because of the financial vulnerability of the LMIC Countries in which the research is being carried out.

4.3.1 Ethics Dumping Targets Vulnerable Populations

Ethics dumping is a concern to Bioethics particularly research ethics and Bioethicist because it bothers on exploitation of vulnerable individuals and vulnerable populations. It is a disregard for the importance of informed consent and proper oversight and accountability measures in research. Thus, Ethics dumping is a major concern of research ethics. Research ethics tries to ensure that there is equality in research across countries and continents. The basic principles of research which include respect for persons autonomy, beneficence, non-maleficence particularly justice assumes that voluntary populations be well protected in research without unethical practices. Ethics dumping refers to the unethical practices of research that occurs from high income countries to low- and middle-income countries.

With regard to the vulnerable population, one of the main traits of ethics dumping is the exploitation of these populations because they are disadvantaged. Schroeder, Chatfield, Singh, Chennells, and Herissone-Kelly (2019) says that vulnerable populations in underdeveloped nations may not have access to resources, information, or legal protections, making them vulnerable to abuse by researchers. What then are the types of exploitation that can occur? Exploitation can come in several ways. For example, when vulnerable people are used as study participants without their full knowledge or agreement, or when studies are conducted that put them in danger without the proper precautions in place (Chatfield et al., 2020).

Another key feature of ethics dumping is the disregard for informed consent. Informed consent is a core ethical principle in research that ensures subjects have enough knowledge about the study's aim, procedures, potential dangers, and benefits before deciding whether or not to participate (Klitzman, 2015). In cases of ethics dumping, informed permission may be gained insufficiently, or participants may be deceived about the nature or potential hazards of the research, jeopardising their autonomy and freedom to make well-informed decisions about their participation (Klitzman, 2015).

A prevalent feature of ethics dumping is the failure to implement sufficient oversight and accountability procedures. In developing nations, weak regulatory frameworks, insufficient capability, and inadequate ethical review processes can create an atmosphere in which research is undertaken without enough oversight and safeguards (Schroeder et al., 2019). This lack of control adds to the exploitation of vulnerable populations and raises the possibility of immoral practises going unrecognised or untreated. Doris Schroeder in his discussion on the meaning of ethics dumping states that it can occur in three main ways. The first relates to researchers from high-income regions doing research in low-income countries to sidestep restrictive legal and ethical regimes. The second is about researchers who justify their research using low ethical standards internationally in the belief that they are helping vulnerable people whereas they are not. The third relates to research who are unaware of how t conduct research in an ethically and culturally appropriate manner when working in other regions or Countries. (Schroeder, 2013).This three ways of conducting research is unethical and makes research participants vulnerable rather than being protected.

4.3.2 Consequences of Ethics Dumping

Ethics dumping has serious consequences that ranges from the ethical, social, and legal. The moral ones can be highlighted thus:

- Violation of Vulnerable populations' rights, dignity, and well-being
- ED might involve the abuse of humans, finances, communities, or rights. Women's rights, including of sex workers, need to be respected and protected in terms of both sex (biological) and gender (cultural). Teixeira da Silva
- The exploitation of LICs by HICs may involve an imbalance of wealth, with excessive returns to HICs while offering piecemeal financial handouts to the LICs. Teixeira da Silva
- Schroeder et al., 2019 says it erodes confidence between researchers, institutions, and communities, hampering future cooperation and scientific and medical progress (Schroeder et al., 2019).
- Ethics dumping contributes to global disparities by ignoring the rights and well-being of people in underdeveloped nations, promoting the concept of a "research divide" (Prainsack, 2017).
- It undermines the scientific community's integrity and reputation, potentially leading to decreased public trust and scepticism towards research endeavours (Klitzman, 2015).
- Informed consent violations and inadequate participant protection (Hussain et al., 2017).
- The sale of unapproved medical techniques or medications to developing nations can jeopardise the population's health and well-being (Nordling, 2018).

4.3.3 Ethics Dumping and Dissemination of Research Findings

Ethics Dumping is not limited to the conduct of research alone but it can also occur in the area of dissemination of research findings carried out in LMICs particularly when the findings are disseminated in high impact journals that cannot be easily accessed by scholars and LMIC communities. There is usually the pressure to publish in high impact journals in the academic world. When there is pressure to be productive in research and publishing, the risk of ED rises (Teixeira da Silva, 2022:

433). The fact that research and publishing is global, academics in LICs might feel pressured to compete with academics in HICs with a stronger financial and research infrastructure and be tempted to “adjust” their ethical research and publishing parameters in order to obtain gains via HICs. (Teixeira da Silva: 434).

In short ethics dumping can range from design to conduct and dissemination of research. Let us examine two cases of ethics dumping.

4.3.4 Example of Ethics Dumping: The Case of Pfizer in Nigeria as Ethics Dumping

The case of Pfizer qualifies as a significant example of ethics dumping, illustrating the unethical conduct of a multinational pharmaceutical company in Africa. In 1996, during a meningitis outbreak in Kano, Nigeria, Pfizer conducted an unauthorized clinical trial involving the administration of an experimental drug called Trovan to Nigerian children (Lurie & Wolfe, 2005). This case attracted global attention and raised profound ethical concerns regarding the exploitation of vulnerable populations and the lack of adequate ethical oversight in research. The case underscores the need for stronger ethical oversight, adherence to established guidelines, and respect for the rights and well-being of research participants. It also raises broader ethical questions about the equitable distribution of healthcare resources and the moral responsibility of pharmaceutical companies in addressing global health needs.

The case of Pfizer has been widely debated in the literature as an example of ethics dumping, representing the immoral behaviour of a multinational pharmaceutical business in Africa. Pfizer's unauthorised clinical experiment in Nigeria during a meningitis outbreak drew widespread notice and created serious ethical problems (Ready, 2001; Willyard, 2007).

The case involves the administration of an experimental drug called Trovan to Nigerian children without proper authorization and informed consent. The trial was conducted in Kano, Nigeria, in 1996, and aimed to test the efficacy of Trovan in treating meningitis (Ready, 2001).

Ethical violations that occurred during the trial includes:

- the lack of informed consent
- inadequate oversight of research intervention
- the use of an experimental drug without proven safety and efficacy which could otherwise not have occurred in high income countries.
- Lack of approval by ethics committee

The unethical nature of the Pfizer trial in Nigeria sparked global outrage and raised important questions about the exploitation of vulnerable populations and the lack of ethical oversight in research. The case exemplifies the practice of ethics dumping, which involves exporting research projects to countries with less stringent regulations and inadequate ethical oversight (Willyard, 2007).

The Pfizer case serves as a stark reminder of the potential harm that can occur when research is conducted without adequate ethical considerations. The discussion surrounding the Pfizer case highlights the importance of strengthening ethical oversight and regulatory mechanisms to prevent similar incidents in the future. It underscores the need for robust ethical guidelines and safeguards that protect the rights and well-being of research participants, especially in developing countries where the potential for exploitation is higher.

Furthermore, the Pfizer case raises broader ethical questions regarding the equitable distribution of resources and the moral responsibility of pharmaceutical companies in addressing global health needs. The case emphasizes the complex ethical dilemmas faced by multinational pharmaceutical companies when deciding where their resources and interventions should be directed (Bloomberg, 2021). It underscores the importance of considering ethical principles, social justice, and the needs of disadvantaged populations when making decisions about the allocation and distribution of healthcare interventions.

By examining the Pfizer case, it becomes evident that ethics dumping remains a critical issue that needs to be addressed in research practices. The unauthorized exportation of research projects with inadequate ethical oversight to countries with less stringent regulations undermines the principles of justice, autonomy, and respect for human dignity.

Self-Assessment Exercise

1. What is ethics dumping?
2. In what ways does Ethics Dumping affect vulnerable populations?

4.3.5 Suggestions on How to Curb Ethics Dumping

1. Effective education towards the adoption a value based reflective approach based upon the values of fairness, respect, care and honesty to help increase trustworthiness in research and reduce the risk of ethics dumping. Kate Chatfield et al 2020

2. The above is not enough but community appropriate oversight engagement to discuss the research from design to execution to dissemination. This is crucial and important Doris Schroeder et al.

3. Informed consent documents obtained from LICs should be published as an open access document, in a de-identified format, as a supplement to the main paper. There should not be blind trust in claims of the existence of a PIC. This may increase accountability of both parties (LIC and HIC) Teixeira da Silva 2022

4. Editors and publishers are in a key position to ensure that there is data verification and proper ethics approval and compliance before a paper is published (Teixeira da Silva, Bornemann-Cimenti, and Tsigaris 2021)

5. Reviewers and editors need to understand and be able to critically evaluate IRB approval, especially for age-, sex- and gender-sensitive subjects such as women and children (Alderson and Morrow 2020; Cook 2020).

6. At the stage of publication the following four documents should be provided Teixeira da Silva 2022.

    A) Proof of PIC must be provided as a signed document by the community leader, certifying that they are in a leadership position to sign on behalf of the community.

    B) Proof of the non-violation of human rights must be provided as a signed document by the community leader and the authors in which the senior author signs on behalf of all co-authors after they have seen and approved the content. That document certifies that human, cultural, and any other rights have not been violated. In addition, any benefits to both parties (financial, community, intellectual, structural, or other) must be declared and signed by the same signatories. Since privacy may be an issue, especially if “vulnerable” subjects have been researched, the names and identities of those subjects must not be disclosed, while the name and identity of the community leader and responsible researcher or author should be indicated. Since some community leaders might not accept the idea of universal rights (Achebe 2016), any differences that exist between LIC and HIC members of a project must be resolved before the project is executed.

    C) Third, a paper’s ethical statements must conform to national and institutional research and publishing ethics guidelines of all collaborating nations with respect to research of indigenous populations and human subjects. Appropriate and authenticated IRB approval forms should be provided, including the name and identity of individuals or institutional representatives that issued an IRB, in both LICs and HICs.

D) A paper's ethical statements (or a limitations section) must indicate any weaknesses, flaws, or limitations to the protection of indigenous rights and sovereignty, indicating clearly where and what those limitations are, with suggestions on how to overcome such limitations. (Teixeira da Silva 2022)

4.4 Summary

Ethics dumping is a concept in research ethics. Researchers engaging in ethics dumping side step ethical guidelines in research countries either because those guidelines do not exist or that they are ignored. Ethics condemns ethics dumping in its totality. Ethics dumping violates the principles of justice, autonomy, and respect for human dignity. It disregards the rights and well-being of research participants, particularly in resource-limited settings where vulnerable populations may lack access to proper healthcare and legal protections.

4.5 References/Further Readings/Web Resources

Jaime A. Teixeira da Silva Handling Ethics Dumping and Neo-Colonial Research: From the Laboratory to the Academic Literature J Bioeth Inq. 2022; 19(3): 433–443. Published online 2022 Jun 22. doi: 10.1007/s11673-022-10191-x

Kate Chatfield et al (2020) Preventing ethics dumping: the challenges for Kenyan research ethics committees Research Ethics Volume 17, Issue 1, January

Doris Schroeder &Kate Chatfield Michelle Singh &Roger Chennells Peter Herissone-Kelly (2019) Equitable Research Partnerships A Global Code of Conduct to Counter Ethics Dumping Springer.

4.6 Possible answers to Self-Assessment Exercises

1 Ethics dumping refers to the practice of conducting unethical research in low- and middle-income countries (LMICs) or with vulnerable populations, taking advantage of lax regulations or inadequate oversight.

2 Ethics dumping violates the rights, dignity, and well-being of vulnerable populations.

UNIT 5 Writing a Research Protocol

Unit Structure

5.1 Introduction

<u>Source</u>

It is hard and philosophical to write a study protocol because you must think about things like openness, reproducibility, responsibility, and moral integrity especially as it pertains to human participants in research. A research protocol is a well-written document like a road map for doing research in an honest and accurate way. It makes sure that the study adds to our knowledge in a useful way while also protecting the participant's rights and well-being. Researchers can make protocols that follow the best standards of scientific and moral integrity by following these philosophical principles and dealing with the problems that come with them.

5.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss the principles of writing a research protocol
- state the key components of a research protocol

- examine the role of ethical review boards and the need for approval.

5.3 Research Proposal and Research Protocol

In research we write proposals which is a document that explains what a research wants to do in research. It is a highly structured document that describes the nitty gritty of research. The research proposal clarifies the researcher’s thoughts and explains how the researcher wants to go about the project. It is blueprint for research and it emphasises a specific topic of research. The research proposal is like the research protocol but with little differences. The research protocol has all the components of a research proposal but in addition it contains detailed instructions on how the study will be conducted in an ethical manner from the title to dissemination of research outcomes. The protocol includes information on how to meet regulatory guidelines and frameworks. A proposal may be turned into a protocol fulfilling the above requirements.

The emphasises of the research protocol is the ethics of the project.
Several important philosophical ideas guide the making of a study protocol which are: openness, reproducibility, responsibility, and moral honesty (Resnik, 2009).

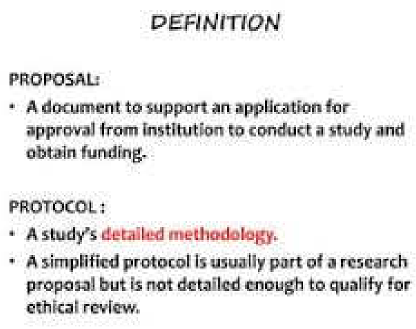
1. Transparency: The research question, goals, method, and steps must all be spelt out clearly in a research plan. When the study process is open and clear, it can be analysed critically, which helps with peer review and building public trust. It makes sure that the study can be understood, judged, and maybe even done again by someone else (Moses et al., 2015).

2. Reproducibility: The protocol should have enough information for other experts to be able to do the same study. Reproducibility is an important part of scientific research because it lets results be checked and adds to the body of scientific knowledge (Ioannidis, 2005).

3. Accountability: Researchers have a moral duty to be responsible for their studies and take responsibility for what they do. A well-written protocol sets expectations for accountability by outlining the study team's duties and the steps that will be taken to make sure that ethical standards are met (Guillemin & Gillam, 2004).

4. Ethical Integrity: Every part of the study protocol needs to take ethics into account. This means getting participants informed permission, keeping their information private, and causing them as little harm as possible. To respect the rights and dignity of study subjects, you must have ethical integrity (Beauchamp & Childress, 2013).

5.3.1 Principles of a research protocol



DEFINITION

PROPOSAL:

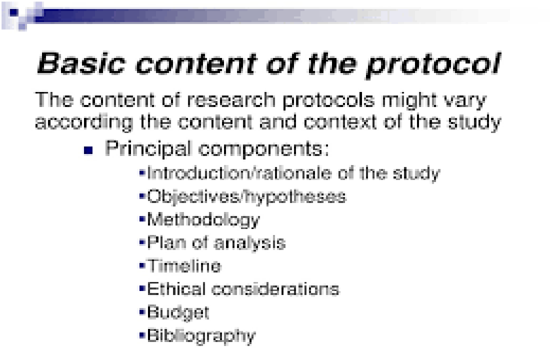
- A document to support an application for approval from institution to conduct a study and obtain funding.

PROTOCOL :

- A study's detailed methodology.
- A simplified protocol is usually part of a research proposal but is not detailed enough to qualify for ethical review.

Source

5.3.2 Key Components of a Research Protocol



Basic content of the protocol

The content of research protocols might vary according the content and context of the study

- Principal components:
  - Introduction/rationale of the study
  - Objectives/hypotheses
  - Methodology
  - Plan of analysis
  - Timeline
  - Ethical considerations
  - Budget
  - Bibliography

Source

A complete study protocol usually has a few main parts that are all based on philosophical (ethical) and scientific methodological ideas.

1. Title Page: The protocol must have a concise title

2. Name and address of researchers and Institutional Affiliation

3. Protocol summary: A brief summary of the protocol

4. Introduction and Background**:** The opening gives a reason for the study and shows how it fits in with what is already known. This part should defend the research question and talk about why the study is important. Philosophically, this part follows the concept of beneficence because it aims to improve society and further knowledge (Resnik, 2009).

5. Objectives and Hypotheses: It is important to have clear goals and hypotheses to guide the study. These should be clear, measured, and doable. This part is in line with the principle of clarity because it makes sure that the study goals are clear and easy to understand (Moses et al., 2015).

6. Methodology In the methodology part, you will find information about the study's design, population, sampling methods, data collection steps, and plan for analysing the data. To make sure that this part can be repeated, it needs to be clear and full of details. Ioannidis (2005) says that the choice of methodology should be based on how well it answers the study question.

7. Study Area/ Population and Procedure: The study population and procedure must be well defined and clear

8. Assessment of Safety: There must be an assessment of safety procedure. This is to ensure that risks and harm are anticipated and well planned for.

9. Ethical Considerations: Ethical issues are a big part of the study protocol. This part should talk about how informed consent will be gathered, how privacy will be protected, and how risks to people will be kept to a minimum. The ethics of respect for autonomy, non-maleficence, and justice are shown by including ethical factors (Beauchamp & Childress, 2013).

10. Data Management and Analysis: A detailed plan for managing and analysing the data makes sure that the research is done in a methodical and thorough way. This includes steps for storing, moving, and analysing data. Based on philosophy, this part follows the principle of accountability and makes sure that data is handled properly (Guillemin & Gillam, 2004).

11. Risk Management: The risk involved in the research must be anticipated and ways of mitigation must be clearly spelt out

12. Data Management: Management of Data must be clearly articulated

13. Dissemination of Results There should be a plan in the protocol for how the study results will be shared. This encourages openness and lets both scientists and the public benefit from the study. Dissemination follows the principle of beneficence and helps

spread information to more people (Resnik, 2009).

14. Informed Consent Form: This document is a very important and vital part of the research protocol. The information leaflet of the research must be available and the signature page must also be attached. The form must have the address and name of contact persons. The form protects the participants from abuse.

Self-Assessment Exercise

1. What is the main ethical emphasises in the research protocol?
2. Mention four philosophical guides to a research protocol.

5.3.3 Ethical Review and Approval

An Institutional Review Board (IRB) or an ethics committee will usually look over a study protocol for ethical reasons after it has been made. This review process is very important to make sure that the study follows ethical rules and looks out for the participant's rights and well-being (Emanuel et al., 2000). The ethical review process is based on the idea of ethical pluralism, which acknowledges that people have different moral views and that the study needs to be evaluated in a way that is fair and includes everyone (Benatar, 2002). Ethical review groups look over the protocol for any possible ethical problems and give feedback or ask for changes as needed.

5.4 Summary

The research ethics protocol is a document submitted by researchers to ethics committees for review. The main emphasis is on how the study or project will be ethically conducted. The ethics committee must review the protocol, give constructive feedback, ensure scientific and ethical integrity, and monitor the progress of research. Finally, ethics committees are also expected to ensure that individual autonomy is respected as well as the community. Community engagement is important in research to build trust in research. The dissemination of research findings to ensure equitable distribution of research benefits is also essential.

5.7 References/Further Readings/Web Resources

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5.8 Possible answers to Self-Assessment Exercises

1. Ethical conduct of research
   Openness, reproducibility, responsibility, and moral honest

MODULE 5 ISSUES IN BIOETHICS

UNIT 1 LIFE AND DEATH ISSUES (Euthanasia and Abortion)

Unit Structure

1.1 Introduction

There are a lot of life and death issues that are of concern to bioethics. They include: euthanasia, abortion, suicide, advanced directives relating to end-of –life care, death, suffering and palliative care, treatment of persistent vegetative state patients, do not resuscitate, criterion for death, to mention a few. In this unit we shall be looking at two life and death issues that are of concern to Bioethics before birth and towards end of life. They are abortion and euthanasia. What then is abortion and euthanasia and what are the concerns of bioethics in these issues? The bioethical approaches to euthanasia and abortion will be our focus in this unit.

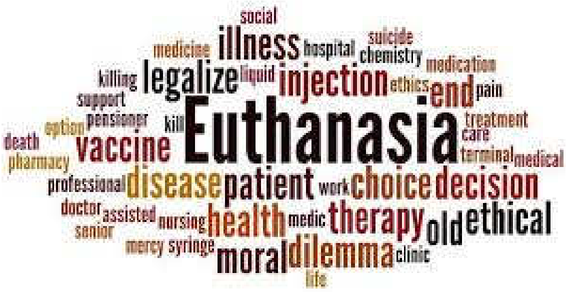
1.2 Learning Outcomes

By the end of this unit, you will be able to:

- define euthanasia
- identify the types of euthanasia
- know the role of medical practitioners in the discourse of euthanasia
- apply the four principles in bioethics to euthanasia discourse
- discuss what abortion is
- identify the bioethical issues involved in the discourse on abortion
- apply the four principles in bioethics to abortion discourse.

1.3 Life and Death Issue – Euthanasia

1.3.1 What is Euthanasia?



Source

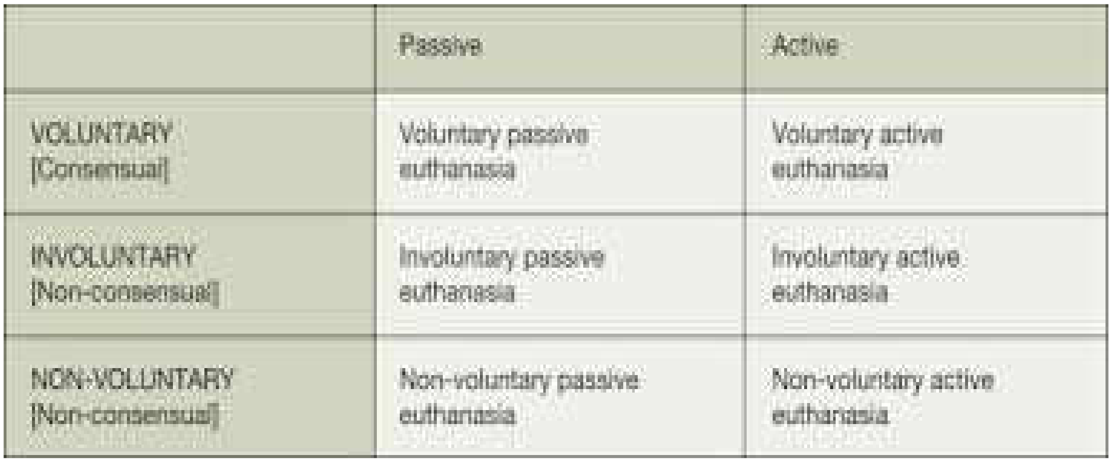
Source

Euthanasia, which is also sometimes called "mercy killing," is the act of ending someone else life on purpose to ease their pain. People have been arguing about the moral, legal, and psychological effects of euthanasia for hundreds of years. Euthanasia brings up a number of moral problems that are deeply connected to the ideas that support it.

How do we define Euthanasia and what is it about?

Euthanasia does not have a universal definition or widely acceptable definition. Euthanasia is derived from two Greek words *Eu* and *thanos* meaning gentle and easy death (Euthanasia the New Shorter Oxford English Dictionary (1993) I, 862). In defining Euthanasia we can say that it is the act or practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical disorder or allowing them to die by withholding treatment or withdrawing artificial life-support measures. (Augustyn 2024). Withholding treatment through discontinuation of dialysis in case of kidney deficiencies, discontinuation of antibiotics are any other means of life support.

VAE is generally understood to mean euthanasia at the request of the patient. Or at least with the consent of the patient. Euthanasia would still be voluntary even if the doctor (or someone else) suggested it to the patient and the patient agreed (Keown: 2005). He contrasted Voluntary Active Euthanasia (VAE) with non-voluntary euthanasia (NVAE) to mean euthanasia performed on those who do not have the mental ability to request euthanasia (such as babies or adults with advanced dementia) or those who though competent, are not allowed to consent to it. Euthanasia against the wishes of a competent patient he refers to as involuntary euthanasia (Keown: 2005, 9). So, we have three distinctions and it is important to get the various distinctions very clearly. This is so that we will be sure we understand our use of euthanasia. In summary, we can say we have six types of Euthanasia.



	Passive	Active
VOLUNTARY [Consensual]	Voluntary passive euthanasia	Voluntary active euthanasia
INVOLUNTARY [Non-consensual]	Involuntary passive euthanasia	Involuntary active euthanasia
NON-VOLUNTARY [Non-consensual]	Non-voluntary passive euthanasia	Non-voluntary active euthanasia

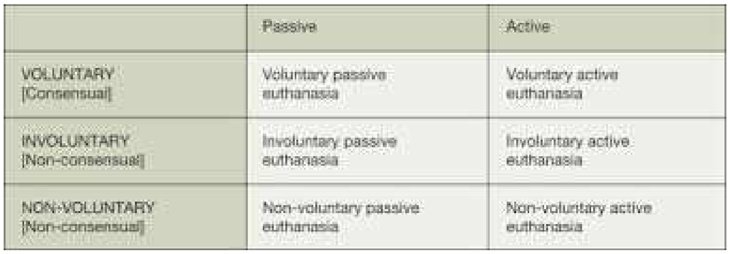
Source

1. Active Voluntary Euthanasia
2. Passive Voluntary euthanasia
3. Active Involuntary Euthanasia
4. Passive Involuntary Euthanasia
5. Active Non-Voluntary Euthanasia
6. Passive Non-voluntary Euthanasia

It is the withdrawal or activation of treatment procedures that make it active or possible. The ability to give consent and the actual indication of consent is what makes euthanasia voluntary or not.

All three definitions share certain features. They agree that euthanasia involves decisions that have the effect of shortening life. They also agree that it is limited to the medical context: euthanasia involves patients' lives being shortened by doctors or possibly nurses under medical direction and not by relatives. It is important to note that relatives are not the primary concern in decisions on euthanasia but the patient. It is the patient that the suffering is targeted at by eliminating or reducing the suffering. Going further Keown says that all three concur that characteristics of euthanasia is the belief that death would benefit the patient, that the patient would be better off dead, typically because the patient is suffering gravely from a terminal or incapacitating illness or because the patient's condition is thought to be an 'indignity' without this third feature, there would be nothing to distinguish euthanasia from cold-blooded murder for selfish motives. In summary according to Keown, all three definitions concur that 'euthanasia involves doctors making decisions which have the effect of shortening a patient's life and that these decisions are based on the belief that the patient would be better off dead. (2005:10)

1.3.2 Types of Euthanasia



	Passive	Active
VOLUNTARY [Consensual]	Voluntary passive euthanasia	Voluntary active euthanasia
INVOLUNTARY [Non-consensual]	Involuntary passive euthanasia	Involuntary active euthanasia
NON-VOLUNTARY [Non-consensual]	Non-voluntary passive euthanasia	Non-voluntary active euthanasia

Source

With this definition we can say that there are three forms of euthanasia namely Voluntary Euthanasia, Involuntary Euthanasia and Non-voluntary Euthanasia. It becomes involuntary when the patient did not request for it but was performed by another. Non-voluntary euthanasia captures those who are not in a position to either request for death or otherwise. Patients in a comatose state, vegetative state and children fall in this category.

Voluntary Euthanasia: Euthanasia becomes voluntary when the patient requests for death. The patient must give clear permission for this to happen.

Non-voluntary euthanasia: This is when the patient is not able to give permission, like when they have serious cognitive impairment. Non-voluntary euthanasia is very morally problematic because it involves making decisions about someone else life and death without their clear permission, which could be seen as violating their autonomy (Singer, 1993).

Active vs. Passive Euthanasia

Euthanasia can either be passive or active. Physicians may lawfully decide not to prolong life when there is extreme suffering thus removing a life support gadget or they may administer drugs to relieve pain even if this shortens the patient's life. In this wise, we have active and passive euthanasia.

Active Euthanasia: This means doing something directly to kill a patient, like giving them a lethal injection or using morphine and Morphinomimetics, or using barbiturates, or injecting air or oxygen into the patient. Many people think that killing someone on purpose is morally different from letting them die, which is why active euthanasia is controversial (Rachels, 2017).

Passive euthanasia: means not giving the patient any treatments that would keep them alive and letting them die peacefully. Many people think that passive suicide is more moral because it follows the idea of letting nature do its thing (Glover, 1977).

Different parts of the world have very different laws about euthanasia, which is a reflection of their different morals and legal ideals. Countries like the Netherlands, Belgium, and Canada have made euthanasia legal, but they have strong rules in place to protect people from abuse and make sure it is done in an ethical way (Griffiths et al., 2008). Usually, these rules include things like required informed consent, second views, and ways to report things. On the other hand, euthanasia is illegal in many countries because they think it goes against medical ethics and social norms (Keown, 2005).Belgium and Netherlands – the Low Countries – are the first countries in the world that have legalised euthanasia and for some they have become a shining example, while for others the Belgian and Dutch legislations of end-of-life decision-making are the lamentable materializations of a culture of death. (Meulenbergs& Schotsmans 2005: 1 Euthanasia and palliative care in the Low Countries. Peeters: Leuven, Belgium). Even with the seemingly similarities there are indications that the Belgian and Dutch Act that permits Euthanasia differ considerably. (2005:1) The Belgian Euthanasia Act unlike its Dutch counterpart for example does not apply to assisted suicide. (2005:8)

1.3.3 Physician Assisted Suicide PAS)

PAS is seen to be different from VAE this is because in the latter it is the doctor who terminates the patient's life whereas in PAS he assists the patient to take his own life or her own life. Assistance as Keown makes clear may be in the form of giving the patient the means to commit suicide like giving a lethal pill to be swallowed or a plastic bag to be put over the head. It may even take the form of advice about methods to use to perform euthanasia by the patient. (Keown: 31). Physician-assisted suicide is of special interest to bioethics because it creates a concern for bioethics principles. If physicians assist patients to take their lives, it will not only be violating the do no harm principle of the Hippocratic Oath but also violating the principles of beneficence, non-maleficence and autonomy.

Self-Assessment Exercise

1. Why does Physician Assisted Suicide create a concern for Bioethics?
2. How many types of Euthanasia can we have?

Slippery Slope Argument

The "slippery slope" argument is one of the main reasons why euthanasia is considered as not moral. This argument says that allowing euthanasia in some situations could lead to more widespread and less moral practices, like euthanasia that is not choice (Keown, 2005: 70-74). Keown advocated that we can get over the slippery slope argument if there are strict guidelines to forestall the slippery slope. Guidelines which would ensure that each request was properly checked, that the diagnosis and prognosis were confirmed, that alternatives were fully investigated and that the patient's suffering was truly unbearable. The problem is how we verify all of these guidelines as it may be difficult for example to ensure that each request is properly checked or confirm that patient suffering was truly unbearable.

1.3.4 Application of the Four Bioethics Principles to Euthanasia

The four main principles of bioethics autonomy, beneficence, non-maleficence, and justice will be used as the basis of the argument over euthanasia.

Autonomy: The principle of autonomy says that everyone has the right to make their own choices about their bodies, lives and even death without being forced to. People who support euthanasia say that everyone should be able to choose a pain-free death if they are in severe pain (Dworkin, 2011). But people who are against euthanasia warn that if it becomes legal, it could hurt people's respect for life. It is argued that we do not have a right to deprive terminally ill patients of life because it is their right to privacy and denying them will be cruel and unfair (or did you intend to deny them of ‘death’ or choice to die?). It is expected that you do unto others what you would they do unto you. After all, people have a right to die in dignity.

Beneficence and Non-maleficence: To follow these principles, healthcare professionals must do what is best for their patients by supporting their health and preventing harm. People who support euthanasia say that it can be a humane way to end pain when there are no other options (Rachels, 2017). Some people say that ending a life on purpose, even to ease pain, goes against the duty to do no harm (Glover, 1977). We remember the Hippocratic Oath which doctors swore to on induction into the field.

Justice: The idea of justice is about making sure that everyone in society gets the same amount of rewards and costs. When it comes to euthanasia, this idea makes us think about who should be able to get it and how it could be abused or forced on people who are weak (Callahan, 2019). The issue of distribution of scarce health resources comes in here. If in a hospital setting, there are 5 oxygens for 10 patients and three are terminally ill, then the Hospital Ethics Committee may have to assess the situation and determine who benefits from the scarce resources first and for how long.

Can we always be sure that consent is voluntary? Why take life when we cannot create one. What of the possibility of misdiagnosis or possible new cures or miracles. Active euthanasia is deliberate killing. Killing is immoral.

1.3.5 Palliative Care and Euthanasia

People who support euthanasia say that palliative care is important, but it might not always be enough to ease all kinds of pain, which is why euthanasia should only be used as a last option (Quill, 1991). Some people say that the focus should be on improving palliative care, because good pain control can get rid of the need for euthanasia (Cassell, 2010).Belgium for example provided for multi-layered palliative care, starting from palliative support from home, support teams in hospitals and nursing homes and finishing with palliative care units. The palliative care enables terminally ill patients to die at home. And this is seen as the first and basic layer of palliative care. A second characteristic is that palliative care is intended to be fully integrated in general health care so that the stress on the supportive and educational mission of specialised palliative care services is less. Schotsmans and Meulelenbergs implies that Belgium palliative care despite some problems such as financial issues can still be described as a palliative care paradise. (2005: 43) with palliative care patients can die in dignity while avoiding Physician assisted suicide or active or passive euthanasia.

1.3.6 Euthanasia in Nigeria

In Nigeria, there is no law permitting Euthanasia. Olasunkanmi (2015) argues that "the Yoruba conception of euthanasia failed to meet Western criteria of euthanasia, which required the presence of a physician, the presence of a patient, a clinical setting, and informed or proxy consent on the part of the patient. He opines that "any attempt to legalize euthanasia in Yoruba (Nigeria) is an attempt to kill an innocent person". Oduwole (2012) in argues that in Yoruba thought, in taking decisions about the end of life, the Yoruba in will rather view death as a good rather than prolong life unnecessarily because it is believed that death is better than loss of Dignity. (*Iku-ya-ju –esin).* The Yoruba believe that when life is becoming unbearable, it is better to die than lose dignity. This view is supported by Lanre Abass (2010) when she argues that drawing from the cultural construct of the Yoruba worldview that celebrates suicide in avoiding shame *Iku-ya-ju –esin-* a principle of dignity in dying, competent agents (patients) who are suffering due to pain and who have the apparent capacity to make free and informed choices should be able to choose when it is appropriate to end their lives.

1.3.7 Abortion

Abortion, which means ending a pregnancy, is one of the most controversial moral and philosophical problems in the world today. This subject brings up important concerns about the fetuses moral standing, the rights of the pregnant person, and the part that society and the government should play in controlling reproductive choices. There are academic sources used to give a full analysis of the philosophical underpinnings, ethical concerns, and current debates surrounding abortion.

There are a lot of moral issues that come up in the abortion debate, and these issues are deeply related to the philosophical bases of the debate. One of the most important ethical questions is what the foetus moral standing is. Philosophers have different ideas about when a person is born, running from conception to birth or viability (Noonan, 1970; Warren, 1973). This problem is very important in figuring out whether abortion is morally okay. Some say that the foetus has moral status because it has the potential to become a person, while others say that real personhood, which means having consciousness and self-awareness, is needed for moral status (Tooley, 1972).

Another important thing to think about is the person who is pregnant and their rights and best interests. The concept of bodily autonomy is a major argument for abortion rights. It says that people have the right to control their own bodies, which includes the choice to end a pregnancy

(Thomson, 2004). From this point of view, sexual freedom and personal freedom are very important. During pregnancy and childbirth, there are big effects on the health and well-being of the person who is pregnant. People who may face serious risks or hardships from bringing a pregnancy are already able to get a legal and safe abortion in order to protect their physical and mental health (ACOG, 2021).

Making sure people can get safe and legal abortions is a big part of social justice, and it has effects on society and the law. People with low incomes and people of colour are more likely to be affected by abortion restrictions, which makes inequality worse (Roberts, 2014). Different places have very different laws about abortion because people have different national, religious, and moral views. Laws usually strike a balance between a pregnant person's rights and the government's desire to protect unborn children (Ginsburg, 1984).

There are also moral and religious points of view that are important. A lot of religions have clear rules about abortion, and they usually are against it because they believe life is sacred (Finnis, 2005). There are, however, different religious views on abortion. For example, Niebuhr (1955) says that some traditions support the right to choose because they are based on compassion and fairness. Different secular ethical theories, like utilitarianism and deontology, have different ideas about abortion. When looking at abortion, utilitarian approaches look at what is best for everyone, while deontological approaches look at people's rights and responsibilities (Singer, 2011).

Even though reproductive technology has improved and social views have changed, the moral and logical arguments about abortion are still changing. New technologies have brought up new moral questions. As prenatal tests and genetic screening get better, it brings up questions about abortions that are chosen based on genetic traits or possible disabilities. These changes put current moral frameworks to the test and need careful thought about what they mean for people and society (Parens & Asch, 2000). Better care for newborns has moved the point at which a foetus is viable earlier in pregnancy. This has changed the moral and legal arguments about whether later-term abortions are legal (Chervenak et al., 2005).

1.3.8 Bioethical Concerns in Abortion

Some of the most important philosophical ideas that shape the abortion discussion are autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2013). Autonomy is the idea that everyone has the right to make their own decisions about their bodies and lives. People who support the pro-choice viewpoint say that pregnant women should be able to decide for themselves if they want to continue the pregnancy or

end it (Thomson, 2004). But some critics say that the fetuses moral position might make this autonomy less possible.
To be beneficent or non-maleficent, you must do things that make others happy and keep them from getting hurt. When thinking about the ethics of abortion, you must look at the health of both the pregnant woman and the unborn child. People who support abortion rights stress how important it is for the health and well-being of the pregnant woman, while people who are against it often focus on the harm that could happen to the unborn child (Marquis, 2000).

Justice is about making sure that everyone in society gets the same amount of rewards and costs. When people argue about abortion, they often bring up issues of social justice, such as the rights of disadvantaged groups, access to reproductive health care, and the effects of unwanted pregnancies on society and the economy (Roberts, 2014)

1. 4 Summary

Abortion and Euthanasia remains a deeply contested issue, grounded in fundamental philosophical principles of autonomy, beneficence, non-maleficence, and justice. While Euthanasia can be viewed as a compassionate response to alleviate suffering, it also raises significant ethical, legal, and social concerns. Ongoing philosophical debates and ethical reflections are essential to navigate the complexities of abortion and euthanasia, ensuring that the practice, where permitted, is carried out with the utmost respect for human dignity and ethical integrity. It is important for ethical theories and policies to balance the rights and interests of the pregnant person with those of the unborn child and society as a whole. This needs methods that are nuanced, take into account the situation, and take into account how hard it is to make decisions about reproduction (Little, 1999). Reproductive justice is the idea that reproductive rights should be balanced with racial, economic, and social fairness. Supporters call for all-encompassing solutions that get to the root reasons of reproductive inequality and improve the health and happiness of everyone (Ross & Solinger, 2017).

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1.6 Possible Answers to Self-Assessment Exercises

1. Physician Assisted suicide is of special interest to bioethics because it creates a concern for bioethics principles. If physicians assist patients to take their lives, it will not only be violating the do no harm principle of the Hippocratic Oath but also violating the principles of beneficence, non-maleficence and autonomy.

2. Six Types

UNIT 2 ASSISTED REPRODUCTION TECHNOLOGY

Unit Structure

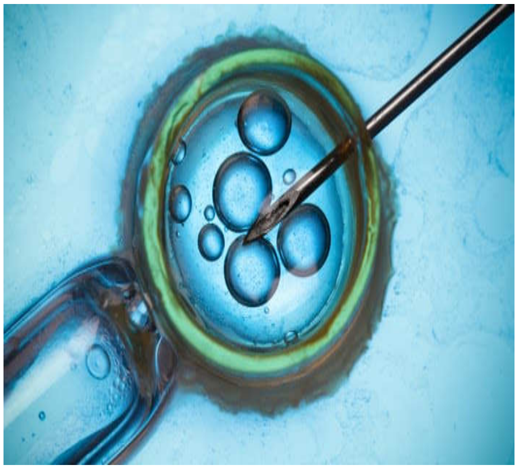
2.1 Introduction

In this unit, we shall be delving into Assisted Reproductive Technology (ART). Assisted Reproductive Technology includes a number of medical treatments used to treat infertility. These include IVF (in vitro fertilisation), surrogacy, egg or sperm donation, Ectogenesis. ART has deep and complex moral, legal, and bioethical implications. It makes us think about what it means to be a parent, the moral position of embryos, and the social effects of these technologies. The basic concern of bioethics about ART is the respect for human life, respect for individual autonomy to reproduction and respect for human relations and informed consent. Is it morally right to interfere in any way in the reproductive process? Is it morally right to interfere in the decision of an individual to reproduce in a particular manner? How does ART affect human dignity? These and many more questions are the concerns of bioethics in the ART discourse.

2.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss what artificial reproductive technologies are
- discuss the bioethical concerns of assisted reproductive technology
- apply the four bioethical principles to issues concerning assisted reproductive technology.



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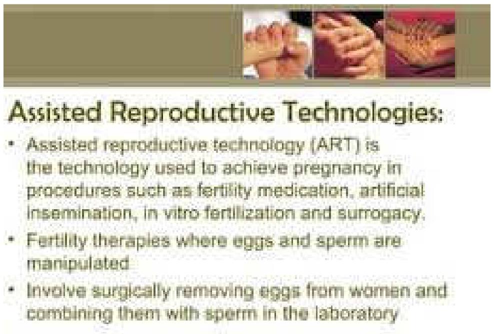
2.3 What is Assisted Reproductive Technology?

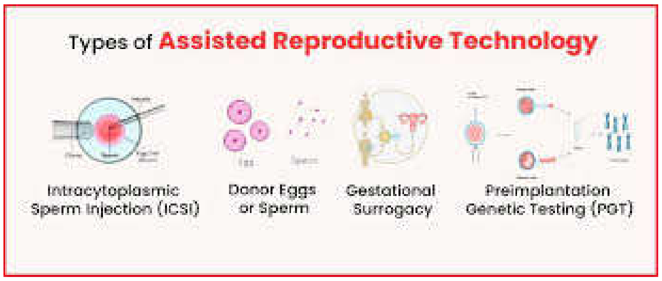


Assisted Reproductive Technologies:

- Assisted reproductive technology (ART) is the technology used to achieve pregnancy in procedures such as fertility medication, artificial insemination, in vitro fertilization and surrogacy.
- Fertility therapies where eggs and sperm are manipulated
- Involve surgically removing eggs from women and combining them with sperm in the laboratory

Source

Assisted reproductive technologies are scientific means used to aid fertility or achieve pregnancy in individuals who have a problem to conceive. ART involves the artificial use of sperm and egg in other to achieve pregnancy.



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In vitro fertilization (IVF) is one of the most common types of ART. Others include Ectogenesis, surrogacy, egg or sperm donation. It is assumed that human beings have dignity and moral worth. Manipulating the egg and sperm it is argued that diminish human dignity. Also, it is argued that as human beings we have a right to reproduce and determine how to reproduce. This is a way of expressing our individual autonomy as moral agents. There are a lot of bioethical issues that are of concern in the discussion on ART. Let us examine some of them.

2.3.1 The Physician and Assisted Reproductive Technology

Physicians have a lot to do in the involvement of ART. They play a huge role in supporting, ensuring that infertile couples and individuals and those longing to have children have their desires fulfilled. If the procedure and means of achieving fertility is not carried out in an ethical manner it may lead to abuse of human dignity, moral worth and privacy issues. This is one of the major reasons for the bioethical interest in ART procedures. ART is a very important procedure that creates human beings and family relationships. The social concerns of ART must therefore be considered. For some societies, the “natural” way of conception makes for personhood. It is that which makes the newborn accepted within society. Besides, motherhood is assumed to be by conception and not by any artificial means.

Donor information is also an issue in ART. It bothers the privacy of both the donor and the child. This undermines the right of the child to know their genetic history. Issues of privacy are at the heart of bioethical discourse.

2.3.2 The Moral Status of Embryos

A major concern of bioethics on Assisted Reproductive Technology is the question of the moral status of the embryo. It is often asked when the embryo becomes a person. What are the rights of the embryo? Do they have a right to live or be discarded? This is because ART often involves making more than one embryo, and some of them may be thrown away or used for study. There are different opinions on what these embryos moral status should be. Some see them as potential human life that needs to be protected, while others see them as a collection of cells that do not have any moral standing (Steinbock, 2011).

When embryos are frozen to be used later, it raises ethical worries about what will happen to embryos that are not used, since they might be left alone or destroyed. This then bothers on the dignity of the embryos, especially if they are considered as persons or potential persons.

2.3.3 Rights and Privacy Issues in Surrogacy

In surrogacy, a woman carries a baby for people who want to have a child. Concerns about ethics include the possible abuse of surrogates, especially in countries with low incomes, and the commercialisation of women's reproductive abilities (Shanley, 2002).

It can be hard to figure out who has legal and parental rights in a surrogacy situation. This raises questions about what it means to be a parent and the rights of everyone involved, including the surrogate and the child who is born.

2.3.4 Justice, Access and Inequality of ART Technologies

ART is often pricey, which makes people worry about fair access to reproductive tools. Different levels of income can make it harder for some people and couples to have children through ART (Roberts, 2009). Different types of insurance cover different amounts of ART, which makes access and inequality problems even worse. The issue of distribution of healthcare facilities in an equitable, just and fair manner is one of the major concerns of bioethics.

2.3.5 Regulation and Oversight

Different countries have different rules about ART, ranging from not limiting it at all to very strict. Legal frameworks often deal with things like the legality of surrogacy, the status of embryos, and how fertility centres should be run (Jackson, 2001).

Professional groups and social bodies set rules to make sure that ART is done in an honest and responsible way. Often, these rules cover things like giving informed permission, protecting children, and the rights of donors and surrogates (ESHRE, 2007).

2.3.6 Social Implications

ART can change the way families usually work, making new kinds of parenting and family ties. This can mean that children born through donor gametes or surrogacy have more than one parent, which raises questions about identity and family structure (Strathern, 2005).

Different groups of people have different levels of acceptance of ART, and people who use these tools may face discrimination or shame. Promoting understanding and acceptance is very important for lowering stigma and helping different types of families (Hargreaves & Daniels, 2007). Even though medical science and moral standards have improved, ART still has a lot of problems.

2.3.7 Ethical and Cultural Diversity

Different cultures have very different views on art, which affects the laws and morals that people follow. To get around these differences, you need to be aware of national values while still following universal moral rules

(Inhorn & Birenbaum-Carmeli, 2008).

Cross-border surrogacy and international sperm or egg donation are examples of how ART is becoming more global. This brings up a lot of difficult ethical and legal problems. It is very important to protect the rights and well-being of everyone concerned, even surrogates and donors from other countries (Spar, 2006).

2.3.8 Ethical Issues in Technological Advances

Genetic Screening and Enhancement

PGD makes it possible to check embryos for genetic diseases before they are implanted. This technology can stop the passing on of dangerous genetic diseases, but it also brings up ethical concerns about the possibility of choosing embryos based on things other than their medical worth, like their gender or physical traits (Savulescu, 2001).

Genetic engineering through ART could lead to the creation of "designer babies," and “savior babies” which raises serious ethical concerns about eugenics, social injustice, and what it means to be human (Habermas, 2005). ART has very different legal and social effects in different places, which is because people have different cultural ideals and morals.

CRISPR and other gene-editing tools could change ART in a big way by making it possible to make precise changes to embryos. This brings up very important moral questions about how far people should go in affecting reproduction and what the long-term effects might be (Doudna & Sternberg, 2017).

Creating artificial wombs, also known as Ectogenesis, could change even more ways that people can have children, challenging current ideas about pregnancy, parenting, and the role of gestation (Gelfand & Shook, 2006).

Self-Assessment Exercise

1. Mention a major concern of bioethics in the discussion of Assisted Reproductive Technology
2. What is the major social implication of ART?

2.3.9 Application of Bioethical Principles to Assisted Reproductive Technology

The discussion about ART is based on four main philosophy ideas: autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2013).

Autonomy: This concept stresses that each person has the right to choose for themselves how to have children. Supporters of ART say that people and couples should be able to choose for themselves how to use technology to get pregnant and beat infertility (Robertson, 2014). Critics, on the other hand, warn that this liberty may be hard to maintain because of the moral and social consequences.

Beneficence and Non-maleficence: In order to follow these principles, healthcare professionals must do what is best for their patients by supporting their health and preventing harm. The goal of ART is to help people by making it possible for them to have children. But possible harms must be thought about, such as medical risks for women getting treatment and moral worries about the well-being of the children who are born.

Justice: The idea of justice is about making sure that everyone in society gets the same amount of rewards and costs. ART makes people think about who has access to reproductive tools, how reproduction is turned into a business, and how vulnerable people, like surrogate mothers, might be used for profit (Shanley, 2002).

2.4 Summary

ART brings up several bioethical problems and dilemma that are deeply connected to the philosophical ideas that it is based on. The idea is that human dignity must be upheld even with the advancement in scientific technologies so that the dignity of man will not be diminished. Respect for life and human nature is very germane in the decision to be ethical while assisting in procreation and the process of alleviating infertility. ART is concerned about human life and creation of next generation of human beings. It is essential to ensure that the practice is conducted in an ethical manner so that it does not create more problems than it solves.

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2.6 Possible Answers to Self-Assessment Exercises

1. If the procedure and means of achieving fertility is not carried out in an ethical manner it may lead to abuse of human dignity, moral worth and privacy issues.

2. people who use ART tools may face discrimination or shame by the society

UNIT 3 GENETIC ENGINEERING/CLONING

Unit Structure

3.1 Introduction

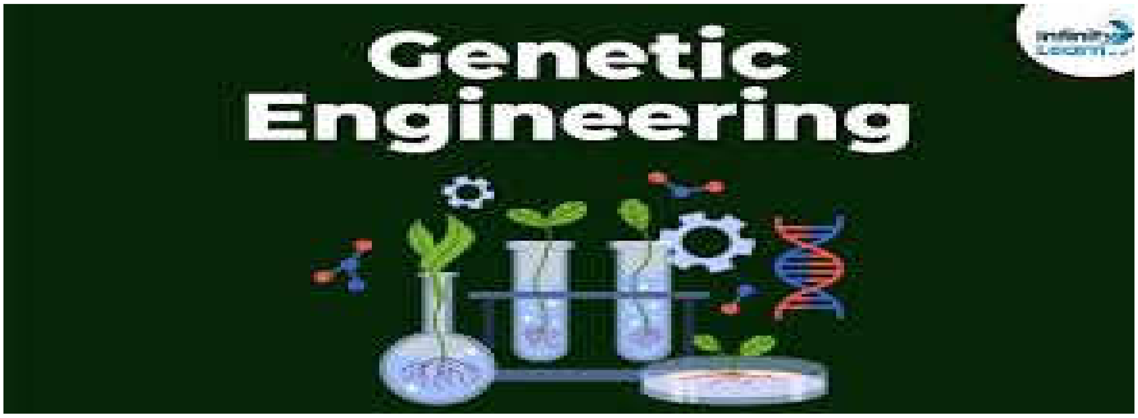
Using biotechnology to change an organism's genes directly is called genetic engineering. It could completely change fields like medicine and agriculture. Gene editing, genetic modification, and synthetic biology are all parts of this science. Genetic engineering has a lot of great potential, but it also brings up a lot of important moral, intellectual, and social questions. This unit looks at the philosophical roots, ethical concerns, and modern problems that come up with genetic engineering.

3.2 Learning Outcomes

By the end of this unit, you will be able to:

- discuss what is genetic engineering
- explain the ethical, legal, and social concerns of genetic engineering
- discuss genetic engineering and bioethical principles
- explain cloning
- discuss the arguments against cloning
- discuss the arguments for human cloning.

3.3 What is Genetic Engineering?



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Genetic engineering is the process of using laboratory based technologies to alter or manipulate the DNA of an organism. Genetic engineering can occur in plants, animals and human beings.

Source

The aim of genetic engineering is to enhance the capabilities of the organism beyond what is considered normal or natural. Genetic engineering has a lot of beneficial effects, however, there are a lot of ethical concerns in genetic engineering. Genetic therapies may be used to cure diseases or inherited disorders. They may also be used to treat some health-related disorders. Genetic engineering can also be used to repair defective genes associated with heredity.

3.3.1 Ethical Concerns of Genetic Engineering

Genetic engineering has a lot of different ethical issues that are deeply linked to the ideas that make it possible. The concepts of beneficence and non-maleficence are in line with the therapeutic uses of genetic engineering, like stopping or curing genetic diseases. Gene therapy for sickle cell anemia or cystic fibrosis is one example (Kohn et al., 1989). But uses of enhancement, like making people smarter or stronger, bring up ethical questions about fairness, force, and what it means to be human. Some people say that these kinds of uses could lead to a society where genetic improvements are needed to get ahead, which would make inequality worse (Brown, 2009).

Another important ethical question is what the moral standing of embryos is. A lot of the time, genetic engineering includes changing embryos, which makes people wonder about their morality. Different intellectual and cultural points of view have different ideas about whether embryos should be morally considered (Steinbock, 2011). With the help of CRISPR technology, it is now easier to edit germlines, which means that changes can be made permanently to the human DNA. The moral issues involve possible long-lasting impacts on the human gene pool and whether it is okay to make permanent changes that will have an impact on future generations (Doudna & Sternberg, 2017).

In genetic engineering, it is very important to get informed permission and protect genetic privacy. Making sure people give their informed consent is hard, especially when it comes to genetic information that affects not only the person but also their family members and future generations (Chadwick & Levitt, 1997). Like in all complex ethical decisions, prior genetic counselling, with its own challenges, are usually given before the giving of consent if that is the voluntary decision. Concerns about privacy and possible discrimination based on genetic traits are also raised by the gathering and use of genetic information. To protect people's genetic privacy and stop the wrong use of genetic data, we need ethical standards (Anderlik & Rothstein, 2001).

It is important to think about the ecological and environmental risks of genetic engineering, especially when it is used in crops and the environment. The spread of genetically modified organisms (GMOs) into the environment needs to be carefully controlled so that bad things do not happen, like ecosystems getting messed up or pests becoming resistant (Snow et al., 2005). Using genetic engineering in farming can also have an impact on biodiversity. For example, when genetically modified crops are widely used, they may reduce genetic variety and make crops more susceptible to diseases and pests (Altieri, 2000).

3.3.2 Legal and Social Implications

Genetic engineering has different legal and social effects in different parts of the world because people have different cultural values and morals. Not all countries regulate and oversee genetic engineering the same way, and they do so in a variety of ways. Because genetic engineering is used all over the world, it is important for countries to work together and make sure that their laws are all the same (Jasanoff, 2005). Professional groups and moral authorities set rules for the proper use of genetic engineering. These rules cover things like safety, getting permission, and the moral effects of genetic changes (Nuffield Council on Bioethics, 2016).

There are cultural, moral, and social factors that affect how people accept and think about genetic engineering. For people to believe and accept genetic engineering, there needs to be open and honest communication about its pros and cons (Pew Research Centre, 2018). People who have certain genetic traits or who cannot afford genetic improvements could also be shamed and treated badly if genetic engineering is used. To be fair and include everyone, ethical theories need to take these possible social effects into account (Hughes, 2005).

3.3.3 Contemporary Challenges of Genetic Engineering

Even though genetic engineering has come a long way, there are still some problems that need to be solved. Concerns about technological progress and moral limits are very important. The fast growth of CRISPR technology has outrun the rules and ethics that are needed to control its use. Talks about ethics need to keep up with changes in technology so that we can talk about things like off-target effects and the moral problems that come up with editing the human genome (Doudna & Sternberg, 2017). Synthetic biology is a new field that includes making new biological systems and organisms. It brings up deep moral questions about what life is and how humans should interact with natural processes. To figure out the pros and cons of synthetic biology, we need ethical standards (Church & Regis, 2012).

Another problem is that of global inequality and easy access to genetic technologies. Making sure that everyone has equal access to the benefits of genetic engineering is very important, since richer people and countries may have easier access to these technologies, which would make global inequality even worse. Policies must be made to support fair access and even out differences (WHO, 2021). Patenting genetic technologies also brings up moral and legal concerns about who owns genetic data and what that means for innovation and access. It is hard to find a good balance between the needs of innovators and the needs of the people to have access to genetic technologies (Eisenberg, 1989).

Source

3.3.4 Genetic Engineering and Bioethical Principles

There are four main philosophical ideas that form the basis of the discussion over genetic engineering: autonomy, beneficence, non-maleficence, and justice.

Autonomy is the idea that everyone has the right to make their own choices about their lives. This concept brings up questions about consent in genetic engineering, especially for future generations that cannot agree to genetic changes made before they were born (Harris, 1992).

To be beneficent or non-maleficent, you have to do things that make others happy and keep them from getting hurt. Genetic engineering could help people get better health and fix genetic diseases, which is in line with beneficence. But, following the principle of non-maleficence (Fukuyama, 2003), the risks of harm and unintended effects must be carefully thought through.

Justice means making sure that everyone gets the same amount of rewards and costs. Genetic engineering brings up questions of fairness, access, and the possibility of new kinds of injustice. A big ethical issue is making sure that the benefits of genetic engineering are shared fairly and do not make social problems worse (Daniels, 2007).

Self-Assessment Exercise 1

1. What is genetic engineering?
2. What are the factors that may affect how people think about Genetic engineering?

3.3.5 Cloning: A Definition

Cloning is the process used by scientists to create an exact genetic replica of another cell, tissue or organism in a plant, animal or human being. In this unit we shall be concerned more with reproductive cloning.

[**Source**]

The National Academy of Sciences (US), National Academy of Engineering (US), Institute of Medicine (US) and National Research Council (US) Committee on Science, Engineering, and Public Policy defines reproductive cloning a**s** “the deliberate production of genetically identical individuals. Each newly produced individual is a clone of the original. Monozygotic (identical) twins are natural clones. Clones contain identical sets of genetic material in the nucleus—the compartment that contains the chromosomes—of every cell in their bodies. Thus, cells from two clones have the same DNA and the same genes in their nuclei.”(2002). With regards to the person cloned and the clone it is said that “All cells, including eggs, also contain some DNA in the energy-generating “factories” called mitochondria. These structures are in the cytoplasm, the region of a cell outside the nucleus. Mitochondria contain their own DNA and reproduce independently. True clones have identical DNA in both the nuclei and mitochondria, although the term *clones* is also used to refer to individuals that have identical nuclear DNA but different mitochondrial DNA”.

3.3.6 The Birth of Dolly the Sheep and the bioethical concerns arising from it

Dolly the Sheep was the first animal to be created by scientists. Dolly, Female Finn Dorset Sheep that lived from 1996 to 2003 was cloned from the mother by scientist Ian Wilmut and his colleagues of the Roslin Institute in Scotland.

[**Source**]

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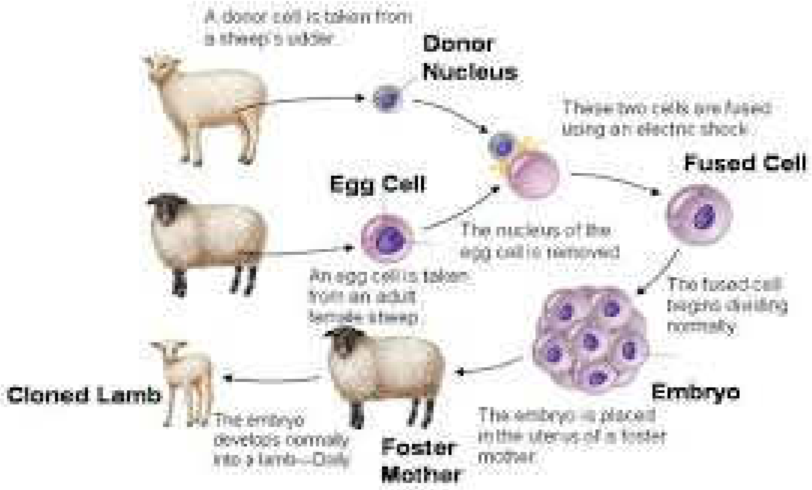

Source

The birth of Dolly is an important announcement in scientific advancement and created a lot of ethical and bioethical concerns.

There is no scientific record or evidence of human beings cloned till today, however, we need to be proactive in examining the moral implications of such advancement in science. Bioethics is interested in human reproductive cloning because of issues of privacy and the definition of human life amongst others. The awareness of scientific abuse in experimentation with human beings is also very paramount to bioethics. We shall be examining some ethical arguments concerning reproductive cloning.

3.3.7 Some Ethical Issues in Cloning: Arguments Against Cloning

1. It is argued is not fair to the clone because it may be embarrassing if the person cloned is still alive.

2. The future of the clone will not be hidden since the cloned is alive. The cloned can predict his future through the cloned. Where then is the privacy in the clone's life.

3. Besides, cloning can be dangerous especially if some scientists decide to clone some ruthless army, then this will put the whole world in trouble.

4. Cloning involves one biological parent, of course this to adherents of marriage and family life may be repugnant and sickening. With regards to the clone, how will parenting be achieved as the cloned will be the mother and child?

5. Cloning does not take into cognisance environmental factors in development. This is because human beings are not limited to their genes alone. Cloning may lead to genetic reductionism.

6. How will the aging factor in the clone be determined? If a mother is cloned at age 30 how old will the cloned be?

7. Cloned children have side effects and diseases.

8. Cloning is about playing God. It is the work of the creator to create while human beings act as stewards in his creation. We as human beings are expected to be stewards in God's creation. Cloning makes us co-creators and in competition with God. This is a religious or theological argument against cloning.

9. Some who advocate against cloning on the religious level also argue that if you clone a human being then it does not have a soul. It is part of God's creation to create souls. This is his major prerogative and duty and not man.

3.3.8 Some Ethical Issues in Cloning: Arguments for Cloning

1. It can be argued that people have a right to reproduce anyhow they decide to. Besides cloning has a benefit for infertile couples. There won't be any problem with having donors or surrogate motherhood.

2. With cloning we can create human spare parts for future needs and for our own well-being. In fact, we can boast of eternal life in that you can copy yourself for eternal life.

3. With cloning we can clone specific special characteristics. For example, a good athlete can be cloned. Or a musical artist. With cloning we can avoid genetic diseases like cancer.

4. There can be sex selection with cloning.

5. For society as a whole cloning may be beneficial in that it helps us to add value to the society. It does not only help us to understand our environment better but it assists in adding value to creation. With Cloning divorce rates will be low.

Reproductive Cloning was discussed by the National Bioethics Advisory Commission in June 1997 by the National Academy of Sciences in January 2002. The two reports concluded that attempts to clone a human being "at this time" would be unethical. It is unethical because of issues relating to the safety of the technique and the likelihood of physical harm to those involved. The two reports are of the opinion that human beings need a deeper thought and reflection on the ethical and social implications of cloning.

Self-Assessment Exercise 2

1. Why is cloning an issue that is of concern to bioethics?
2. Is human cloning a concern to religion?

3.4 Summary

Reproductive cloning is an aspect of Cloning that is of concern to bioethics. There is a need to ensure that experimentation with human beings is not abused by scientists. The history of bioethics showed that there is a tendency for abuse if care is not taken. Hence, there is a need to ensure we engage in the discussion on cloning to avoid abuses. Besides, human beings are not only a product of science but also of the environment and society. These are some of the factors that may affect the cloned in its survival.

3.5 References/Further Readings/Web Resources

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3.6 Possible Answers to Self-Assessment Exercises

ASE 1

1. Genetic engineering is the process of using laboratory-based technologies to alter or manipulate the DNA of an organism. Genetic engineering can occur in plants, animals and human beings.

2. There are cultural, moral, and social factors that affect how people accept and think about genetic engineering

ASE 2

1. Human cloning is of concern to bioethics because of the scientific risk, human interference with dignity and the future of humans needs to be debated to assess the social and ethical implications.

2. Human Cloning if successful plays God

UNIT 4 ARTIFICIAL INTELLIGENCE

Unit Structure

4.1 Introduction

Artificial intelligence (AI) as the name suggests is about two words namely: Artificial and Intelligence. Anything is artificial if it is not natural. Intelligence is about the ability to learn. Artificial intelligence is about the use of machines rather than human intelligence. AI thus refers to the simulation of human intelligence in machines that are programmed to think and learn like humans. AI systems can perform tasks that typically require human intelligence, such as understanding natural language, recognizing patterns, solving problems, and making decisions.

4.2 Learning Outcomes

By the end of the unit, you will be able to:

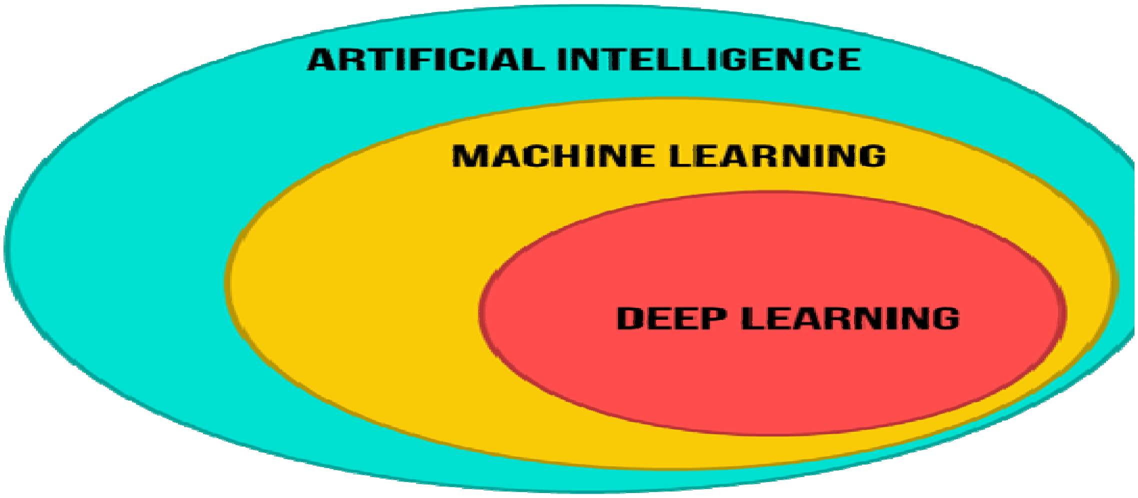
- define artificial intelligence
- compare artificial intelligence to human intelligence
- list the key concepts of artificial intelligence
- identify the types of artificial intelligence
- identify the ethical issues surrounding artificial intelligence
- identify the concerns of bioethics in the discourse of artificial intelligence
- describe the need for more ethical principles that can guide the use of AI tools.

4.3 What is Artificial Intelligence?

[Source]

Artificial Intelligence (AI) refers to the simulation of human intelligence in machines that are programmed to think, learn, and perform tasks that typically require human cognitive abilities. According to Copeland in *Encyclopedia Britannica (2024)*, “Artificial intelligence (AI) is the ability of a digital computer or computer-controlled robot to perform tasks commonly associated with intelligent beings”. AI systems are designed to perceive their environment, reason about it, and take actions to achieve specific goals. The term “Artificial” is usually contrasted with human intelligence which is considered natural to man. The key concepts of AI are listed below.

4.3.1 Key Concepts of AI



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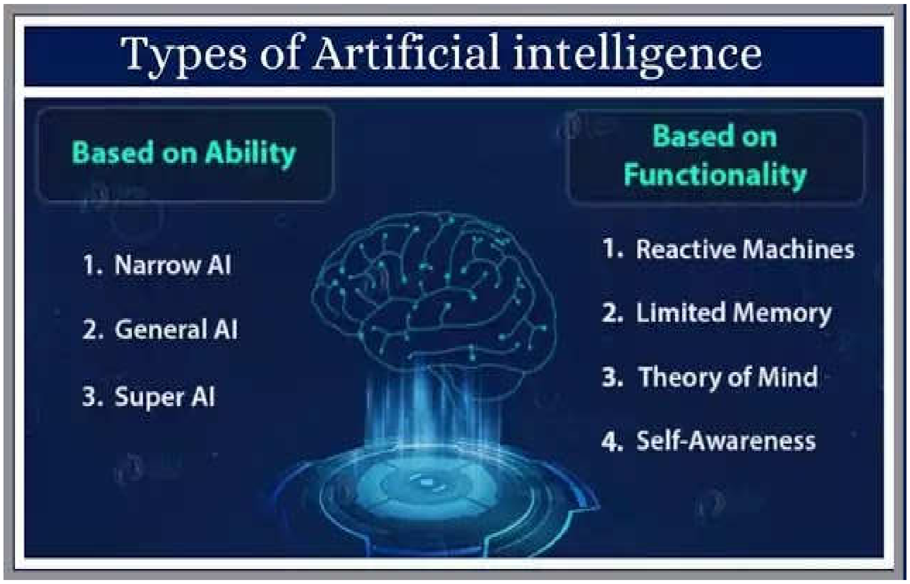
The key concepts of Artificial Intelligence can be summarised as Artificial Intelligence, Machine Learning (ML) and Deep Learning (DL). The three are often used interchangeably (Ongsulee, 2017) but they are not the same. Seema Singh called ML and DL "Cousins of Artificial Intelligence" (2018). Machine Learning (ML) is a subset of AI where machines are trained to learn patterns from data and make decisions without being explicitly programmed. Deep Learning is a specialized area of ML that uses neural networks to mimic the human brain's functioning, enabling tasks like image recognition and natural language processing. Other areas include: Natural Language Processing (NLP)**,** which is the ability of AI systems to understand, interpret, and generate human language (e.g., Chatbots, language translation). Computer Vision is another area of AI. AI can interpret and analyze visual data like images and videos. Also, robotics i**s** AI integrated into robots, allowing them to perform tasks like assembly, navigation, or even complex problem-solving.

4.3.2 Types of Artificial Intelligence (AI)



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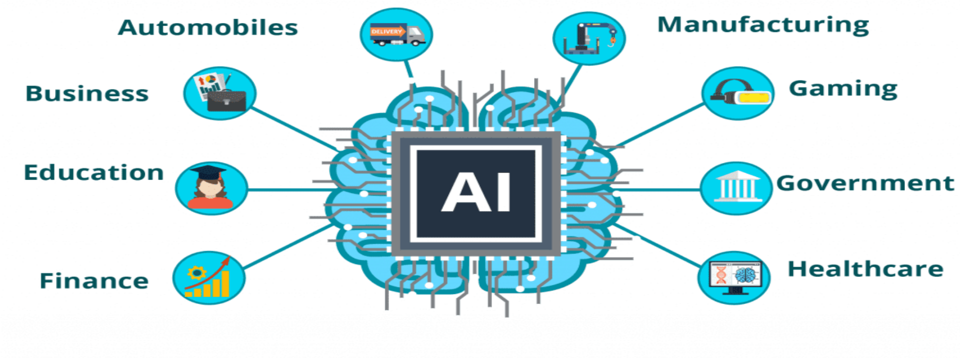
Three types of Artificial Intelligence are:

1. Narrow AI: AI specialized in one task (e.g., virtual assistants like Siri, recommendation systems like Netflix).

2. General AI: Hypothetical AI with the ability to perform any intellectual task a human can do.

3. Superintelligent AI: A speculative concept where AI surpasses human intelligence in all domains (currently theoretical).

4.3.3 Applications of Artificial Intelligence (AI)



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AI can be applied in a lot of areas of human endeavor. It can be applied to the area of healthcare in diagnostics, drug discovery and personalized treatment. It can also be applied to the area of finance specifically fraud detection and trading algorithms. Other areas where Artificial Intelligence can be applied is transportation. AI is now been used to control Self-driving cars. In the education sector AI is used on Adaptive learning platforms. Furthermore, the use of AI is employed in the entertainment industry. It is used to create content and game design. AI is also used in Customer Service through virtual assistants and Chatbots. Other areas include: agriculture, manufacturing, cybersecurity, gaming, entertainment, law, building smart cities and environmental management. In all of these, our main focus is on health, healthcare and health research which bioethics as a discipline is directly concerned with.

4.3.4 Ethical Issues in the Use of Artificial Intelligence

Source

The rise of artificial intelligence (AI) brings numerous ethical issues that society must address to ensure responsible and fair use of this technology. Here are some key ethical concerns:

Artificial Intelligence can create bias and discrimination in that AI systems can inherit biases present in their training data, leading to unfair or discriminatory outcomes. For example, biased algorithms in hiring, loan approvals, or facial recognition may disadvantage certain groups. Thus, there is a need to ensure that training data is representative and algorithms are audited for fairness.

Another ethical issue that may arise in the use of AI tools relates to privacy violations. AI often relies on large datasets, some of which contain sensitive personal information. This raises concerns about surveillance, unauthorized data collection, and misuse. For example, facial recognition and location-tracking technologies can infringe on individual privacy. Balancing innovation with robust privacy protections and transparent consent mechanisms is a way of mitigating this ethical challenge.

AI systems and tools can make mistakes. If they do, then it will be difficult to hold anybody responsible. For example, when AI systems such as self-driving car causes an accident, it’s often unclear who is accountable—the developer, user, or manufacturer. Thus, there is a need to establish legal and ethical frameworks for liability and responsibility.

AI tends to displace humans of their jobs because tasks that are expected to be carried out by human beings are now been carried out by AI tools and systems. Automation and AI are replacing human jobs in many sectors, potentially leading to widespread unemployment and economic inequality. Supporting workforce transitions through reskilling programs and ensuring equitable economic policies can help reduce this ethical challenge.

AI can also be used as weapons that can be used to attack human beings. AI can be weaponized in the form of autonomous weapons or cyber-attacks, posing threats to global security and peace. It is then imperative that creating international regulations to prevent the misuse of AI in warfare is very urgent and essential.

In Africa and other low-middle-income countries, the use of AI tools is novel, and technology has not developed so much in that direction. Most AI tools are developed without the inclusion of African logic, epistemology and considerations for African cultural underpinnings. If Africans are to benefit from developments in AI, then, there is a need to ensure that the contributions of Africans are explored. This will ensure equitable access to AI technologies and their benefits.

One of the major ethical challenges of AI is misinformation and manipulation AI can create realistic fake content (e.g., deepfakes) or manipulate information to spread propaganda, leading to societal harm. There is an urgent need to curb this trend by developing tools to detect AI-generated misinformation and fostering media literacy.

Overdependence on AI tools may also lead to the loss of human agency in that it can reduce human decision-making capabilities and critical thinking. Human beings create AI tools and they should not replace human intelligence. Striking a balance between automation and human control to preserve autonomy.

4.3.5 What are the Bioethical Concerns of Artificial Intelligence?

Source

The bioethical concerns of artificial intelligence (AI**)** focus on the intersection of AI with healthcare, biology, and human life. These concerns are particularly significant because they deal directly with human well-being, health outcomes, and fundamental ethical principles in medicine and biology. Here are a list of the main bioethical concerns of the use of AI tools:

1. Patient Privacy and Data Security

AI in healthcare relies on vast amounts of patient data, including sensitive information such as medical records and genetic profiles. Unauthorized access or misuse of this data can violate privacy rights. For example, AI systems used in hospitals might expose patient data to breaches or be exploited by hackers. The question of how patient confidentiality can be protected when data is used to train AI models is one of the major bioethical concerns. Who owns and controls patient data?

2. Bias in Medical Algorithms

Another bioethical concern in the use of AI is that if AI systems are trained on biased or incomplete datasets, they may perpetuate or even amplify healthcare disparities. For example, An AI system trained predominantly on data from one demographic might underperform for other populations, leading to misdiagnoses or unequal treatment. How can we ensure that AI systems are fair and equitable across diverse patient populations? What accountability measures should be in place for biased AI decisions?

3. Informed Consent

Patients may not fully understand how their data is being used for AI development or how AI influences their diagnosis or treatment. AI-powered diagnostics or treatment recommendations might be used without patients being aware of the AI's role in the decision-making process. One of the questions bioethics will ask is: How should patients be informed about AI's involvement in their care? Should patients have the right to opt out of AI-driven decisions?

4. Autonomy and Decision-Making

It is often argued that **o**ver-reliance on AI in healthcare could diminish patient and clinician autonomy, as decisions might defer to algorithmic recommendations without sufficient human oversight. An AI system might recommend discontinuing treatment based on probabilities rather than nuanced human judgment. It may be asked: Who has the final say in life-altering decisions—the AI, the clinician, or the patient? How do we ensure that AI augments, rather than replaces, human judgment? Other bioethical issues relate to end-of-life care decisions. AI might be used to predict life expectancy or recommend end-of-life care, which could lead to ethical dilemmas about dignity and the value of human life. An AI system recommends withdrawing life support based on statistical models without considering the family's wishes. Should AI systems play a role in end-of-life decision-making? If yes, how well can AI tools play this role? How can AI uphold the dignity and autonomy of patients in these sensitive scenarios?

4.3.6 Traditional Ethical Theories, Bioethical Principles and Artificial Intelligence

In this section, we shall be addressing a very fundamental issue regarding the applications of traditional ethical theories such as the consequentialist and deontology theories and the four bioethical principles to solve ethical dilemmas and ethical issues arising from the use of AI tools. Ethical principles rest on the assumption that human beings are rational and responsible for their actions. Given that AI is about machines, can we then effectively apply ethical principles to its use? Are these theories enough to decide on the right course of action when there is an ethical dilemma or conflict? For example, Crew et al. (2024) carried out research on the ethics of the use of the diagnosis of diabetic retinopathy using AI which is one of the leading causes of avoidable blindness among adults globally.

It was established that screening programmes using AI can enable early diagnosis and prevention of progression. Artificial intelligence (AI) diagnostic solutions have been developed to diagnose diabetic retinopathy. Though existing literature highlights ensuring patient data has appropriate protection and ownership, that bias in algorithm training data is minimised, informed patient decision-making is encouraged, and negative consequences in the context of clinical practice are mitigated but there is still the gap in ensuring that insufficient attention is paid to how this technology is accessed equitably in different settings and which safeguards are needed against exploitative practices. Such ethical issues merit additional exploration and practical problem-solving through primary research (Crew, 2024). This is a case of application of the principle of justice. How do we ensure that everyone has access to these diagnostic methods using AI. Other principles of bioethics such as autonomy, beneficence, and non-maleficence can be applied to cases such as this. The question then is whether traditional ethical theories can be effective in arriving at the right or wrong course of action in bioethical issues. The argument is that we may need additional ethical theories to make the use of AI tools more ethical.

4.4 Summary

It is obvious from our discussion so far that we need to address the bioethical concerns in the use of AI tools in health care and research. This we can do by ensuring that we have **t**ransparent Governance, by **e**stablishing regulations to guide the ethical use of AI in healthcare and biology. We also need to have diversity in Development by ensuring diverse representation in data, teams, and testing t**o** minimize biases.

Continuous monitoring and regulation of AI systems to identify and mitigate risks. Patient-Centered design**,** training and awareness should also be provided for healthcare providers and researchers in the ethical implications of AI. We may however need to develop additional ethical theories to capture more ethical concerns on the use of AI tools.

Self-Assessment Exercise

1. Mention the two cousins of Artificial Intelligence.
2. State the three types of Artificial Intelligence.

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4.6 Possible Answers to Self-Assessment Exercises

1. Deep Learning and Machine Learning

2. Narrow AI, General AI and Superintelligent AI

UNIT 5 ANIMAL ETHICS

Unit Structure

Source

5.1 Introduction

We often argue in ethics that human beings are to be treated morally. We tend to protect human beings from any kind of unethical and inhuman practices. But this is not the case with non-human beings like animals and the environment. Our religious views and even traditional African ideas do not sometimes present the fact that human beings should treat animals ethically. Animal rights theorists have come up with arguments that we have moral obligations to animals morally and with respect even in research.

5.2 Learning outcomes

By the end of this unit, you will be able to

- explain what is animal ethics in research

- discuss the history of animal ethics
- identify the arguments for animal rights
- know the ethical theories that relate to animal ethics
- know the ethical guidelines for animal research
- discuss the principles of ethical experiments with animals

5.3 What is Animal Ethics in Research?

There is a lot of attention in modern philosophical discussion when it comes to animal ethics. Animal ethics is the area of ethics that looks at the moral position of animals and how they should be treated. The question of morality goes beyond human beings to animals. However, philosophers think that animals too have rights and should be treated as moral agents.

The argument about animal ethics is based on some basic philosophy ideas, such as the idea that animals have moral worth and the ability to suffer. One important thing to think about in animal ethics is sentience, which means the ability to have emotional experiences and feelings. Intellectuals like Jeremy Bentham said that a person's moral worth should depend on their ability to suffer, not their ability to think (Bentham, 1781). This point of view stresses seeing animals as intelligent beings that can feel pain and joy.

The question of moral standing is about who and why should be morally respected. From different philosophical points of view, moral standing is determined by things like reason, autonomy, and sentience. As an argument for giving animals moral rank, the fact that they can suffer and feel good is often used (Regan, 1983; Singer, 1975).
Many arguments for animal ethics are based on the idea that animals can hurt. According to utilitarian thinkers like Peter Singer, it is morally wrong to make animals suffer needlessly, so the interests of animals should be taken into account when making moral decisions (Singer, 1975).

5.3.1 Utilitarianism and Animal Ethics

Many ethical theories can be used to discuss animal ethics, and each one has its own unique ideas and ways of doing things. In animal ethics, utilitarianism, which aims to maximise happiness and minimise pain, has been the main way of thinking. "Animal Liberation," an important book by Peter Singer, says that the suffering of animals should be taken into account just as much as the suffering of people. It challenges things like factory farming and animal testing (Singer, 1975). As a way of thinking about animal ethics, utilitarianism focusses on making animals happier, lessening their pain, and making sure they live in places where they can do what comes naturally to them and feel good (Rollin, 1990).

5.3.2 Deontology and Animal Ethics

The deontological and rights-based methods give a different view. Tom Regan's rights-based method says that animals have rights like people do because they are "subjects-of-a-life" and have value in and of themselves. According to Regan's theory, animals should not be used for human purposes only, and behaviours that hurt animals should be stopped (Regan, 1983). Deontological approaches look at the moral tasks people have towards animals, such as not hurting them, taking care of them, and recognising their inherent worth. Kantian ethics was originally focused on people, but it has been reinterpreted to include responsibilities to animals based on their ability to suffer (Korsgaard, 2018).

There are other ethical theories, such as virtue ethics and relational approaches. The idea of virtue ethics stresses the importance of building moral character and virtues like kindness, compassion, and care for animals. This method focusses on the moral agent's personality and how important it is to teach people to care about and value animals (Hursthouse, 2006). Relational methods to animal ethics focus on the connections between people and animals, saying that our moral duties to animals depend on the types of connections we have with them, like when we have pets or when we use animals in farming (Palmer, 2010).

Even though we know more about how animals think and feel, there are still many debates going on in the field of animal ethics. When animals are used in medical and scientific study, it brings up ethical questions about why and how it is necessary to hurt animals for possible human benefits. Some moral guidelines, like the Three Rs (Replacement, Reduction, and Refinement), try to reduce the number of times animals are used in study and make sure they are treated better (Russell & Burch, 1959). There may be a way to use less animal testing in the future thanks to improvements in other methods, like in vitro testing and computer modelling. Ethical debates centre on whether or not these options to animal testing are possible and how well they work (Balls, 2012).

A lot of people have said that the way animals are raised in factory farms is terrible and causes them a lot of pain. Concerns about ethics include too many animals, animals not acting naturally, and cruel treatment during killing (Fraser, 2008). Better welfare standards, like free-range and organic farming, are pushed for by movements towards sustainable and humane farming methods. These methods try to find a balance between how animals should be treated morally and how food should be made (Singer & Mason, 2006).

Conservation efforts, habitat damage, and wildlife management are all things that people do that affect the lives of wild animals. These actions raise ethical questions. It is hard to find a good balance between the needs of wild animals, the environment, and people (Donaldson & Kymlicka, 2011). Some philosophers say that people have a moral duty to stop natural suffering like hunger, sickness, and predation. This goes against the idea that natural processes are not morally important for people (Horta, 2010).

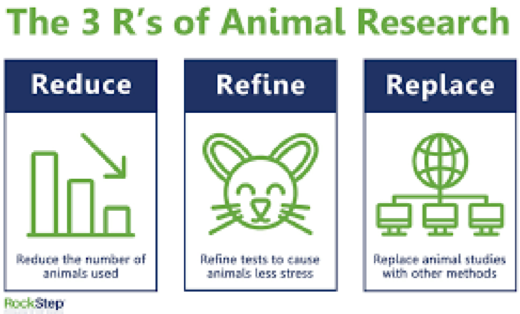
In animal ethics, the effects on the law and politics are also important. Animal protection laws are very different from one place to another. The goal is to protect animals' well-being and stop cruelty, but their usefulness and enforcement are often questioned (Garner, 2005). The animal rights movement wants to change how people think about and protect animal's rights. They are fighting for animals to be treated like people and for practices that hurt animals to be banned (Francione, 2008).

5.3.3 Ethical Guidelines for Animal Ethics Research

Source

Reduction:	Any strategy that will result in fewer animals being used in research.
Refinement:	Modification of experimental procedures to minimize pain.
Replacement:	Methods which avoid or replace the use of animals in research.

Source



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5.3.4 The three (r's) Principles of Ethical Experiments with Animals

Russell & Burch (1959) published *The Principles of Humane Experimental Technique* in which they laid out the principles of the Three Rs in animal research. The three R's refer to: Replacement, Reduction and Refinement.

Replacement alternatives refer to methods which avoid or replace the use of animals. This includes both absolute replacements (i.e. replacing animals by computer models) and relative replacements (i.e. replacing vertebrates, with animals having a lower potential for pain perception, such as some invertebrates).

Reduction alternatives refer to any strategy that will result in fewer animals being used to obtain sufficient data to answer the research question, or in maximizing the information obtained per animal and thus potentially limiting or avoiding the subsequent use of additional animals, without compromising animal welfare.

Refinement alternatives refer to the modification of husbandry or experimental procedures to minimize pain and distress, and to enhance the welfare of an animal used in science from the time it is born until its death. Approaches that directly replace or avoid the use of animals in experiments where they would have been used.

A fourth consideration has to do with responsibility. The fourth "R" refers to responsibility for the experimental animal as well as for the social and scientific status of the animal experiments. There are Bioethics Committees that review protocols for animal experimentation and research and they commonly review the protocols in line with the 4 R's principles.

Source

Self-Assessment Exercise

1. What is the full meaning of the 3 R’s ethical framework in Animal Ethics?
2. What is the Fourth R in Animal Ethics.

5.4 Summary

Animal Ethics is as important as human ethics in bioethics. Animal rights activists such as Peter Singer and Tom Regan are of the view that we have moral obligations towards animals as much as we have towards human beings. Utilitarians and deontologists have made significant contributions to the ethics of animal experimentation weighing the harms benefits to the animals involved against the benefits to the intended human beneficiaries. Deontologists evaluate the morality of human experimentation based on our duty towards animals.

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5.8 Possible answers to Self-Assessment Exercises

1. Replacement, Reduction, Refinement
2. Responsibility