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The possible worlds of global health research: An ethics-focused discourse analysis

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ABSTRACT

Representations of the world enable global health research (GHR), discursively constructing sites in which studies can legitimately take place. Depoliticized portrayals of the global South frequently obscure messy legacies of colonialism and motivate technical responses to health problems with political and economic root causes. Such problematic representations of the world have not yet been rigorously examined in relation to global health ethics, a major site of scholarly effort towards GHR that promotes justice and fairness. We carried out a discourse analysis of four guidance documents relevant to the ethical practice of GHR, purposively selecting texts covering different genres (UN documents and journal articles) and prominent GHR foci (HIV and clinical trials). In light of increasing acknowledgement of the lessons Indigenous health scholarship holds for global health ethics, the four analyzed texts also included a set of principles developed to support Indigenous nation-building. Three of four documents featured global disparities as reasons for ethical caution. These inequalities appeared without explanation or causes, with generation of new scientific knowledge following as a logical response to such disparities. The fourth – Indigenous health-focused – document clearly identified 'colonialism' as a reason for both inequities in society, and related harmful research practices. Solutions to disparities in this text did not necessarily involve cutting-edge research, but focused instead on empowerment and responsiveness to community priorities and needs. These contrasting representations of the world were accomplished in ways that depended on texts' 'participants', or the people they represented; specific vocabularies or language usages; intertextual relationships to prior texts; and overall objectives or intentions of the author(s). Our results illustrate how ethics and other guidance documents serve as an important terrain for constructing, naturalizing or contesting problematic representations of the world of GHR.

1. Introduction

1.1. *"If this is the best of possible worlds, what then are the others?" (Voltaire, Candide, ou l'Optimisme)*

Numerous guidelines and codes of conduct for ethical practice in global health research (GHR) have been produced in recent decades (Myser, 2015, p. 7), often resulting from lengthy, international consultative processes (e.g. Macpherson, 2007; UNAIDS and WHO, 2012). In spite of this proliferation, very little analytic attention has been paid to the writing decisions made in the development of such documents, or their practical implications. Discourse analysis methods can reveal how texts serve to express, entrench or challenge inequitable power relations (Fairclough et al., 2011). These methods explore how a text's different 'moving parts' (word choices, relationships to other texts, authorial intention, etc.) serve to produce particular impacts (Johnstone, 2007). In this article, we describe the results of a discourse analysis of guidance documents relevant to ethical practice in GHR.

In particular, we focus on how such documents portray the world in which GHR is taking place. *Global* health, as its name suggests, depends heavily on representations of the world (Anderson, 2014). The discursive construction of places in which global health can legitimately be practiced has been essential to the field's growth (Brada, 2011). Common ways of framing global health places and problems often invoke a limited set of representations, or 'imaginative geographies', of the global South. Importantly, these geographic and historical depictions strongly influence the solutions that are proposed for global health problems, and therefore the 'possible worlds' imagined by global health researchers. Acknowledgement of the role of unfair economic inequalities in generating health disparities, for example, often leads logically

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to social justice approaches that seek to remedy such inequities. In contrast, attributing poverty to the geographic 'bad luck' of tropical countries or to insufficient integration with the global economy often motivates approaches that foreground technical biomedical interventions (Sparke, 2009). The hugely influential model of GHR promoted by the Bill & Melinda Gates Foundation (BMGF) is emblematic of the latter tendency, taking for granted the current inequitable global economic status quo and generating technical interventions to alleviate some of its more vivid symptoms (Birn, 2014; Mitchell and Sparke, 2016). Importantly, this technical vision ignores enormous evidence in favour of approaches that target multiple 'upstream' social and environmental determinants of health – approaches with the potential for vastly greater effectiveness and fairness (Labonté and Schrecker, 2006).

A particularly important feature of the world of global health is the presence of North-South power and resource asymmetries, the colonial roots of which are often glossed over in celebratory portrayals of global interconnectedness (Anderson, 2014; Sparke, 2009). The problematic nature of such representations is illustrated by the degree to which GHR is in fact enabled by structural colonial legacies (Crane, 2013; Janes and Corbett, 2009). For example, HIV remission research depends on the uncomfortable juxtaposition of inadequate prenatal care for HIV-positive pregnant women with cutting-edge scientific capacity to place HIV-positive newborns on aggressive antiretroviral therapy (Crane and Rossouw, 2017). Geissler (2013) describes such contradictions as being made possible by “public secrets” regarding socioeconomic inequalities between Northern and Southern researchers, or among researchers, staff and participants. These 'secrets' are erased from the official documentary record of global health through “linguistic conventions, irony, and differentiation between places of knowing and ignorance” (p. 13).

As a field of inquiry and practice explicitly concerned with how GHR ought to be practiced, global health ethics (Myser, 2015; Stapleton et al., 2014; Upshur et al., 2013) represents an important site for examination of such erasures and contradictions in representations of the world. As Pinto et al. (2013, p. 12) note, “It is precisely because global health … has emerged from a history of colonialism and imperialism that we must be mindful of how this legacy influences relationships between communities and organizations.” The implications of such a focus on historical inequities for ethical practice in global health are suggested by 'decolonizing' work in the field of Indigenous health research, which explicitly names and traces the effects of colonialism (cf. Tuhiwai Smith, 1999). In such work, health disparities are understood as structural legacies of Euro-American appropriation of Indigenous lands, as are exploitative research relationships with Indigenous communities (Greenwood et al., 2015; Schnarch, 2004). Within global health ethics, increasing acknowledgement of colonialism's effects on health and research relationships has motivated calls to learn from Indigenous research ethics, with their focus on community control and empowerment (Pinto and Smylie, 2013).

On the one hand, ethical quandaries for GHR posed by colonial legacies have already been recognized (Farmer and Gastineau Campos, 2004), for example in debates over the appropriate 'standard of care' in HIV-related clinical trials in sub-Saharan Africa. Particularly controversial has been the view that including a placebo control arm in drug trials is ethically justified when the local standard of care for HIV is no care at all (Crane, 2013). On the other hand, scholars have questioned the degree to which formal research ethics adequately represents on-the-ground realities in global South settings. In one Gambian region, for example, responsible conduct of a malaria vaccine trial was facilitated by staff-participant interactions – outside the scope of formal ethics review – managing the logistical implications of resource differentials for trial success (Geissler et al., 2008). Indeed, Geissler et al. conclude that “most formal ethics guidelines place political-economic problems outside the professional responsibility of natural science; economic inequality, notably between scientists and volunteers, is irrelevant to the scientist (or a matter of private morality), who in his [sic] professional role remains detached from the world” (p. 701).

Ethics texts thus appear to reflect, or perhaps establish or reinforce, problematic representations of the world in global health. In this paper we examine how selected texts relevant to ethical practice in GHR characterize the world, and the rhetorical manoeuvres they use to describe – or avoid – North-South inequities. We then explore the implications of these textual features for global health ethics, and for GHR more generally. Given widespread acknowledgement of the structural conditions that perpetuate vast global disparities in health (Labonté and Schrecker, 2006), we argue for explicit attention to how writing choices can naturalize inequitable legacies of colonialism, steering global health towards depoliticized remedies for problems with social and political roots.

2. Methods

2.1. Selection of documents for analysis

This study involved the collection and analysis of guidance documents relevant to the ethical practice of GHR, undertaken by the Canadian Coalition for Global Health Research (CCGHR, a research-focused non-profit organization) to inform development of a set of guiding principles for equity-focused GHR (CCGHR, 2015). The study unfolded in two phases, the second of which is the focus of this article. In the first phase, a collection of guidance documents was assembled by asking members of the organization to suggest ethics or governance documents that could provide principles to guide equity-focused GHR. These suggestions were solicited in meetings of a working group, followed by an email request to key advisors in the organization. Additional documents were located through Google searches using key terms including ‘code’, ‘conduct’, ‘global health’, ‘Indigenous’, ‘Aboriginal’, and ‘ethic*’ (reflecting the promise of learning from Indigenous health ethics outlined above). Additional documents were included if they were mentioned or cited in already-included documents or secondary literature on the subject. A total of 42 documents were examined to determine their length, genre and primary objective or focus. All had a substantial focus on how research could be fair and beneficial or non-damaging to participants (i.e. no guidelines were included if they dealt exclusively with scientific or methodological concerns). The GHR organization in question is based in a global North country, has a membership that extends worldwide, and prioritizes equity in GHR and related North-South collaborations; these details undoubtedly affected the composition of the assembled collection of 42 documents.

In the second phase, we applied discourse analytic methods to a small, purposively-assembled sample of four guidance documents. We examined how specific discursive features contribute to different constructions of the world, and therefore to different visions of how GHR should proceed. Assembly of this collection of four texts involved iterative dialogue between the two authors of this paper, based on the aspects of GHR outlined as relevant to ethical and equitable practice in the introduction to this paper. In addition, prior experience with discourse analysis suggested that expression of different visions of the world would be especially linked to texts' genre, as well as objectives or authorial intention. Finally, our choice of articles also reflects our social locations as trainees – one male, one female; one health professional – focusing on equity-centred GHR approaches, with institutional homes in Canadian universities.

The first article we chose to analyze was the UNESCO (2006) *Universal Declaration on Bioethics and Human Rights*, a well-known guidance document with a global or universal bioethics focus. Second, we included the UNAIDS and WHO (2012) *Ethical considerations in biomedical HIV prevention trials*, another global guidance document. The document's specific focus on HIV prevention trials allowed analysis of representations of the world used to frame the conduct of clinical trials, a biomedical intervention mode typically associated with depoliticized imaginative geographies (Sparke, 2009). The role of genre in shaping