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PHILOSOPHICAL CONSIDERATIONS

## Bioethics North and South: Creating a common ground

*Bioéthique nord et sud : créer un terrain commun*

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**Summary** Bioethics as practiced in Europe, the United States, and Canada has a tenuous and tentative reach into the developing countries of Africa, South America, and Asia. This paper explores the problematic translation of bioethics between the Global North and South; and between resource rich and resource poor countries. As Alexander Capron put it in 2007, bioethics has a 10/90 problem, analogizing to the observation that medical research spends 90% of its resources on problems affecting 10% of the world's population. Today, UNESCO's bioethics website says bioethics focuses on "stem cell research, genetic testing, cloning, progress in the life sciences". Any review of the most widely cited bioethics articles and journals finds that the writing is largely centered within an enclave of first world concerns. Stem cells and cloning are neither health care nor health science priorities of developing countries. The priorities of developing countries (i.e., those that would improve the health of populations or that refer to local diseases) are marginalized. Costly and/or impractical medical infrastructure is discussed or proposed. The first-world orientation of bioethics was perhaps somewhat practicable during a post-World War II stasis, but it is increasingly dysfunctional and even dangerous in the context of twenty-first century climate change, refugee movements, and disease vector migrations. A new global bioethics is urgently needed.

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## MOTS CLÉS

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**Résumé** La bioéthique telle que pratiquée en Europe, aux États-Unis et au Canada a une portée ténue et provisoire dans les pays en développement. Cet article s'intéresse à la transposition problématique de la bioéthique du Nord global vers le Sud ; et des pays riches en ressources vers ceux pauvres en ressources. Comme Alexander Capron l'a soutenu en 2007, la bioéthique a un problème 10/90, car la recherche en médecine investit 90 % de ses ressources pour résoudre des problèmes affectant 10 % de la population mondiale. Aujourd'hui, le site de l'UNESCO maintient que la bioéthique est axée sur « la recherche sur les cellules-souches, le dépistage génétique, le clonage, les progrès dans les sciences de la vie ». Une étude des articles largement cités en bioéthique montre que ces écrits sont axés sur les préoccupations des pays développés. Dans les pays en développement, les cellules souches et le clonage ne sont des priorités, ni en soins de santé, ni en sciences de la santé. Les priorités des pays en développement (c'est-à-dire celles qui accroîtraient la santé des populations ou qui s'interrogeraient sur les maladies locales) sont marginalisées. Des infrastructures médicales dispendieuses et/ou peu pratiquées sont abordées ou proposées. L'orientation de la bioéthique vers le premier monde était peut-être possible durant la stagnation suivant la Deuxième Guerre mondiale, mais elle devient graduellement dysfonctionnelle et même dangereuse au 21<sup>e</sup> siècle, avec le changement climatique, les mouvements des réfugiés et la migration des vecteurs de maladies. Une nouvelle bioéthique globale est nécessaire de toute urgence.

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## First world bioethics and global realities

Bioethics as practiced in Europe, the United States, and Canada has a tenuous and tentative reach into the developing countries of Africa, South America, and Asia. This paper explores the problematic translation of bioethics between the Global North and South; and between resource rich and resource poor countries. It proposes that the values of prestigious and endorsed human rights document as capable of serving as a foundation for global bioethics.

In 2007, Alexander Capron's Presidential Address to the International Association of Bioethics referred to bioethics' 10/90 problem, analogizing to the observation that medical research spends 90% of its resources on problems affecting 10% of the world's population [1]. It is fair to compare academic bioethics to the pharmaceutical industry. Bioethics, prodigious scholarship on withdrawing complex life support, organ transplantation, research ethics, etc. is properly analogized to the fact that of 1400 drugs brought to market between 1975 and 1999, only sixteen were for tropical diseases and pneumonia [2]. Capron proposed that bioethicists should be more mindful of cultural diversity and forthrightly address constricted rights of intellectual freedom as well as huge disparities of wealth and health between the developed and the developing world. Today, ten years after Capron's Address, UNESCO's website on bioethics notes that "stem cell research, genetic testing, cloning, progress in the life sciences is giving human beings new power to improve their health and control the development processes of all living species. Concerns about the social, cultural, legal and ethical implications of such progress have led to one of the most significant debates of the past century. A new word has been coined to encompass these concerns: bioethics" [3]. UNESCO's website references its two declarations on genetics and its Universal Declaration on Bioethics and Human Rights (vid infra), which are firmly centered

on clinical care and research with advanced technologies [4]. The World Health Organization sponsored Council for International Organizations of Medical Sciences (CIOMS) is similar to UNESCO [5,6]. Any review of the most widely cited bioethics articles will find that the writing and cross citations largely refer to a privileged enclave of first world concerns [7]. Stem cells and cloning are neither health care nor health science priorities of developing countries.

## Bioethics' cultural missionaries

Modern bioethics is grounded on the phenomenally influential 'Principles of Bioethics' by Thomas Beauchamp and James Childress [8]. That principlism paradigm argues for four foundational principles: respect for autonomy as first over the lesser, beneficence, non-maleficence, and justice. It is consolidated in the United States and Europe. As teachers, coauthors, and editors, bioethicists functioned as advocates and cultural missionaries carrying "principlism" to international organizations and to developing countries. Articles track the paradigm's march in terms of grants won, Centers established, and curriculums designed [9,10]. UNESCO's extensive database of African ethics programs finds only three that do not focus mainly on research [11]. Some writers in developing countries have characterized the dissemination of principlism as 'cultural imperialism' or 'intellectual colonization' [12,13].

It is easy to imagine and instructive to consider a different way to assess the spread of the principlism paradigm. Rather than tracking the quantitative spread of Centers for principlism, a different assessment would consider the utility of that paradigm to local bioethics priorities, needs, and controversies. By such a measure, a mismatch is easy to see. Bioethics plays no role in challenging structural barriers to potable water, working sewage systems, the funding of competent programs to treat TB, the imperative to ensure

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