

## **IGWEBUIKE AS THE CONSUMMATE FOUNDATION OF AFRICAN BIOETHICAL PRINCIPLES**

*By*

**KANU, Ikechukwu Anthony, O.S.A., Ph.D.**  
*Augustinian Institute, Makurdi, Nigeria*  
*ikee\_mario@yahoo.com*

### **Abstract**

*To talk about bioethics in Africa on the same level with bioethics in the Euro-West is to leave it hanging and irrelevant, as the African environment has peculiar problems that require peculiar bioethical principles to solve. Studies in Western bioethics emphasize the importance of the principles of individual autonomy and justice in the analysis of bioethical issues. These principles are based on Western idiosyncrasies and eccentricities, which very often conflicts with the African worldview. There is, therefore, the need to outline a descriptive analysis of ethical and moral values as rooted in authentic African traditions and cultures that can provide a helpful framework for ethical decision making in Africa. This would involve discovering the peculiarities and common features that make African bioethics worth its name. It is based on this scenario that this work focuses on 'Igwebuiké' as basis for generating African bioethical principlism. The multidisciplinary approach would be used since bioethics is a multi-disciplinary discourse. The significance of this research is that it would unveil the richness of the African cultural heritage in relation to bioethics. It would further serve as a stimulus for further research in the area of intercultural bioethics.*

**Keywords:** Igwebuiké, Igwebuikology, Igbo, African, Bioethics, Principle.

### **Introduction**

African Bioethics is a field of study that concerns itself with the evaluation of ethical issues arising in medicine and the cultural practices in Africa from an African perspective. Such an evaluation springs from an African background and belief. African categories, therefore, constitute the instruments or principles for the analysis, shaping and transformation of the meanings attached to the experience of life, health and illness. For instance, when Africans are reflecting on moral issues such as abortion, organ transplant, euthanasia, cloning, suicide etc., they would appeal to the shared moral traditions and ethical values that are implicit in beliefs and practices of African culture. These values, rooted in authentic African culture and traditions will further provide the framework for ethical decision making. It is thus, not surprising that the sources of African bioethics, according to Mbugua (2009) and Andoh (2012), would include popular African sayings, songs, mythology, tales, folklore, proverbs, maxims etc. This is what gives it its identity as African bioethics. Based

on this scenario, this piece focuses on developing African bioethical principles that would guide authentic African bioethical discourses. *Igebuike* is, therefore, employed as an Igbo-African concept for the generation of African bioethical principles.

### **Bioethical Imperialism and the Quest for Regional Variation**

Mbugua (2009) observed that bioethical principles promoted in the West, precisely the United States of America, which emphasize respect for autonomy, beneficence, non-maleficence and justice are non-existent and unacceptable in other cultures. In this regard, Ryan (2004) avers that:

Critics bearing the concerns of feminism, religion and multiculturalism have registered their discontent with the state of contemporary bioethics in the U. S. A. Heavily indebted to the principles-based method that became popular through James F. Childless and Tom L. Beauchamp's influential text, *Principles of Bio-medical Ethics*, bioethics has been called to task for its emphasis on rights and duties over the development of character and virtue, as well as its relative attention to social, religious and cultural features of moral experience and moral agency. (p. 158).

Hongladarom (2003) while arguing for Asian bioethics writes:

Hence it is no longer adequate to limit the debates and discussions in bioethics only within the Western perspectives. As long as countries, notably in Asia, enter into the advances of biotechnology and the life sciences, these countries need to find their ways of solving the problems as well as carry on the debates and discussions as partners in the global dialogue (p. 1).

Crawford (2001) in his paper on Hindu bioethics, further argues that:

In fact, the new pluralistic approach to world cultures is introducing us to several religious and philosophical alternatives from outside the Anglo-American West. Just as alternative medicine is becoming recognized and respected, and is being incorporated into mainstream medicine, there is a growing admission that the ethical problems we face today have dimensions that are not adequately addressed... (p. 25)

The promotion and globalization of bioethics, built on Western categories of thought and, which relies heavily on Western analytical philosophy, has been interpreted as bioethical imperialism or colonialism. Confronted by the question of identity and authenticity in bioethical discourse, Fan (1997) asked "Ought bioethics in East-Asia to use the same approaches (assumptions, principles, theories, styles, methods, concepts) as bioethics developed in the West, or ought it to reflect a specifically East Asian approach to the subject?" (p. 310). Sakamoto (1995) while addressing the brain death debate in Japan maintained that "Our bioethics' should be based on our own culture and, therefore, it should be somewhat different from the Euro-American ones" (p. 30). De Castro (1999) addresses it as an issue of identity. He writes:

The issue appears to be one of identity. The crucial values are authenticity and integrity. The unarticulated argument is that if we are to be authentic, we must be true to ourselves. Given a religion-

oriented culture, this could mean having to be guided mainly by religious thought on the various topics of bioethics. Where there is no dominant religious worldview, 'being true to ourselves' could mean being cognizant and respectful of one's traditions, history and cultural heritage (p. 230).

He argues further:

People also need to retain their integrity as a group. They must uphold the shared values that unite them. They must seek recognition of their identity as a people. To be remiss in this responsibility is to participate in the annihilation of their identity. What seems to be at stake, then, is the survival of an identity- in a way, the preservation of a cultural self. (p. 231).

From the foregoing, Gbadegeshin (2009), therefore, calls for a trans-cultural bioethics which is characterized by:

1. openness to and effort to understand the cultures and values of other people;
2. the development of a compendium of values and belief system across cultures;
3. the promotion of intercultural dialogue on the critical analysis of those values and belief systems;
4. identification of set of common values that transcend particular cultures; and
5. utilization of this set of common values in the development of bioethical principles and standards that all cultures can embrace.

Gindro (1995) points out the relevance of such a study:

Nowadays, physicians and therapists must face new problems rising from the great migration of populations, and consequently the deep mixing of cultures. Until a short time ago, Western medicine imposed its universal validity primarily through the diffusion of missionaries throughout the world. In the different countries touched by colonialism, the local cultural expressions were naturally considered primitive, and therefore, of a lower level. (p. 6).

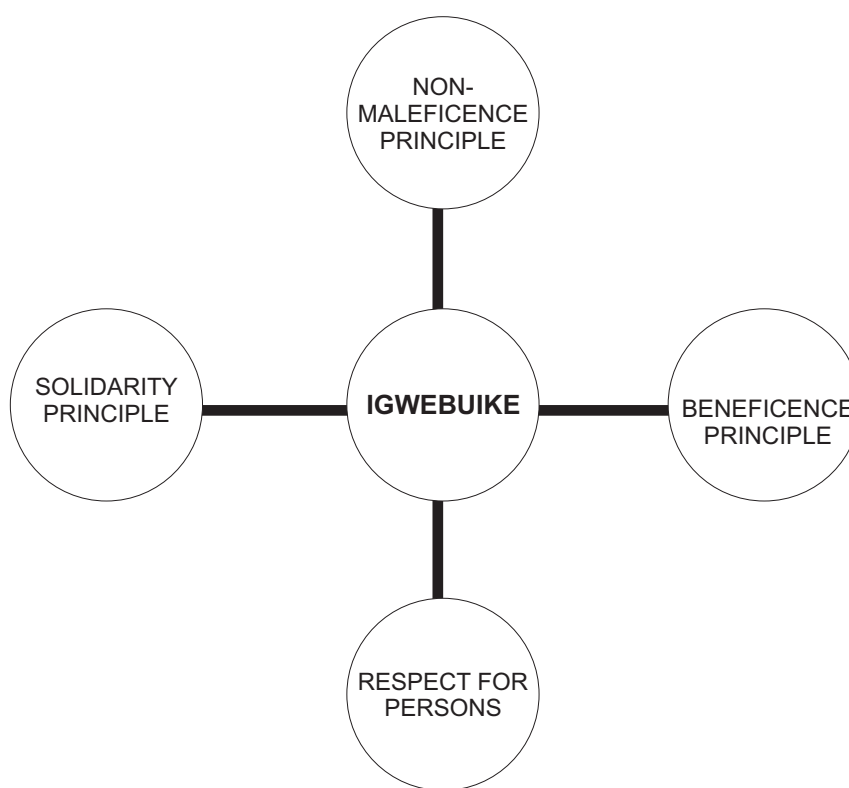
It is from this background that *Igwebuiké*, which is the underlying principle of African philosophy and religion is employed for the generation of independent African bioethical principles.

### ***Igwebuiké* as a Regional Framework for Bioethical Principlism**

*Igwebuiké*, according to Kanu (2014) is the study of the modality of being for the realization of the being. It is from the Igbo word *Igwebuiké*: it is a combination of three words. It can be understood as a word and as a sentence: as a word, it is written as *Igwebuiké*, and as a sentence, it is written as *Igwe bu ike*, with the component words enjoying some independence in terms of space. Let us try to understand the three words involved: *Igwe* is a noun which means number or population, usually a huge number or population. *Bu* is a verb, which means *is*. *Ike* is another verb, which means *strength* or *power*. Thus, put together, it means 'number is strength' or 'number is power'.

As an ideology, Kanu (2015) avers that it rests on the principles of solidarity and complementarity. *Igwebuiké* posits that to be is to live in solidarity, complementarity and respect for the other; and to live

outside the parameters of solidarity and complementarity is to suffer alienation. *Igwebuike* is the underlining principle of African philosophy and religion. It is the unity of the African philosophical experience. It is, in fact, the fundamental category of African philosophy and religion. The principles of African bioethics that are generated from *Igwebuike* in this work are few among the innumerable dimensions of *Igwebuike*. The first principle is solidarity principle, which is based on the African sense of community; this is followed by Respect for Others, Beneficence and Non-maleficence. Why is *Igwebuike* central to the principles of African bioethics? It is simply because *Igwebuike* is the underlining principle from which all principles of African philosophy emanate. The centrality of *Igwebuike* in relation to the principles of African bioethics is represented in Figure 1 below.



**Figure 1: Centrality of *Igwebuike* in relation to the principles of African bioethics**

**a. Solidarity Principle**

Solidarity is the first dimension of *Igwebuike* and a basic principle in African bioethics. It is directly linked to the ontological order of the African worldview. Ruch and Anyawu (1981) referring to the African strong sense of community write that: “Family ties are very tightly knotted with taboos, interdicts and cross-checks. This web maintains the harmony of the group” (p. 144). Maurier (1985) agreeing with Ruch and Anyawu, posits that:

Relationship is the fundamental category in African philosophy, as the vital and active link between persons. The term 'vital' wishes to underline that outside 'relationship', the person tends towards inexistence. The term 'active' recalls that relationship is not simple thought, an active object of abstraction; but is one that acts without stop in very tangible concrete acts. (p. 60).

In African communities, there are recognized family roles and relationships that define the obligations, rights, and boundaries of interaction among the members of a self-recognizing group. This creates a network that gives its members a sense of belonging. To live outside this relationship, according to Maurier (1985) is “Total death, irredeemable death, which is real death. This is the cutting off of all relationships with the living on earth” (pp. 63-64).

It is, therefore, not surprising that the Igbo would say: *If a lizard stays off from the foot of a tree, it would be caught by man*. In another proverb: *A tree does not make a forest*. The community plays a fundamental role in the life of the individual. Uchendu (1965) observes that at birth, the community rejoices and welcomes the arrival of the child, finds out whose reincarnation he/she is, gives the person a name and interprets that arrival within the circumstance of the birth; the community lives with the person, cares for the person, and when life ends, the community buries the person. Chummar (2008) explains how the community plays a supportive role when its members are sick:

African anthropology understands that humans are *homo patients* and one's health or illness is closely related to the relationship of a person to their community and to the creator of life. Illnesses are understood as both natural and unnatural. In many African minds, an epidemic is brought by supernatural forces since humans are breaking the taboos of sexuality and moral values. Then, in the process of holistic healing, the person must be reintegrated into the community with the living, with the ancestors and the forthcoming generations - and with the Creator. Many believe that HIV/AIDS is an ethical issue, since the illness are the consequences of breaking the ethical values (p. 11).

He wrote further:

Traditional African care of the sick is basically communitarian and specifically it starts with family members, extending to friends and then to the community at large. Even the expense of the care of the sick is met by family, social and communitarian sources. The ambience of family, extended family and community gives the most effective support to the patient and avoids isolation. But the stigmatization of HIV/AIDS means that there is an increasing unethical tendency of removing HIV/AIDS patients from the home and community and abandoning them to anonymity in hospitals and elsewhere. (p. 11-12).

Alyward, (1975), from the foregoing, therefore, concludes that the African traditional life is centred on the family. Iroegbu (1995) writes that:

Not only is relationship vital... It is also active. Active relationship is one that involves concrete actions, facts and events in its network of expression... Passive relationship belongs to the inactive, the moribund, the death. To be alive at all entails having active relationships that link one with others, below

and above, and that integrates one in the community. Activity is vital. (p. 370).

The concept of personhood in Africa is, therefore, not attained in isolation from the community. Mbiti (1969) sums up the African view of a person in these words: "I am because we are, and since we are therefore I am" (p.108). With this network in the African life, bioethical issues are not treated solely from an individual perspective but in relation to the community.

**b. Respect for Persons**

A fundamental dimension of *Igwebuike* is respect for persons. This is because *Igwebuike* maintains that the other person is a part of the whole ontological order. To harm the other is to harm oneself, and to preserve the other is to preserve oneself. Moreover, the human person is also understood as a gift from God. The nexus between God and human beings, makes the human person a theomorphic being, and explains why the Igbo-African says: *ndu sin a chi* (life is from God). It is also on this basis that the human person is respected right from conception. The life of children is not attributed to mere biological fact of conception; this is because every child has existed in an antecedent world of a divine master. Thus, the Igbo would name their child, *Chi-nyere ndu*: God gave life, *Nke-chi-yere*: the one God has given, *Chi-n'eye ndu*: God gives life, *Chi-di-ogo*: God is generous, *Chi-nwe- ndu*: God owns life, *Chi-ekwe*: God has agreed, *Chi-ji-ndu*: God owns life. Since life is a gift from God, it must be treated with the respect it deserves.

Life generally, is understood as the highest good. It is a value that should be considered first before any other value. Thus, everything the African does is directed towards the preservation of life. Life for the African is not merely biological but meta-empirical; it is not just a fruit of physical conception but a sacred gift and a most precious good. Life is inserted by the divine, protected by the ancestors and related to the community. While Western thought sees life as consisting of stages that may be considered unrelated, for the African, life does not follow a straight line as a series of moments, which follow one another; it presents itself more of a circumference in which the various moments are in continuity, inseparable and interdependent.

**c. Beneficence Principle**

Since *Igwebuike* philosophy sees the other as complementary to the being of the other, that is, as a piece or a part of the other, the other is treated with respect and love. Beneficence as a principle of African bioethics is drawn from this understanding. In ordinary English, it refers to an active goodness, kindness or charity towards the other. It is the opposite of maleficence. Below are African proverbs that promote the principle of doing good to the other: *Roast something for the children that they may eat; The hen with chicks doesn't swallow the worm; When there is a feast everyone is welcome; My house is like a spongy coconut, anyone who likes goes into it; Sharing is a way of life; Sharing is living; What one contributes for another, is what is contributed for him; A good act never dies away, the memory lives on all time.* The other is treated with love and kindness because he/she is part of the whole.

**d. Non-Maleficence Principle**

Two words are involved here: none and maleficence. Maleficence means an active wrongdoing or hurt. It is the opposite of beneficence. The words put together as non-maleficence would mean keeping away from harming or hurting the other. Shannon (1993) wrote that "nonmaleficence is a technical way of stating that we

have an obligation not to harm people. One of the ancient technical principles is 'First of all, do no harm' (*primum non nocere*) derived from the Hippocratic tradition. If we can't benefit someone, then at least we should do him or her no harm" (p. 6). Beyond directly causing harm to someone else, the duty of non-maleficence also includes avoiding exposing people to harm. A person might not have caused another harm directly, but a person can act in such a way that would expose others to harm.

## **Conclusion**

The foregoing has studied the African inspired principles of bioethics. These principles include: solidarity, respect for persons, beneficence and none-maleficence. These principles are based on *Igwebuike*, the Igbo-African philosophy of the modality of being. The generation of these principles for bioethical discourses in the African context is an effort towards satisfying the quest for regional variation in bioethical discourses, especially as it concerns issues like abortion, euthanasia, female genital mutilation and human biomedical research. While Western bioethical principles are based on the Western worldview, these African bioethical principles are based on the African ontology. They are African-based, and would create a different version of principlism for bioethics that incorporates the salient features of African ethics. In this age of globalization and intercultural communication, Africa, through these principles, has so much to offer to the world from her cultural heritage. For instance, in Western ethics, there is an emphasis on the absolute right and choice of the mother. In African ontology, life is not a personal thing. It is community affair, involving both the physical and spiritual worlds. Individual choices are not always right; they could be conditioned by personal interests or even psychological deformity. These principles, would help to outline a descriptive analysis of ethical and moral values as rooted in authentic African traditions and cultures that can provide a helpful framework for ethical decision making in Africa.

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