

Does Steve Biko have more to offer medical ethics than his death?

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Declaration

This research report represents my own original work, produced with supervisory assistance. All the relevant sources that I have used during the course of writing have been fully credited and acknowledged. This thesis has not been submitted for any other academic or examination purposes at this or any other university.

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Abstract

Since his death at the hands of the South African security police on 12 September 1977, much has been written in medical, legal and other literature about Steve Biko. This dissertation explores the medical literature and finds that the vast majority of authors, when writing about Biko, refer primarily to his death, the role of the medical profession in the events leading up to his death, and the ethical issues regarding dual loyalties that arise from studying those issues.

In my research question I ask: Does Steve Biko have more to offer medical ethics than his death? In exploring Steve Biko's writings as collected together in *I Write What I Like*, I find an underlying thinking which guided Biko's philosophy. I show that this underlying philosophy is nothing other than the philosophy which underlies ubuntu and I explore how ubuntu should influence our medical ethical thinking and suggest that this could be Biko's real contribution to medical ethics, namely an ethic that takes seriously the contribution that African moral thinking has to make in the field of medical ethics, a contribution that does nothing less than give to medical ethics a more human face, a contribution which Biko himself believed was what Africa was still to give to the world, a *more human face*.

I critically review the writings and philosophy of Steve Biko and identify key notions or conceptions that are of relevance to medical ethics and then explore the impact and relevance of these key notions and conceptions to the fundamental bioethical issues of autonomy, dignity and confidentiality. I defend the normative claim that integrating Biko's and other salient African ethical conceptions into our predominantly Western bioethical thinking is a moral requirement.

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1. Introduction

1.1 Overview

In this research report I will argue that Steve Biko has a great deal more to offer medical ethics than merely ethical implications of the memory of his cruel and tragic death at the hands of the South African security police in 1977, and the behaviour of his attending doctors which form the most common discussion points when Steve Biko is discussed in the context of medical ethics.

Agreeing with Braude (2009: 2054) that while much has been written about Biko since his death “there has been surprisingly scant philosophical attention to Biko”, I will focus on Biko’s belief that “the great powers of the world may have done wonders in giving the world an industrial and military look, but the great gift still has to come from Africa – giving the world a more human face” (Biko 2010: 51) and argue that, for Biko, that more human/humane face would be given to the world through the understanding and appreciation of the philosophical concepts that underlie what is commonly called ubuntu. While I will describe ubuntu in much more detail later, it has at its core the “more spiritual, communitarian, nature-friendly approach” described by Zijlstra (2008), who in seeking to relate Biko’s philosophy to modern European philosophy, locates him in Romanticism which she suggests could even be postmodernism. She describes him as:

thinking more coherently and reasoning as a matter of course in terms of individual rights and modern-technical-instrumental thinking on the one

hand, and on the other hand in terms of the more spiritual, communitarian, nature-friendly approach that values tradition. I think this suggests a theme for modern or, if you like, postmodern philosophy (2008: 9).

She contests that some elements of Biko's thought that one might read as *Romantic* could also be read as *postmodern*, as opposed to more modern aspects of his thought, for example, the idea of the retrieval of tradition. "Counter to a tendency to read Biko as postmodern, one can regard him as thinking 'big': black consciousness, 'the Westerner', African culture and the like" (2008:9). More (2004: 213) quotes Richard Fawkes, cited in *The Sunday Star*, May 31, 1992, "The thing about Biko that appealed to me is that he doesn't conform to the standard Freedom Fighter image. Mandela might have been more typical but...he is very much in the tradition of Kenyatta or Nyerere...Steve Biko was much more of a philosopher."

Arnold (1978: xx) on the other hand, does not see in Biko a "soaring philosophical visionary" but rather a pragmatist who could "bring immediacy to theory". While Biko's role as a philosopher might be contended, I nonetheless will argue that Steve Biko would see our current discourses on medical ethics as too Eurocentric in the sense that they do not relate to the majority of African peoples' experiences of health and healing. Flowing from this will be an affirmation of recent trends towards mainstreaming of African ethics into the teaching curriculum and a call for this process to be given prominence in the future.

My research question arose in my mind when I questioned why the University of the Witwatersrand's Centre for Bioethics has the name *Steve Biko Centre for Bioethics*. During my course work in pursuance of an MSc Med (Bioethics and Health Law) at the *Steve Biko Centre for Bioethics* during 2010 and 2011, the only references made to Steve Biko were in relation to his death and the ethical issues surrounding his medical care while in detention, mainly in the context of dual loyalties. His own, quite unique and well recorded philosophy, the primary source of which is *I Write What I Like*, was never referred to as perhaps having an influence on the way in which we ought to do ethics. Surely the editorial comment in Biko's *I Write What I Like* (2010:167) that "his final word would be his death itself" does not mean that Biko has nothing more than his death to say to the field of medicine and medical ethics in particular. Although he was a medical student at the University of Natal Medical School, Mangcu (2012: 189) records that he was excluded in 1972 on academic grounds because, six years into his studies, he was repeating third year. Arnold (1978: xvi) records that once at university, "Biko soon lost interest in medicine and began to concern himself with the daily oppression that Blacks faced." However, although he never opined on things medical, even a cursory reading of Steve Biko's writings leads to a conclusion that an exploration of his thinking will open up the opportunity for considering uniquely African input into our philosophical thinking in the area of medical ethics. One of my premises is that he would question seeing ethics solely through the lens of western philosophical thinking. I have come to believe that Steve Biko would not ask '*what can African moral thinking add to Western philosophical thought?*', but rather '*what does Western philosophical thought add to millennia old African moral thinking?*' My review of the literature indicates that this contribution

that Steve Biko's thinking might make in the area of medical ethics has not been explored.

I suggest that Steve Biko clearly articulated his belief that there is a uniquely African view, a uniquely African contribution waiting to be gifted to the wider world. I will show that this *viewpoint/contribution* is nothing other than the thinking/philosophy of ubuntu, although this is a word he never actually uses. While opinions vary regarding the uniqueness of ubuntu as an ethical vision, I will argue that it is this philosophy which should inform the teaching, understanding and development of, amongst other things, medical ethics within the African context. The following, each of which will be given more detailed attention later in this report, are my main reasons for this claim:

Firstly, there is a characteristically African way of understanding health and healing which is usually based on the following features of African ethics: ancestors, community and cosmology/spirituality (Murove 2009, Mndende 1996, Mazrui 1994, Waite 1992).

Secondly, certain concepts (autonomy, consent and privacy) that are integral to bioethics in the Western tradition are sometimes unintelligible within the African context (Metz and Gaie 2010, Kasenene 2000, Coetzee and Roux 1998).

Thirdly, the philosophy of disease and causation differs from context to context due to underlying cosmological assumptions. For example, on the basis of Western mechanistic philosophical assumptions, the germ theory of disease provides the foundation for diagnosis and treatment. In the African understanding of healing,

disease has cosmological and ontological origins. Cosmologically disease and health have their ultimate explanation in a web of relationships between the living and their ancestors (Omonzejele 2008, Straker 1993).

Finally, since the wellbeing of an individual is taken as the wellbeing of everybody in the community, healing is integral to communal therapy through rituals that usually bring the community together. In this regard the individual's healing is a communal affair that takes place within the communal context of a symbiotic relationship that exists between the living and their ancestors (Turner 2011, Richardson 2009, Csordas and Lewton 1998).

1.2 Background literature analysis and critique

In writing about Steve Biko in his *Long Walk to Freedom* (Mandela: 1994), Nelson Mandela says; “We must not allow his contribution to be forgotten”. Mangcu (2012: 313) comments on fundraising events that took place in 1998 and suggests that “Biko’s name had been erased from public memory and something needed to be done to correct this injustice.” These two statements sum up the goal of this research report, namely, to not allow his legacy to be forgotten.

The primary source of Biko’s thinking is to be found in the collection of his writings entitled *I Write What I Like* (Biko 2010) and to a far lesser degree in the recording of his testimony at the Terrorism Trial of 1976 in Millard Arnold’s *Steve Biko: Black*

Consciousness in South Africa (Arnold: 1978). These will be my main sources as an entry portal into Steve Biko's thinking.

General commentaries and commentators on Biko's life (Boesak 2009, Ramphela 1995, Price 1992) all provide historical background, but few delve or venture into his philosophical thinking, and none into his influence on modern philosophical thinking. Woods (1991) and Mangcu (2012) do go some way in attempting to describe his philosophy: Woods summarising it as a philosophy that can be summed up in the words "people were important" (1991: 77), and Mangcu going to great effort to place Biko's philosophical outlook in the broader intellectual history of what he calls 19th century Xhosa prophet intellectuals (2012: 33-78). Both these authors, together with Onno Zijlstra (2008) explore the influences on Biko's philosophy *beyond* that of Fanon and Cesaire, the place where most writers tend to stop (Campbell 2012, Gibson 2008, Ahluwalia and Zegeye 2001).

There is no shortage of literature dealing with Biko's death and the dual loyalties narrative, all of which seem to affirm that what has been written about Biko and medical ethics has largely focussed on his death and has not considered other ways in which his thought might be of relevance to medical ethics. On the 30th anniversary of Biko's death, The Lancet published an article, *Biko to Guantanamo: 30 years of medical involvement in torture* (Nicholl et al. 2007), the title of which emphasises the need for my thesis question.

The McLean and Jenkins 2003 article *The Steve Biko Affair: A Case Study in Medical Ethics* (2003: 77) states that “over the years we have discussed the Biko affair in medical ethics courses for students of medicine and the allied medical disciplines...hence we offer this dissection of the case to other students and teachers of medical ethics”. The article then dissects the death of Biko and the involvement and unethical behaviour of his attending doctors, particularly from the point of view of dual loyalties. This is the common approach/premise adopted by most authors (Alencar and Crock 2010, Williams 2009, Wilson 2009, Miles et al. 2008, London et al. 2007, Gready and de Gruchy 2003, London and McCarthy 1998, Dowdall 1991, Baxter 1985 and many more).

My reading of my primary source mentioned above, Steve Biko’s *I Write What I Like*, leads to my premise that his thinking regarding African culture is deeply influenced by the African moral theory encapsulated in ubuntu, an ethical concept of southern African origin which I will enlarge upon in due course. Many have written on the topic of ubuntu (Mnyaka and Mothlabi 2005, Kamwangamalu 1999, Battle 1997, Mandela 1994, Shutte 1993, Sparks 1990, Mbiti 1969 and many more) and increasingly more is being written regarding African moral theory, ubuntu and its possible influence on Western moral thinking (Metz 2010, Bamford 2007), Ubuntu and its influence on the Constitution of South Africa (Cornell 2010, Mokgoro 1998) and on medical ethics in particular (Chuwa 2014, Metz 2010, Murove 2009).

1.3 Outline of Dissertation

In this dissertation I will critically review the writings and philosophy of Steve Biko in order to identify any key notions or conceptions that are of relevance to medical ethics. I will argue that some of the key notions and conceptions that require consideration are, firstly, his contention that African culture and ethical thinking didn't begin with the arrival of the European settlers, but rather already existed mainly in oral form. This will then lead, secondly, to an in depth exploration of his understanding of African culture, which among other things will show his unashamed identification with African communalism and the importance he places on spirituality. I will then, thirdly, discuss the philosophical principles which form the basis of ubuntu, one of which is communalism, and will conclude that although Biko never uses the word *ubuntu*, his philosophy is nothing other than the philosophy of ubuntu.

I will argue that another key conception of relevance to medical ethics is his understanding of what he calls *true integration*. The relevance of this will manifest itself when defending the normative claim that integrating Biko's and other salient African ethical conceptions into our predominantly Western ethical thinking is a moral requirement.

Having identified culture, communalism, ubuntu, spirituality and integration as some of the key elements of Biko's philosophy pertaining to medical ethics, I will explore

the impact of these key notions and conceptions on selected bioethical issues such as autonomy, consent, privacy and dignity. I will review the current critique of the prominence given to autonomy and examine how applying the principles of ubuntu affect the African understanding and application of autonomy, consent and privacy. Regarding dignity, I will examine how dignity is conferred by respecting culture and how this impacts the cultural and spiritual role played by traditional health practitioners, bearing in mind the importance of spirituality in African culture. I will argue that traditional health practitioners ought to be integrated into ethical medical practice.

I will conclude by defending the normative claim that integrating Biko's and other salient African ethical conceptions into our predominantly Western bioethical thinking is a moral requirement.

2. Critical review of the writings and philosophy of Steve Biko in order to identify any key notions or conceptions that are of relevance to medical ethics

2.1 African culture and ethical thinking didn't begin with the arrival of the European settlers.

According to Valsiner (Valsiner 2007 cited in Pillai and Chaudhary 2009: 239-239), “culture operates at the mentalistic and social planes of human existence. The central thesis of his work is that culture is created through mind and society, and in turn, provides the substance from which the mind and society are actualized.” Biko’s definition of culture was that it is essentially society’s composite answer to the varied problems of life which arise day by day and that “whatever we do adds to the richness of our cultural heritage” as long as it always has people at its centre (2010: 106). It was Biko’s belief that “our culture must be defined in concrete terms” (2010: 76). He believed that the past needed to be related to the present in order to demonstrate the historical evolution of the modern black person. He rejected outright the tendency to think of black culture as a static culture that was arrested in 1652 and that had not developed since. He believed that one of the processes of colonisation was to devour the indigenous culture and leave behind a “bastard culture” (2010: 106) that may only thrive at the pace allowed it by the dominant culture. The *bastardisation* of black culture is a common theme in Biko’s thinking which he countered with the strong held belief that the “basic tenets of our culture have largely succeeded in withstanding the process of *bastardisation* (2010: 106). Mangcu (2012: 272) identifies Biko’s unique contribution as his vision, on a wide scale, of the interrelationship between consciousness and culture, on the one hand, and developmental and political action on

the other. He believes that this “stands in sharp contrast to South Africa’s recent leaders who, in creation of a democratic society, have concentrated on the latter without sufficient attention to the former” (2012: 273). While Biko was certainly not the first person to discover the centrality of culture as a tool for self-empowerment and political action, this belief certainly seems to play itself out when he says “the great powers in the world may have done wonders in giving the world an industrial and military look but the great gift still has to come from Africa – giving the world a more human face” (2010: 51). He makes this statement in the context of verbalising his belief that it is difficult to kill the African heritage and it is my contention that it is Biko’s understanding of African cultural heritage (his description of which follows in 2.2) that can influence our current western dominated ethical thinking and give it *a more human face*.

Biko does not contend for separation on the basis of cultural differences, but rather, in his own words “I am sufficiently proud to believe that under a normal situation, Africans can comfortably stay with people of other cultures and be able to contribute to the joint cultures of the communities they have joined” (2010: 50). When I explore his somewhat unique understanding of integration, the importance of this belief will become apparent.

Am I arguing for cultural relativism? According to Duncker (1939: 39) the thesis of ethical relativism has found its classical formulation in Locke's *Essay Concerning Human Understanding*: "He that will carefully peruse the history of mankind and look abroad into the several tribes of men, and with indifferency survey their actions,

will be able to satisfy himself, that there is scarce that principle of morality to be named, or rule of virtue to be thought on (those only excepted that are absolutely necessary to hold society together, which commonly too are neglected betwixt distinct societies), which is not, somewhere or other, slighted and condemned by the general fashion of whole societies of men, governed by practical opinions and rules of living quite opposite to others." Bearing this in mind I will not argue for cultural relativity, but will argue, with Wiredu that:

relativity to culture can have another connotation. It might mean simply that the ways in which certain aspects of life and reality have actually been conceptualized and evaluated are relative to culture... Assuming relevant diversity, this means that certain concepts and values are not universal among the different cultures of the world. This might be called descriptive relativism. It notices difference; it does not canonize it. It leaves open the possibility of dialogue among cultures. Some, including me, might not want to call this relativism unless a suitable rider is attached (2004: 13).

He goes on to contend along thought lines similar to Biko's that the forced universalisation of the modes of thought of a colonising culture affects for the worse intellectual relations between cultures.

Accordingly, pointing out the lack of universality in certain modes of conceptualization in Western philosophy could be a first step in the clarification of an African mode of thought. Another step would, of course, still await being taken, and that is the comparative evaluation of both the African and the Western conceptions (2004: 14).

It is not my intention to pursue either of the two options above per se, but rather, as I now turn to Biko's description of African culture, to lift what was seen as precious to Biko in African culture and explore how that can be integrated into our current Western ethical thinking.

2.2 Biko's understanding of African culture

Biko (quite correctly, in my opinion) lays a great deal of the blame for the *bastardisation* of African culture at the door of the European Christian missionary movement. As will become evident, he places great stress and value on spirituality but, based on his understanding of true integration (2.3 below), not in the dominance of any one spirituality over or at the cost of another. Biko, in *The Church as seen by a young layman* (2010: 58-65) sets forth his philosophy regarding religion and its effect on culture, describing religion as a "social institution attempting to explain what cannot be scientifically known about the origin and destiny of man" (2010: 59). This, he suggests:

sets forth the necessity of religion. All societies and indeed all individuals, ancient or modern, young or old, identify themselves with a particular religion and when none is existent, they develop one. In most cases religion is intricately intertwined with the rest of the cultural traits of society. To his mind this makes the religion part and parcel of the behavioural pattern of that society and makes the people bound by the limits of that religion through a strong identification with it (2010: 59).

Biko believed that early Christianity was sensitive to these truths and had itself “gone through rigorous cultural adaptation from ancient Judea through Rome, through London, through Brussels and Lisbon, yet somehow when it landed at the Cape, it was made to look fairly rigid. Christianity was made the central point of a culture which brought with it new styles of clothing, new customs, new forms of etiquette and new medical approaches” (2010: 60). This then led to the *bastardisation* of black culture as the people amongst whom Christianity was spread “had to cast away their indigenous clothing, their customs, their beliefs, which were all described as being pagan and barbaric” (2010: 60). Biko stands against this process and the presuppositions that support it, in fact “I am against the fact that a settler minority should impose an entire system of values on an indigenous people” and “a country in Africa must inevitably exhibit African values and be truly African in style” (2010: 26). These statements sum up my primary premise. It’s to these “African values” that I now turn.

2.2.1 African values that Biko cherished

Overview

Dube (2009: 212) contends that the collapse and lack of effectiveness of African cultures do not lie in the poverty of ideas, but rather in living in a cosmology whose values are dismissed, submerged, unofficial and marginalised, with western perspectives often functioning as the official standard and he calls on African ethicists to work within their communities to recapture and re-interpret indigenous values for contemporary contexts and concerns.

The following are *indigenous* or *African* values that Biko believed “should teach the westerner a lesson or two” and are “characteristics that we must not allow ourselves to lose” (2010: 32).

To Biko the most fundamental aspect of south African culture is the importance it attaches to people, “Ours has always been a Man-centred society” (2010: 45).

Africans speak to each other, much to the surprise of Westerners, not for the point of arriving at a particular conclusion, but merely to enjoy conversation itself. Intimacy is a term not just for particular friendships, but applies to a whole group of people who find themselves together. In African culture there is no such thing as two friends, “intruders” are welcomed, and secrets, joys and woes are commonly shared out of a deep concern for each other.

The African culture is not a suspicious one. He sees in western culture an attitude to see people not as themselves but as agents for some particular function either to one’s disadvantage or advantage, but this is not so in African culture where the inherent goodness of people is believed in (2010: 46).

“We regard our living together not as an unfortunate mishap but as a deliberate act of God to make us a community of brothers and sisters jointly involved in the quest for a composite answer to the problems of life” (2010: 46). Thus all action is usually joint

community orientated action rather than the “individualism which is the hallmark of the capitalist approach” (2010: 46). People are never used as stepping stones.

While he writes quite a bit on music, song and rhythm in African culture, I only highlight a remark of his that songs are never for individuals. “All African songs are group songs” (2010: 47).

Regarding property he stresses the community basis of African culture and its *unindividualism*. Although farming and agriculture are often on an individual family basis, they have many characteristics of joint efforts. One of the consequences of this is that individual poverty is a foreign concept. Poverty can only be brought about on an entire community.

It is while being cross examined in the Terrorism Trial of nine of his colleagues in May 1977 that Biko came the closest to giving a name to his philosophy. The statements Biko makes are in the context of the responsibility of the state in the economic welfare of the community. Arnold (1978: 89ff) records that Biko was asked to read the following from a document: “Black communalism, the philosophy of our fathers, is based on the basic respect of the Black man for the sacred value of the human individual as the basis for the existence of communities and governments.” He was then asked whether that expressed the principle in his approach, to which he replied: “Yes it does” (1978: 90).

Another important aspect of African culture for Biko is “our mental attitude to problems presented by life in general” (2010: 48). He contrasts the western *problem-solving* approach with African *situation-experiencing*. Africans experience a situation rather than face a problem.

He describes Africans as deeply religious. While there are various forms of worship throughout the continent, there is a common basis in that “we all accept without any doubt the existence of a God” (2010: 49). He quotes and agrees with Dr Kenneth Kaunda in describing Africans as not recognising any cleavage between the natural and the supernatural. Quoting Kaunda again “our people may be unlettered and their physical horizons may be limited yet they inhabit a larger world than the sophisticated westerner who has magnified his physical senses through gadgets at the price all too often of cutting out the dimension of the spiritual” (2010: 51).

He believes that African Culture spells out Africans as a people particularly close to nature.

In *Black Consciousness and the Quest for a True Humanity* (2010: 96-108) he once again bemoans the *bastardisation* of African culture by the settlers and sets out to reject the “individualistic, cold approach to life that is the cornerstone Anglo-Boer culture” (2010: 106). Instead he posits turning to elements of black culture I have identified above and, believing in an inherent freedom he identifies in black culture, to develop current black culture: “Black culture above all implies freedom on our part to innovate without recourse to white values. This innovation is part of the natural development of any culture” (2010: 106).

Summary

It is important to note that when Biko describes African culture as he does above (how rose-tinted his view may be is not relevant to the current topic) he believes that these are “fundamental aspects of the pure African culture in the *present day* African” (2010: 44) [own emphasis].

In summary, Biko’s words are best quoted in full:

In rejecting Western values, therefore, we are rejecting those things that are not only foreign to us but that seek to destroy the most cherished of our beliefs – that the corner-stone of society is man himself – not just his welfare, not his material wellbeing but just man himself with all his ramifications. We reject the power-based society of the Westerner that seems to be ever concerned with perfecting their technological know-how while losing out on their spiritual dimension. We believe that in the long run the special contribution to the world by Africa will be in this field of human relationship. The great powers of the world may have done wonders in giving the world an industrial and military look, but the greatest gift still has to come from Africa – giving the world a more human face (2010: 51).

2.2.2 Ubuntu

Many authors work from the premise that it is ubuntu that underlies Biko’s thinking. Dube (2009: 83) states that “*ubuntu* would be what Biko terms a ‘special contribution to the world in the field of human relations’, ‘giving the world a more human face.’” Mnyaka and Motlhabi (2009: 67) in speaking of Biko’s understanding of human dignity, believe it is “ubuntu that permeates his belief that the human person has

dignity from cradle to and beyond the grave.” Mangcu (2012: 282) speaks of Biko’s knowledge of ubuntu. I believe one cannot assume that Biko’s thought is ubuntu thought, but rather that one ought to prove that it is such. Thus, having described some of the features of Black culture that were *cherished* by Biko, I now turn to the concept of ubuntu, and then look for areas of commonality in order to deduce whether it is fair to equate Biko’s thought with the thought that underlies ubuntu.

Overview

According to Teffo (1994: 5), “The ethos of ubuntu...is one single gift that African philosophy can bequeath on other philosophies of the world.” This statement has echoes of Biko’s “special contribution” and “gift” mentioned above.

Definition

On ubuntu, Maphisa (1994: 8) states that “South Africans are slowly re-discovering their common humanity. Gone are the days when people were stripped of their dignity (*ubuntu*) through harsh laws. Gone are the days when people had to use *ubulwane* [i.e. animal like behaviour] to uphold or reinforce those laws. I suggest that the transformation of an apartheid South Africa into a democracy is a re-discovery of *ubuntu*.” Louw (1998: 8) quotes the South African Governmental White Paper on Welfare as officially recognising ubuntu as: “The principle of caring for each other's well-being...and a spirit of mutual support...Each individual's humanity is ideally expressed through his or her relationship with others and theirs in turn through a recognition of the individual's humanity. Ubuntu means that people are people

through other people. It also acknowledges both the rights and the responsibilities of every citizen in promoting individual and societal well-being”.

Tshoose (2009: 14) acknowledges that the concept *ubuntu*, like many African concepts, is not easily definable:

because to define an African notion in a foreign language and from an abstract as opposed to a concrete approach is to defy the very essence of the African world-view and can also be particularly elusive. In an attempt to define it, scholars have described the concept generally as a world-view of African societies and a determining factor in the formation of perceptions, which influence social conduct. It has also been described as a philosophy of life, which in its most fundamental sense represents personhood, humanity, humaneness and morality; it is a metaphor that describes group solidarity where such group solidarity is central to the survival of communities with a scarcity of resources, where the fundamental belief is that “*motho ke motho ka batho ba bangwe/umuntu ngumuntu ngabantu* which, literally translated, means a person can only be a person through others (2009: 15).

In other words the individual’s whole existence is relative to that of the group and this becomes manifested in anti-individualistic conduct towards the survival of the group if the individual is to survive.

In ubuntu, from the time people are born they are caught up in a world of ethical relations and obligations and the social bond is thus not conceived as one of separate

individuals. Cornell and Muvanga interestingly describe this as an “inscription by the other” (2012: 10) which is fundamental in that we are born into a language, a kinship group, a tribe, a nation. But this inscription is not simply reduced to a social fact. We come into the world obligated to others, and in turn these others are obligated to us, to the individual. They thus point out that it is a profound misunderstanding of ubuntu to confuse it with simple-minded communitarianism: “It is only through the engagement and support of others that we are able to realise a true individuality and rise above our biological distinctiveness into a fully developed person whose uniqueness is inseparable from the journey to moral and ethical development” (2012: 10). Chuwa (2014: 38) takes this distinction from communitarianism further when he describes one of the distinguishing features of ubuntu ethics as the significant role of community in comparison to that of individuals in any particular ethical situation: “Ubuntu ethics is based on, has as its goal, and is validated by societal common good. The role of community in Ubuntu ethics is based on the premise that none of community members would be what he or she is without the community. Thus, naturally the community takes precedence over the individual without underestimating individual personal rights. The objective of Ubuntu ethics is the balance between individual rights and the necessary communitarian conditions which facilitate and support those rights. Each member of the community has a right to self-determination which finds its limitation in common good (2014: 39).

Spirituality

Ubuntu is a “cultural ethos, a spirituality” says Pato (1997: 53). Regarding religion and spirituality, Nabudere explains why ubuntu philosophy and religion have no separate and specific theologies:

Metaphysics is part of the ubuntu philosophy and recognises that people live in a world of uncertainty. The world of uncertainty includes the reality of death, which all human beings must suffer. But for most Africans, like Christians, death does not mean the disappearance of the dead from *beingness*. Africans believe that the dead continue to exist in a spirit form and as such they are recognised as the *living-dead* or ancestors. Ubuntu philosophy holds that the *living dead* can, when called upon by the living, intercede and advise them in certain circumstances. Such intercession is crucial in many healing and reconciliation rituals in which the ancestors, invisible beings, play a significant role. In addition to the *living-dead*, there are also the *un-born* who are recognised to exist in the future. As such the living are required to ensure that the un-born are brought into the world and provided for (2005: 4).

Nafukho (2006) likewise describes ubuntu as “decidedly religious.” In African families, spirituality plays a key role in society and unites ancestors with the living and the extended family. Dying is considered an ultimate homecoming. Thus, not only must the living and the dead share with and care for one another, but the living and the dead depend on one another. African people use ancestors as mediators between them and God. In African societies, there is an inextricable bond between

humans, ancestors, and the Supreme Being. “Ubuntu, therefore, implies a deep respect and regard for religious beliefs and practices that are supposed to guide all human life endeavors” (2006: 409).

Communalism

Several authors (Ogunbanjo and Knapp van Bogaert: 2005, Venter: 2004, Kamwangamalu: 1999, Boykin: 1997) identify communalism as a core value of ubuntu. Gyekye (1997: 35-76) identifies a *moderate* and a *radical* form of communalism and he argues that it is radical communalism that has been espoused by some African authors that has given rise to tyranny, political intolerance and authoritarianism. He argues for a moderate communalism which gives accommodation to communal values as well as to values of individuality, to social commitments as well as to responsibilities to oneself. It is this latter form of communalism that I will suggest comes closest to Biko’s *confessed* communalism.

Compare/contrast Biko’s philosophy with Ubuntu philosophy

It seems clear when reading Biko’s description of African culture and the various qualities of ubuntu that it is safe to say that ubuntu informed and underlies his thinking, that ubuntu would be what Biko terms a ‘special contribution to the world in the field of human relations’, ‘giving the world a more human face.’ Nussbaum (2009: 100) once again has echoes of Biko when she writes: “I write from a strengthening conviction that Africa has something important to contribute to the change of heart needed in the world...if we are to survive, the peoples of the world must embrace a new sense of interconnectedness as one global community...I seek to

articulate some of the beauty and power of *Ubuntu*, the underlying social philosophy of African culture.”

Thus, the answer to my question, *Does Steve Biko have more to offer medical ethics than his death?* is a resounding *Yes!* What he has to offer is the philosophy of ubuntu which informed all of his thinking regarding culture and what it means to be human, but before exploring how that ought to affect our ethical thinking it is necessary to explore his understanding of what he calls *true integration*.

2.3 Integration

While each English dictionary defines *integrate* with its own words, the meaning in each is to *bring together* or *incorporate into a unified, harmonious, or interrelated whole or system; to combine to produce a whole or larger unit*. Integration is then the act or process of integrating. When used in a racial context it is the bringing together of people of different racial or ethnic groups into unrestricted and equal association. At this point in this dissertation it ought to be clear that my thesis is that as long as Biko’s influence on medical ethics in South Africa, and ubuntu’s influence on universal medical ethics, remain at their current low level of influence, what we have is ethics which are not *whole*. Biko’s understanding of *true integration* can help us regarding how to make ethics whole or complete.

Biko, in *Black Souls in White Skins* (2010: 20-28), *Definition of Black Consciousness* (2010: 52-57) and *Black Consciousness and the Quest for a True Humanity* (2010: 96-108) defines integration in a unique way (admittedly in the context of apartheid South Africa) which I believe sets forth the way for his and other salient African ethical conceptions to be integrated into our predominantly Western bioethical thinking.

Biko believes that any attempts at integration where there are inbuilt complexes of superiority and inferiority will always be artificial integration. He described the society of his day as a society where blacks were treated as perpetual under-16s, which I would suggest describes in some way how Western philosophical thinking might see African philosophical thinking, namely juvenile, immature and not worthy of too much serious attention. Biko's belief was that one does not need to plan for or actively encourage real integration. Once various groups within a given community (the medical ethics community) have asserted themselves to the point that mutual respect has to be shown, "then you have the ingredients for a true and meaningful integration" (2010: 22). He sees it as a lie to accept that "white values" (I would argue it is fair to replace *white* with *western*) are necessarily the best (2010: 56) and suggests that "someone somewhere along the line will be forced to accept the truth and here we believe ours is the truth" (2010: 56). I believe he would call the African medical ethics community to consciousness, to the realisation that *our* African philosophy (including, but not exclusively our age-old ubuntu) has an equal claim to "truth" and to assert that truth, which, in his thinking then paves the way for true and meaningful integration. At the heart of true integration is the provision for each element that feels deserving of integration (each person, group, philosophy) to rise

and attain the envisioned self. This accords with part of Dube's definition of ubuntu: "Ubuntu defines a process for earning respect by first giving it" (2009: 213). Each must be able to attain its style of existence without encroaching on or being thwarted by another. Out of this mutual respect for each other and complete freedom of self-determination, Biko believed that "there will obviously arise a genuine fusion of the styles of the various groups. This is true integration" (2010: 22 adapted).

Gibson (2008: 8-9) discusses Fanon's approach to the Hegelian dialectic and suggests that Biko sought a continuation of this dialectic for South Africa. In *The Definition of Black Consciousness*, Biko (2010: 55) applies the Hegelian dialectic (comprising a thesis, giving rise to its reaction, an antithesis, which contradicts or negates the thesis, with the tension between the two being resolved by means of a synthesis) to suggest a way forward for South Africa that does not result in white racists simply being replaced by black racists. Gibson, referring to Fanon's influence on Biko, quotes Fanon "at the foundation of the Hegelian dialectic there is absolute reciprocity which must be recognised" (2008: 9) [own emphasis]. The black, according to Biko "associates everything good with white....so you tend to feel there is something incomplete in your humanity, and that your humanity goes with whiteness" (2010: 55). But opposition to white society could not become a pre-occupation. As "Black Consciousness develops there is a need to work out further the quest for a new humanity.... What Black Consciousness seeks to do is to produce at the end of the process real Black people who do not regard themselves as appendages of white society" (2010: 55). In terms of the dialectic, the negation of white racism is black unity. But the end is not a "synthesis" of white racism and black unity but a complete transcendence where race would not be a factor. Biko is against integration if that

means integration in to white society with its values and codes of behaviour maintained by whites (Gibson: 2008:9). “If on the other hand by integration you mean there shall be free participation by all members of society, catering for the full expression of the self in a freely changing society as determined by the will of the people, then I am with you” (2010: 26). The relevance of all the above in the area of *integrating* African ethical thinking into Western ethical is self-evident but will be expounded upon in 4 below.

2.4 Summary

In his book *The Mind of South Africa* (1990) Allister Sparks examines the migrations of the Southern African peoples across the continent and analyses the cultures and philosophies they brought along with them. He explains that although Africa had lagged behind Europe technologically and economically, it was far ahead of Europe in terms of its social and political philosophies and systems. These systems, which revolved around communal relationships, had developed a deep respect for human values and the recognition of the human worth based on a philosophy of humanism which he identifies as far more advanced than that found in the European philosophic systems at that time.

In this section I have shown that Biko would wholeheartedly endorse this as fact. I have identified some of the aspects of African culture that he cherished and which have particular relevance to the ethical treatment of patients. These include the importance African culture places on people, the lack of inherent suspicion, rejection

of individualism above community, communalism, situation-experiencing rather than problem-solving, deep spirituality and a closeness to nature. I have shown how these are nothing more or less than the expression of ubuntu which was the basis of his thinking and have suggested that it is through the gift of ubuntu that he saw Africa giving the world a more human face.

In discussing his understanding of true integration being based on mutual respect rather than forced incorporation, I will suggest that ubuntu, while by its very nature does not demand respect, is yet deserving of respect, deserving of being recognised as an age old philosophy which can give medical ethics a more human face and that when it is given the mutual respect it deserves it will earn the right to be integrated into our predominantly Western bioethical thinking.

3. Impact of Biko's philosophy (ubuntu) on some fundamental bioethical notions.

In his lecture to mark the 30th anniversary of the death of Steve Biko, former president Thabo Mbeki detailed the colonial association of the African value system as one encapsulated by lasciviousness, “it was impossible to be an African and not lascivious” (2007: 10), an indirect reference to the sexual transmission of the HIV/AIDS virus, and then, in contradistinction Mbeki posited ubuntu as encapsulating the value system that Biko visualized, asking:

“Why can't an African world view, such as Ubuntu, be at the centre so that we can view other cultures in relationship to it? Ubuntu, which reminds us that “a person is a person through other people,” does not allow for individualism that overrides the collective interests of a community. It stands in contradistinction to the idea that an individual is the be-all and end-all, *without, at the same time, positing that an individual is rightless or dispensable in the grand scheme of things*” (2007: 15) [emphasis added].

Benatar and Landman have noted that even though South African bioethics has by and large responded to the same forces as elsewhere, most notably the United Kingdom and the United States, it has also been moulded by some uniquely South African experiences. In particular, they write that “the death of Steve Biko (the Black Consciousness leader), the HIV/AIDS pandemic, and a peaceful transition to democracy with increased focus on human rights have given bioethics in South Africa its own dimension” (2006: 239).

Beauchamp and Childress's four principles of bioethics, namely autonomy, beneficence, non-maleficence and social justice (Beauchamp and Childress: 1979), have moulded, and continue to mould, bioethics worldwide. Braude points out that "some Western bioethicists assume that these four principles hold universally and that to deny them, through a call for cultural difference most notably, means condoning barbaric practices such as female genital mutilation and espousing moral relativism." (2009: 2054). Yet, according to Braude, in South Africa the specificity of individual bioethics subjects "necessitate the risk of local responses that are equally 'rational' to their Western counterparts, though they may appear 'irrational' in challenging, at the very least, the hierarchy, of these four established bioethics principles" (2009: 2055). It is not my intention to challenge the hierarchy of these four principles, but to explore how Biko's ubuntuism impacts some of them.

3.1 Autonomy

"Autonomy, of course, is an elusive concept that has been defined in conflicting ways, including accounts that closely relate it to either political concerns for negative liberty, moral concerns for a particular substantive way of life, or metaphysical concerns for freedom of the will" (Lund: 1998: 12).

3.1.1 Current critique of the prominence given to autonomy

"Principle-based formulations of bioethical theory have recently come under increasing scrutiny, particularly insofar as they give prominence to personal

autonomy” (Donchin: 2001: 365). She critiques the dominant conceptualization of autonomy and urges an alternative formulation freed from the individualistic assumptions that pervade the prevailing framework. She discusses the need for a “vision of patient autonomy that joins relational experiences to individuality and acknowledges the influence of patterns of power and authority on the exercise of patient agency”(2001: 368). Clouser and Gert (1990) critique principlism in general and in referring to autonomy say that “its problems are so extensive as to deserve a separate article” (1990: 228). Callahan (2003: 288) identifies two key virtues in principlism: its reflection of the liberal, individualist culture from which it emerged which he believes makes it “culture congenial” and its relatively simple conceptualisation and application which in turn makes it particularly attractive to clinical decision making. He, however sees principlism per se as too rigid and suggests that communitarianism provides a better way forward inasmuch as it provides a way of thinking about ethical problems rather than rigid criteria or formulas for dealing with them.

Does ubuntu help clear or make more muddy the waters of autonomy? Mnyaka and Motlhabi (2009: 70) define the autonomous person, in the western view, as one who “acts freely by definition. He acts freely only if he has good reasons for what he does (and no better reasons for doing something else). He has good reasons, only if he acts in his own ultimate interests. His ultimate interests derive from what he essentially is. What he essentially is depends on what is essential to his being that particular person.” This definition describes an autonomy that is understood in an absolutist and almost exclusivist sense. An autonomous person is thus completely independent, acts for his or her own interests and trusts his or her own judgement. Mnyaka and

Motlhabi point out however, that in the context of ubuntu, autonomy is understood and practised in relation to the community in that it is tied to the role the community has assigned to the individual. Individualistic and self-centred acts are seen not just as a failure to contribute the well-being of both the person and the community, but as bringing about pain, misery and harm to others. Ubuntu is thus “anti-individualism and pro communalism, while at the same time is incurably religious” (Sebidi:1988:3 cited in Mnyaka and Motlhabi: 2009:72).

3.1.2 Communalism and Autonomy

Earlier I mentioned that Gyekye (1997: 35-76) argues convincingly for a moderate or restricted communalism as opposed to a radical or unrestricted communalism.

Unrestricted communalism, which gives little value to individual rights or individual autonomy, while maintaining the primacy of the community to the hilt, holds that personhood is fully defined by the communal structure. Restricted communalism, on the other hand, believes that there are grounds for maintaining that a person is not fully defined by the communal or cultural structure. Besides being a social being by nature, the human individual is, also by nature, other things as well. These “other things” include such essential attributes as rationality, having a moral sense and capacity for virtue and, hence, for evaluating and making moral judgements. In other words, the individual is capable of choice. He argues that if we do not choose to be social – because we are social by nature – neither do we choose to be intelligent, or rational beings, or beings with a moral sense. He suggests we use the term *mental feature* as a shorthand for all these other things and then posits: “It is not the community that creates this mental feature: this feature would not be natural if created

by the community. If the mental feature plays any seminal role in the formation and execution of the individual's goals and plans, as indeed it does, then it cannot be persuasively argued that personhood is fully defined and constituted by the communal structure or social relationships" (1997: 53). The fact that changes do occur in existing communal values is undoubtedly the result of the evaluative activities and choices of some autonomous, self-assertive human beings. In other words, "changes in culture often reflect, or at least begin in, the self-assertive enterprise" (1997: 54). In the light of the autonomous character of its activities, the communal self cannot be held as a cramped or shackled self, responding robotically to the ways and demands of the communal structure. His thinking is in line with the more recent proposition put forward by Etzioni (2011) who distinguishes between *authoritarian* and *responsive* communitarianism. Responsive communitarianism seeks to "balance autonomy with concern for the common good, without a priori privileging either of these two core values" (2011: 17) and he is convinced that such a communitarianism, which many often see as the polar opposite position of the focus on autonomy, exists.

Gyekye goes on to show how moderate communalism does not oppose the doctrine of rights (1997: 62) and then, more importantly for this discussion, human dignity. This, he asserts (1997: 63) is a natural or fundamental attribute of the human being (in agreement with Biko and ubuntu) which "cannot be set at naught by the communal structure" and natural membership in the community can never diminish the dignity or worth of the individual. He links this dignity with the African belief "that every human being is a child of God, imbued with a divine element called soul" (1997: 63). More on dignity below.

The above is a very concise summary of Gyekye's moderate communalism. The person is both a communal being and an autonomous, self-assertive being with a capacity for evaluation and choice. This would seem to be the type of person and the type of ubuntu Mbeki described in the quote above in saying: "*Ubuntu, which reminds us that 'a person is a person through other people,' does not allow for individualism that overrides the collective interests of a community. It stands in contradistinction to the idea that an individual is the be-all and end-all, without, at the same time, positing that an individual is rightless or dispensable in the grand scheme of things*" (2007: 15). At the same time, this type of communalism stands against Braude's statement above that "*some Western bioethicists assume that these four principles hold universally and that to deny them, through a call for cultural difference most notably, means 'condoning barbaric practices such as female genital mutilation and espousing moral relativism'*" (2009: 2054). This moderate communalism seems to be an answer to Donchin's search for "*a vision of patient autonomy that joins relational experiences to individuality and acknowledges the influence of patterns of power and authority on the exercise of patient agency*" (2001: 368).

Kasenene (2000: 349-359) brings all this into perspective by pointing out that for African people one cannot regard even one's own life as purely personal property or concern. It is the group which is the owner of life and a person is just a link in the chain connecting present and future generations (more on this when I discuss Spirituality). Thus, a person's health is the concern of the community, because, in this concept of corporate existence, what harms an individual is considered harmful to the

community. He points out the danger of paternalism in African society, but, like Gyekye, calls for an autonomy which is both individual and communal. In deciding on treatment and courses of action in healthcare, there should be cooperation and when possible, agreement among all the parties concerned. Unless the patient objects, his or her relatives, especially the close ones, should be regarded as part of the team which is involved in the patient's care; therefore they deserve to know about the patient's sickness and treatment and should have a say in the whole healing process. Regarding the respective values of beneficence and autonomy, Kasenene acknowledges that "some societies regard autonomy as of higher value than beneficence, non-maleficence, and justice. In general, this should be respected. In African culture, however, beneficence has a higher value, which justifies paternalistic interventions either by the doctor or by the family who may be in a better condition or position than the patient to judge wisely what is best for him or her...and to balance the patient's needs, rights and interests with those of other patients, the family and the community as a whole...In African ethical thinking, however, harm may be done in order to prevent greater harm either to the patient or to the community as a whole...In doing all this justice must prevail" (2000: 356). All of this calls for Biko's *mutual respect* before judgement is passed from a western ethical perspective.

Finally on the subject of communalism and autonomy, I return to Sebidi's statement above: "*Ubuntu is thus anti-individualism and pro communalism, while at the same time is incurably religious*" (1988:3 cited in Mnyaka and Motlhabi: 2009:72). More now regarding Sebidi's *incurably religious*, or what I have previously referred to as the *deeply spiritual* nature of African culture and ubuntu, and its impact on how to treat patients ethically.

3.2 Dignity, Spirituality and Traditional Healthcare Practitioners

Biko was correct when he said that the person is the cornerstone of society. He elaborates that man – and, it should be added, woman – is valuable in himself or herself: “not just his welfare, not his material well-being but just man himself with all his ramifications” (2010: 50). Mnyaka and Motlhabi (2009: 66) state that this is the worldview of ubuntu and that “according to this worldview, all people have *isidima* (dignity) which makes a person divine and therefore to be respected and valued. Biko, ubuntu and African moral theory in general constantly refer to the divine, the spiritual, the religious component in any discussion regarding what it means to be human. Richardson (2009: 143) describes the ethics of the Enlightenment as characterised by universalism, ahistoricism, utilitarianism, individualism, an understanding of society as a rational contract, a punctiliar understanding of human experience, effectiveness as a moral factor, actions above persons and the priority of right over good, and a floating free from religious bases into secularism. “It goes without saying that such an ethic is profoundly at odds with the ethics of Africa” (2009: 143).

In African thinking, as discussed earlier, the physical and spiritual are inseparable. Waite (1992: 214) has suggested that the African understanding of disease should be seen as “medico-religious rather than bio-technical.” Makinde (cited in Murove: 2009: 166) observes that “while western medical practice sees disease in terms of the malfunctioning of the body, in the African context, disease is seen to have a causal link between the visible and the invisible world.” Within this paradigm, physical causation presupposes spiritual. This all indicates that the western healthcare system

does not provide an adequate understanding of life, death, health and disease in the African context.

Part of Biko's *bastardisation of African culture* is linked to the way western scientific medicine has been seen by its practitioners as superior and infallible in its encounter with traditional African medicine since the arrival of the European settlers. However, three hundred and fifty years after "colonisation" began, Murove (2009: 159) quotes various studies which reveal that most (up to 80%) Africans (urban and rural) visit a traditional healer before going to the doctor or the hospital. Murove thus concludes that it is an "irrefutable fact that most Africans believe and rely on traditional health care practices" and that a genuine dialogue between western and traditional medicine "based on unprejudiced listening, would have definitely given rise to an authentic African bioethics" (2009: 160). Such an *unprejudiced listening* based on Biko's call for *mutual respect* could still lead to an effective integration of western and African ethical thought and ought to be seen as a matter of ethical urgency. Maier (1998: 78) observes that "in other parts of the developing world, such as Brazil and India, traditional medicine has been taken more seriously by governments than in Africa. In India, traditional medicine is offered in the hospitals and university curricula. Research into traditional African medicines has been minimal, suffering equally prejudice and widespread reluctance of the healers themselves to reveal their medical secrets." Surely this represents once again a call to consciousness as Maier implies that post-colonial Africa has not yet appreciated the richness of its own indigenous health care system. Thus Murove (2009: 174) can rightly claim that "the time is overdue for all serious minded scholars to stimulate a proper discourse on African bioethics. No medical practice has the monopoly over truth; all stand to learn

immensely from each other.” It is his belief that a genuine understanding of African bioethics begins with an understanding of the role of the African traditional doctors who have an indispensable role to play because they provide an understanding of health almost absent in most western-orientated health institutions. They perform their professional duties with greater sensitivity to the web of relationships within which the individual is entangled. Believing in both the physical and spiritual causation of disease discussed above, and in the communal nature of sickness, their approach is always one which involves the immediate physical community as well as the wider spiritual community comprising the ancestors. Nabudere (2005: 4) refers to the ancestors as the *living dead* and it is “this existence of the invisible beings that is the basis of Ubuntu metaphysics and the belief in the supernatural that play a role in African processes of reconciliation.” It is the traditional healer who plays a key role in the process of communication and reconciliation as she or he mediates in the physical and spiritual communities.

Serbulea (2000: cited in Knapp van Bogaert 2007: 32) points out that “anecdotal evidence shows that 70% of healers in suburban areas are charlatans. At the same time, special efforts need to be made to differentiate authentic healers from charlatans. Some of the criteria for distinguishing a real healer are the family connection for generations to a respected leader, his/her acceptance to collaborate with modern medicine, and refraining from claiming to cure all diseases.” The Traditional Health Practitioners Bill (2003) recognises both the important role of traditional healers in South African society and the need for their control as it sets out to “establish the Interim Traditional Health Practitioners Council of South Africa; to provide for a regulatory framework to ensure the efficacy, safety and quality of

traditional health care services; to provide for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioners profession; and to provide for matters connected therewith.”

Serbulea (above) does not provide anecdotal evidence regarding how many registered medical professionals are charlatans, but how many doctors or traditional healers are charlatans is not relevant. What is of importance is that by far the majority of patients in South Africa visit both a doctor and a traditional healer when they are sick. This is not because they see disease as both physical and spiritual, but because they see, as discussed above, all disease as physico-spiritual. This thesis in no way attempts to claim or demand that parity in the roles of western/scientific treatment of patients and African traditional treatments is the desired goal. It does suggest that as long as sick people feel the need to have to choose between the two as if they are opposites that will never belong together, as long as they are forced to choose between two cultures in matters of life and death, those same sick people are not experiencing an ethical approach which has their very best interests at heart from their practitioners.

Based on the above, it is essential that the ethical treatment of patients ought to include a recognition, an understanding and a mutual respect of the role played by traditional health care practitioners in the lives of most southern African patients.

3.3 Confidentiality

The above discussions on communalism, autonomy, spirituality and traditional healers have all emphasised the communal nature of disease in the African context and the belief that the individual's experiences of suffering are also communal. This brings into focus the whole question of doctor/patient confidentiality which has for so long been part of the discourse of western medical ethics. According to Murove (2009: 171) confidentiality is based primarily on atomic individualism and the "incorrigibility of the individual who is subsumed from the generality of human existence." Thus, confidentiality implies that the individual has an inviolable right to deal with sickness and all matters of health as she/he chooses. If the patient is the whole community or family, as is the African belief, then it is at such a level that confidentiality is upheld. In this context, the primary aim of the traditional doctor is not only to bring healing to the individual patient, but at the same time to ensure that harmonious relationships are maintained at all levels of existence. "As the individual exists in a state of communion and communicability, the sickness and its causes are also revealed to the traditional doctor with or without the consent of the patient. This sickness is also a concern for the family or community" (2009: 171) because, as Murove earlier explains, the participation in the individual's illness by the community is an authentication of the philosophy behind African bioethics that maintains that an individual's experiences of suffering are also communal.

3.4 Conclusion

“One cannot escape the fact that the culture shared by the majority group in any given society must ultimately determine the broad direction taken by the joint culture of that society. This need not cramp the style of those who feel differently but on the whole, a country in Africa, in which the majority of the people are African must inevitably exhibit African values and be truly African in style,” Steve Biko (2010: 26).

It is quite clear from the above discussion that the impact of Biko’s philosophy on bioethical issues is immense and often at odds with Western ethical thinking, especially in the context of principlism. Murove sums up a way forward that echoes the thinking of Biko: “We should be able to devise an effective health care system in post-colonial Africa by creating a dialogue between African traditional health care practices and inherited western health care systems and integrating them. These two health care systems should share the same space with neither claiming superiority. The African health care practice of the future should be the vibrant product of cross-breeding between the mechanistic world view, as entrenched in western medical practice, and the holistic world view of African traditional health care” (2009: 174).

From the place of the *living dead*, Biko would smile and nod in approval.

4. Integrating Biko's and other salient African ethical conceptions into our predominantly Western bioethical thinking is a moral requirement.

Metz (2007, 2010) and Metz & Gaie (2010), has written extensively on African Moral Theory. In *Toward an African Moral Theory* (2007: 323) Metz states: "I seek a theory inspired by *ubuntu*" and then goes on to give a basic statement of the African moral theory this dissertation suggests would give to medical ethics a more human face. He summarises this theory as follows: "An act is right just insofar it is a way of prizing harmony with others, i.e., relationships in which people share a way of life and are in solidarity with one another. An action is wrong if and only if it fails to honour relationships in which we identify with others and exhibit goodwill toward them" (2009: 339). By his own admission this theory is still incomplete and imprecise, but it encapsulates the thinking behind ubuntu, namely that *a person is a person through other persons* and *I am because we are*. It moves our ethical thinking away from the primacy of *self* towards the primacy of *us*, which in a sense is what Etzioni is calling for in his *New Golden Rule* which Lund (1998: 10) summarises as follows: "His central thesis is that societies should seek to balance "universal individual rights and the common good" and that citizens should follow his new golden rule: "respect society's moral order as you would have society respect and uphold your autonomy."

The Kantian believes that, in addition to duties to others, people have duties to themselves, specifically to protect and develop a capacity for autonomy. For the utilitarian, people have a duty to maximise their own well-being. Thus, in an analogy which has a person living alone on an island, Metz (2009: 340) illustrates that the Kantian and the utilitarian can act both morally and immorally in their solitude. "By

contrast, African ethics imply that morality is possible only through interaction with others. A person who is utterly alone might be more or less happy but not more or less dutiful. Morality, from a resolutely African perspective, arises only from relationships.”

Two recent newspaper articles illustrate my normative claim that integrating Biko’s and other salient African ethical conceptions into our predominantly Western bioethical thinking is a moral requirement. The titles themselves explain their inclusion in this section: *Health and Healthcare Humanised* (Levine, Reid and Colvin: 2014) and *Why the humanity of Ebola’s victims should not be forgotten* (Frankfurter: 2014).

In the former, Levine, Reid and Colvin (2014) comment on the decision of the National Research Foundation in South Africa to recognise the *medical humanities* as a new knowledge field. They describe the *medical humanities* as an attempt to move beyond “the binaries that have separated the worlds of the medical and the scientific from the domains of the personal and the humanistic.” A recent conference, *Medical Humanities in Africa*, hosted at the University of Cape Town on Aug 28-29, 2014, was described in detail, some of the topics covered being *How are medical humanities in Africa different from elsewhere* and *What informs how we speak, think and act in relation to health, medicine, the body, healing and the human*. The call was for both medical practitioners to be trained and supported and patients to be supported more holistically with a view to the African concept of disease, bearing in mind the cultural norms that inform how we think, speak and act, as patients and practitioners, in relation to health, medicine, the body, healing and the human in Africa. Biko’s

words that Africa should reflect things African because the majority of her people are African seem to echo in the above.

In the second article, Frankfurter (2014) reports on the Ebola outbreak in West Africa, a news story which has dominated the news headlines worldwide during the final stage of my writing this dissertation. In the article he reports on how the response of local populations to the interventions of the medical authorities has often been interpreted as “ignorance and a refusal to accept that the disease can be tackled by Western medicine.” Medical authorities responded to this “ignorance” with a “new round of educational initiatives arguing against local healers and traditional medicine.” The author pointed out that Ebola patients “can be considered mere disease-carriers rather than complicated human beings – and although at the highest levels reducing transmission is the top priority, neglecting the humane aspects of care can gravely undermine the public health response.”

The article highlighted for me the need for an ethic that incorporates the elements of Biko’s ubuntu thinking that I have highlighted, integrated, beginning with Biko’s way of mutual respect, into our current ethical thinking in order to make it whole or complete, and in so doing, giving medical ethics a more human face. Integrating Biko’s and other salient African ethical conceptions into our predominantly Western bioethical thinking is a moral requirement.

Beauchamp and Childress (2001: 2-6) speak about normative and non-normative claims in the development of ethics. If a claim is normative, the claim is that the normative claim has normative force, it establishes moral standards for everyone.

Non-normative claims are empirical, in which case they describe what all people believe. They defend their position declaring that non-normative claims are about what *is* universal in moral belief, while normative claims are about what *should be* universal in moral belief. Normative ethics attempts to answer the question, “Which general norms for the guidance of conduct should we accept and why” (2001: 2). At the same time, in asking whether norms are absolute, they acknowledge that it is no objection in the common morality that, in some circumstances they can be justifiably overridden in some circumstances. “Principles, duties and rights are not absolute or unconditional merely because they are universal” (2001: 5).

At this stage of my thesis it is clear that my central claim is that more emphasis needs to be accorded to Biko’s and ubuntu’s emphasis on the communitarian. Etzioni (1998) suggests that there is an “autonomy-community continuum on which societies and historical eras can be located and that there is a ‘golden mean’ that gives both their due” and his conviction is “that in the present period we have strayed too far towards the autonomy end of the continuum is clearly the rationale, the very *raison d’etre*, for the communitarian movement” (1998: 35). Once again, Biko’s ubuntuism and Biko’s integration beckon attention, particularly as they call communitarianism to the fore.

Etzioni, who I earlier compared with Gyekye regarding the moderate/responsive communitarianism they espouse over the authoritarian/radical communitarianism which receives more press, finds “the one major reason many, especially in the West, reject this kind of communitarianism on normative grounds is that they hold autonomy in high regard” (2011: 16). Another reason is methodological, a reason he

believes deserves to be briefly discussed because it points to a rather different kind of communitarianism:

The methodological point draws on the precept that sound normative positions cannot be derived from one overarching value. Societies are complex beings, composed of people who hold different values and have different needs and interests. It follows that one is much more likely to reach a normatively defensible position if one draws on multiple values, rather than presumes that one value pre-empts or trumps all the others (2011:17).

He then highlights that one should not be unduly troubled by the resulting tensions and contradictions that result from drawing on multiple values, such as liberty and equality, or, autonomy and the common good, among other core values. “We shall see that there are fruitful ways to work out these differences without making all other values subordinate to one” (2011: 18)

I suggest that these “fruitful ways” lie in seeing the value that Biko’s views on integration that can be applied to the elements of ubuntu/culture that he cherished, can bring to medical ethics which examine them from a point of mutual respect.

In her presidential address to the International Association of Bioethics in 2011, Nikola Biller-Andorno identifies some of the challenges facing the global bioethics movement, one being that bioethics is too elitist, leading to the “much discussed worry...that bioethics as such is a Western undertaking with an imperialist impetus” (2011: 432). She mentions a previous president, Solly Benatar’s comment: “Ethics is about relationships, of course” (Benatar: 2003) and then goes on to say:

This may not be as obvious as it sounds. A good deal of bioethical reasoning is concerned with the autonomous, rational individuals that inhabit sterile theoretical worlds. This perspective seems to neglect utterly what many would say counts most in a fulfilled life, that is, flourishing human relationships. I would venture to say that flourishing relationships are a precondition of human flourishing (Biller-Andorno: 2011: 432).

She then goes on to discuss what she means by “flourishing relationships” by asking and attempting to answer the question regarding whether we are making full use of bioethics as an asset. Without using the words describes a world and a bioethics with a more human face:

...a world in which the sheer joy about the existence and thriving of another – think of your partner or friends, your children or grandchildren – can be felt and can enrich our selves; a world in which attending to another is experienced as meaningful and worthwhile; a world in which caring for others can be balanced with caring for oneself, and in which the work of care is fairly distributed; a world in which everyone can expect to be cared for when needed (2011: 434).

She describes, I propose, what medical ethics could look like if Biko’s and other African ethical conceptions were to be integrated (bearing in mind Biko’s concept of integration) into our predominantly Western bioethical thinking and hence my claim that integrating Biko’s and other salient African ethical conceptions into our predominantly Western bioethical thinking is a moral requirement.

5. Conclusion

Biko (2010: 75) reminisces about his high school life when he had a friend whose hero was Dr Hastings Kamuzu Banda. This friend loved Banda's often quoted statement: "This is a black man's country; any white man who does not like it must pack up and go." He then goes on to say how talk like this inspired him, as a schoolboy, to believe that the myth of the white man's invincibility was broken. "When fellow Africans were thinking like that how could we still be harbouring ideas of continued servitude? We knew he had no right to be there; we wanted to remove him from our table, strip the table of all trappings put on it by him, decorate it in true African style, settle down and then ask him to join us on our own terms if he liked." The thought of the more mature Biko, as explored in this dissertation, is not so much one of "stripping the table" but rather a call to recognise and believe that things African have as much right to be part of the smorgasbord as the things already on the table.

Does Steve Biko have more to offer medical ethics than his death? The answer has to be a loud and clear *Yes!* The philosophy which he brought to bear on the political situation of the 1970's, conscientizing people to realise who they really were, is a philosophy, which if brought to bear on the current teaching of, and general discourse on, medical ethics in South Africa and Africa at large, will enrich and make even more humane, the ethical treatment of patients.

In writing about Steve Biko in his *Long Walk to Freedom* (Mandela: 1994), Nelson Mandela says; "We must not allow his contribution to be forgotten". As stated earlier,

that statement sums up the goal of this research report. His contribution will not be forgotten if, in the teaching and practise of medical ethics, with mutual respect from all sides, room is made on the predominantly westernised table for the integration of African moral cuisine.

6. References

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