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PRAGMATIST BIOETHICS, THE RELEVANCE OF CONTEXT, AND SOME PROBLEMATIC SITUATIONS IN HEALTHCARE

PhD thesis statements

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1. Introduction

The field of bioethics is a recent development in the areas of ethics and practical philosophy. However, the research in the field exhibits controversies over its method and goal. The controversies are related to the different interpretations of the logic and epistemology of morality and ethics in general. This is further related to the influence of the academic tradition of ethics based on the moral philosophy tradition and the ethics of common morality on bioethics[1]. On the first aspect, bioethics is related to the tradition of applied ethics and the recent principlism approach in ethics. On the second aspect, bioethics is related to the approaches that appeal to the methods of the social sciences and descriptive-empirical ethics.

Mainly, the current controversy over the method of bioethics is connected to the critique of the 1970's dominant approach in bioethics, namely, principlism of Tom Beauchamp and James Childress.[2] The objection stems from the critique of the logic and epistemology of morality and judgment and decision-making in bioethics. This is further connected to the need for the consideration of context in ethics and morality[3], backed by the philosophical justification of pragmatic nature of morality and ethics[4].

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[1]Marcus Düwell, "One Moral Principle or Many?," in *Bioethics in Cultural Contexts Reflections on Methods and Finitude*, ed. Dietmar Mieth Rehmann-Sutter, Christoph, Marcus Düwel (Springer, 2006), 95; see alsoAdela Cortina, "The Public Role of Bioethics and the Role of the Public," ibid, 165.

[2] John D. Arras, "Pragmatism in Bioethics: Been There, Done That," *Social Philosophy and Policy* 19, no. 2 (2002), 29; See also Bettina Schöne-Seifert, "Danger and Merits of Principlism: Meta-Theoretical Reflections on the Beauchamp/Childress–Approach to Biomedical Ethics," in *Bioethics in Cultural Contexts Reflections on Methods and Finitude* (Springer, 2006), 112; Düwell, One Moral Principle, 99.

[3] Albert W. Musschenga, "Empirical Ethics, Context-Sensitivity, and Contextualism," *Journal of Medicine and Philosophy* 30, no. 5 (2005), 467-90; Barry Hoffmaster, "From Applied Ethics to Empirical Ethics to Contextual Ethics," *Bioethics* 32, no. 2 (2018), 120; Simona Giordano, "Do We Need (Bio) Ethical Principles?" In *Arguments and Analysis in Bioethics*, ed. Matti Häyry, Tuija Takala, Peter Herissone-Kelly, and Garda Árnason. (Brill, 2010), 37-38.

[4] Arras, Pragmatism in Bioethicist, 30.

Therefore, in my study, I focused on investigating the nature and dimensions of bioethics, emphasizing its methods and some topical issues in health, which include gestational surrogacy, healthcare allocation and rationing, and organ trade and trafficking in Africa. Mainly, in the dissertation, I looked at bioethics from the point of view of pragmatism and John Dewey's ethics. I showed that the pragmatist turn in bioethics is important for both conceptual and practical studies in bioethics.

2. The Problem and Objectives of the Study

Bioethics has considerably expanded over the last few decades, not only as an academic enterprise but also as a prominent set of issues in the policy arena. However, making normative decisions about bioethical issues is a very difficult and sensitive task, and it's even more difficult in a multicultural society.[5] In this regard, overriding bioethics, which is called principlism, is often said to be based on Western society and doesn't allow exceptions to the rules and principles, usually from a non-Western context.[6] In fact, the controversy over the method and goal of bioethics goes beyond the mere controversy over the issues of cultural differences into a more sustained disagreement over the logic and epistemology of morality and moral judgment. In this regard, the dominant principlist approach is critiqued on the grounds of its abstractness, the top-down deductive approach of its logic, and lack of sensitivity to context.[7]

However, authors such as Marcus Düwell and Schöne-Seifert, among others, defend it, claiming that the principles (autonomy, beneficence, non-maleficence, justice) introduced contextually variant meanings so as to fit with multiple contexts[8]. Indeed, Beauchamp and Childress, proponents of this approach, also said they have continuously revised their approach through developing specific normative rules to solve conflicts of principles considering specific contexts.[9] However, the demands for context-sensitiveness, the appreciation of cultural differences, religious or contentious issues, and the sociocultural embeddedness of both ethical problems in medicine and life sciences and the empirical/descriptive (sociological, legal, anthropological, etc.) nature of ethical investigations are not addressed in the way ethics and morality are essentially described in pragmatist ethics.

Moreover, the logic of bioethical inquiry is not founded on deductive normative analysis based on "ethics of ought." Unless we know the "is" of a specific moral problem, we cannot derive the "ought."[10] Furthermore, other versions of bioethics based on the critique of principlism such as casuistry, feminist approach cannot overcome the charges leveled against applied ethics—the critique of the logic of these theories. Furthermore, principlism and these new versions in bioethics are based on philosophical perspectivism and high-flying ethical, philosophical, and ideology. So,

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[5] Nikola Biller-Andorno, "It ' s a Small World After All: Cross-Cultural Discourse In Bno," in *Cross-Cultural Issues in Bioethics The Example of Human Cloning*, Roetz, Hei (New York, Amsterdam: Rodipi, 2006), 459-60.
[6] Simona Giordano, (Bio) Ethical Principles, 37-38; Mark Tan Kiak Min, "Beyond a Western Bioethics in Asia and Its Implication on Autonomy," *New Bioethics* 23, no. 2 (2017), 154.
[7] Hoffmaster, From Applied Ethics, 121-125; Musschenga, Empirical Ethics, 470.
[8] Düwell, One Moral Principle, 106; Bettina Schöne-Seifert, Danger and Merits of Principlism, 111-113.
[9] James F. Childress, "Methods in Bioethics," in *The Oxford Handbook of Bioethics*, ed. Bonnie Steinbock (Oxford, New York: Oxford University Press, 2007), 22.
[10] Michael Dunn, and Jonathan Ives. "Methodology, Epistemology, and Empirical Bioethics Research: A Constructive Commentary." *American Journal of Bioethics* 9, no. 6-7 (2009), 93.

one can claim that principism, casuistry, feminist bioethics, and other approaches based on applied ethics are not methodological, scientific, and effective in bioethical investigations.

My research primarily aims at filling those gaps with two-fold objectives: methodological and practical. On the methodological dimension, I focused on exploring the methods and goals of bioethics, mainly from the aspect of pragmatist bioethics, following the line of Dewey's ethics. Unlike other versions of pragmatism, Dewey's perspective on ethics is a promising method[11] based on steps that combine the methods of empirical sciences and philosophy. On the practical dimension, I investigated specific issues or problematic situations in bioethics, specifically the moral problems related to health. The aim of inquiring into specific problems is to illuminate further the method of pragmatic bioethics and to reflect on those problematic situations and their solutions. In general, the study is organized into seven chapters, including the introduction, summary, and conclusion.

3. Structure of the Study

This dissertation is organized into seven chapters:

Chapter One: Introduction: It consists of the background, problems, and objectives of the study, as well as the organization of the study.

Chapter Two: Dimensions of Bioethics, the Relevance of Context and the Pragmatist Turn

The chapter overviews the methodologies of bioethics, looks at the epistemic grounds of morality, and shows how a pragmatist-empirical turn is significant in bioethics.

Chapter Three: John Dewey's Ethics, Pragmatist Bioethics, and the Case of Gestational Surrogacy

This part takes the discussion of the methodology of bioethics into Dewey's ethics and the case of gestational surrogacy. In this chapter, I discus how education, deliberative democracy, and institutions can help us solve bioethical problems. We also talk about how agents can help us find solutions.

Chapter Four: Pragmatist Reflections on Healthcare and Healthcare Resource Allocation and Rationing

It examines the moral dilemma of healthcare allocation and ratioing by inserting itself into the concepts and theories of healthcare, disease, and health. In this part, the relevance of the pragmatist

[11] Arras, Pragmatism in Bioethics, 40; Eric Racine, "Feature : Why Care about Pragmatism " *The JCB Voice*, 2012, 2; Giulia Inguaggiato et al., "A Pragmatist Approach to Clinical Ethics Support: Overcoming the Perils of Ethical Pluralism," *Medicine, Health Care and Philosophy* 22, no. 3 (2019): 428; Miller, J. J. Fins, and M. D. Bacchetta, "Clinical Pragmatism: John Dewey and Clinical Ethics.," *The Journal of Contemporary Health Law and Policy* 13, no. 1 (1996), 28; Irwin Miller, "A Pragmatic Health Care Policy Tradition: Dewey, Franklin and Social Reconstruction," *Business and Professional Ethics Journal* 12, no. 1 (1993), 47-50; Christopher Tollefsen, "What Would John Dewey Do? The Promises and Perils of Pragmatic Bioethics," *The Journal of Medicine and Philosophy* 25, no. 1 (2000), 77; Hester, D. Micah. "Is Pragmatism Well-Suited to Bioethics?" *The Journal of Medicine and Philosophy* 28, no. 5–6 (2003), 546.

approach based on deliberation is investigated as a useful way to legitimately distribute healthcare resources.

Chapter Five: The Context of Sub-Saharan African Healthcare Systems, Healthcare Allocation, and the Case of the COVID-19 Pandemic

The fifth chapter exposes the situation of healthcare scarcity and the dilemmas of allocation in Africa by further reviewing the reasons underlying the healthcare crisis and the case of the COVID-19 pandemic.

Chapter Six: The Moral Dilemma of Organ Trafficking in Africa: Pragmatist Considerations

This part uses steps of pragmatist ethical inquiry and examines organ trafficking in Africa and suggests solutions.

Chapter Seven: Summary and Conclusion

This chapter gives a summary of the major arguments and conclusions of the study.

4. Summary and Conclusions of the Main Chapters

4.1. Chapter 2: Dimensions of Bioethics, the Relevance of Context, and the Pragmatist Turn

In the thesis, I saw the current controversy over the method of bioethics in connection with the critique of the dominant approach in bioethics, namely principlism. The objection stems from the critique of the logic and epistemology of ethics and judgment and decision-making on bioethical issues. In fact, the epistemic foundation of bioethics, the rationality of moral judgment, is not what it appears to be in principlism. It is instead based on the context in which a specific moral problem, judgment, and solution to it are found.

Bioethics is a practical and empirical philosophical science grounded in human experience and oriented towards action and outcomes. From a logical standpoint, bioethical judgment, reasoning, and decision-making always contradict commonly accepted deductive reasoning, favoring non-formal reasons based on observation, creative construction, formal and informal reasoning methods, and systematic critical assessment of the situation and context in which the problem arises.[12] Justifications, deliberations, and moral actions and decision-making are, in general, contingent, dynamic, and context-sensitive—socio-culturally embedded and institutional. This is further philosophically connected to pragmatist ethics, an approach that addresses the controversy over the methods.

In pragmatist ethics, mainly following Dewey, actions are always specific, concrete, unique, and individualized; similarly, judgments must be distinct. The morality and evaluation of actions are linked to the exegesis of practices, which is a way to look into things with an open mind.[13] Moral values are present in experience and are modified and created therein by humans' sustained needs

[12]Barry Hoffmaster, From Applied Ethics, 119.
[13] John Dewey, *Reconstruction in Philosophy* (Mineola, New York: Dover Publication INC, 2004),, 165-7.

and interests. More specifically, moral values are produced through actions undertaken using experience and the habits formed, and these values reflect the qualities of situations in view of the good. So, as Wright claims, in moral actions, there are always means by which we use them and ends to achieve them.[14]

As Dewey claims, means and ends are not fixed compartments, though the overall moral drive is human growth and fulfilment. Depending on the type of moral action, a means can sometimes be an end, and vice versa. For example, we seek health as an end, but among the satisfactions of good health is that it is the means for all kinds of fulfilling activities and enjoyments beyond itself. As it turns out, there isn't a better example of how practical morality and moral judgment and actions are than the field of bioethics, which shows how these things work.

In the thesis, I claimed that bioethical issues are essentially public problems arising as a challenge to the existing social order or already accepted ethos of a society or a threat to human life that has occurred due to advances in science, technology, and biomedicine. As a result, the need for ethical inquiry or moral judgment arises whenever there is a problematic situation faced by people in a certain context and seeking a solution through intelligent inquiry is an issue for the public.

A moral judgment based on experience is a complex, interactional, and value-creating activity. Its logic and rationality go beyond deduction, calculation, and rule application to more situational rationality—rationality based on local circumstances. This local and particularized rationality grows out of moral agents and their intentions, special situations, and particular subjects.[15] Thus, moral valuations are not based on fixed laws and principles or on a single good, since such rules and principles do not exist or change with human experiences and contexts.

Certainly, bioethical rules and principles such as autonomy, nonmaleficence, beneficence, justice in Principlism have an epistemological function, serving as a hypothesis or presumptive guide in moral judgments. And such, in the thesis, I concluded that a pragmatist turn in bioethics is relevant to the conceptual and practical studies in bioethics. In this regard, Dewey's approach is remarked as promising.

4.2. Chapter 3: John Dewey's Ethics, Pragmatist Bioethics, and the Case of Gestational Surrogacy

In this part of the thesis, I examined Dewey's ethics and its implication in resolving bioethical problems arising in different context mainly, using the example of gestational surrogacy. Dewey is critical of the ethical theory tradition based on moral philosophy. He reconstructed the tradition of ethics with a more scientific approach to morality.[16] Actually, Dewey looked at morality in connection with social policy, and he proposed a method of searching for a workable moral solution through experimental inquiry. In his approach, he looks at both morality and ethics'

[14] Hollis Wright, G. *Means, Ends and Medical Care*. Vol. 92. (Springer Science & Business Media, 2007), 74-84; see also 95-116.
[15] Wright, Means and Ends, 85-96.
[16] Dewey, Reconstruction in Philosophy, 161-63.

epistemology and logic by combining the methods of social science with those of philosophers and thinkers.

Dewey's method stressed the importance of considering the situation and context when assessing moral problems, rethinking them, and looking for solutions. In fact, Dewey's pragmatist view of ethics is connected to his comprehensive analysis of scientific, social, and political issues, following a multidisciplinary approach to the problem. This is reflected in what he provided as steps of ethical inquiry, which are based on observation, description validation, demonstration, and experimentation.[17] Concerning these steps, in his book *How We Think*, Dewey listed these steps as: a) figuring out what is bothering you, b) finding the problem, c) coming up with possible solutions, d) debating them, and e) more observation and experimentation, which leads to whether or not you accept or reject the idea.[18]

In the process of inquiry, deliberation helps consider choices in action and foresee the consequences of actions so that it is possible to select the best solutions. For example, in the 3rd, 4th, and 5th steps, deliberation is important. Besides, context, defined as the relatively stable societal background that includes the cultural and institutional environment and the nature of the relations between the different actors and these actors' own beliefs and values, determines the overall steps of the inquiry process. Pragmatic inquiry as moral valuation or as an ethical-scientific problem-solving approach functions in a system where education, democracy, and institutions are integrated and installed. These steps are relevant in the investigation of problematic situations covered in this dissertation. In general, we use these steps of inquiry in bioethics, whether it's for academic research or to come up with a social policy for a public moral dilemma.

In fact, practical significance of these steps of inquiry can be illuminated by the case of gestational surrogacy. The moral problem of gestation surrogacy is related to the advance in assisted reproductive technologies which use the avenues of third-party reproduction such as intrauterine insemination (IUI), in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), ovulation induction (OI), artificial insemination (AI), donor conception, intrafallopian gamete transfer (GIFT), and preimplantation genetic diagnosis and screening (PGD & PGS) using third party arrangements such as surrogacy, sperm, or egg donors. Hence, it is difficult to disentangle the moral problem of gestational surrogacy straightforwardly as a single problem. However, in a normal setting, the moral problems gestational surrogacy could appear as a social policy challenge or a specific case-based problem in the court or clinical setting. If it appears to be a public policy challenge, the problem can be addressed by following Dewey's approach as follows:

The first step: It is to be cognizant of gestational surrogacy in society as a problem that requires attention.

Second step: We define and locate the problem by using facts and experience from gestational surrogacy for example, the medication process, its use, its effect on society, its effect on the commissioning parties, and the condition of the gestational mother. In these cases, typical moral

[17]Ibid, 169-78.

[18] John Dewey, quoted in Miller, Fins, and Bacchetta, Clinical Pragmatism, 33; see alsoJohn Dewey *How We Think: A Restament of the Relation of Reflective Thinking to the Educative Process* (D.C. Health and Company: Lexington, Massachusetts: 1933), 107-115.

issues, such as the interest, societal culture, and public interest, infertile couples' desires, the appropriateness of ARTs, and the status of gestational mothers, would be raised as potential challenges. Indeed, this helps us clarify the issue in the form of either an A or B choice.

3rd Step: we suggest solutions either to permit it with conditions A, B, and C, or to prohibit it by taking A, B, and C... measures.

Fourth Step: publicize the suggested solutions and debate them, possibly coming up with other solutions. Here, we calculate the cash values of solutions through experimentation and imaginative calculations. When it comes to gestational surrogacy, people from many different groups, including agents, patients, fertility clinics, physicians, cultural and religious groups, lawyers, ethical experts, and policymakers, as well as the general public, will be asked for their thoughts.

Fifth Step: further testing it in a society to see if it is accepted or rejected.

Nevertheless, in the thesis, I noted that such a pragmatist approach to bioethical issues would become practical and serve as a problem-solving approach only in a system where education, democracy, and institutions are integrated. In a system where ethics, law, and politics are bridged amidst education, democracy, and institutions, bioethical problems can be addressed through social intelligence. I also argued that the promise of this method can be seen when it comes to dealing with moral issues like how to allocate and ration health care.

4.3. Fourth Chapter: Healthcare Allocation and Rationing, as well as Pragmatist Bioethics

The moral dilemma of healthcare allocation arises whenever we allocate limited resources, and rationing is necessary for distributing the available resources.[19] As such, allocation and rationing are intricate and complex tasks beset with philosophical, ethical, and practical difficulties. The reason is that allocation always entails rationing, which implies denying service to some for the benefit of others.[20]

Allocation issues also entail access to primary healthcare, especially for low-income sections of communities.[21] Moreover, healthcare is not divisible without someone losing the benefit, like social goods such as legal services and educational benefits. Furthermore, from the ethics perspective, when benefiting someone while rationing, the one who is denied the service may be owed the service at the hand of another ethical principle or principles. Besides, it's not easy to pick a principle that both service claimants and distributors can agree on at the same time.[22]

In fact, in a more philosophical and pragmatist sense, such complications are connected to the epistemic and normative challenges of concepts of health, disease, and healthcare. This problem

[19] Norman Daniels, “Rationing Fairly: Programmatic Considerations,” *Bioethics* 7, no. 2/3 (1993), 224-25; Govind Persad, Alan Wertheimer, and Ezekiel J. Emanuel, “Principles for Allocation of Scarce Medical Interventions,” *The Lancet* 373, no. 9661 (2009), 423.
[20] David J Hunter, "Rationing: the case for “muddling through elegantly”." *BMJ* 311, no. 7008 (1995), 811.
[21] A. Stefanini, “Editorial: Ethics in Health Care Priority-Setting: A North-South Double Standard?,” *Tropical Medicine and International Health* 4, no. 11 (1999), 712.
[22] Daniels, Rationing Fairly, 224.

is further rooted in the triadic representation of disease, illness, and sickness in modern Western medicine. Disease is conceived of as a purely biological concept in the triadic approach.[23] This conception further leads to the conceptualization of health as the absence of disease and as a private matter. In the end, healthcare would become a matter of civic practice, a commodity, or private benefit which individuals pursue based on their biological and physiological conditions and medical preferences in a free market.

However, contrary to the triadic representation, disease and health are elusive concepts that cannot be clearly defined in their pure biological form. We understand them through multiple, plural, and metaphorical culturally and societally embedded meanings. In a pragmatist understanding, disease is a sociological concept, which is why, even in modern Western medicine, we usually classify diseases into different categories of diseases, and we get to know a specific disease based on the symptoms patients experience.[24] Being healthy is also a relative concept. Our understanding of health is based on the experiences we have in our social context.

Moreover, different societies have multiple and culturally variant conceptions of disease and health such as, African, Asian, and Latin Americans. Besides, environmental, and social structures shape the distribution of disease across a population and determine societal and individual responses to suffering. Hence, given the societal nature of disease and health, healthcare becomes a relational concept that shows the caring relationship between members of a community or a society. It's also a social, legal, political, and public policy issue. This makes the ethical issues of allocation and rationing more complicated and linked to the question of justice, which is why they're so hot right now.

Concerning healthcare theories of justice, in bioethical literature, one can find many philosophical approaches, including, among others, libertarian, egalitarian, and utilitarian theories of healthcare.[25] These approaches follow a principle-based approach to address allocation and rationing issues in healthcare. For instance, the egalitarian approach uses the principle of equal treatment following the lottery and first-come, first-served rules of allocation. In comparison, the utilitarian approach uses the principle of cost-benefit analysis and priority setting as a mechanism to ration healthcare, following the maximization of benefit for the greatest number of people as a guideline. Finally, liberals follow the principle of maximizing benefits for the worst-off in healthcare rationing. In fact, using principles, rationing decisions can be made by using rules such as, 1) exclusion, 2) dilution, 3) denial, 4) selection, 5) deflection, 6) delay, 7) rescue principle[26].

Nevertheless, unlike other goods and services, healthcare is a special good. As such, the distribution of health resources should not be left to market forces. Neither allocation based on medical needs nor the science of medicine under the principle of equality is enough. The utilitarian

[23] Bjorn Hofmann, "On the Triad Disease, Illness and Sickness," *The Journal of Medicine and Philosophy* 27, no. 6 (2002), 652-53; see also Seidlein, Anna-Henrikje, and Sabine Salloch. "Illness and disease: an empirical-ethical viewpoint," *BMC medical ethics* 20, no. 1 (2019),10; see also Twaddle, Andrew. "Disease, illness, sickness and health: A response to Nordenfelt." *Disease, illness and sickness: Three central concepts in the theory of health* (1994), 37-39.

[24] Wright, Hollis G. *Means, Ends*, 41-54.

[25] Stefanini, Ethics in HealthCare Priority, 709; see also Galarneau, Galarneau, Communities of Healthcare, 11; see also Persad, Wertheimer, and Emanuel, Principles for Allocation, 424.

[26] D.J. Hunter, Rationing, 812.

approach to healthcare also has ethical challenges, as in the endeavor to maximize utility for the majority, one may deny the autonomy and benefit of other individual patients.

In fact, each principle and rule have ethical flaws, and the moral dilemma of rationing is controversial, as any solution found at the hand of one principle can be equally discounted as unethical at the hand of another principle or principles. Healthcare, signifying a caring relationship between community members, shows solidarity. As a result, the distribution of healthcare is also a political matter that demands the community's active participation, as well as that of various professionals, political agents, and stakeholders.

Furthermore, healthcare is a unique and important moral good that affects other economic and social opportunities for people and society as a whole.[27] Moreover, medical resources are scarce, and depending on specific situations, we may be forced to go beyond the principle of equality of opportunity for the fair allocation and rationing of the available medical resources. Hence, in the thesis, I concluded that healthcare allocation and rationing should not be left to the procedural aspect of justice based on the constitutional rules of equality of opportunity; neither should it be left to ethical principles, since we do not have an agreed-upon principle applicable in all circumstances. Thus, moral questions about healthcare ought not to be addressed through the appeal to principles, but rather through a more pragmatic and deliberative approach to decision-making.

4.4. African Healthcare Systems, Allocation, and the COVID-19 Pandemic

Africa is underdeveloped in terms of healthcare infrastructure.[28] In Africa, the moral dilemma of healthcare scarcity and sacrifice is rampant where access to primary healthcare, especially for poor communities, is a major concern. The recurrent healthcare crisis in Sub-Saharan Africa is related to internal and external factors. Externally, African healthcare policies and systems are influenced by previous colonizers, global organizations, donor countries, and emerging political and ideological waves from the Western world. For instance, the Declaration of Alma-Ata, from 6–12 September 1978, was initiated by the WHO and UNICEF.[29] The Bamako Initiative (BI), influenced by the IMF, WB, WHO and UNICEF,[30] Millennium Development Goals (MDG), and the Abuja Declaration, also comes from the West.[31]

Most countries in the region follow a top-down approach and employ principles and rules of allocation and rationing that are often imposed by, or copied from, donor countries, previous colonizers, and declarations, policies, and initiatives from international organizations such as the IMF, World Bank, WHO, and UNICEF. However, such allocation and rationing guidelines and

[27] Norman Daniels, "Justice, Health, and Healthcare," *American Journal of Bioethics* 1, no. 2 (2001), 3-4.
[28] Thomas Barbera, Roger Williams, and Simon D Taylor-robinson, "Identifying Key Challenges Facing Healthcare Systems In Africa And Potential Solutions," *International Journal of General Medicine,* (2019), 395; see also D. M. Sanders, C. Todd, and M. Chopra, "Confronting Africa's Health Crisis: More of the Same Will Not Be Enough," *British Medical Journal* 331, no. 7519 (2005), 755–58.
[29] WHO, "Declaration of Alma-Ata" (1978), https://www.who.int/publications/almaata_declaration_en.pdf?
[30] Valéry Ridde, "Is the Bamako Initiative Still Relevant for West African Health Systems?" *International Journal of Health Services* 41, no. 1 (2011), 175.
[31] Organisation of African Unity, "The Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases," no. April (2001), 7.

rules are often criticized, as they are drawn without considering the region's broader healthcare and other socio-economic and political contexts. Donor countries, the WB, the IMF, and other organizations use their economic assistance as a protocol and impose a policy and allocation strategy. Internally, the healthcare crisis in the region is connected to different factors. A review of studies[32] indicates many reasons underlying the crisis.

- Healthcare financing policy: a) reliance on aid; b) low proportion of total budget; c) privatization and reduction of public funds; d) depoliticization of healthcare followed by liberal political economy
- Pandemics and epidemic catastrophes
- Absence of a self-sustaining and consistent healthcare system and policy
- An increase in health demand is connected to an increase in population and socioeconomic conditions.
- Lack of a just allocation system and a failed delivery system for healthcare
- Poor and inadequate quality of health services
- Low accessibility for rural communities
- Biased allocation based on user-fee financing.

Indeed, in the thesis, I claimed that past experiences of healthcare crises and the current global COVID-19 pandemic show how deeply intricate the problem of healthcare allocation and rationing is in the region. Seeing the issues paradigmatically, health and disease are relational and sociological concepts whose meaning is culturally variant and plural, affecting healthcare distribution regionally. Accordingly, in the healthcare system, we need to consider the contextual dynamics of illness and its treatment in the provision and allocation of healthcare. Besides, since health is affected by poverty, a focus on healthcare allocation justice should consider solving the root cause of poverty. In this regard, I suggest that justice in African healthcare systems goes beyond the simple allocation of available medical supplies to addressing the existing economic and social inequalities and their effect on public health. In connection with this, I maintain that the matter of justice in healthcare in Africa calls for regulated healthcare financing and a solid

[32] See Chettly Anderson, "A Healthy Business?," in *World Health and the Pharmaceutical Industry*, 1990, 126; Gilbert Dechambenoit, "Access to Health Care in Sub-Saharan Africa," Surgical Neurology International 7, no. 1 (2016), 11; Brunet-Jailly Innovation in the health systems. Experiments of West Africa. (Karthala, Paris; 1997), 11; See Roy Penchansky and J. William Thomas, "The Concept of Access: Definition and Relationship to Consumer Satisfaction," *Medical Care* 19, no. 2 (1981), 127-40; Owen O'Donnell, "Access to Health Care in Developing Countries: Breaking down Demand Side Barriers," *Cad. Saúde Pública* 23, no. 12 (2007), 2822-31; Adam Wagstaff, "Poverty and Health Sector Inequalities," *Bulletin of the World Health Organization* 80, no. 2 (2002), 97-102.

economic base for the health sector, since the current health crisis is hugely connected to these factors.

I argued that when we consider the allocation and rationing of healthcare in Africa, the pragmatic manner that should be employed to address questions of justice is a move towards universal healthcare. Almost all countries in Sub-Saharan Africa have failed to establish a universal healthcare system. As such, in the absence of universal healthcare, or at least a regulated healthcare system, it is difficult to reason out and endorse ethical principles of allocation. Yet, it should be emphasized that amid the situation on the continent, an openness to public deliberation is suggested as a pragmatic approach to address moral questions of allocation and fairness. However, this does not mean that ethical values and principles are insignificant in the context of Africa. In addition to the mainstream values and principles known in bioethics, significant are the values and principles that can emerge from the cultural values and belief systems of each community.

The implication of pragmatist ethics and public deliberation in the allocation and rationing of scarce medical supplies can also be demonstrated by the current COVID-19 situation in the region. In fact, concerning allocation during COVID-19, ethical guidelines and values are essential. However, taking patient care allocation decisions out of the hands of clinicians or individual health institutions and placing them in the hands of triage officers or committees of physicians, ethicists, and community members is identified as essential in the African context.

One can also relate the role of deliberation and active participation of the community and the involvement of other actors based on the past experiences of Ebola, HIV, malaria, and other pandemic diseases in the region.[33] Hence, given the context of Africa, in the thesis, I concluded that intensive community engagement is suggested as being important for providing practical and ethical responses to the COVID-19 pandemic. However, for the long term, establishing an African agency that decides on healthcare matters through the active involvement of Africans is sought as a pragmatic and sustainable way.

4.5. Chapter Six: Organ Trafficking, Africa, and Pragmatist Bioethics

One of the issues that I identified in thesis to illuminate the relevance of context and the basic tenets of the method of pragmatist bioethics is the moral dilemma of organ trafficking in Africa. In mainstream utilitarian ethics, the broader ethical dilemma of organ trafficking is viewed within the moral contestation of altruism as a rule for organ procurement and the resulting worldwide organ shortage. The incapability of altruistic transplant orthodoxy to serve as an applicable foundation for public policy is considered a reason for organ trafficking.[34]

[33] Césaire Ahanhanzo, et al., "COVID-19 in West Africa: regional resource mobilization and allocation in the first year of the pandemic." *BMJ Global Health*
6, no. 5 (2021), 1.
[34] Eytan Mor and Hagai Boas, "Organ Trafficking: Scope and Ethical Dilemma," *Current Diabetes Reports* 5, no. 4 (2005), 294.

In fact, to battle organ trafficking, utilitarian-inclined studies suggest organ selling,[35] compensated donations,[36] and non-directed paid donations[37] as practical alternatives, in which this approach has got serious opposition from the deontological approach to ethics. However, when investigating organ trafficking in the context of Africa, the issue goes beyond the mere moral dilemma of altruism and organ shortage. Instead, the situation in Africa is highly interconnected with the global organ trade, migration, and medical tourism. Certainly, currently in Africa, reports of forced organ removal, inducement, and theft, focusing on the poor and migrants, are coming from East African countries and conflict-prone areas in Central and West Africa as a new wave of organ trade. However, Egypt and Libya in the Northern African corridor and South Africa in the Southern corridor have been hotspots for three decades. In such illicit transplantations and commercialism, various natural and legal-personal actors are involved. Therefore, organ trafficking is rooted in systemic, structural, socio-economic, and political problems in the region, grounded in the abuse of transplantation and connected to transplant tourism and migration.

In my thesis, I concluded that considering the context in the region, the nature of actors involved, the role of agents, and the experience regarding the problematic situation, a pragmatist approach that considers strategies combining ethical, legal, political, and economic measures is an important way in which to address the problem in the region. In this regard, on the systemic and socio-economic side, increasing the supply of organs by controlling transplant tourism, controlling, and policing illegal transplants, the organ trade, and trafficking, as well as establishing a central regional transplant registry system and seeking sustainable economic solutions focusing on migrant areas, can be suggested as essential to controlling organ trafficking both in the short and long term.

Organ trafficking is also mainly grounded in the abuse of the practice, predominantly by health professionals. In this regard, revising professional codes of conduct in general and ethical codes addressing organ and tissue transplantation, in particular, are imperative. To make it practical and effective, however, I argued that it is important to go beyond the rules and principles of the mainstream and dominating ethics of transplantation and experiment and examine the practicality of the above-suggested solutions through an approach of bioethical deliberation.

5. Conclusion

In the thesis, I noted that bioethics has expanded considerably over the last few decades, not only in the academic enterprise but also in the policy arena. However, the history of bioethics exhibits methodological controversies among contributors in the field.

Generally, the contention is related to bioethics' complex and contested relationship with philosophical theory, contributors' perspectivism, and a "reliance upon high-flying abstract ethical

[35] Megan Clay and Walter Block , "A Free Market for Human Organs," in *The International Trafficking of Human Organs:Multidisciplinary Perspectives*, ed. Leonard Territo and Rande Matteson Eds, (CRC Press, 2012), 52; Michael M. Friedlaender, "The Right to Sell or Buy a Kidney: Are We Failing Our Patients?," *The Lancet* 359, no. 9310 (2002), 973; James Stacy Taylor, "Autonomy, Constraining Options, and Organ Sales," in *International Trafficking of Human Organs*, ed. Leonard Territo and Rande Matteson (CRC Press, 2012), 155.
[36] L D De Castro, "Commodification and Exploitation: Arguments in Favour of Compensated Organ Donation," *Journal of Medical Ethics*, 2002, 142.
[37] Mor and Boas, Organ Trafficking, 299.

theory," as well as "skepticism of the applied nature of bioethics", which further points to differences in interpretations of the logic and epistemology of morality and moral judgments.

On the other hand, in the dissertation, I argued that pragmatic ethics, mainly on grounds of incorporating the components of different understandings of ethics, its interdisciplinarity, and its practical focus, avoids the controversies over the methods and goals of bioethics through a consideration of context in ethical inquiry and serves as a philosophical-scientific method.

Overall, in the study, I looked at the methodology and goals of bioethics mainly from the aspect of pragmatist ethics, following the line of Dewey's ethics. I also inquired into specific morally problematic situations in bioethics to further illuminate the methods of pragmatic bioethics and to show its practical significance. The overall analysis shows that pragmatist bioethics is useful in the conceptual study of bioethics and in solving specific moral dilemmas arising in a certain context.

References

Ahanhanzo, Césaire, et al., "COVID-19 in West Africa: regional resource mobilization and allocation in the first year of the pandemic." BMJ Global Health 6, no. 5 (2021), 1.

Arras, John. "Theory and Bioethics." In The Stanford Encyclopedia of Philosophy, 2016. https://plato.stanford.edu/archives/win2016/entries/theory-bioethics/%3E.

Arras, John D. "Pragmatism in Bioethics: Been There, Done That." Social Philosophy and Policy 19, no. 2 (2002): 29–57. https://doi.org/10.1017/S0265052502192028.

Azétsop, Jacquineau, and Stuart Rennie. "Principlism, Medical Individualism, and Health Promotion in Resource-Poor Countries: Can Autonomy-Based Bioethics Promote Social Justice and Population Health?" *Philosophy, Ethics, and Humanities in Medicine* 5, no. 1 (2010): 1–10. https://doi.org/10.1186/1747-5341-5-1.

Beauchamp, Tom L. "The Principles of Biomedical Ethics as Universal Principles," In *Islamic Perspectives on the Principles of Biomedical Ethics: Muslim Religious Scholars and Biomedical Scientists in Face-to-Face Dialogue with Western Bioethicists* no. 2000 (2016): 91–119. https://doi.org/10.1142/9781786340481_0004.

Biller-Andorno, Nikola. "It' s a Small World After All: Cross-Cultural Discourse In Bno." In *Cross-Cultural Issues in Bioethics The Example of Human Cloning*, Roetz, Hei. New York, Amsterdam: Rodipi, 2006.

Beauchamp, TL and JF Childress. *Principles of Biomedical Ethics*. Oxford University Press, USA, 2001.

Castro, L D De. "Commodification and Exploitation: Arguments in favor of Compensated Organ Donation." *Journal of Medical Ethics*, 2002, 142–47.

Chettly Anderson. "A Healthy Business?" In *World Health and the Pharmaceutical Industry*, 126–123, 1990. https://doi.org/10.1377/hlthaff.2014.0798.People.

Childress, James F. "Methods in Bioethics." In *The Oxford Handbook of Bioethics*, edited by Bonnie Steinbock. Oxford, New York: Oxford University Press, 2007.

Clay, Megan and Walter Block. "A Free Market for Human Organs." In *The International Trafficking of Human Organs:Multidisciplinary Perspectives* (Leonard Territo and Rande Matteson Eds.), 2012.

Cortina, Adela. "The Public Role of Bioethics and the Role of the Publi." In *Bioethics in*

Cultural Contexts Reflections on Methods and Finitude, edited by Dietmar Mieth Christoph Rehmann-Sutter, Marcus Düwell, 165–74. Springer, 2006.
Daniels, Norman. "Justice, Health, and Healthcare." *American Journal of Bioethics* 1, no. 2 (2001): 2–16. https://doi.org/https://doi.org/10.1162/152651601300168834.
———. "Liberalism and Medical Ethics." *Hastings Center Report* 22, no. 6 (1992): 41–43. https://doi.org/10.2307/3562950.
———. "Rationing Fairly: Programmatic Considerations." Bioethics 7, no. 2/3 (1993).
Deaton, Angus S., and Robert Tortora. "People In Sub-Saharan Africa Rate Their Health and Health Care Among The Lowest In The World." *Health Affairs* 34, no. 3 (2015): 519–27. https://doi.org/10.1377/hlthaff.2014.0798.
Dechambenoit, Gilbert. "Access to Health Care in Sub-Saharan Africa." *Surgical Neurology International* 7, no. 1 (2016): 10–13. https://doi.org/10.4103/2152-7806.196631.
Dewey, John. *How We Think: A Restament of the Relation of Reflective Thinking to the Educative Process*. Lexington, Massachusetts: D.C. Heath and Company, 1933.
———. *Reconstruction in Philosophy*. Mineola, New York: Dover Publication INC, 2004.
Dunn, Michael, and Jonathan Ives. "Methodology, Epistemology, and Empirical Bioethics Research: A Constructive Commentary." *American Journal of Bioethics* 9, no. 6–7 (2009): 93–95. https://doi.org/10.1080/15265160902874403.
Düwell, Marcus. *Bioethics: Methods, Theories, Domains*. London and New York: Routledge Taylor & Francis Group, 2012.
———. "One Moral Principle or Many?" In *Bioethics in Cultural Contexts Reflections on Methods and Finitude*, edited by Dietmar Mieth Rehmann-Sutter, Christoph, Marcus Düwel. Springer, 2006.
Emanuel, Ezekiel J., Govind Persad, Ross Upshur, Beatriz Thome, Michael Parker, Aaron Glickman, Cathy Zhang, Connor Boyle, Maxwell Smith, and James P. Phillips. "Fair Allocation of Scarce Medical Resources in the Time of Covid-19." *New England Journal of Medicine* 382, no. 21 (2020): 2049–55. https://doi.org/10.1056/nejmsb2005114.
Epstein, Marc J., and Eric G. Bing. "Delivering Health Care to the Global Poor: Solving the Accessibility Problem." *Innovations: Technology, Governance, Globalization* 6, no. 2 (2011): 117–41. https://doi.org/10.1162/inov_a_00073.
Friedlaender, Michael M. "The Right to Sell or Buy a Kidney: Are We Failing Our Patients?" *The Lancet* 359, no. 9310 (2002): 971–73. https://doi.org/10.1016/S0140-6736(02)08030-3.
Galarneau, Charlene. *Communities of Health Care Justice*. New Brunswick, New Jersey, and London: Rutgers University Press, 2016.
Giordano, Simona. "Do We Need (Bio)Ethical Principles?" In *Arguments and Analysis in Bioethics*, ed. Matti Häyry, Tuija Takala, Peter Herissone-Kelly, and Gardar Árnason. (Brill, 2010), 37-38.
Graumann, Sigrid. "Experts on Bioethics in Biopolitics." In *Bioethics in Cultural Contexts Reflections on Methods and Finitude*, edited by Dietmar Mieth Christoph Rehmann-Sutter, Marcus Düwell, 12:175–86. Springer, 2006. https://doi.org/10.1017/CBO9781107415324.004.
Hester, D. Micah. "Is Pragmatism Well-Suited to Bioethics?" *The Journal of Medicine and Philosophy* 28, no. 5–6 (2003): 545–61. https://doi.org/10.1076/jmep.28.5.545.18820.
Hoffmaster, Barry. "From Applied Ethics to Empirical Ethics to Contextual Ethics." *Bioethics* 32, no. 2 (2018): 119–25. https://doi.org/10.1111/bioe.12419.
Hofmann, Bjorn. "On the Triad Disease, Illness and Sickness." The Journal of Medicine and

Philosophy 27, no. 6 (2002): 651–73. https://doi.org/10.1076/jmep.27.6.651.13793.
Hunter, D.J. "Rationing: The Case for 'Muddling through Elegantly.'" *Biomedical Journal* 311, no. 7008 (1995).
Inguaggiato, Giulia, Suzanne Metselaar, Rouven Porz, and Guy Widdershoven. "A Pragmatist Approach to Clinical Ethics Support: Overcoming the Perils of Ethical Pluralism." *Medicine, Health Care and Philosophy* 22, no. 3 (2019): 427–38. https://doi.org/10.1007/s11019-018-09882-3.
Jecker, Nancy S. "Should We Ration Health Care?" *The Journal of Medical Humanities* 10, no. 2 (1989): 77–90. https://doi.org/10.1007/BF01137571.
Megan Clay and Walter Block. "A Free Market for Human Organs." In *The International Trafficking of Human Organs A Multidisciplinary Perspectiv*, edited by Leonard Territo and Rande Matteso, 49–58. CRC Press, 2012.
Miller, F. G., J. J. Fins, and M. D. Bacchetta. "Clinical Pragmatism: John Dewey and Clinical Ethics." *The Journal of Contemporary Health Law and Policy* 13, no. 1 (1996): 27–51.
Miller, Irwin. "A Pragmatic Health Care Policy Tradition: Dewey, Franklin and Social Reconstruction." *Business and Professional Ethics Journal* 12, no. 1 (1993): 47–57. https://doi.org/10.5840/bpej199312120.
Moreno, Jonathan D. "Bioethics Is a Naturalism." In *Pragmatic Bioethics*, edited by Glenn McGee, 2nd ed. Cambridge, Massachusetts: The MIT Press, 1999.
Musschenga, Albert W. "Empirical Ethics, Context-Sensitivity, and Contextualism." *Journal of Medicine and Philosophy* 30, no. 5 (2005): 467–90. https://doi.org/10.1080/03605310500253030.
O'Donnell, Owen. "Access to Health Care in Developing Countries: Breaking down Demand Side Barriers." *Cad. Saúde Pública* 23, no. 12 (2007): 2820–34.
Olweny, C. "Bioethics in Developing Countries: Ethics of Scarcity and Sacrifice." *Journal of Medical Ethics* 20, no. 3 (1994): 169–74. https://doi.org/10.1136/jme.20.3.169.
Oleribe, Obinna O., Jenny Momoh, Benjamin SC Uzochukwu, Francisco Mbofana, Akin Adebiyi, Thomas Barbera, Roger Williams, and Simon D. Taylor-Robinson. "Identifying key challenges facing healthcare systems in Africa and potential solutions." *International journal of general medicine* 12 (2019): 395.
Organisation of African Unity. *The Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases*, no. April (2001): 7.
Paganini, Agostino. "The Bamako Initiative Was Not about Money." *Health Policy and Development* 2, no. 1 (2004): 11–13.
Penchansky, Roy, and J. William Thomas. "The Concept of Access: Definition and Relationship to Consumer Satisfaction." *Medical Care* 19, no. 2 (1981): 127–40. https://doi.org/10.1097/00005650-198102000-00001.
Persad, Govind, Alan Wertheimer, and Ezekiel J. Emanuel. "Principles for Allocation of Scarce Medical Interventions." *The Lancet* 373, no. 9661 (2009): 423–31. https://doi.org/10.1016/S0140-6736(09)60137-9.
Racine, Eric. "Feature: Why Care about Pragmatism In." *The JCB Voice*, 2012.
Ridde, Valéry. "Is the Bamako Initiative Still Relevant for West African Health Systems?" International Journal of Health Services 41, no. 1 (2011): 175–84. https://doi.org/10.2190/HS.41.1.l.
Schöne-Seifert, Bettina. "Danger and Merits of Principlism: Meta-Theoretical Reflections on the Beauchamp/Childress–Approach to Biomedical Ethics." In *Bioethics in Cultural Contexts*

Reflections on Methods and Finitude, 109–20. Springer, 2006. https://doi.org/10.1017/CBO9781107415324.004.

Stefanini, A. "Editorial: Ethics in Health Care Priority-Setting: A North-South Double Standard?" *Tropical Medicine and International Health* 4, no. 11 (1999): 709–12. https://doi.org/10.1046/j.1365-3156.1999.00502.x.

Stierle, Friedeger, Miloud Kaddar, Anastase Tchicaya, and Bergis Schmidt-Ehry. "Indigence and Access to Health Care in Sub-Saharan Africa." *International Journal of Health Planning and Management* 14, no. 2 (1999): 81–105.

Tan Kiak Min, Mark. "Beyond a Western Bioethics in Asia and Its Implication on Autonomy." *New Bioethics* 23, no. 2 (2017): 154–64. https://doi.org/10.1080/20502877.2017.1345091.

Tollefsen, Christopher. "What Would John Dewey Do? The Promises and Perils of Pragmatic Bioethics." *The Journal of Medicine and Philosophy* 25, no. 1 (2000): 77–106. https://doi.org/10.1076/0360-5310(200002)25:1;1-v;ft077.

Tudor Hart, Julian. "The Inverse Care Law." *The Lancet* 297, no. 7696 (1971): 405–12. https://doi.org/10.1016/S0140-6736(71)92410-X.

Twaddle, Andrew. "Disease, illness, sickness and health: A response to Nordenfelt." *Disease, illness, and sickness: Three central concepts in the theory of health* (1994), 37-39.

WHO. *Bamacko intiative* (AFR/RC38/R18) (1988). https://apps.who.int/iris/bitstream/handle/10665/101220/AFR_RC38_R18_eng.pdf?sequence=1&isAllowed=y.

———. *Declaration of Alma-Ata* (1978). https://www.who.int/publications/almaata_declaration_en.pdf.

Wright, H.G. *Means and Ends of Medical Care*. (Springer, 2007).