African vital force and the permissibility of euthanasia

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ABSTRACT
One argument for the permissibility of euthanasia found in the African philosophical tradition suggests that the sole goal of life is to develop one's vital force, which is done by relating harmoniously with one's community. However, this is impossible for people with certain medical conditions. If the goals of life cannot be achieved, then euthanasia is permissible. I challenge this argument by showing that it overlooks the fact that severely ill patients can still be the *objects* of communal relationships, in addition to a way for caregivers to strengthen their own vital force. I also suggest that usual readings of vital force imply that life itself is to be preserved at all costs and that this acts as a kind of deontological constraint.

INTRODUCTION
One prominent idea in African metaphysics says that everything that exists, including both animate and inanimate objects, is imbued with an imperceptible energy known as vital force or vitalism.[1–3] On this view, the goal of morality is to preserve and strengthen the force in oneself and in others. It is life itself that is the object of the greatest moral concern since once a person dies their force is completely snuffed out, which is considered to be the worst possible outcome. Inasmuch as Africans across the sub-Saharan affirm vital force, the sociological data suggesting that there is little support for euthanasia or physician-assisted suicide on the African continent is unsurprising.[4] Instead, what is surprising is that in the few places where euthanasia is discussed by African ethicists, it often receives a very sympathetic hearing.[5–8] Perhaps even more surprising is that the permissibility of euthanasia has recently been defended by appealing to an ethic based on African vital force as located in the work of Molefe and Maraganedzha.[9] They suggest that when vital force cannot be participated in or otherwise fostered, then euthanasia is permissible. This is particularly so when such a person cannot meaningfully participate in the life of the community, which is regarded as a particularly powerful way of enacting vital force. Even for those who do not believe in the existence of vital force, there is still likely a certain amount of intuitive plausibility to the claim that relating well with family and friends is one of the most important activities for conferring meaning to one's life.

Before proceeding, it is important to clarify the scope of my discussion, since euthanasia is a broad term that captures many different ideas. First, there is a distinction between *passive* and *active* euthanasia, where the former involves withholding life-saving treatment and the latter occurs when a patient's life is actively terminated. Passive euthanasia occurs frequently and is not what I have in view here. For example, a patient with an advanced form of cancer may decline doing another round of treatment even if doing so would almost certainly extend their life, if only briefly. Active euthanasia is usually the target of the current philosophical debate. This can involve cases where a physician directly injects a patient with a lethal dose of medication or where a lethal dose is prescribed, but the patient must administer it themselves. This is sometimes referred to as *Medical Assistance in Dying* (or 'MAiD').[i] I am primarily concerned with whether it is permissible for a patient to use euthanasia and so what I say is meant to be consistent with both forms. In other words, my claims are intended to apply to a patient requesting that a doctor inject them with a lethal dose of medication *or* prescribe them a lethal dose that they can take themselves.[ii] Finally, there is a distinction among the voluntary, non-voluntary and involuntary active euthanasia. Voluntary active euthanasia occurs when a patient is competent, and requests MAiD.[iii] Non-voluntary active euthanasia occurs when the patient is incapacitated, and the request comes from a legitimate proxy or advanced directive and is fulfilling the patient's wishes.[iv] Finally, involuntary active euthanasia occurs when euthanasia is conducted *against* the patient's wishes.[v] I am primarily concerned with evaluating how well Molefe and Maraganedzha's argument can defend voluntary active euthanasia, where the patient is competent and makes a request for MAiD. In what follows, when I write of 'euthanasia', I mean active voluntary euthanasia unless stated otherwise.

In view of my focus, notice that I am primarily concerned with the moral question of whether it is permissible for an agent who is considering euthanasia to be euthanised. In other words, is it

[i]Or at least Canada is one example where both forms are referred to as 'MAiD', with the vast majority of cases being directly administered a lethal dose of a drug by a doctor. See Pullman, D. (2023). Slowing the Slide Down the Slippery Slope of Medical Assistance in Dying: Mutual Learnings for: 23(11), 64–72.

[ii]Of course, this is not meant to gloss over the fact there might be important distinctions between the two here. For example, it is debated whether only prescribing and not administering is a safeguard or barrier to euthanasia. But this distinction is not important for my project here.

[iii]What constitutes competency and how to determine whether a patient is competent is a separate matter that I am not considering here.

[iv]My discussion may turn out to apply equally to non-voluntary euthanasia, but I am not assuming it does so. Countries where MAiD is legal also sometimes legislate these two matters differently. For example, non-voluntary MAiD remains illegal in Canada, though it is legal in certain European countries such as the Netherlands and Spain.

[v]This view is only very rarely defended.

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permissible for the patient themselves to request and receive MAiD? Nothing that I write is intended to suggest that this is the only angle worthy of moral reflection when it comes to euthanasia. Family, close friends and medical practitioners of someone who is seriously ill may be forced to confront questions about euthanising someone else. The set of relevant moral considerations may not be identical to those of the agent who is considering it for themselves. It is not that I think Molefe and Maraganedzha's argument suggests nothing worthy of discussion from these other perspectives; but this paper would quickly become far too long without delineating the scope in this way. Though I will suggest (see The nature of other-regarding duties in African thought) that the agent considering euthanasia needs to examine their decision from within the context of their community, I am still asking what is permissible for the agent.

In what follows, after reconstructing the argument (see Reconstructing the argument for euthanasia from vital force), I point to a number of areas of potential concern (see Evaluating the argument for euthanasia based on vital force). While these objections do not show that euthanasia is impermissible, they do suggest that it is doubtful its permissibility can be defended on the basis of African vital force. I conclude (see Conclusion) by observing that the time is ripe for cross-cultural dialogue between the Anglo-American and African bioethical traditions.

RECONSTRUCTING THE ARGUMENT FOR EUTHANASIA FROM VITAL FORCE

The African metaphysical concept known as vital force (vital force or vitality) implies that everything that exists is valuable because it is imbued with an imperceptible energy or force which comes from God.[10–12] Humans are more valuable than animals, flora, fauna and minerals because they have the most force of anything in the visible realm.[12 13] Indicators of strong force include creativity, intelligence, generosity, health and reproduction, while those suggestive of the degradation of force include lethargy, depression, anxiety, illness and barrenness. Actions that promote vital force are permissible, while those that degrade vital force are impermissible.[2 11 14] Of course, it might be thought that an ethic based on vital force is obviously so life promoting that it will also forbid euthanasia. It is therefore hardly surprising that arguments for the permissibility of euthanasia based on vital force are few and far between in the literature. However, in a recent article discussing African moral status and bioethics, Molefe and Mutshidzi claim that:

> African thought permits euthanasia, particularly under circumstances where the agent's biological condition has deteriorated to a point where she can no longer participate in or benefit from creativity or growth. A life in which the agent's medical condition severs her from the only blessing, which is participating and growing in liveliness, is a life of shame, or even a curse. […] The shame associated with irreversible medical deterioration that represents death ought to be avoided as much as is possible, hence euthanasia would be a welcome friend. The underlying guiding axiological principle is whether the 'objects' under consideration, be it the unborn or the extremely sick, still have the potential or ability to participate in and benefit from liveliness. The unborn or the young have the potential to participate in and benefit from liveliness, and hence we have a duty to protect and nurture them (Bujo (2001)). By contrast, the extremely sick and frail with no prospect of recovery can no longer meaningfully participate in and benefit from liveliness, which leaves them in a state of indignity associated with irreversible disease and excruciating suffering. In such a context, a vitality-based account would permit euthanasia.[9vi]

Elsewhere, Molefe provides additional clues about how he thinks of certain types of death. He says that according to an ethic based on vital force, "ethics is conceived as a battle between life and death. The highest moral good is life and the worst enemy is death. Reference to life should not be understood merely as a *biological* life, but rather as a spiritual property."[6vii] Death cannot be defeated in the sense that everyone must die, but according to Molefe, death understood as a detrimental *process* can be defeated.[6] He continues:

> On this moral view, the growth or strengthening of vitality is possible only by relating positively with others. Failure to relate positively with others leads to the diminishing of vitality, which captures the essence of processual death. On this moral view, death, conceived as a process of a moral decline, is a function of moral conduct. The point is that a human life abundant with vitality is one that is productive, flourishing and fruitful; and, one that is diminishing is unproductive, depleting and barren […]. In this sense, when we talk of defeating death, we mean a processual one that is associated with a diminished or diminishing vitality due to the deplorable conduct and character of the moral agent. In this sense, the 'death' *qua* moral decline is the worst moral enemy.[6viii]

These quotes represent almost the entire (explicit) case for euthanasia on the basis of vital force that I can locate in the contemporary literature. Part of the challenge in evaluating them is that different ideas sometimes run together, and there are no easily identifiable premises that lead to the conclusion that euthanasia is permissible. Standardising the argument will therefore help to clarify it and thus make it easier to assess. Here is the reconstruction of what I take to be the most promising argument that can be lifted from Molefe and Maraganedzha:

1. The sole goal of life is to exercise one's vital force.
2. Exercising one's vital force is accomplished by relating well with others.
3. If the sole goal of life cannot be achieved in any tangible way, then euthanasia is permissible.
4. Certain biological or medical conditions make exercising one's vital force in any tangible way impossible for the rest of the person's life.
   Therefore,
5. Euthanasia is permissible (in cases where (4) obtains).[ix]

Calling this the 'argument for euthanasia from vital force' or just the 'argument from vital force':

[vi]Tangwa, G. B. Bioethics: An African perspective.[3]: 10 (3): 183–200 also assumes that his conception of the 'good life' cannot obtain in light of certain types of illnesses.

[vii]Here Molefe follows the influential work on vital force of B. Bujo. Foundations of an African Ethic: Beyond the Universal Claims of Western Morality. Trans. Brian McNeil. New York: Crossroad Publishers; 2001.

[viii]Molefe says the main point of appealing to vital force here is just to think of it in terms of moral decline. In that discussion he is focusing on reasons for euthanasia within the context of African personhood (2020, 117). I believe he is mistaken to think of certain types of death as a process of moral decline since the illnesses in question are not the results of moral failure. I address this elsewhere and so will not focus on it here (see Lougheed, K. African Normative Personhood and the Impermissibility of Euthanasia. Unpublished Manuscript.)

[ix]Bikopo and Van Bogaert's description of the death a Ntomba Chief is also consistent with this argument since they say the Chief may be euthanised once their force reaches low levels (2010). This is done for the health of the community.

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1. Simply reiterates the morality that is implied by vital force. Molefe and Maraganedzha use the words 'only blessing' to refer to exercising and growing one's vital force which is why I use the word 'sole'. The argument would not be persuasive if there were other ways to achieve a good life that did not involve vital force. It might be added that an underlying assumption in this argument is that the health and flourishing of the community is of the utmost importance. This idea is sacrosanct in African thought, and I will neither defend it nor challenge it here.
2. Is the claim that the best way to protect and strengthen one's vital force is by relating well with others, and hence must occur within the context of community. It is sometimes unclear whether the claim is that vital force can *only* be exercised in the context of community or if the community just happens to be the *best* way to develop it.
3. Implies that if there is a unique, clear, point to one's life and a person has no prospect of participating in it, this is indeed a terrible form of suffering. The implication is that life is so bad for a person in this predicament that euthanasia is justifiable.[x]
4. Claims that there are in fact certain states where the unique goal of a person's life in exercising vital force is no longer possible. There exist medical conditions that make it impossible to exercise vital force and little hope of that changing in the future.
5. Follows from (1) to (4). While there is more that could be said in explanation and defence of these premises, this is the basics of the argument that can be gleaned from Molefe and Maraganedzha. Indeed, it is really the only argument defending the permissibility of euthanasia that I could envision emerging from a vital force ethic. Further details of how this argument could be defended will come to light in my evaluation of it in the next section.

EVALUATING THE ARGUMENT FOR EUTHANASIA BASED ON VITAL FORCE

In this section, I will outline a number of challenges for the argument from vital force. The first objection (ie, Exercising vital force need not be volitional) shows that volition is not necessary to exercising vital force and so targets premise (4). The second objection (ie, The nature of other-regarding duties in African thought) also rejects premise (4) by focusing on the communitarian nature of vitalism and its implication of strong other-regarding duties. The third and final objection (ie, Misunderstanding the nature of vital force: a deontological constraint) targets premises (1) and (2) by showing that the argument rests on a misunderstanding of vital force because death is always the worst possible outcome on a vital force ethic. This can be understood as a kind of deontological constraint on what actions are permissible.

Exercising vital force need not be volitional

Notice that Molefe and Maraganedzha's account appears to assume that the exercising of vital force must be volitional.[xi] In order for premise (4) to be true, it has to be the case that a patient in a vegetative coma, for example, cannot exercise their life force because they cannot form the intent to do so nor act on that intent. But Molefe and Maraganedzha never defend this assumption, and there are good reasons for thinking it is false.

Here is one way to parse the exercising of vital force that does not require volition. Consider that a person can be the subject and/or object of harmonious relationships.[15] When an agent is the subject of a harmonious relationship, she has the capacity to identify with and exhibit solidarity with others. She is thus in a mutually cooperative and reciprocal relationship with others. An agent is the object of harmonious relationship when other humans to consider her as part of a 'we', and therefore act in ways to benefit her.[15] A fully formed, healthy, human adult can be both the subject *and* object of such relationships. What the argument from vital force does not recognise is that while severely ill patients may not be able to be the subjects of harmonious relationships, they are still able to be the objects of such relationships. A nurse may talk to a terminally ill patient who is unresponsive, administer medication and otherwise look after their physical needs. This patient is the object of a harmonious interaction with the nurse. Indeed, the nurse is literally helping to keep them alive, an important task given vitalism says life itself is the most important value (more on this can be seen in Misunderstanding the nature of vital force: a deontological constraint). This shows that Molefe and Maraganedzha are not entitled to assume exercising vital force is volitional without argument.[xii]

The nature of other-regarding duties in African thought

The second worry I raise to the argument from vital force also targets premise (4). There is debate in African philosophy as to whether there are self-regarding duties.[xiii] In Thaddeus Metz's secular description of vital force, he says that duties of liveliness are not purely self-regarding and may be only other-regarding.[15] Metz says his theory is consistent with the claim that there are no self-regarding duties, but that there are numerous ways of understanding self-regarding duties.[15] What is uncontested is the highly other-regarding nature of virtually every strand of African thought. An ethic derived from vital force is no different in prescribing strong other-regarding duties. Indeed, just consider the fact that Molefe and Maraganedzha believe the only (or best) way to exercise one's vital force is by relating well with others. Fulfilling other-regarding duties is an obvious way of interacting positively with others and hence of exercising one's vital force.

In the above objection (ie, Exercising vital force need not be volitional), I suggested that a patient could be the *object* of harmonious relationships. Here I suggest that a terminally ill patient may have an other-regarding duty to remain alive in order to remain an object of harmonious relationships. Caring for a patient provides the opportunity for healthcare practitioners, family and friends to practice empathy, self-sacrifice, patience, kindness, generosity, etc, among many other other-regarding virtues. Exercising these other-regarding virtues are ways to exhibit positive relationships, and hence to strengthen vital force and so fulfil the sole purpose of life. In the context of a vital force ethic, a patient may very well have an obligation to remain alive if doing so helps to strengthen the vital force of their community. As counterintuitive as this might sound, personal sacrifice for the good of the community is the norm in African ethics.

[x]Elsewhere, and arguing for euthanasia in the context of African personhood, Molefe goes so far as to say involuntary euthanasia may even be permissible (2020, 123).

[xi]Thanks to an anonymous referee for prompting me to consider this point

[xii]This is consistent with the strongest exercise of vital force being volitional, where one is the subject of harmonious relationships.

[xiii]Of course, there is debate well beyond the African tradition with Kantians being the obvious group who reject it.

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Some in the African tradition would deny that an individual can make a genuine sacrifice for their community, but only because they would claim that an individual cannot in fact have different needs or goals from the community. Such differences may appear to exist, but they are merely illusory. The story of the crocodile with two heads pulling in different directions while unknowingly sharing the same stomach is supposed to illustrate the idea that individuals have the same needs at bottom. Elsewhere, Molefe has argued that this is mistaken by appealing to the example that an individual is justified in spending money on their education even if it would not be an obvious benefit to their community.[16] I agree with Molefe that individuals can have distinct goals and needs from those of the community. But this does not defeat my basic objection, because instead of saying that the patient actually has the same interests as their community in remaining alive, it only needs to be the case that they ought to make a genuine self-sacrifice for the community in remaining alive. Either way, the strength of this objection rests on observing just how much the community matters on an African ethic of vital force, while also noting the ways in which the community benefits from the patient (ie, by getting to exercise their other-regarding virtues and hence vital force).

A tempting rejoinder is that perhaps someone dying would actually promote the vital force of the rest of their community better than continuing to live. Even if being the object of harmonious interactions can be good, imagine cases where resources are scarce. There may be no way to equally promote everyone's vital force, such that a terminally ill person being euthanised might be to the communal good by allowing attention and resources to be given elsewhere. Family members and medical practitioners could turn to another ill person who is in need of care. Suppose they could turn to someone able to be both the subject and object of harmony.[xiv] This line of reasoning might go so far as justifying involuntary euthanasia if a patient's death really would be best for the community. But as I will explain in the next section, this idea is fundamentally at odds with most understandings of vitalism.

Misunderstanding the nature of vital force: a deontological constraint

Interpreting an ethic based on vital force in consequentialist terms raises the intuitive plausibility of euthanasia.[17] If a patient remaining alive would maximise the vital force of their community, then they should refrain from euthanasia. However, if ending their life would better promote the vital force of their community, then they should request euthanasia. But any consequentialist principle based on maximising vital force is going to require what might be called a deontological constraint which says that a person's life should *never* be intentionally snuffed out.[xv] If this is thought to be unpalatable, then it is a challenge to the philosophical plausibility of vitalism itself, but not to my rejection of the argument from vital force.

This leads to my next main objection, which is that Molefe and Maraganedzha seem to have fundamentally misunderstood vital force, at least as it is commonly interpreted by contemporary exponents. It is not so much that premises (1) and (2) are false, but that what purports to follow from them does not actually accord with the usual understandings of vital force. The goal of life may well be to exercise one's vital force, but according to many expositors of vital force, the greatest good is *life itself*. Iroegbu says "[l]ife is such an important value that it is rightly described as the ultimate *rasion de'etre* of all other activities of the human person. It is thus most valuable, indeed a *mega-value*."[14] He says that life is the 'ultimate value' and 'super-value'.[14] Sindima agrees that "in African thought, the raison d'Ctre for all creation is life."[18] Ukagba claims that "[f]or the traditional African […] the highest value is life."[19] The worst evil, and the thing to be avoided at all costs, is death. Consider that "all people and activities that diminish life are in all cultures considered as evil, while those that promote it are regarded as good."[14] Likewise, "[i]n ethical terms, any action which increases life or vital force is right, and whatever decreases it is wrong."[10] Finally, "[h]uman life, that is, human persons as the center of creation, is the criterion of good and evil."[12] This implies that *any* type of existence is better than death.[xvi] This may well be consistent with the idea that vital force is best exercised within the context of the community. But perhaps the most important moral implication of vital force is that one ought to stay alive.[xvii] Existence in *any* form still manifests *some* degree of force, no matter how faint and this is better than death. This can be understood as a deontological constraint on all actions: it is simply always impermissible to snuff out a life, no matter what sort of suffering or poor medical prognosis might be faced.

Related to this deontological constraint is the further question of when, if at all, *passive* euthanasia would be permissible. If life is to be preserved at all costs, does vitalism imply that a person must undergo brutal medical treatment in order to extend their life for, say, 1 week? This is a question that warrants more consideration than I can give it here. But briefly, perhaps the distinction between letting die and killing could be relied on to show why passive euthanasia is permissible on vitalism. I remain unsure if there is a principled way to motivate this type of answer. A proponent of vitalism could bite the bullet on this implication, though this is likely unpalatable to many. If there really is no reasonable response to this query, then it constitutes an objection to vitalism; it does not vindicate Molefe and Maraganedzha's argument.

Now, one final rejoinder to the objection that life is the most important value and can never be snuffed out might come by appealing to a naturalistic version of vital force. Metz was the first person to seek to naturalise vital force, naming it 'liveliness'. According to Metz, descriptions of vital force:

> [T]end to say that human beings are good in some way for exhibiting a superlative degree of health, strength, growth, reproduction, creativity, complexity, vibrancy, activity, self-motion, courage, and confidence. Or they characterize undesirable states as reductions of vitality understood as disease, weakness, decay, barrenness, destruction, disintegration, lethargy, passivity, submission, insecurity, and depression.[15]

Metz notes that these descriptions of vital force are consistent with metaphysical naturalism and that this is attractive because liveliness can be used as an equivalent without wading into the metaphysical controversies implied by vital force. Now, Molefe and Maraganedzha usually write of 'liveliness' instead of 'vital force' or 'vitality'. However, it is clear that they do *not* think of

[xiv]Thanks to an anonymous referee for raising this objection.

[xv]For discussion see Lougheed, K. African Normative Personhood and the Impermissibility of Euthanasia. Unpublished Manuscript.

[xvi]This accords with the Catholic view that existence is a good. Of course, this is hardly uncontroversial.

[xvii]It is interesting that this would actually disagree with certain critiques of Western medicine which suggest that care is often too focused on life extension rather than on the quality of a person's life.

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liveliness in naturalistic terms but instead use it interchangeably with vitality (ie, the metaphysically thick concept).[9]

The distinction between liveliness and vital force is important if it turns out that they do not agree on life itself as the ultimate value. Perhaps euthanasia is easier to justify on liveliness than on vital force if the primary goal of liveliness differs from vital force. However, I ultimately cannot see a way for this distinction to be helpful in defending the argument from vital force. Consider that if a patient is *alive*, then they exhibit *some* degree of liveliness, no matter how faint. The point above about a patient being able to be the object of harmonious relationships, in addition to fulfilling other-regarding duties by remaining alive, are equally powerful on either liveliness or vital force. I leave it up to the proponent of the argument from vital force to explain otherwise.

CONCLUSION

Given that vital force implies the most important value is life itself and that the worst possible outcome is to have one's life completely snuffed out, it is unsurprising that it is rarely appealed to in order to justify euthanasia. However, one argument that does make such an appeal is found in the work of Molefe and Maraganedzha. After reconstructing what I take to be the most promising version of their argument that could defend active voluntary euthanasia, I offered some reasons for doubting its success. The argument rests on the mistaken idea that a severely ill patient cannot participate in harmonious relationships, something that is necessary to achieve the most important goal in life which is the strengthening of one's force. It is mistaken because such a patient can still be the *object* of harmonious relationships. Furthermore, other-regarding duties suggest a patient should not terminate their life if doing so undermines the ability of community members to strengthen their vital force. To suggest that death is not the worst fate that can befall a person is inconsistent with virtually every understanding of African vital force on offer. The impermissibility of snuffing out life is a deontological constraint on the ways in which vital force can be maximised. The distinction between secular liveliness and traditional vital force does not provide an obvious way of rescuing the argument. Finally, note that the objections I have offered against the argument from vital force do not show that euthanasia is impermissible. Instead, what they show is that the argument for euthanasia from vital force fails to justify euthanasia. Whether there are other ways to justify euthanasia based on ideas in the African tradition remains to be seen.

The debate over the moral permissibility of euthanasia continues to rage on in the Anglo-American philosophical tradition. Arguments in favour of its permissibility tend to focus on the alleviation of suffering and the value of individual autonomy in end-of-life decisions.[20–22] The most important argument against it is based on the inviolability of life such that it is always wrong to intentionally kill an innocent person. It is tempting to think that if my objections to the vital force argument are correct, it is primarily because of something like the inviolability of life. This is correct but for seemingly different reasons than what one finds in the Anglo-American literature. For example, the reasons in support of the inviolability of life in the Anglo-American tradition tend to be that the claim is intuitive bedrock, or supported by Kantian considerations of dignity, or by theological reasons such as that humans are created in the image of God.[23 24] Though Traditional vital force certainly offers a theological reason because it is grounded in God, it is not because persons bear the divine image, but instead because all force (ie, life itself) is derived from God. This appears to be something stronger than merely claiming all life is a gift from God. [xviii] Vital force also provides the possibility for stronger appeals to communal reasons for (and against) euthanasia. Vitalism posits that *everything* has force that comes from God, and so everything is in some important sense connected. Indeed, some expositors suggest vital force implies ontological unity or holism.[25] Given that vital forces act on each other and are connected at their root (in God), there is a stronger metaphysical basis to generate communal reasons than what one typically finds in the Anglo-American literature.

By way of conclusion, I am not attempting to issue any verdicts on where a cross-cultural philosophical dialogue between the Anglo-American and African traditions might lead us. Instead, I am simply urging such a conversation to take place. There are other concepts in African moral philosophy apart from vital force (eg, normative personhood, ubuntu, communitarianism) that could yield significant insights into the permissibility of euthanasia that have been almost entirely ignored by the Anglo-American tradition. Since it is highly doubtful that any single intellectual tradition has a monopoly on ethical truths, it is my hope this article will inspire bioethicists in the Anglo-American tradition to further consider global approaches in their research.

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