

Bioethics and an African value system

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There is an ongoing dispute over the global nature of Bioethics and its disputes which are generally believed to be Western in origin and orientation.¹ This dispute has gone on for too long without the prospect of a resolution because, in my judgment, it has been pursued from a wrong end. The generally favored approach has been to identify the principles of bioethics as they feature in Western discourse and practice and then to argue that nonwestern cultures cannot be subjected to these principles because they are different cultures with different values.

I believe that a different course is feasible and desirable. We have to start with a clear focus on non-Western cultures, identify the norms of conduct that feature in their interactions, determine how these norms inform the doctor-patient relationship; then finally determine if these norms require any modifications to the principles of bioethics as it crosses the cultural border from the West to the non-West. But of course, non-Western cultures are not monolithic and one has to start from some concrete cultural milieus.

So we might focus on Africa as an exemplar of non-Western cultures. It turns out, of course, that we have here as well a combination of commonalities and diversities. Africa is a continent of immense landmass, peopled by a variety of tongues, ethnicities and religious and spiritual beliefs. While the commonalities are striking, as in the case of the traditional belief that death is a transition to a quasi physical mode of existence in which the dead still plays a role in the lives of the living. There are also striking diversities in some cultural norms such as in the identification of family structures. While the Akan are a matrilineal group for whom a child must identify with the family of the mother, the

Yoruba are a patrilineal group which identifies the child with the father's family. It is therefore wise to avoid generalizations over the whole continent.

For my purpose I will use an African cultural group, the Yoruba of West Africa as a case study.

I will address the following issues:

- a) What moral norms and values feature in interactions among Yoruba people?
- b) How do these norms and values guide conduct in the health care arena?
- c) What modifications to the principles of bioethics, if any, are necessary in its application to Yorubaland?
- d) How, in the light of our answers to the foregoing, can the discipline of bioethics be effectively facilitated in Yorubaland?

Persons and Community: Yoruba Moral Norms

Let me start this section with a clear statement about my interest here. I am here concerned to explicate Yoruba value system, which I am sure would be familiar to many other African value systems. Furthermore, however, it is quite possible that some of the norms that I identify, perhaps majority of them, may be shared with segments of the West, or seen by some readers to be similar to the Western norms with which they are familiar at one time or the other. In that case, we should applaud universalism for its insight. But my point in this section is not to affirm or deny universalism, just to explicate Yoruba norms and values.

I want to say that a most rewarding approach to the understanding of the individual in relation to the community among the Yoruba is to take a few steps back to the coming-into-being of the new member of the community.² A new baby arrives into the waiting hands of the elder members of the household. From that point on, they see the baby as theirs. All members of the community invest their time and resources on her. Her naming ceremony is significant because it is the time she is formally recognized through naming. The names she is given are a reflection on the family and community. They must guide her so she does not bring the family name to ridicule. The process of socialization begins

right from birth and all extended family members have a role to play. The structure of the family compound makes this easy since every one is close by. A child cannot misbehave without being corrected immediately. Love is lavished, but the rod is not spared. In this kind of environment, growing children are able to see themselves as a part of an extended family household and not as atoms. They see their intrinsic relation to others and see the interdependent existence of their lives with others. Here is the limit of individualism. Not that the community forces itself on an unyielding individual; rather the individual, through socialization and the love and concern which the household and community have extended to him/her cannot now see himself or herself as anything apart from her community. Interest in her success is shown by members of the extended family who regard him as their “blood” and the community members are also able to trace their origin to a common, even if mythical ancestor. There is therefore a genuine feeling of oneness among its members.

The process of socialization, which begins in the family compound, finally gets extended to the community playground and market square, where the child is further exposed to the virtue of communal life. Here, the child and others like her have their exposure to the display of selfless efforts by adult members of the community. They see how adults contribute to the welfare of the community; how they contribute towards the education of one of them; how they prepare the market place for the new yam festival, etc. Building on the initial experience in the family compound, these new members of the community now see themselves as destined to carry the banner of the community. They make up their mind to do their part. They will pursue community interest and shun individualism. This is the meaning of the common saying: *I am because we are*. It follows that the common rendering of this saying to the effect that the individual in traditional African societies is crushed by the almighty presence of the community is not the whole truth. Of course, individuals are valued in themselves and as potential contributors to communal survival. Further it is known that many individuals have the wisdom to guide the community and such people are well-respected. After all, the wisdom that created the idea and sustained the practice of community in the first place originated with individuals.

Yoruba Cultural and Moral Values

From the foregoing, we may conclude reasonably that the Yoruba recognize the uniqueness of persons even when identifying them as constitutive of communal relations. For those relations and their significance derive from their being recognized as such by persons as individual beings. And such recognition is possible because of how the community relates to the individual. The recognition is therefore mutual and is not externally imposed. It is similar to Socrates's recognition of a debt he owed to the Athenian society, a debt, which in his case, is not obliterated even by his recognition of an unjust court decision against him.

This conception of the person in relation to the community is derived from particular metaphysical assumptions that are themselves value-laden and are therefore the basis for the articulation of particular moral values. First, with regard to the metaphysical assumptions, a person is a creature of God and as such is endowed with dignity and inherent worth. This is based on the belief that a creature of God shares in the dignity and worth that is sourced by God. This is the basis of Yoruba belief in the individuality of persons.

Second, there is a metaphysical basis for egalitarianism in the Yoruba account of the making of humans. The most important element in the make-up of humans, that which endures their existence is *emi*, the breath of life; it is given by God and is given equally to all. It may be noticed that this is similar to the Judaic belief in the equal worth of persons. Therefore, no-one can claim a greater share of God's love and care, and everyone can claim an equal right to life. But while the breath of life endows a person with this right and the community with an obligation for its protection, another element is invoked to recognize inequality in the endowment of life.

Third, unequal share of fortune and misfortune is accounted for by the concept of destiny. According to this, the work of creation is completed after the conscious person, with the breath of life, makes a "choice of her destiny before proceeding to the world to be born. This "choice" is blind, but once God has approved it, it becomes a person's lot, and it

would determine one's life prospects. Since any such choice or portion allotted cannot be remembered by the flesh and blood human, it is important for one to seek knowledge through divination. In some cases, the effort to know pays back because (i) one would be successful if one works hard at a choice of success or (ii) one may be able to change an allotment of failure for success. Either way, the effort is important and is usually repaid.

Fourth, a person thus endowed with dignity and inherent worth has a capacity for moral virtue and responsible choice and is therefore subject to praise or blame. There is, for the Yoruba, no conflict in the belief in predestination and the subjection of persons to praise and/or blame on account of the choices they make in the world. First, since the effort to know one's destiny is recommended, and since a terrible destiny may be changed, if one fails to make the effort, one is responsible for the failure. But suppose the failure to make the effort is also written in the original statement of destiny; then, it must be the case that the apportioning of blame or praise must have been written as part of the original destiny.

Fifth, personhood, normatively speaking, with rights and responsibilities, is constituted by, and makes sense in, the context of communal relationships. These relationships—father-mother, husband-wife, sibling to sibling; cousin to cousin; nephew to uncle etc—are possible and thrive because of (a) the *mutual recognition* of the ontological primacy of the community, a kind of Rousseauian “general will”, which justifies the suppression of the private will as occasion demands, (b) the articulation of shared values arising from that mutual recognition; (c) the belief that the actualization of individual potentials (even the predestined ones) is enhanced by active participation in community life, and (d) the voluntary assumption and discharge of responsibility to self and others.

From these metaphysical assumptions are derived specific moral values, which guide the relationship between the community and the individual.

First, because the individual is a creature and child of God, the community regards itself as the guardian of the baby, as seen above. Therefore it cannot cause unnecessary harm to

the child and thus to an adult, and it must continuously seek the promotion of the good and welfare of the child.

Second, a child that is immersed in love and care from infancy to adulthood in this way has a responsibility to contribute to the children that he or she brings into the world and to the continuity of the group. Indeed, the faithful discharge of this responsibility is an essential precondition for the accord of personhood status to adults of *sound body and mind*. In other words for this group of individuals, personhood is an acquired status. An irresponsible loafer is treated as a non-person, with no right to community resources or protection.

Third, since each person has his or her own allotted destiny, particular decisions regarding crucial matters of life and death, are metaphysically individualized. The choice is really no choice because it is divinely allotted. However, as seen above, an unfavorable destiny may be subject to change with the correct approach. Therefore individuals still have a role to play in the choice of their life concerns. And a person who does not take advantage of such opportunity is blamed for her or his failures in life. It follows therefore that persons have huge responsibility to determine what and who they will be, in spite of the belief in destiny.

Finally, in her relationship with the community, the adult Yoruba chooses on the basis of the socialization process that she has gone through. She sees the community as an extension of herself, as an entity that fulfils her own identity and being. Therefore she normally would choose to consult with the extended family in significant matters that affect her welfare and that of others, and the geography of extended family living in large compounds which contains many households of related family members facilitates this. The family would normally urge that the family diviner be consulted, and such consultation may lead to change of minds or it may not. The ultimate decision about what to do is essentially the individual's. After all, no one is wiser than "*this-is-how-I-will-do-my-thing*".

Yoruba Moral Norms and Healthcare Practices

Let us start with a picture of a traditional approach to healthcare in Yorubaland.

Consider the following case that I have referred to as Mother as Daughter's Surrogate.

An adult daughter, Laide, is seriously ill. Her Mother, Sade, goes to consult Healer-Diviner on behalf of Laide, the daughter. By the time that Mother gets to the diviner, other clients are waiting to see him. Mother takes her place on the queue. When it is her turn, she presents her problem to the healer by whispering to the divination chain. Healer takes the chain and consults with the oracle, chants some verses of the corpus until he strikes at Mother's problem: illness in the family. Healer tells Mother what to do—offer sacrifice to the gods and give some herbal medicine, which he supplied, to Daughter. Later Healer visits Daughter in Mother's presence, listens to her complaints and gives her more herbal remedies.

It would appear that this is a different world entirely. At least, it is not a world that takes seriously the issue of patient autonomy, privacy and confidentiality, not to talk of informed consent. It should be helpful to understand what is going on in this episode. First, it is clear that this is a typical occurrence in Yoruba traditional health care systems. Here, family members assume the role of health care givers, acting as *de facto* nurses, physician assistants, medication dispensers, etc. This is usually in addition to their roles as family members. Therefore, the interaction of healers with family members in these settings is similar to physicians' interaction with professionals in the consulting rooms of their various clinics. In the circumstance, the issue of privacy and confidentiality hardly comes up. As in this case, the initial contact with the healer is made by Mother who has been taking care of Daughter since the beginning of the latter's illness which has demobilized her. When Mother can no longer cope because it has become clear that it is not an "ordinary fever", Mother goes to the next step in the health care giver's hierarchy: the healer.

Second, it is important to note that family members, especially parents even of adults, are perceived as metaphysical extensions of their wards by the traditional Yoruba. Mother's destiny is tied to daughter's destiny.³ We may picture Daughter taking leave of the spirit

world, pronouncing her destiny, which must naturally include being born by Mother. So it is not strange in this system that Mother is the one that goes to the Healer. But is it morally acceptable? It would certainly be immoral if Mother is imposing her will on Daughter and taking advantage of her condition.

Third, there is an expansive notion of self in Yoruba world view which makes the *patient see her Mother* as part of her extended identity. In the circumstance, there is an enlarged notion of patient autonomy, which includes Daughter and Mother as one entity. It is a notion that Daughter, like Mother, internalizes and accepts. For if circumstances were to change and Mother becomes ill, Daughter would play the same role that Mother now plays.

Finally, the openness of the consultation with traditional healer raises question about privacy. Several issues come up here. On the one hand, it may be asked whether the logic of divination makes openness an essential part of the system and that having accepted that logic, therefore, people are not aware of anything wrong with openness of consultation. On the other hand, there is a more fundamental question about the moral significance of privacy. In other words, is privacy a cultural value or a moral value? Certainly, it would be a lot better, from a moral point of view, if there were a demarcation between the waiting room and the inner chamber where the healer consults with patients and surrogates. Such an arrangement would avoid the psychological harm that a negative divination outcome can have on a patient or surrogate.

It seems clear than that the traditional Yoruba healthcare system does not always insist on strict privacy and/or confidentiality in doctor-patient relationship. The system appears to be based on trust and on the understanding that a patient's openness about what is wrong or not right with her is the beginning of her cure, which may come from unlikely sources.

Yoruba values and principles of bioethics

The main focus of Yoruba moral values is the wellbeing and flourishing of the person in community.⁴ Every action or practice, whether in the healthcare system or the economic

system, is aimed at this outcome. It is the perception of an action's impact on this outcome that justifies it for the people. That perception, to be sure, is not always right, and there is no denying the fact that no culture or individual is infallible. Some of the traditional cultural practices of the Yoruba cannot be justified by appeal to the fundamental moral value of human wellbeing which they affirm and the fact that some of such practices have been discontinued supports this assessment. Such practices that inflict physical and psychological pain without any corresponding benefit belong to this category.

The preceding paragraph points to two crucial points in our approach to these issues.

First, cultural practices are not self-justifying; they are justified by appeal to their significance for a moral value. Second, traditional cultural practices from time to time succumb to the superiority of new ideas and values vis-à-vis the overall goal of promoting human wellbeing. The Yoruba are well-known for the ease of their adaptation to new ideas.

Ifa Literary corpus, the acknowledged source of Yoruba traditional social philosophy keeps up with the times.⁵ So there are copious references to later religions and social movements, including Islam and Christianity as well as paper currency. What is important is that Ifa corpus is a source of wisdom and a compendium of knowledge. A second source of our knowledge of Yoruba social philosophy is their many proverbs and witty sayings. As every student of Yoruba knows, not only do they have proverbs for any event or occurrence, for every proverb, there is an opposite. There is a similar tendency in the Ifa corpus. When a diviner consults with the oracle, there is never a negative response from the oracle. This is the meaning of the saying "the diviner never makes a pronouncement of evil." However bad the message is, it is captioned and delivered in a positive light even if it is accompanied with a directive to offer some sacrifice to avoid evil. This is an evidence for Yoruba pragmatism.

Pragmatism here means adaptability to circumstances and in particular, readiness to try new ideas and adopt new practices if they are capable of improving one's lot. The Yoruba say "we must follow the seasons" and "move with the world so the world does not leave us behind." Thus though there was some initial resistance to the introduction of Islam and Christianity in Yorubaland, it did not take long before the two foreign religions took root and displaced the traditional religions, which now claims the loyalty of less than 10% of the population. Pragmatism here means that for a Yoruba person down with an ailment, whatever treatment procedure has worked to bring back health in circumstances similar to hers, is the course she would pursue. If however, it is tried and it does not work for her, she is prepared to try something else. So she would leave a traditional healer for the western trained physician and vice versa. Furthermore, it means that she does not really care if the doctor makes the decision for her or not because she does not know as much as the doctor. But should he discover that the doctor is using her for some other purposes and she (the patient) is not regaining her health as expected, she does not need anyone to preach to her that she should try some other doctor. That is what she would do with traditional healers too. There is no principle cast in stone that she has to apply to in such cases. And if this patient were to be counseled about informed consent, it would not be something that is contrary to her culture; it would just be helping her to put content into her pragmatic approach.

The point of all these is to emphasize the fact that Yoruba tradition favors whatever works for the welfare of its people, and it is open to changes as the season demands. So while it has not been associated with the theoretical formulations and practical exemplification of the idea of autonomy, it has not been known to have explicitly canvassed against it. Still from the account I have presented thus far, it seems clear that Yoruba social philosophy and practice does not fit the one-way characterization that has been the vogue among students of non-Western culture.

While the wellbeing of the person is the ultimate justification of social practice among the Yoruba, the justice of particular interventions is not lost sight of. In the matter of justice or injustice, however, my concern is not whether Yoruba culture is compatible

with or can accommodate western conceptions of justice. I am interested in whether and how Yoruba moral norms negotiate the intersection of person and community by appeal to notions of fairness and justice. With the understanding that the various Western conceptions of justice are driven in part by conceptions of persons in relation to society, one cannot rule out of court a non-western conception of justice, which is compatible with a particular conception of persons, society or government. Such a conception, if available, may then be used as a basis for judgments of justice in the allocation of the benefits and burdens of clinical medicine and biomedical research.

Let me preface my remarks here with one pertinent observation, which now appears to me to be long overdue at this stage of my discussion. Communal orientation has been taken as indigenous to traditional Africa. Scholar-statesmen from Nkrumah to Nyerere and Senghor have made much of this. But as I have argued elsewhere, communalism is not unique to Africa. It is characteristic of all traditional societies. Various explorations account for its prevalence in such societies including the historical materialism of Marx and the spiritual humanism of Senghor. Face-to-face existence in the absence of technological innovations can bring forth the spirit of fellow feeling in human beings.

The important point, however, is that issues of what is just are always at the core of social life in traditional as well as modern societies. Kurunmi, the 19th century army general of Oyo kingdom was appalled at the decision of the king, Alafin Aole, his commander-in-chief because the latter *unjustly* abandoned tradition, which required his eldest son to die with him! And when the resident Baptist missionary tried to mediate, Kurunmi treated him to a Yoruba philosophy of justice and peace. In a moment of comic relief in an otherwise tragic drama, Ola Rotimi had Kurumi lecture the British resident about what justice was. Kurunmi used the analogy of the toad.⁶ According to him when two toads face each other by the riverside, the greetings they exchange teach humans about justice: The first toad announces a proposal to the second: you give and I take. The second repeats the proposal: you give and I take. This goes on for ever as neither is willing to give while the other takes. Lesson: no deal is struck in a situation where one party is only willing to take. Before the British colonial incursion into Africa, numerous civil wars

were fought between the various tribes of the Yoruba nation on the basis of the people's perception of injustice. If one believes that human beings are children of God, one could criticize a social arrangement on the ground that it treats a child of God unfairly or unjustly. Ogun, is the Yoruba god of justice, and is revered for his uncompromising approach to his responsibility. A common belief is that Ogun will punish anyone that breaks a vow or promise, and so there have been calls recently for political office holders in Yorubaland to be made to take their oath of office using Ogun's paraphernalia. The idea is that anyone who embezzles will not get away with it.

Yoruba traditional moral values presuppose a network of relations between adult persons who are conceived to be metaphysical equals. In spite of this metaphysical equality, however, hierarchical ordering of social life is the cultural norm and it is rationalized on two grounds. First, in response to the order of nature which makes some parents, others children, there is ordering according to age. Second, in response to the social need for stability and common protection, there is ordering according to status. Thus there are kings, queens and chiefs, and there are subjects. But the original notion of metaphysical equality (each is a child of God) ensures that even kings are only first among equals and subjects retain the right to remove an erring king. One basis for removal is the betrayal of the trust of subjects. This is the norm; the practice may vary.

Justice preserves the good of social life by a system of mutual expectations: from society, there is the expectation that a person would contribute her efforts to stability and progress. From the individual, there is the expectation that her needs will be taken care of. At a micro level, it is unfair to me if I help you on your farm and when the time comes you don't help me on mine. At the family level, as an able bodied adult, I assume the obligation to provide for my children and wife. At my old age, my children have the responsibility to take care of me. These considerations suggest, I believe, that the idea of justice is not out of place in theorizing bioethics in non-western (Yoruba) culture. I do not raise here the question of which of the (western) conceptions of justice is applicable. For all we know, none of them may be; but it would not follow that justice is therefore out of place.

Bioethics and Yoruba Values

From the foregoing remarks, an ethics of healthcare practice in Yorubaland has a foundation of moral norms to emerge from. First, the benefit of the patient as a person must be a justification. In addition, a healthcare system or particular healthcare practice that deliberately harms the patient cannot be morally justified. These two points follow from the moral value of human well being or human flourishing at the foundation of the Yoruba moral life. Third, the requirement of fairness and justice is integral to the moral life of the Yoruba and must have a place in their ethics of healthcare. Based on the idea of the relationship between person and community, the notion of justice here does not exclude the prospect of a person's voluntary decision to forego a right or a claim. But it also presupposes a generalized practice of personal sacrifice in favor of communal advancement on the part of all. With an internalized understanding of the sacrifices that the community has made on one's behalf, this personal sacrifice is willingly given. Even then, it is crucial that the society, nation, or community recognizes and discharges its responsibility to the health needs of its members. It is not a surprise, then, that based on this understanding of the collective responsibility to members, the right to health has been canvassed as a constitutional right in some African nations. Bioethicists have also seized on this to establish courses on the right to health.

If I am right, then, the principles of beneficence, nonmalevolence, and justice can be accommodated within a traditional Yoruba ethics of healthcare. What cannot be easily accounted for in traditional Yoruba healthcare system is the ease with which the principle of autonomy is accommodated in Western bioethics. This is on account of the reason of the understanding of the person in relation to the community. From the example of Mother Laide and Daughter Sade discussed above, in which mother and daughter are seen as metaphysical extensions of the same self; autonomy means something different here. Yet even here it seems clear that the difference in conception is more of degree than of kind.

In its original Western sense, to be autonomous is to be self-governed and self-directed; to be one's own ruler; to be ruled by self-imposed regulations. Autonomy rules out a habit of deference to others on matters that affect only the self. It does not however rule out the practice of asking for and acting on the basis of advice from friends and relations as long as one takes time to go over the advice and take a decision about what to do.

What the peculiar social practice of community in Yorubaland requires then is some slight modification of the requirement of autonomy in its ethics of healthcare. As long as the individual patient is not against the involvement of family members or even faith groups in reflecting on and taking decisions about a course of treatment, the wellbeing or flourishing of that patient is not negatively impacted when such members are involved. In the same way, in the matter of research, the requirement of informed consent may need to be modified to accommodate the involvement of community elders or community authorities in public health research. This does not eliminate or downgrade the need for each individual participant to give his or her informed consent. Rather it does two things. First, it prudentially enhances the chance of a good outcome predicated on a good relationship between investigators and community. Second, it recognizes the prima facie interest of the community in matters that affect it. What this recognition does not do, however, is to force an individual to participate in a research that he or she doesn't want to participate in. Even when a community gives its consent, a participant may refuse to participate.

This latter caveat is to acknowledge the dynamics of cultures in general, and Yoruba culture in particular. The Yoruba culture of the 17th century, where the king had the power of life and death, and ordinary women are at the mercy of their fathers and husbands, is no more. As a result of the changes in outlook made possible by economic forces, especially the development of industrial capitalism, the difference in degree of identification with the community is becoming clear between rural communities of Oke-Ogun and the urbanized centers of Lagos and Ibadan in Yorubaland. Whether for ill or good, especially in the wake of political competition that leaves behind a host of

discontented persons who feel that they are being exploited by the elite, individuals now see themselves in terms of their personal interests and would not hesitate to advance same even against the community.

Conclusion

To effectively facilitate bioethics in Yorubaland, then, this dynamism of Yoruba culture must be recognized and utilized. An approach that treats Yoruba culture as a museum piece does a fundamental injustice to the culture and to the discipline of bioethics. Surely the ethical standards and guidelines that would make sense to a typical Western research participant may not be comprehended by an average Yoruba participant. But the reason is not a radical difference in moral norms as it is sometimes construed. Rather it is due to difference in literacy. In *How Not to Compare African Philosophy with Western Philosophy*, Kwasi Wiredu makes a fundamental contribution to philosophical scholarship. He argues rightly that comparing traditional African philosophical thought with Western academic philosophy is a category mistake since it compares apples with oranges. Instead the comparison, if it is warranted should be between African professional philosophical activities with their Western counterparts or between Western traditional thought or folk philosophy and their African counterpart. We can use this insight and conclude this discussion as follows. In both Yorubaland and a typical Western nation—say Switzerland, there are traditional cultures and modern cultures. There are people who hold traditional beliefs, including religious beliefs and there are those who hold modern scientific views of the world. There are communities with individualized ethos, and there are those with strict communitarian ethos. In every nation, there are different centers of values and beliefs—conservative and liberal. Choosing to deal with one center exclusively is a choice of an investigator. But that choice, amoral as it is, should not be a basis for identifying a society as one thing or the other without acknowledging its pluralistic nature.

Endnotes

¹ See among others, H. Tristram Engelhardt, (ed.), *Global Bioethics: The Collapse of Consensus*, Salem, MA: Scrivener Press, 2006; A. Alora & J. M. Lumitao (eds.) *Beyond a Western Bioethics: Voices from the Developing World* Washington, DC: Georgetown University Press, 2001; K. Hoshino (ed), *Japanese and Western Bioethics* Dordrecht: Kluwer, 1997; International Bioethics Committee, *Report of the IBC on the Possibility of Elaborating a Universal Instrument on Bioethics*, Paris: UNESCO 2003; H. Sakamoto, 'Towards a new "Global Bioethics,"' *Bioethics*, 13 (3-4), 191-197, 1999.; Alasdair Campbell, 'Presidential Address: global bioethics—dream or nightmare?,' *Bioethics*, 13 (3-4), 183-190, 1999, B. O. Oshuntokun, "Biomedical ethics in the developing world: conflicts and resolutions," in E. Pellegrino, P. Mozzarella, and P. Corsi (eds.), *Transcultural Dimensions in Medical Ethics*, Frederick, MD: University Publishing Group, pp. 105-143.

² For more on this, see Segun Gbadegesin, *African Philosophy: Traditional Yoruba Philosophy and Contemporary African Realities*, New York: Lang, 1991.

³ See Segun Gbadegesin, "Toward a Theory of Destiny," in Kwasi Wiredu (ed.) *A Companion to African Philosophy* Blackwell Publishing, 2004, 313-323

⁴ Segun Gbadegesin, "The moral weight of culture in ethics," in L. J. Prograis, Jr. and E. Pellegrino (eds.), *African American Bioethics: Culture, Race, and Identity*. Washington, DC: Georgetown University Press.

⁵ Wande Abimbola, *Ifa Will Mend our Broken World*, AIM Books, 1997

⁶ Ola Rotimi, *Kurunmi: an historical tragedy*, Oxford University Press, 1971