

Leaders in Ethics Education: Godfrey B. Tangwa

Godfrey B. Tangwa¹

Published online: 29 August 2015

© The Author(s) 2015. This article is published with open access at Springerlink.com

Short bio

Godfrey B. Tangwa, PhD, is Professor and former Head of the Department of Philosophy at the University of Yaounde 1, Cameroon. He has recently retired from full-time teaching at the University but continues to do research and to supervise a number of graduate students. Born in Shisong in the Northwest Region of Cameroon, he attended Sasse College in Buea and the Universities of Nigeria in Nsukka, Ife in Ile-Ife, and Ibadan in Ibadan. His doctoral specialization is in the area of epistemology and metaphysics and his teaching and research interests span the areas of African philosophy, inter-cultural philosophy and Bioethics. He lectured at the University of Ife from 1978 to 1986 and joined the University of Yaounde in 1987. He is one of the leading contemporary Bioethicists of sub-Saharan Africa who has gained international recognition. He has been a member of the International Association of Bioethics (IAB) since 1992, was on its Board of Directors from 1997 to 2003 and served as Vice-President of the association between 1999 and 2001. His recent research grants and projects include the following:

1. (As Co-Principal Investigator), Exploring Perspectives on Genomics and Sickle Cell Public Health Interventions. Funded by the National Institutes of Health (NIH). September 2013–July 2016.
2. (As Coordinator), Documenting facilities and needs of ethics committees and implementing a training intervention to strengthen ethical review capacity in Central Africa. Funded by the European and Developing Countries Clinical Trial Trials Partnership. February 2012–December 2013.

✉ Godfrey B. Tangwa
gbtangwa@yahoo.com

¹ University of Yaounde 1 / Cameroon Bioethics Initiative, Yaounde, Cameroon

3. (As Coordinator), Mapping of Francophone African Research Ethics Committees. Funded by the Council on Health Research for Development (COHRED). March 2011–December 2011.
4. (As Coordinator), Strengthening Ethical Review Capacity in Africa. Funded by the African Malaria Network Trust (AMANET). February 2007–September 2011.

His academic and professional interests and preoccupations swing like a pendulum between theoretical issues and practical matters in medical ethics and philosophy of medicine, global bioethics, research ethics, clinical ethics, research regulation and governance, international ethics guidelines, ethics committee work and capacity-building in bioethics. His work is informed by the conviction that useful theorizing should arise from empirical data while good practice and policy should be based on justifiable coherent theory. His work is firmly anchored in Africa although he frequently takes short-term research fellowships, honours invitations to give lectures, make presentations or examine students, in other parts of the world.

He was elected Fellow of the Cameroon Academy of Sciences (CAS) in 2007 and has recently been proposed for election as a Fellow of the African Academy of Sciences (AAS). He is the Chairperson of the Cameroon Bioethics Initiative (CAMBIN) which he founded in 2005; an executive committee member of the Pan-African Bioethics Initiative (PABIN), founded in 2001, and the Chairperson of the recently created Cultural, Anthropological, Social and Economic (CASE) working group of the Global Emerging Pathogens Treatment Consortium (GET). He has over seventy academic publications to his credit, including nine books, over 20 book-chapters and several peer-reviewed articles in international academic journals.

You are one of the leaders in global bioethics. Why did you become interested in this area of ethics?

I don't know about being one of the leaders in global bioethics. What I do know is that, with a background in philosophy (mainly Western analytic philosophy in an African context), I have been greatly interested, indeed fascinated, by moral problems in general. As an undergraduate student (University of Nigeria, Nsukka, 1974–1977) my philosophical main courses were the history of Western philosophy (Ancient/Greek philosophy, Medieval/Scholastic philosophy, Modern European Philosophy, notably British Empiricism and Continental Rationalism and Contemporary Philosophy), the Problems of philosophy, notably appearance and reality, phenomenalism, induction, body/mind, determinism/indeterminism, universals, etc., Moral philosophy, Logic and African philosophy – taught from the *point de départ* of the provocative question as to whether any such thing as African philosophy exists. I had been admitted into the University to do English and Drama but succeeded in shifting to Philosophy, after convincing my academic advisor, Chinua Achebe, to support my case for changing departments. It is thanks to substantive problems in Ethics and to Logic that I did not regret the change in discipline when I was introduced to the so-called Linguistic Movement in philosophy and it began appearing to me as if philosophy might be a discipline of interminable quibbling over trivialities. The suggestion that moral philosophy was a second-order, meta-ethical enterprise in which we study the language or

discourse used by moralists in expressing their approval or disapproval of various things people do rather than about what people ought or ought not to do [See W. D. Hudson, *Modern Moral Philosophy*, London and Basingstoke: Macmillan and Co. Ltd., 1970] troubled me profoundly.

For my final year long essay, I wrote a 42-page dissertation on *The Problem of Akrasia or Weakness of Will and Prescriptivism*, under the supervision of the late Hilary Staniland (1941–1976, author of *Universals*, New York: Doubleday & Company Inc., 1972). Susan Hilary Staniland is one of my teachers and mentors that I never caught making a slip of the tongue /mind and that had never ever stammered in the course of responding to a question for clarification following any of her lectures. It is thanks to her that I developed an abiding interest in Logic and clear thinking. Chinua Achebe, who voluntarily read through every chapter of my final year long essay as I was writing it, greatly encouraged me by telling me that weakness of will was one of his fundamental personal problems and that he would be very grateful to me if I discovered the philosophical solution to it. I did not.

Our final year work and examinations in 1977 were evaluated and assessed by Odera Oruka, an external examiner from the University of Nairobi, who seemed sufficiently impressed with my work as to ask to talk with me after his external examining duties were over. He told me he had to bring me to his department in Nairobi for graduate work and promised to look for the means to do so during the course of the year. He did not succeed. But in 1991 he was instrumental in helping to secure sponsorship for me to attend the World Conference on Philosophy in Nairobi, Kenya. During that occasion we found time to have long friendly chats and I was amazed when he related to me how my teachers at the University of Nigeria were bitterly divided at my final year examination over the issue of whether I should be awarded a first class degree, and the non-academic arguments to the negative which finally won the day and I was awarded a second class upper.

For my Masters in Philosophy (1978–1979) I went to the University of Ife (today Obafemi Awolowo University), Ile-Ife, where the head of the Philosophy Department, Professor Olubi Sodipo, who had never met me but had heard about me from Odera Oruka, had sought me, found me teaching without a formal appointment at Saint Patrick's College (SPC), Asaba, Nigeria, and offered me a teaching assistantship at Ife. I eventually wrote an M.A. dissertation under Sodipo's supervision on the subject: *Nkrumah and Nyerere on Socialism; A Comparative Study* (1979), examined by Kwasi Wiredu from the University of Ghana, Legon. Kwasi Wiredu happens to be, in my opinion, the African philosopher whose thought and work are clearest and most rigorous. He is the only philosopher known to me who seems not only to understand thoroughly Bertrand Russell's theory of types but to have advanced beyond it. That he is not normally listed among the great world logicians and epistemologists of the 20th century is perhaps owing to the fact that his paper "Paradoxes" is published in an African journal of philosophy (*Second Order: An African Journal of Philosophy*, Vol. 4, No. 2, July 1976, pp. 3–26) and not in one of the Western "high-impact" journals. Other external examiners I had for the M.A. programme were Robin Atfield and Barry Wilkins, both from the University of Wales, Cardiff, in the UK. Perhaps without knowing it, they saved me and my M.A. programme from one of my teachers with whom I was not getting on too well and who had vowed to me that as long as he was there I would never get an M.A. from Ife.

A number of things at Ife contributed in directing my conceptual interest and footsteps towards the highway of bioethics. The department had a regular staff seminar series in problems of ethics to which scholars from many other disciplines came. It was at one of those seminars I met Professor of surgery, Akin Bankole, an oncologist, who eventually invited me to see some of his terminally ill patients and to facilitate some of his seminars in medical ethics with his graduate students. My second ever published academic article [“A Case for Positive Euthanasia” *The Nigerian Journal of Philosophy*, Volumes 4 and 5, Nos. 1 & 2, 1984/1985, pp. 75–80] was written at this time. It was also at Ife that I was introduced (by Chris Nwodo) to the works of Karl Raimund Popper, whose philosophy struck me by its clarity and as being profoundly earnest and about real substantive philosophical issues, in contrast to the ‘quibbling over trivialities’ that had nearly put me off philosophy earlier.

I eventually wrote my PhD thesis under the joint supervision of Peter Bodunrin and Lansana Keita on *Karl Popper’s Theory of Indeterminism* for the University of Ibadan (defended in 1984 with Vernon Pratt from the University of Lancaster in the UK as external examiner). My doctoral specialization was thus in the areas of epistemology and metaphysics. But, no matter what domain of philosophy I have stumbled in, my propensities have clearly been first and foremost towards practical and applied philosophy or philosophizing which at least aims at making a difference in the real world, even if it may also serve incidentally as an intellectual pastime. Ethics, in my view, is a branch of philosophy completely and immediately concerned with making a difference in human acts, actions, decisions, choices and behavior.

Who were the teachers who have inspired you to choose a professional career in bioethics? What have they learned you?

Although I do often describe myself as a bioethicist, I do not consider myself as having a ‘professional career in bioethics’. I do bioethics but, at the same time, I do many other things. The situation in Cameroon as it still is does not yet permit a career in bioethics. In fact I do more bioethics when I travel outside of Cameroon than in Cameroon. That said, most of my teachers in bioethics have been informal mentors rather than formal classroom teachers. The notable exception here is the post-doctoral fellowship I did at the Johns Hopkins University (Baltimore) in the USA (2002), under the Fogarty African Bioethics Programme, run by Nancy Kass, Adnan Hyder and Ruth Faden, who were all my teachers among many others. The programme included a weekly seminar at the Department of Clinical Bioethics of the National Institutes of Health (NIH) as well as the yearly week long world famous bioethics seminar of Georgetown University. For my practicum on this learning programme, I did a ‘theoreticum’ which resulted in my article: “Between Universalism and Relativism: A Conceptual Exploration of Problems in Formulating and Applying International Biomedical Ethical Guidelines”. [*Journal of Medical Ethics*. 30: 63–67, 2004].

Apart from the mentors I have already mentioned in the course of my formal philosophical development, the International Association of Bioethics (IAB) which I joined in 1992 and its members, especially those of its successive boards of directors, has been most effective in my bioethics formation. At the IAB I met some of the most brilliant bioethicists in the world and listened with fascination to their views and

discourses, some of which were coherently brilliant demonstrations defending positions which seemed to me fundamentally counter-intuitive; and I would sometimes try to contribute to the discussions of this intellectual cream of the cream of the western world, culture and civilization, from the point of view and perspective of the African villager that I am. The IAB organizes World Congresses of Bioethics every 2 years and a smaller conference or meeting, involving mainly members of the board and some bioethics group or association, every intervening year. It is the task of the IAB Board of Directors to organize these meetings as well as to oversee the running of the official journal of the association, *Bioethics*.

The very first World Congress of Bioethics had taken place in Amsterdam, the Netherlands, in 1992, the second in Argentina in 1994. I was not able to attend either of these first two congresses, but I attended the next (1996) in San Francisco, the USA, thanks to an invitation and sponsorship from Alex Capron, the Congress President. At that Congress I made an oral presentation on “Birth and Death in African and Western Cultures” which attempted to compare and contrast African and Western attitudes and practices regarding the beginning and the end of human life. Shortly afterwards I was elected into the Board of Directors of the association and acted as Vice-President of the Board with Ruth Macklin as President from 1999 to 2001. In 1998 the World Congress of Bioethics took place in Tokyo, Japan. I attended the congress and made an oral presentation on “Globalization or Westernization? Ethical Concerns in the whole Bio-Business” [published in *Bioethics*. 13(3–4): 218–226, 1999]. The Japan Congress was preceded by two satellite Roundtable Conferences at Tsukuba University, Tsukuba Science City, notably, the Fourth International Tsukuba Bioethics Roundtable (TRT4) and the Second Conference of the International Association on Feminist Approaches to Bioethics (FAB2). I attended both satellite meetings.

At TRT4, I was asked to react to the views of the convenor of the Roundtable, Professor Darryl Macer, who has written a book proposing that ‘Bioethics is love of life’. My reaction was entitled ‘Is Bioethics love of life? An African View-Point’ [published as Chapter 13, pp. 186–188, of my book, *Elements Of African Bioethics In A Western Frame*, Mankon, Bamenda: Langa Research & Publishing CIG, 2010]. At the FAB2, I was mainly a keen listener. I heard many interesting views and arguments expressed. But, in spite of considering myself a male feminist, in the sense that I firmly believe in the necessity to empower women all over the globe through the dismantling of all structures of unjust discrimination and oppression, through the instauration of fairness and equity and due consideration of their gendered roles, I was shocked to listen to a loudly applauded suggestion that, because impregnation is often an act of violence committed by the ‘impregnating sex’ on the woman, every couple should have special mutual consent forms which should be signed before every act of intercourse so that, in the event where pregnancy results in the contrary case, the woman could sue for damages and compensation! I earnestly hoped that African feminists, with some of whom I had debated recently, could find less mechanical and less absurd ways of empowering women in marriage.

By far the most remarkable and memorable presentation I listened to in Tsukuba was that of Wendy Orr, a young, articulate and militant female medical doctor from South Africa who was a member of the recently concluded Truth and Reconciliation Commission (TRC) under the chairmanship of Archbishop Desmond Tutu. Wendy’s revelations about some of the findings of the TRC were profoundly shocking. She talked

about South Africa's Chemical and Biological Warfare (CBW) programme. According to her, the work of the scientists involved in the CBW programme was covert and secretive in every imaginable way. It was conducted under the guise of private 'front companies' supposedly conducting commercial research and development work; it was funded from undeclared, unaudited secret government coffers; research and experimentation were conducted on a strict 'need to know' basis with little or no communication or interaction between scientists working on different projects or between scientists inside and outside the programme. The aim of the programme was to develop agents harmful to individuals, groups and communities.

Wendy pointed out that, apart from about two or three medical doctors, those involved in the CBW programme were 'chemists, engineers, physicists and veterinarians, who did not see themselves as bound by any particular ethical codes of conduct. For this reason, she observes that 'present conventional approaches to Bioethics/Medical Ethics may exclude certain groups of scientists or leave gaps which allow them to exclude themselves from ethical obligations'.

She further listed a few of the projects which were pursued under the described milieu of secretive and non-interactive scientific research in disregard of all concern for ethics and human rights as follows.

- The production of thousands of kilograms of street drugs (like Ecstasy and Mandrax), supposedly for use as crowd control agents.
- Research into the use of various carrying agents for organophosphate poisoning, for example, beer, whiskey, chocolate, shampoo.
- The development of 'applicators' which were, in effect, murder weapons, for example, screwdrivers which could inject poison into a chosen victim and leave an almost undetectable external puncture wound.
- Research into toxic agents which are easily administered, lethal, tasteless, odourless and undetectable in the body.
- Research into and the stockpiling of millions of drug resistant cholera, anthrax, plague and botulinum organisms.

Most shockingly of all, Wendy revealed that:

- In spite of the fact that South Africa was supposedly subject to international sanctions, the South African Defense Forces received support for this programme from a number of foreign countries, including the USA, the UK, France, Israel, China and Germany.

She concluded her presentation by drawing attention to the saying that 'all it takes for evil to succeed is for good men (and women) to stand by and do nothing'. She finally wondered what role organisations like the International Association of Bioethics could play in addressing, drawing attention to and halting 'evil' science.

The next World Congress of Bioethics (2000) took place in London, UK. I not only attended it but made a joint presentation with Cameroon's foremost medical scientist and oncologist, Victor Anomah Ngu, on "Effective Vaccine against and Immunotherapy of the HIV: Scientific Report and Ethical Considerations from Cameroon". In this presentation we drew attention to a candidate vaccine against the HIV/AIDS virus,

VANHIVAX, discovered by Victor Anomah Ngu, and so far tested on a limited number of desperate HIV-positive patients with remarkably promising results, in terms of reduction in viral load, increase in CD4 count, gain in weight and even sero-conversion from positive to negative.

After this presentation which had drawn a huge audience and during which Anomah Ngu handled questions and comments related to the science and I those related to the ethics, governance and overarching issues, the BBC Science journalist invited both of us for an interview which lasted about an hour. Responding to the many pointed questions, we felt the case for VANHIVAX had been even better expressed than during the presentation. Back to Cameroon after the Congress, we emailed the BBC journalist in question requesting a transcript of what might have been broadcast of our interview; whereupon he responded that he was very sorry the interview had not registered on the recording machine and could not therefore be broadcast. I really needed to increase my usual level of credulity to believe that. Subsequently, several research teams from some prestigious institutions from the USA and Europe came proposing to Anomah Ngu collaboration in his vaccine project; but when they got the protocol to go and study closely, he never heard from them again.

Meanwhile, in Cameroon itself, both the government and the scientific community were bitterly internally divided in their opinions about the candidate vaccine. Eventually, Victor Anomah Ngu passed on to eternity on 14 of June 2011, without having scientifically validated VANHIVAX. I felt sad listening to all the post-humus flattery heaped over him and his candidate HIV vaccine, on the occasion of his funeral ceremonies, by government functionaries and some of his scientific colleagues who, at best had completely ignored and at worst purposely subverted his efforts towards finding a cheap and affordable solution to the HIV/AIDS pandemic.

The 2002 World Congress of Bioethics took place in Brasilia, Brazil, under the general theme: “Bioethics, Power and Injustice”. My oral presentation at that congress had for title: “The HIV/AIDS Pandemic and the Ethics and Politics of Vaccine Research in Africa”. I drew attention to the pathetic situation of HIV/AIDS infections and deaths on the African continent, the need for an effective vaccine and for collaborative North–south research for such a vaccine, devoid of a predatory and exploitative attitude, transparently well-intentioned and unquestionably ethical.

The next World Congress of Bioethics was in Sydney, Australia (2004), under the general theme: “Deep Listening: bridging divides in local and global ethics”. I was not able to attend this meeting but I attended the next in Beijing, China (2006), under the general theme: “A Healthy and Just Society”. My oral presentation at this meeting had for a title: “On the Moral Status of Embryonic Stem Cells” in which I tried to argue that a morally significant or justifiable line cannot be drawn between human embryos and any other category of human beings. My article “Moral Status of Embryonic Stem Cells: Perspective of an African Villager”, [*Bioethics*. 21(8): 449–457, 2007] was developed from the above presentation.

I nearly attended the 9th World Congress of Bioethics in Croatia. I had duly prepared for it, putting for the first time rather respectable personal financial resources into procuring a return ticket from Cameroon and researching on the topic of “Advance Directives” in view of a round-table discussion in which I was invited to give an African view and perspective on the subject. But, owing to a misunderstanding between me and the local organizers of the congress as to whether a Schengen visa would permit my entry into the country and, in the alternative, if they could arrange a visa on arrival

for me, I arrived at Zagreb airport on the eve of the congress, full of optimism and expectations, only to be promptly bundled into a detention cell and deported back to Cameroon the next day as an illegal immigrant.

Still under shock from the experience in Croatia, I missed the 10th World Congress of Bioethics in Singapore (2010). But I was present at the next two: Rotterdam, The Netherlands (2012) and Mexico City, Mexico (2014). The Rotterdam Congress had for a general theme: “Thinking Ahead: Bioethics for the Future, the Future of Bioethics, Challenges, Changes, Concepts”. At this congress we (Beyene Petros from Ethiopia, Wen Kilama from Tanzania and myself from Cameroon) organized a symposium, under the auspices of the Pan African Bioethics Initiative (PABIN), on capacity-building in research ethics in Africa. For the Mexico congress, I proposed two oral presentations on “Globalization and World Peace” and “Are Ethics Local or Universal? The Case of Homosexuality in Africa and Elsewhere”. Both were accepted but I was restricted to one oral presentation and the organizers chose the second. The gist of my argument in the presentation was that, while homosexuality between fully competent consenting adults is ethically unobjectionable as an act that causes no harm and does no wrong to any putative third party, the legal approbation or proscription of homosexuality as such is ethically highly prejudicial and inadvisable, whereas what may be ethically objectionable in homosexuality and ought to be proscribed or legislated against is not different from what may be ethically objectionable in heterosexuality, such as rape, sex with minors or incompetent adults, non-consensual sex, etc.

To get back to my informal mentors at the IAB, the list is very long but I must mention in an indicative manner a few by name: Peter Singer (the Australian), Alex Capron, Dan Wikler, Alasdair McIntyre, Ruth Macklin, Ruth Chadwick, Hans van Delden, Soren Holm, Solly Benatar, John Harris. The intellectual personality of Peter Singer was looming large over the IAB at the time I joined the association. It was always a great pleasure listening to him make any presentation in his loud clear voice and following the compelling logic of his reasoning. He also happens to be one contemporary bioethicist who openly lives by his moral convictions. He, for instance, does not eat animal-based foods and has a standing arrangement whereby he gives up a sizable percentage of his monthly income to charity on the grounds that most Westerners including himself are far too well-off and too comfortable and should consider giving up part of their incomes to alleviate abject poverty in other parts of the world. It is one of the ironies of contemporary advanced societies that Peter Singer has frequently been heckled and hounded out of some of his lecture venues on account of his expressed and argued views, correctly or incorrectly understood.

Peter Singer has been chiefly responsible for the shift in attitude towards treating non-human animals more humanely in the Western world and in considering speciesism as a moral aberration. But, his utilitarian coherence and consistency notwithstanding, it appears to me counterintuitive to compare or to equate some categories of human beings with non-human animals, as he does. Such comparison and/or equation is not necessary in arguing as he does for a change in human attitudes to and treatment of non-human animals. The most capacity-endowed non-human animal, while its right to life and flourishing on its own, without consideration of human beings, must be affirmed, cannot be equated with a human being, no matter how destitute of such capacities, simply because it is not a human being. A dog may display more intelligence than a retarded child; but who would argue that it be treated with more consideration than the child? Speciesism, understood simply as

the recognition of a being as human, seems to me inevitable, if we are to take moral agency, responsibility and culpability seriously. For, in spite of any human-like capacities, no non-human animal can be considered a moral agent.

Moral agency, in my view, is what gives human beings, above all other earthly creatures, their moral worth and value. The moral worth and value attributable to human beings that are not moral agents is symbolic and analogical and lies on the same continuum with the moral consideration given by humans to non-humans. Even if non-human animals displayed no capacities similar, let alone equal, to those of humans, human moral sensibility and sensitivity would still apprehend the need for treating them with due consideration. It is such moral sensibility and sensitivity that is wanting in cases such as racism and chauvinism where moral equality is, moreover, evidently quite demonstrable. The failing of the racist or the chauvinist is not at the level of logic or reasoning but at the level of moral sensibility and sensitivity. The moral responsibilities of human beings towards non-human animals, other living creatures and inanimate things cannot be linked, let alone justified, by the idea of sharing the same or similar capacities and attributes. It is simply a consequence of the human sense of the moral.

Another member of the IAB whose work I found fascinating and provocative but counterintuitive against my native instincts, is John Harris. In his book *The Value of Life: An Introduction to Medical Ethics* [London: Routledge and Kegan Paul, 1985, pp. 11–12], Harris argues that to say that a fertilized egg is potentially a human being is just to say that if certain things happen to it (like implantation), and certain other things do not (like spontaneous abortion), it will eventually become a human being. But, in his view, the same is also true of the unfertilized egg and the sperm, in the sense that if certain things happen to the egg (like meeting a sperm) and certain things happen to the sperm (like meeting an egg) and thereafter certain other things do not (like meeting a contraceptive), then they will eventually become a new human being.

The intended consequence of this argument is that a human embryo is only a potential human being whose moral worth or value is the same as that of a sperm or an unfertilized egg. I have critiqued this argument in my article “Moral Status of Embryonic Stem Cells: Perspective of an African Villager”, [*Bioethics*, 21(8): 449–457, 2007]. The gist of my argument is that there is a logical error in thinking of a fertilized ovum, the human embryo, as a **potential** human being. An unfertilized egg and sperm together certainly are a potential human being and remain in that state of mere potentiality no matter how close they may come towards each other, short of joining and fusing. Every time a mature and fertile man and a mature and fertile woman during a certain period of her menstrual cycle come into close proximity such potentiality is in danger, but only in danger, of transforming into actuality. Until something happens that brings the ovum and sperm together, the danger remains forever only a danger, an actualizable but unactualized dispositional property. But, from the moment that the egg and sperm, through whatever process, join and fuse, potentiality has transformed into actuality and fertilization has occurred. From that moment, an existent, a living thing, a human being, has been created. Let biologists give us any name they like for this entity and it will remain a potential zygote until it satisfies their criteria for zygotehood, a potential embryo until it develops to an embryo, a fetus, a baby, an infant, etc. A human being cannot be a potential human being because nothing can be both potentiality and actuality at the same time. Once a human egg is fertilized, its one and only status as potentiality to become a human being has been irreversibly

actualized and it now becomes potential other things (fetus, baby, child, adolescent, adult, embryologist, philosopher etc.) but never a potential human being again.

I must link this to my article “Traditional African perception of a person: Some Implications for Bioethics” [*Hastings Center Report*. 30(5): 39–43, 2000], whose main point, I think, was not sufficiently well articulated or else was well articulated but has been generally ignored. The main point of that article was that the Western conception of personhood as widely discussed seemed to me to delimit a category of beings that are morally responsible and culpable for their actions and not beings which alone possess moral value and worth.

What is your view of the current status of bioethics teaching?

Bioethics teaching seems to me to be waxing very strong in the Western world, to the point of even exaggeration; witness the explosion in the number and varied methods of courses offered, online and offline, the countless congresses, conferences, colloquia, symposia, seminars, webinars, workshops, and the ubiquitous establishment and functioning of ethics review committees or institutional review boards (IRBs) as they are called in the United States of America. Asian and Latin American countries seem to me to follow very satisfactorily the Western countries in their awareness and teaching of bioethics. But the situation is different for the African continent. While many of the bioethical problems and dilemmas occur in Africa and while there is indeed evidence of the beginnings of awareness and bioethics education here and there, it is, arguably, only in the Republic of South Africa that bioethics teaching and education seem to match the glaring need for it.

How do you assess the development of ethics education over the past decades in your area of work and in your region?

In sub-Saharan Africa, bioethics awareness and consequent efforts at bioethics education came slowly and painfully, following certain awakening events: the HIV/AIDS epidemic (mid 1980s), the Rio Earth Summit (1992), the Beijing Conference on Women (1995), a peep behind the veil of Apartheid in South Africa following its collapse (1994), the realization that Africa was slowly and surely becoming the developed world’s ‘septic tank’ epitomized in the dumping of toxic waste in Côte d’Ivoire (2006), etc. One of the immediately actionable catalysts of efforts at education and capacity-building in bioethics was biomedical research led by northern scientists, aimed at finding a cure or a vaccine against HIV/AIDS. International and northern-country regulatory guidance for such research required ethics review and approval in both the northern country carrying out the research and at the local site where the research was being carried out. Such ethics review of research projects and protocols was readily available in the northern countries, even if under a general prima facie conflict of interest induced by a historical predatory instinct but, in many African countries, few people even in the ministries of health had ever as much as heard of ethics review of research proposals. Capacity-building in biomedical research ethics and education in bioethics generally thus became a glaring urgent need for Africa.

To start in Africa south of the Sahara and north of the Limpopo, one of the earliest seminars on Health Research Ethics in Africa was organized by the African Malaria Vaccine Testing Network (AMVTN) in Arusha, Tanzania, from November 1–4, 1999. This was an internationally very well attended conference during which the suggestion to create the pan-African Bioethics Initiative (PABIN) was made. PABIN was later formalized at a conference in Lusaka, Zambia, in 2001. PABIN set for itself the following strategic action plan items: 1. Developing an overview of existing ethical review committees within the African Region and maintaining a registry; 2. Developing competent in-country ethical review systems; 3. Contributing a concerted African voice to international discussions on ethics and science in health research; 4. Assisting national health authorities in Africa with the development of national guidelines for ethical review; 5. Developing educational programs in ethics and GCP (good clinical practice) that are integrated into university curricula; 6. Establishing national systems for accrediting health research ethics review committees in Africa; 7. Acting as an information exchange and meeting ground between African researchers and ethicists as well as an interface between Africans engaged in health research and the international community. With encouragement and funding from the WHO Special Programme and Training in Tropical Diseases (TDR), PABIN functioned quite well during the first 5 years of its existence and by 2007 had about 324 members in 26 African countries; but it soon ran into organizational and managerial bad weather and lack of funding.

Concomitantly with the PABIN, the AMVTN which had now evolved into the African Malaria Network Trust (AMANET), with funding from the Gates Foundation, the European and Developing Countries Clinical Trials Partnership (EDCTP) and other European agencies, was carrying out both basic and advanced training in research ethics and good clinical practice (GCP) in many African countries through workshops, seminars and free online courses. The AMANET ran out of steam in 2014. But some of the documented evidence of AMANET's efforts in capacity building in research ethics includes the following publications: Chilengi, R., A. Nyika, G. B. Tangwa, R. A. Noor, S.W. Ramadhani, Bosomprah, S. and W. L. Kilama. Role of e-learning in Teaching Health Research Ethics and Good Clinical Practice in Africa and Beyond. *Cambridge Quarterly of Healthcare Ethics*, (forthcoming); Nyika, A, W. Kilama, R. Chilengi, G. Tangwa, P. Tindana, P. Ndebele, and J. Ikingura (2009). Composition, training needs and independence of ethics review committees across Africa: are the gate-keepers rising to the emerging challenges? *Journal of Medical Ethics*, 35: 189–193; Nyika A, Kilama W, Tangwa G.B, Chilengi R and Tindana P. (2009). Capacity Building of Ethics Review Committees across Africa Based on the Results of a Comprehensive Needs Assessment Survey. *Developing World Bioethics*. 9(3): 149–156; ACTA TROPICA: (Supplement) *Proceedings Seminar on Health Research Ethics in Africa*, 2001, Vol. 78, Suppl. 1.

About the same time, for French-speaking Africa, the Networking for Ethics on Biomedical Research in Africa (NEBRA), funded by a European Union grant, was created as a collaboration between the four countries of Gabon, Benin, Gambia and Mali with European partners. NEBRA was created to understand ethical issues arising in individual African countries, to identify people already involved in reviewing ethics of research and to meet their needs. Before NEBRA ran out of steam, the Training and Resources in Research Ethics Evaluation (TRREE) for Africa was created with funding

from the EDCTP and a host of other European funders. TRREE has trilingual free online courses in research ethics in French, English and German.

All these training efforts in bioethics and biomedical research ethics have usually flourished for a time and then waned for lack of sustainable funding, but they have collectively left behind considerable pockets of informed opinion and awareness which ensure that continuing efforts will be made to anchor capacity-building in the domain on firmer and more sustainable local support.

The Republic of South Africa was one of the African countries most severely hit by the HIV/AIDS epidemic and, coupled with the dismantling of the Apartheid system and the Mandela phenomenon, it developed the best general awareness for the importance and necessity of bioethics and health research ethics. From about 1999 I got repeatedly invited to South Africa to give lectures or to participate in conferences, seminars or workshops by Solly Benatar at the Centre for Bioethics, Groote Schuur Hospital, University of Cape Town; Carel IJsselmuiden and Graham Howarth at the University of Pretoria; Doug Wassenaar at the University of Natal, Pietermaritzburg; Ames Dhai and Abdul Kareem at the University of KwaZulu. Around 2001, the Fogarty International Center of the National Institutes of Health (NIH), USA, launched a call for training projects in international research ethics in Africa. The two winners were the South African Research Ethics Training Initiative (SARETI) which proposed courses in Advanced Learning in International Health Research Ethics as well as short term Fellowships, and a full Masters and PhD degree programmes and the International Research Ethics Network for Southern Africa (IRENSA) which proposed a Post-Graduate Diploma in International Research Ethics for very senior mid-career personnel of relevant institutions. I was on the international teaching faculty of the IRENSA programme throughout the period of its existence between 2003 and 2010 and I am still on the international advisory board of SARETI.

You have published a very interesting book: *Elements of African bioethics in a Western frame* (2010). How has the book been received? What are the specific components of African bioethics?

This book was published by Langaa Research & Publishing CIG (Bamenda) and is being distributed by Amazon but I am not in a good position to say how it has been received. Some 2 years ago Langaa paid me a modest sum of money as royalties from the sale of the book but that is all I could go by in guessing how the publication is doing in the book market. I do, however, receive occasional emails from people asking how they could get the book or if I could be kind enough to send them a copy. One of the motivations for publishing the book was in response to many graduate students in diverse institutions around the globe who would write to me saying they were working on such or such a bioethics issue or problem from an African perspective and had been advised to approach me for advice on how to go about it. Not knowing how one could respond to such a request, I have usually simply advised that if they read some of the articles I have written in bioethics myself they might possibly be inspired. The follow up is usually to ask how they could lay hands on my articles in bioethics.

There is no particular content that is unique to African bioethics. Any putative issue or problem in bioethics can be studied or addressed from an African point of view or

perspective; that is to say, from the standpoint of African culture, worldview, ideas, historical experience and practices. Such a study would not be possible for anyone who is completely ignorant about African culture or who has nothing but contempt for it or for anyone who takes the Western hegemony and paradigms as universal imperatives for humanity. African bioethics in the same sense in which we talk of American bioethics, for instance, will only emerge with complete mental decolonization and an increase in the volume of works produced from an African viewpoint and perspective. I had planned a second volume to the above book, promised in the Introduction, entitled *African perspectives on some contemporary bioethical problems* which is still in preparation as an unpublished manuscript but I will make efforts in the coming months to get it to a publisher.

Are there specific dimensions to ethics education in Africa? Can you elaborate?

For sure there are specific dimensions to ethics education in Africa; the first and most important dimension being that it has to be relevant to the multi-faceted realities of the continent. When this is unpacked, it includes basing general ethics education on the historical experiences and existential problems that Africans face and taking seriously their socio-cultural values, ideas and practices into consideration in proposing answers, solutions and prescriptions. Some of the main focal issues and areas of concern in ethics education in Africa would therefore include though not limited to the following: tradition and modernity, colonial legacies, biodiversity, disease and treatment, poverty and disease, medical practice, healthcare and professionalism, biomedical research, procreation, population, gender and marriage, gender and sexuality, power and accountability, racism, terrorism, human rights, equality.

Can you describe your teaching activities? Who are your students?

As a University teacher (first at the University of Ife, today Obafemi Awolowo University, and then at the University of Yaounde, today University of Yaounde 1), my students have been mainly graduate and undergraduate University students and the subjects I have taught have been mainly philosophy courses: introductory logic, introduction to philosophy and philosophizing, epistemology, metaphysics, philosophy of science, political philosophy, philosophy of religion, and moral philosophy. Regarding supervision of graduate students' work, I have over the years supervised about 30 dissertations at the Masters level and about six at the PhD level, with two still to be completed.

The other category of students I have had to deal with are the seminar and workshop participants of the various capacity-building in research ethics and bioethics in Africa projects in which I have participated. I have learned as much from these students as I ever taught them on account of their high level of professional competence and interdisciplinary diversity. With the explosion in numbers at the University, combined with the absence of resources and teaching aids and facilities, teaching at the University has left little time for any other activities and I am much relaxed now that I have

withdrawn from full time teaching at the University. However, within those limitations, I have struggled to do what research I could and to keep pace with academic developments at the global level. Of immense help in this regard have been fellowship awards like that of the Alexander von Humboldt Foundation, the Hastings Center or short-term appointments as adviser or consultant to bodies such as the WHO or EDCTP and various funded invitations to academic conferences and professional meetings.

In your view, what are the core objectives of bioethics education?

The core objectives of bioethics education in general, in my view, are to help bring rationality, moral sensibility and sensitivity to human relationship and interaction with fellow living beings, including plants, animals and other humans, at all levels and in all dimensions. Among the core objectives some specific ones would be more urgent on account of their connection with problems likely to affect life, health, well-being or security on a large scale. Such, for instance, would be objectives related to biotechnology and biomedicine, war and terrorism, climate change, large scale migrations, deadly infectious epidemics, research on genes and the genome.

What are the specific challenges you meet in teaching bioethics in your region?

My particular region, the Central African region, is dominated by French-speaking countries, all former colonies of France excepting only Equatorial Guinea and a small but significant part of Cameroon which is English-speaking. The Politico-Administrative system that predominates in the region is highly centralized dictatorships resembling monarchies, which pretend to varying degrees of success to be democracies. The first and most important preoccupation of the ruling regimes of the region is staying on in power, which they easily achieve if the former colonial power whose virtual presence is moreover felt everywhere at all times has no serious objections. It is in this region of Africa more than any other that sons have succeeded, attempted succeeding, or are likely to succeed their fathers as head of state. Consequently, in spite of adequate economic resources, the region is economically very backward and this impacts directly on teaching in general and teaching bioethics in particular. A couple of years ago, I was one of the co-authors of a publication in *Bioethica Forum* on the situation of health research ethics in the region: [Odile Ouwe-Missi-Oukem-Boyer, Nchangwi Syntia Munung, Francine Ntouni, Aceme Nyika and Godfrey B. Tangwa. "Capacity building in health research ethics in Central Africa: key players, current situation and recommendations". *Bioethica Forum* / 2013 / Volume 6 / No. 1, pp.4–11.] in which many of the specific efforts and challenges of capacity-building in research and research ethics are discussed. Personally I have been much distressed by the lack of institutional interest, let alone support, for my efforts in introducing and teaching bioethics and health research ethics in particular at the University of Yaounde 1, notably at the Faculties of Medicine and Biomedical Sciences and Arts, Letters and Social Sciences.

What is your vision for ethics education? Will it expand and become more important? Will it be sidelined because of financial or political pressures? Will it be associated with global concerns and growing awareness of bioethical problems?

Given the urgent problems confronting the world today (global warming and climate change, war and terrorism, mass migrations and deadly infectious epidemics), the need for ethics education is all too evident. Lack of political will is a great stumbling block to the global ethics education necessary to face and tackle these problems in an earnest and meaningful manner. But the human conscience cannot be at rest until it is done.

What kinds of activities are needed to expand bioethical education at the global level? And how can these activities be promoted?

Every region around the globe and every country of the world needs to fashion its bioethics education to address those bioethical problems that impinge heavily on its day to day living. A global dimension to such bioethics education is inevitable as most of the big bioethics issues have a global scope. But care must be taken to not foist the bioethics education agenda of some regions on others. In the industrialized Western world, for instance, there is an increasing emphasis on empirical bioethics which seems very attractive to people with a background in the empirical disciplines. Bioethics in the Western world seems in danger of ending up simply as empirical bioethics, especially as it accords rather well with consequentialist utilitarianism, a highly popular theory in the Western system. This emphasis on empirical bioethics may easily unthinkingly be copied by or imposed on other regions or cultures. Empirical bioethics, of course, is important and should have a place within bioethics education. If, for instance, an overwhelming percentage of people in a given context express moral horror against a practice or suggestion, an ethicist must stop to think. But every empirical investigation in ethics ought to end with the question "And so what?" Ethics education, in my view, is incomplete and defective if it does not dwell on some of the fundamental philosophical issues of morality: the is/ought, fact/value dichotomy, moral intuitions, moral dilemmas, moral reasoning, moral theories and theorizing, and moral principles. In short, a little moral philosophy and philosophizing seem, to me, indispensable for bioethics education of any kind. Bioethics education should be promoted, first and foremost, by the authorities of each locality, country or region and, secondarily, by international or global agencies and institutions interested in global bioethics and/or collaboration or philanthropy. Otherwise, such education is unlikely to take firm roots.

Open Access This article is distributed under the terms of the Creative Commons Attribution License which permits any use, distribution, and reproduction in any medium, provided the original author(s) and the source are credited.