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Abstract How do bioethics gatekeepers located in wealthy nations treat bioethics workers from developing countries? Can the policies of leading international bioethics journals—based on a concern for profit that effectively restricts access for most researchers from developing countries—be ethically justified? We examined these policies focusing on the way they influence the ability of researchers in resource-poor countries to participate in the development of the field of bioethics. Eight of the fourteen leading bioethics journals are published by three transnational publishing houses, all of which are based in wealthy nations. None of these eight journals participates in the Health InterNetwork Access to Research Initiative (HINARI) of the World Health Organization, a program that provides free or very low-cost online access to the major journals by researchers in developing countries. Lack of access to these essential resources makes it extremely difficult, if not impossible, for bioethicists in developing countries to learn from, and engage in, the global bioethics dialogue. Thus, exclusionary practices of leading bioethics journals sustain the hegemony of Western bioethics, raising serious questions about professed aspirations to create a truly “global” bioethics. This phenomenon indicates lack of empathy and moral imagination of bioethicists in developed countries, raises serious questions about the ethics of bioethics, and highlights the urgent need for creative solutions to remedy this social injustice.

Keywords Bioethics · Developing world · Global health · Global health ethics · Imperialism · Low- and middle-income countries · Medical ethics · Medicine · Western bioethics

Imagine that you work in a healthcare institution in a developing country and have a serious interest in bioethics. Some published articles, you realize, are essential for your research, education, and service. How will you gain access to them? Your institution does not subscribe to international journals because it cannot afford to pay for them, especially when the amounts are reckoned in foreign currencies—dollars, pounds, and euros—all of
which are made too costly by high exchange rates. When you search for an important article online, you are rebuked: “Access to the full text of this article requires a subscription or payment.” The article costs $45/£30—more, maybe much more, than your one day’s salary. You feel lucky if the article comes with a summary or abstract that is made available without charge from PubMed. If you have patience and persistence, you will find the contact information of the corresponding author from whom you will request a free copy. In the absence of an abstract and/or contact information for the corresponding author, you face an arduous task. You will have to search for a relative, friend, or colleague abroad with access to an online library and ask him or her to call on their resources to secure the article for you. But how many times a week can you (or anyone in your place) make such requests without placing an undue burden on friends and colleagues? More importantly, how long can you keep up these struggles—day in and day out—to gain access to the basic scholarly resources you need?

This scenario will help bioethics colleagues in wealthy countries understand the plight of bioethics researchers working in the resource-poor settings of developing countries. If you—bioethics workers in resource-rich countries—can imagine yourself in this situation, you will begin to appreciate just how constrained and frustrated your colleagues in low- and middle-income countries feel. The issue at hand is not just the scholarly anguish of individual bioethicists in low-resource countries. Scholars in other fields in these same countries have the same problem. But because this is a question of social justice, it should be of special concern to bioethicists and bioethics journals. At present, the policies and practices of major bioethics journals restrict access and thus participation of researchers working in low- and middle-income countries (LMICs). These exclusionary practices maintain global disparities in bioethics publishing, despite ostensible commitments by bioethics scholars in wealth nations—home to a minority of the world’s population—to support and advance “capacity building” for bioethics in LMICs. As we will see later, bioethics scholars in high-income countries thereby ironically maintain the hegemony of high-income country bioethics and are acting—either inadvertently or consciously—as agents of the moral imperialism of Western bioethics.¹

¹ That mainstream bioethics is Western—i.e., has a strong bias of the West—is no new discovery. See Carrese and Rhodes 1995; Alora and Lumitao 2001; Myser 2007; Chattopadhyay and De Vries 2008.

Bioethics Journals: Needy Poor Not Allowed

Ethical issues surrounding healthcare and medicine are discussed and debated in multiple forums, including academic journals. These issues appear in journals of associated subject disciplines (e.g., medicine, theology, philosophy, ethics, social sciences, and law) as well as in those devoted to bioethics and its newer sub-specialties such as neuroethics. Reflecting the diverse nature of the field, bioethics topics are often found in interdisciplinary subject specialties. Some of the leading international bioethics journals are published by commercial publishing houses (e.g., Springer, Wiley-Blackwell), others by university presses (e.g., Oxford or Cambridge University Press), and still others by academic centres/institutes (e.g., Institute of Medical Ethics, United Kingdom; The Hastings Center and the Kennedy Institute of Ethics, United States). Worth noting is that many of these international bioethics journals are published by a handful of well-known publishers from wealthy countries, in which their editors mostly live and work (Table 1). Yet more important to note, none of these leading international bioethics journals is yet freely accessible. In 2002, the World Health Organization (WHO) set up a mechanism with major publishers—the Health InterNetwork Access to Research Initiative (HINARI)—to provide “free or very low cost online access to the major journals in biomedical and related social sciences to local, not-for-profit institutions in developing countries” (WHO 2015b, ¶1). Leading international bioethics journals do not belong to the HINARI list of about 13,000 journals that are available to health institutions in more than one hundred countries (WHO 2015a). The Directory of Open Access Journals (DOAJ) also does not include a single major bioethics journal (DOAJ 2015).

Interestingly, some top-ranking general medical journals make original research papers available online, also inviting responses or comments to stimulate discussion and debate. Thus, the British Medical Journal, The Journal of Clinical Investigation, the Journal of the Royal Society of Medicine, the Canadian Medical Association Journal, and The Medical Journal of Australia publish original research papers—freely available to all. Other leading general medical journals such as The Journal of the American Medical Association and The New England Journal of Medicine make selected articles available online without charge. Journals like The Journal of Neuroscience and Anaesthesiology make all research papers available after a stipulated waiting time.
of six months. However, even these policies of limited or delayed access are not followed by leading international bioethics journals. Thus for researchers working on bioethical issues in LMICs, the message is unmistakably clear: “Sorry, if you do not have the money to subscribe, you cannot enter the discussion and debate.”

Institutional ethics questions therefore arise: Do bioethics workers from the majority world of LIMCs need to learn from and share in the global dialogue? Should access to leading international bioethics journals depend solely upon ability to pay? What difference does this make for the nature and scope of bioethics and its practitioners—inside and outside the minority world of high-income countries?

**Illusion of “Capacity Building” in Bioethics With Inaccessibility of Resources**

Bioethics has long been part of the global landscape of healthcare and medicine, but even more so since the
promulgation of the Universal Declaration of Bioethics and Human Rights in 2005. Like Christian missionaries in the past, the secular priests of Western bioethics—“ethics educators”—have been hard at work to spread the “gospel” of bioethics to developing countries (De Vries and Rott 2011). In 2012, there were no fewer than six international conferences on just one topic within the field—bioethics education (Ten Have and Gordijn 2012). Millions of dollars, pounds, and euros are being spent for bioethics “capacity building” in LMICs. For example, the U.S. National Institutes of Health allotted $691,673 in 2010–2012 for “centrally co-ordinated bioethics education for India” alone (NIH RePORT 2015).

Apart from using funds from international agencies to offer bioethics training to healthcare professionals and others in such countries—an effort to “indigenize” bioethics in “non-Western” cultures and societies—bioethics training is also offered to doctors, philosophers, lawyers, and other scholars on foreign soil. Two prime examples of such “capacity building” endeavours are the U.S. National Institutes of Health Fogarty programmes and the Erasmus Mundus Master of Bioethics programme of the European Commission (run jointly by three European universities, one each in Belgium, the Netherlands, and Italy).

The most pressing need of these newly trained bioethics personnel, after completion of their training, is securing access to the essential resources to continue their bioethics work. Lacking this, they remain out of touch with the work of other bioethicists—globally, if not also regionally—and are unable to contribute to or further a truly “global” development of the field. Poor access to the necessary resources for ongoing engagement in bioethics education, research, and service makes these training programmes an almost cruel “one-time only” exposure to Western (i.e., Anglo-American and European) bioethical theories and methods for new “bioethicists” in LMICs. With no policy of continued support for access to educational and research resources, “capacity building” in developing countries becomes the intellectual equivalent of building a healthy body with a one-time glut of food followed by chronic starvation.

It is difficult to imagine that bioethicists in LMICs will struggle year after year and still be able to muster the motivation to gain from, and contribute to, the body of bioethics knowledge in an international arena to which they have little, if any, access. The majority world of developing countries thus persistently lacks a means of gathering information and acquiring new knowledge and, most importantly, a basis for comparing and contrasting, or contesting and correcting, that new knowledge by incorporating their own experiences and perspectives so crucial to a truly and meaningfully “global” bioethics. Thus, bioethicists in LMICs are denied the meaningful and enduring capacity and scholarly resources necessary to enrich the flow and construction of new knowledge essential to highlight and remedy their own bioethical problems—as well as these problems in high-income countries. Measures of “capacity building” in bioethics therefore need to find ways to ensure ongoing support for bioethics workers in developing countries. In the absence of such access to resources, including bioethics journals, it is no surprise that many bioethics workers in LMICs are disheartened, feel “left out,” and finally lose their passion to work in, and for, local and global bioethics.

**Hegemony of Western Bioethics**

Certainly lack of access to resources and journals is not the only problem faced by bioethicists in LMICs. After their initiation into the discipline, when these scholars begin to work on issues surrounding healthcare and medicine in their local settings, they face numerous additional challenges. Foremost among them are the “grand challenges of global health”—the issues that afflict larger humanity, including hunger, poverty, income inequality, corruption, lack of access to basic healthcare and essential medicines, environmental degradation and associated ill health, unique challenges of occupational health, and other health disparities—most of which are neglected by contemporary mainstream bioethics (Benatar, Daar, and Singer 2005). A second problem, already examined elsewhere, is the (im)possibility of applying abstract, decontextualized, high-income country bioethical theories, methods, and principles—built on the foundations of Western philosophical systems—to the bioethical concerns of non-Western cultures and societies (Chattopadhyay and De Vries 2008; Chattopadhyay 2011; Myser 2011). LMIC bioethicists also face the weighty challenge of acting as a “voice of the voiceless” in bioethics discourse—bringing the voices of those who suffer most from the worst problems in LMICs and who are mostly marginalized, if not excluded, from policy discussions. This is an enormously complex and subtle challenge for their own standpoint epistemologies and sympathies, which will likely vary—
because of differences in class, occupation, profession, ethnicity, gender, religion, language, politics, able-bodied status, and experiential standpoints—from those who may be even more undervalued and under-voiced in their own country and world region.

Facing all of these challenges and more, LMIC bioethics scholars and health professionals—who live with the concrete social realities of low-resource nations and marginalized communities in Asia, Africa, and Latin America—can offer uniquely rich experience and insight about how ethical issues in healthcare and medicine are and should be addressed. Many of these scholars and professionals are aware that the dominant socio-cultural-moral construct known as “Western bioethics”—discussed in academic conference halls thousands of miles away in Paris or Washington, D.C.—does not encompass the belief systems, cultural norms, world views, and ethical values of people located outside the moral traditions that evolved in “White” Western societies (Chattopadhayay and De Vries 2008; De Vries and Rott 2011; Myser 2007, 2011). If they were valued and could find space in the global arena of ideas, the reflections, analysis, experiences, and insights of LMIC bioethics scholars, who are addressing many bioethical issues of global significance in their own countries, would make a significant contribution to a much deeper and richer understanding of global bioethics, something that is desperately needed in the increasingly multicultural societies of the East and West alike.

Sadly, as indicated above, there are many obstacles to overcome. There is not much scope for this to happen given the parochial and minimal “world” view, and less than truly “global” engagement, of mainstream Euro-American bioethics. Diverse moral visions of healthcare and medicine—for example, those of Buddhist folk healers; practitioners of Ayurveda, Acupuncture, and Unani in Asia; Navajo medicine and Shamanism among Native Americans; or African folk medicine as practised in both Western and non-Western cultures and societies—although shared by millions across continents, can scarcely be found in the content of leading international bioethics journals. Similarly, Eastern philosophical and moral worldviews like ahimsa, karma, or dharma remain “minoritized” in a “foreign” land. For all practical purposes, major international bioethics journals lie in a distant world inaccessible to LMIC bioethics workers.

This gap between these diverse worlds is incarnated in academic bioethics publishing. In a study of 4,029 research articles gathered from nine international bioethics journals, Borry, Schotsmans, and Dierickx (2005) showed that authors from high-income countries contributed 96.1 per cent (3,873 of 4,029) of the publications in contrast to 3.9 per cent (156 of 4,029) of those from LMICs. Furthermore, from 1997 to 2003, the number of studies coming from LMICs did not increase significantly over that percentage from 1990 to 1996. Borry, Schotsmans, and Dierickx (2005) report no publications at all from 123 of 154 LMICs (79.9 per cent). These results are hardly surprising, given the obstacles we highlight here.

Lack of access to valuable academic resources and associated under-representation of LMIC perspectives in bioethics publishing thus raise many ethical questions: Does the international bioethics community have a special obligation to strive for “outside-of-the-box” solutions for more equitable access to bioethics literature by researchers in the majority LMIC world? How has the marginalization of these bioethics scholars in Asia, Africa, and Latin America become ethically acceptable in the global arena? Are we really so complacent as to not even notice? In 2008, on the sixtieth anniversary of the adoption of the Universal Declaration of Human Rights, access to information was recognized as a fundamental human right. Surprisingly, there has been little, if any, reflection of this recognition in the world of bioethics publishing. Does the international bioethics community recognize the right of access to bioethics and its associated information for all?

It is long overdue to initiate mechanisms to address this issue of inequity in access to information in bioethics and to take appropriate measures to tackle the problem. A few steps, suggested here, may act as a new beginning in this regard.

First, leading international bioethics journals—e.g., the Journal of Medical Ethics, the Kennedy Institute of Ethics Journal, and The Hastings Center Report—and publications of non-profit academic institutes and centres should make original research papers in bioethics available to all, either immediately or as soon as possible after a short interim delay.

Second, international bioethics journals published by commercial publishing houses like Springer and Wiley-Blackwell should join WHO’s HINARI and make their published contents accessible to bioethics workers in LMICs.

Third, transnational commercial publishers should publish and provide low-priced editions of their bioethics journals, books, and other resource materials for
LMIC scholars, where most of their office and editorial work has been outsourced in recent years.\(^2\) The concomitant policy of “profits over people” is not ethically justifiable anywhere in academics, but especially not in bioethics.

In recent years, health workers have increasingly drawn attention to grand challenges in global health aiming to reduce, if not eliminate, relevant disparities between high-income countries and low- and middle-income countries. The right of access to information applies to bioethics, and recognition of this right is not only important for “capacity building” in bioethics but also for creating a more just world—both locally and globally. Improved access to bioethics literature in LMICs will create more opportunities for crucial experiences, perspectives, and insights to be shared by those currently marginalized, thereby preventing loss of the treasures of diverse moral visions of health and medicine that might uniquely and fruitfully be shared by the whole world. The alternative to this cultural and moral diversity is unabated moral imperialism of Western bioethics and accepting or facilitating—consciously or unconsciously—what could be regarded as intellectual, cultural, and/or moral genocide, i.e., the annihilation of varieties of sociocultural experience, theorizing, and moral visions of life and medicine that have evolved over eons (yet remain almost completely neglected in “mainstream” bioethics). Any “bioethics,” and moreover “global bioethics,” worthy of the name must create more opportunities and outside-the-box creative solutions for fruitful and meaningful engagement with a larger humanity in an increasingly interdependent world.

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References


