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Between Universality and Cultural Diversity: Challenging Passivity in Global Bioethics

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Introduction

What I consider cases and examples of bioethics passivity

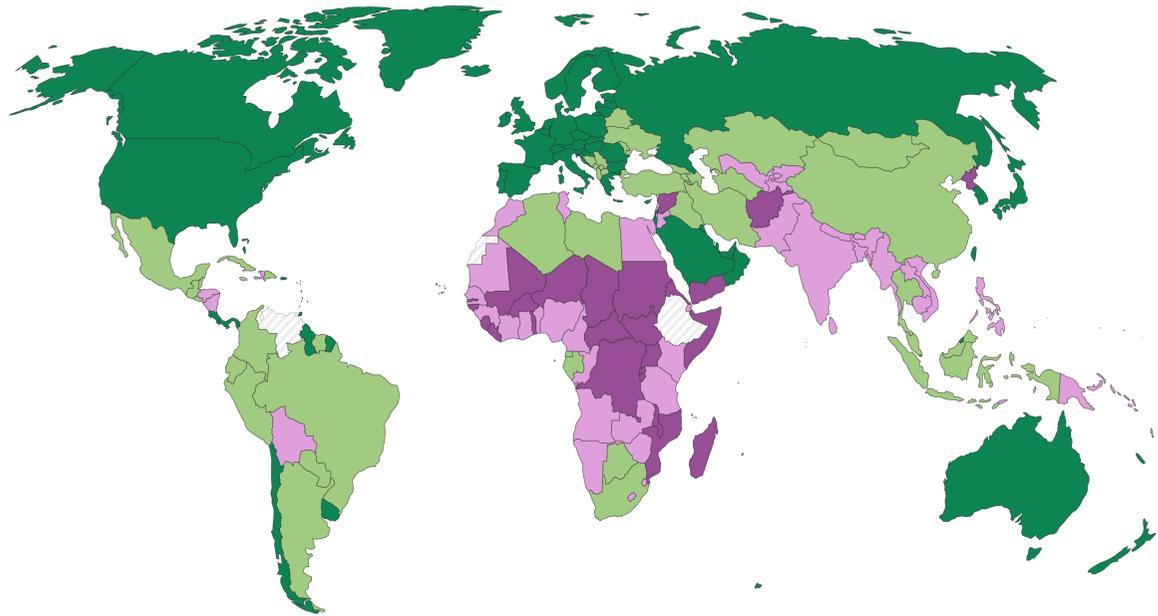
Why I think bioethics is passive in some areas

What are the consequences of bioethics passivity

Some concluding point

World Bank income groups, 2024

The World Bank's income classification divides countries into four categories based on their gross national income (GNI) per capita. Thresholds between income groups have changed over time.

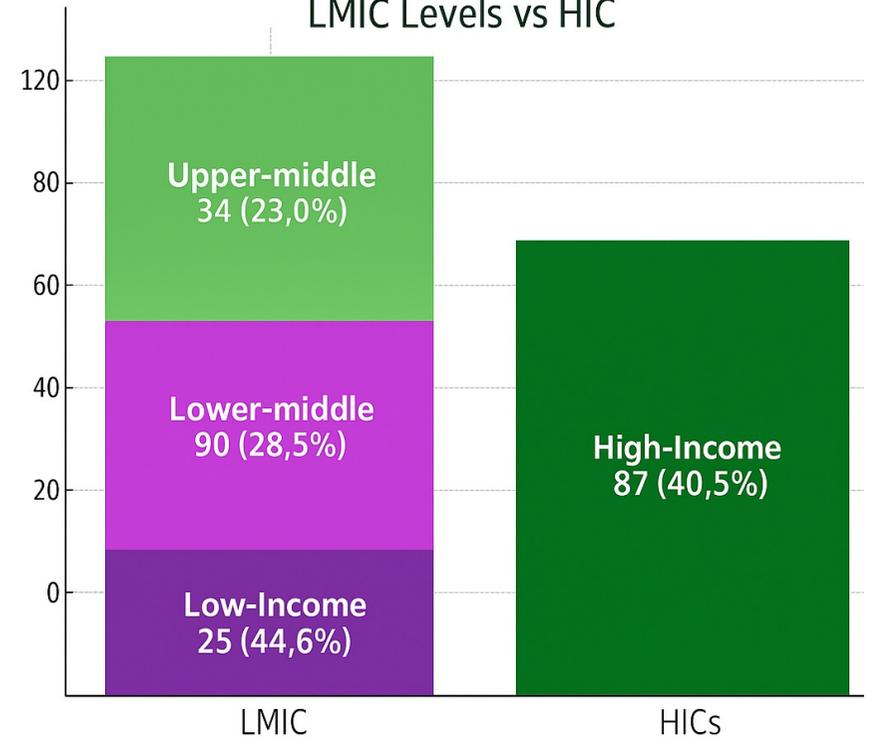


Low income Lower-middle income Upper-middle income High income No data

Data source: World Bank (2025)

OurWorldinData.org/economic-gr

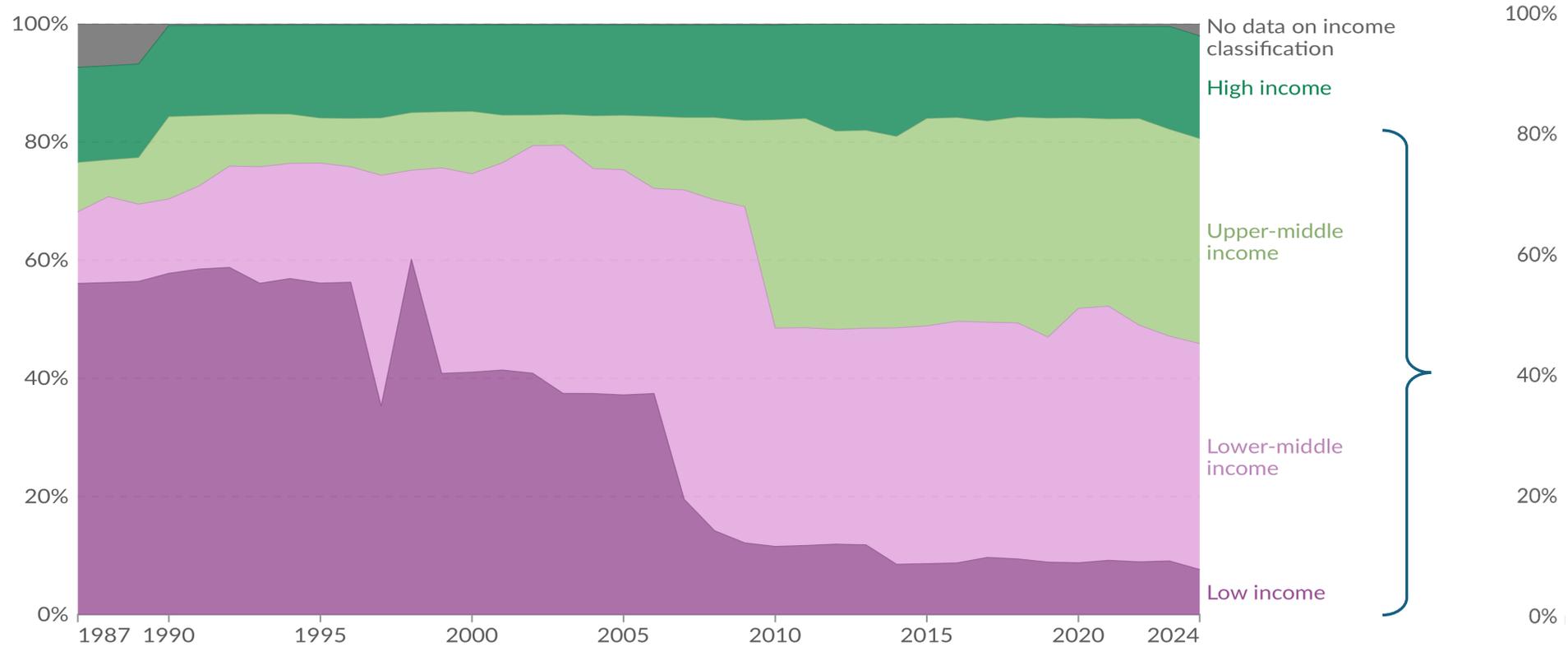
World Bank Income Classification (2026) LMIC Levels vs HIC



Share of population by income group, World



The World Bank's income classifications divide countries into four categories based on their gross national income (GNI) per capita. The GNI thresholds between income groups have changed over time.



Data source: World Bank (2025); Population based on various sources (2024)

OurWorldinData.org/economic-growth | CC BY

Note: Countries are grouped based on the income classification for each respective year. This means that group membership can change over time.

Diversifying healthcare systems: healthcare as a primary arena where competing values and worldviews collide



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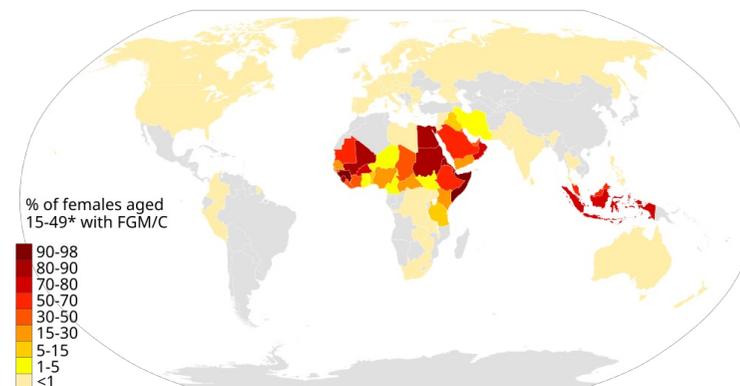
Some concluding point

TARGET ARTICLE

Genital Modifications in Prepubescent Minors: When May Clinicians Ethically Proceed?

The Brussels Collaboration on Bodily Integrity*

Participants in the International Experts Meeting on FGM in Brussels, Belgium, 2019



“Near-universal ethical consensus in the Global North that [...] Unless it is medically necessary [...] any cutting or surgery carried out by a clinician on the external genitalia of a child deemed to have female-typical sex traits is regarded as categorically unethical.”

“We argue that the main ethical reasons capable of supporting this consensus turn not on empirically contestable benefit–risk calculations, but on a fundamental concern to respect the child’s privacy, bodily integrity, developing sexual boundaries, and (future) genital autonomy.

“Although we believe our arguments are applicable to a wide range of cultural settings, we will *limit* our analysis in this article to so-called Western countries of the Global North—primarily those in North America, Australasia (viz., Australia and New Zealand), and Europe—insofar as they have relevantly similar healthcare systems, legal traditions, and medical-ethical norms.”

CIOMS Guideline 18: women as research participants



Women must be included in health-related research unless a good scientific reason justifies their exclusion. Women have been excluded from much health-related research because of their child-bearing potential. As women have distinctive physiologies and health needs, they merit special consideration by researchers and research ethics committees. Only the informed consent of the woman herself should be required for her research participation. Since some societies lack respect for women's autonomy, in no case must the permission of another person replace the requirement of individual informed consent by the woman.

Informed consent and authorization. In some cultures, spouses or community leaders typically grant permission to invite women to participate. This authorization must not be used as a substitute for individual informed consent. The women must have adequate time and a proper environment in which to decide to enrol.

Incompatibility approach to conscientious objection

The *incompatibility approach* argues that *conscientious objection* is *fundamentally incompatible with the professional duties of healthcare providers*. Therefore, if a treatment is legally permitted, professionally accepted, and requested by a patient, the clinician must provide it;

Conclusion

Values are important parts of our lives. But values and conscience have different roles in public and private life. They should influence discussion on what kind of health system to deliver. But they should not influence the care an individual doctor offers to his or her patient. The door to “value-driven medicine” is a door to a Pandora’s box of idiosyncratic, bigoted, discriminatory medicine. Public servants must act in the public interest, not their own.

Savulescu J. Conscientious objection in medicine. *BMJ*. 2006 Feb 4;332(7536):294-7.

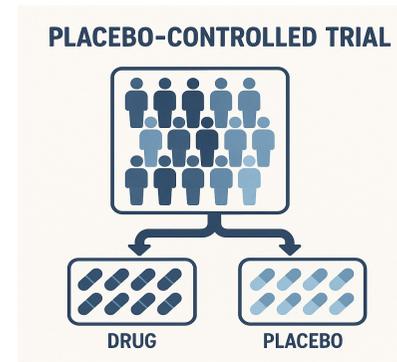
- What if the public interests are not endorsed or supported by law? Or if certain laws contradicts with fundamental ethical requirements.
- This approach presupposes a democratic political system in which laws and logically legally acceptable medical interventions enjoy a basic level of democratic justification.



Design paradox in placebo-controlled clinical trials:

In research ethics literature, placebo-controlled trials are generally considered unethical when an effective treatment already exists, largely to protect local communities from potential exploitation in internationally sponsored research.

- A difficult question arises when a local, not-for-profit/public organisation proposes a placebo design to accelerate the development of a locally produced product, when actual standard of care in that setting is “no treatment,” and that the usual concerns about international exploitation do not apply



Other potential cases:

Male
circumcisions

Limiting blood
products for JW
children in need

Exclusion of
competent
patients from end-
of-life decisions

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Why mainstream bioethics is passive to socioeconomically distinct contexts?



Epistemic humility

To align with values such as respect, non-dominance & tolerance & to Respect other cultures & avoid appearing 'imperialist' or 'colonialist'



Epistemic in-confidence/ Self-Doubt

Due to lack of knowledge in how the discipline is understood and practiced across different socio-economic or political contexts: because of epistemic imbalance in the bioethics literature



Epistemic ignorance

Because of failure to engage with, other socio-economic or political realities.

Epistemic injustice in endorsing sources originated from different contexts



Pragmatic compromise

A practical, middle-ground solution chosen not because it is ideal, but because it is the most workable option under real-world constraints

Dichotomic understanding of morality: ‘bioethics divide’ & ‘moral alienation’

Framing ethical evaluations/justifications within dichotomies such as ‘Western/non-Western’ or ‘Global North/Global South’:

- is primarily rooted in the historical fact that contemporary mainstream bioethics is rooted in liberal philosophy and mostly shaped by democratic political system in Western Countries
- it contradicts the claim of universality manifested in international human right instruments and also in the ‘Universal Declaration of Bioethics & Human Rights’, approved by UNESCO General Assembly in 2005
- is one of underlying factors of bioethics passivity and could be reinforced by passivity.
- can result is other challenges:

Socioeconomic
essentialism

Moral alienation

Damaging
global solidarity

Bioethical
divide

Moral relativism

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Consequences of passivity & moral divide

- **Socio-political:**

- Exclusion of people, societies, and communities from the scope of normative force and protective function of bioethics.
- Political: Creating a vacuum that can be exploited by those who misuse the concept of cultural diversity to support authoritarian or totalitarian political ideologies.
- Marginalization of the voices of ethics advocates who appeal to the universality of moral values and human rights standards as mere expressions of “Western values,” deemed irrelevant or inapplicable.
- Intensifying existing power imbalances within minority communities, even within liberal democratic societies

- **Professional:** HCWs’ involvement in ethically unacceptable practices such as FGM (52 million of the 230 million women and girls living with FGM were cut by HCWs)



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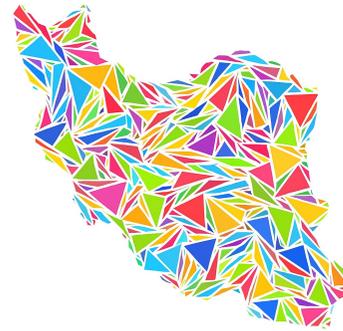
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Paradoxical transformation in cultural diversity



Cultural heterogenization

Cultural homogenization/ cultural globalization/ blurred cultural borders



Some concluding points:

- It is crucial to increase awareness and sensitivity about potential negative consequences of passive bioethical analysis and dichotomic understanding of bioethics.
- Unless compelling reasons are provided to show how specific geopolitical or cultural contexts materially alter the ethical considerations involved, framing ethical evaluations within dichotomies such as Western/non-Western is both problematic and unproductive in bioethical discourse.
- As a common heritage of humanity, bioethics need to address the epistemic injustice/imbalance to better understand other value systems and better engage with moral pluralism. This will support the development of an inclusive framework for cross-cultural normative analysis is needed.



Ehsan Shamsi Gooshki (2025) Cultural Diversity or Ethical Evasion? A Critique of Geographical Essentialism in Bioethical Analysis, *The American Journal of Bioethics*, 25:7, 115-117, DOI: 10.1080/15265161.2025.2509946