Fundamental Moral Values, Cultural Diversity and Ethics Regulation within the Health Professions

Godfrey B. Tangwa, PhD

Abstract

Introduction

Health is one human value that is not only recognized but also prioritized across all cultures of the world, greatly diverse as they are. Healthcare in general and medicine in particular have evolved within all cultures as powerful professions. Professional groups and associations have always been concerned with regulation of the conduct and behavior of their members. Such regulation, in the form of declarations, proclamations, codes, oaths, directives, etc., have become increasingly important in the contemporary world, characterized as it is by great advances in science, technology, research, and the phenomenon of globalization. The question that arises then is whether regulation within the health professions is possible at the global level, given cultural diversity and consequent differing moral perspectives.

Main Body of Abstract

In this presentation, I argue that global professional ethics regulation is possible despite cultural diversity, because fundamental moral values have cross-cultural relevance and validity, even though they are necessarily shaped and coloured by cultural, contextual and situational realities and perspectives. Cultural diversity, which is analogous to biological diversity, is a human value, in the sense that those aspects of reality and human experience captured by each culture are unique to the culture in question but important for all of humanity. This is because human beings are limited beings with respect to their knowledge, powers, capabilities, and experience. There is no human being who knows it all, can do all, and would act fairly, equitably and altruistically for all other human beings. And what is true of human beings as individuals is equally true of human groups, of human cultures and human societies. Very simply, it can be said (metaphorically) that, in human affairs, both at the individual and collective levels, two heads are always better than one.

Furthermore, I would argue specifically that the fundamental principles of biomedical ethics, as 'discovered' and widely discussed within Western culture, have cross-cultural relevance and validity, even though the manner of conceiving and expressing them may differ from culture to culture, from context to context, from one society to another. There is no human culture or society where doing harm/evil or wrong in general is condoned, let alone encouraged. This is the basis of the ethical principle of **non-maleficence** which is, perhaps, the rock-bottom or

minimalist condition for ethical correctness in general. Similarly, there is no human society or culture where doing what is good/right, such as helping the needy, being honest, reliable, or trustworthy are not highly appreciated and encouraged. This is the basis of the ethical principle of **beneficence,** including super-rerogatory beneficence – one of the identification marks, as it were, of moral heros/heroines and religious or secular saints. And, evidence of breaches notwithstanding, there is no human society or culture where human moral equality is not affirmed and individual human freedom of action and choices guaranteed or at least conceded in theory. This is the basis of the ethical principle of **autonomy.** Finally, no human society or culture can persist, let alone prosper, where fairness as a procedural principle in the treatment of moral equals is not required and observed. This is the basis of the ethical principle of **justice,** which has led to the establishment of formal legal systems in every society.

These principles may not be the only putative ones, let alone being couched or expressed in the same manner, but they clearly overarch all human societies and cultures in that they are necessary to make living in communities possible and harmonious. It is, therefore, imperative that different cultural, contextual and situational perspectives be considered and taken into account, as much as practicable, in the formulation of global professional regulations. But this is easier said and even accepted than done. Human ego-centrism and self-interest, coupled with ethnocentrism (the tendency to be too firmly implanted within one's ethnic or social group, allowing it to define all of one's perceptions and relations with all other groups) naturally leads individuals to perceive their own culture, social class, perspective as paradigmatic, although a little critical observation, reflection and sympathetic understanding could help to correct such an attitude. Matters are, however, further complicated by the fact that some cultures/societies are not only dominant, which in itself is no vice, but also domineering . But, difficult as it may be, it is possible to take into account cultural, contextual and situational perspectives in formulating international ethical guidelines. The International Commission on Occupational Health (ICOH) has attempted doing this in its current revision of the International Code of Ethics for Occupational Health Professionals, with results that should soon be available for our critical appraisal.

International ethical guidelines need to be formulated not only in general as opposed to particularistic terms, but in such general terms as would make sense and meaning to variously and differently situated and circumstanced human individuals, communities, groups and societies. This is not a task that is likely to be adequately and satisfactorily accomplished by one conceptually or ideologically homogenous group of human beings, no matter how altruistically minded, no matter how well intentioned and well equipped it may be, for and on behalf of the heterogeneous all. What a good international ethical guideline requires in its formulation and expression is a balancing of different but not necessarily conflicting points of view and perspectives, the underlying ethical imperative alone being the constant and indispensable element. So formulated, the practical application of the guideline would be easier, to the extent that the ethical imperative is easily comprehended, now requiring only interpretation and

translation into the idioms, expressions, practices and manner of doing within any given community or locality. That, however, is not to say that any such putative guideline could ever unquestioningly be accepted everywhere at all times without controversy. That is a luxury not given to ethical judgments and discourse in general.

Much, though not all, of the trouble with ethical controversies, from my point of view, arises from confusing or taking cultural particulars as universals or from too much emphasis and concentration on the mood, manner or vehicle for expressing an ethical imperative, to the detriment of the imperative itself. To avoid this, it is necessary, in the formulation of an ethical guideline, to be quite clear what ethical imperative is at stake. It is quite conceivable that one and the same guideline could be expressed in completely different words, concepts and images for different societies or communities.

At the level of application, the important thing is also to grasp the ethical imperative underlying a guideline, and existential pressures, cultural and circumstantial particulars, will then do the work of 'shaping' and 'colouring' the guideline, without any need for further deliberate effort. If an ethical imperative cannot be identified in a guideline, then it is not an *ethical* guideline and complying with it would only be for non-ethical reasons, such as organizational co-operation, political or economic expediency.

Conclusion

Ethics regulation within the health professions is an inescapable imperative of the contemporary world, which is characterized by both remarkable cultural diversity and the phenomenon of globalization. Such regulation can be based on fundamental human moral values which possess cross-cultural validity and applicability. It needs only take into consideration different cultural perspectives and existential conditions.

References

Beauchamp T. M. and Childress J. F, (2001), *Principles of Biomedical Ethics* (Fifth Edition), New York: Oxford University Press.

Tangwa, G.B. (2004) "Between Universalism and Relativism: A Conceptual Exploration of Problems in Formulating and Applying International Biomedical Ethical Guidelines" *J Med Ethics*; **30:** 63-67.

Tangwa, G.B. (2009) "Ethical Principles in Health Research and Review Process", *Acta Tropica* 1125: S2-S7.