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Human life invaluable: An emerging African bioethical principle¹

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Some bioethical literature reveals that there is some concern by some scholars that certain elements of the current bioethical principlism show limitations when applied in the case of communities or societies whose value systems fall outside those of the Western world. Consequently, several efforts are being made by a number of scholars, both in Africa and abroad, to find what may be considered African bioethical principles. Analysing one of the African proverbial sayings, this research proposes “human life invaluable” as one such principle that is worth considering in the general search for African bioethical principles. In essence, the principle teaches that no resource may be spared at the expense of human life because of the ontologically special place occupied by human beings in the hierarchy of beings in the world.

Introduction

Scholars, both from Africa and abroad, have made efforts to establish what may be considered African bioethical principles. The quest to do this has been triggered by, among other factors, a general observation that certain elements of the current four-pronged bioethical principlism have proved problematic when applied in some non-Western communities because they are perceived as strongly rooted in Western culture. Notable figures among those that have made such efforts include Gbadegesin (1993), Tangwa (1996), Ogundiran (2004), Murove (2005), Onuoha (2007), Mbugua (2009), Metz (2007; 2010), Andoh (2011), Gade (2012), and Behrens (2013). Some have argued that the principlism advanced by Beauchamp and Childress (2013) follows the philosophical mode of thinking generally associated with Western societies, but ignores other modes of thinking.

Motivated by this general quest to establish African bioethical principles, this research attempts to point to “*human life invaluable*” (as essentially embodied in an African proverb) as what it considers an emerging African bioethical principle, not to replace the current principlism, but as one of the principles that are worth considering in the general search for African bioethical principles. To achieve this, the paper uses an ethno-philosophical approach that is both descriptive and analytical. “An ethno-philosophical approach seeks to unearth the philosophies of non-Western cultures through the study of oral traditions, analysis of linguistic categories, social structures and religion” (Proteus 2007).

The proposal in our paper is, to some extent, related to, though also different from, that of Thad Metz (2007) who, in his groundbreaking article in 2007, attempted to formulate an “African moral theory”. In this theory he identified a set of beliefs that are shared by Africans and Westerners (such

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as, it is wrong to kill innocent people for money), as well as a set of beliefs that are held more stringently by Africans than by Westerners (for instance, it is wrong to ignore others and violate communal norms as opposed to acknowledging others, upholding tradition and partaking in rituals). Our proposal is similar to that of Metz in the sense that this paper formulates something that is distinctive about morality in an African context. At the same time this paper's agenda is much more modest than that of Metz's.

Our paper draws on the “principlism” approach of Beauchamp and Childress. It intends to do no more than to propose human life invaluableness as an emerging principle that derives from a distinctly African culture and context and which may therefore be appealed to where its application may be of help or when one of the current principlism's components meets some cultural challenges, as did the application of the principle of the respect for autonomy in the case of the Microbicides Study in southern Africa (Moodley 2007). In the sub-Saharan African context, there is more emphasis on respect for human life than on respect for autonomy because, as will be seen later, in this region one's exercise of autonomy is often limited by the influence of the partner, family or society on the individual. Respect for human life is at the very core of the proposed principle of human life invaluableness. The Microbicides Study was meant to save life in Africa. Applying a principle like human life invaluableness that centres on saving life alongside the principle of respect for autonomy to persuade families or spouses to allow their members or partners to participate faithfully in the study would have probably yielded better results than sticking to an exclusive application of the principle of respect for autonomy alone in a cultural context in which collective decisions or the interests of the group are more valued than the individual ones.

As its starting point, the paper first looks at the aforementioned proverb and its meaning as it evolved over time. This is followed by a discussion of the proposed principle, its basis in the African worldview and its presentation as an emerging African bioethical principle.

The proverb's usage from ancient to the present time

For a long time, African communities have relied heavily on oral devices to communicate important messages. This is because not many communities have always been literate in Africa. One such device is the proverb. Regarded as an embodiment of the community's wisdom, proverbs are very authoritative in Africa (Oruka 1983; Alagoa 1994). People appeal to them to justify their actions and to validate their decisions in life. They serve as points of reference in both traditional and modern African communities against which people defend and justify their actions. They are invoked to inform decision-making processes.

Some of the proverbs are used more than others. One such popular proverb is “*Ha le fete khomo le je motho*”. Literally translated: “*Let it not go past a beast to kill a human being*” (the *it* refers to a spear used in killing). Technically considered, the proverb means that human life is more important than that of other animals and should, therefore, be given the first priority in the face of competing priorities. It also implies that it is morally wrong to kill a human being while there are still other animals available to be killed in his/her place. There are two contexts in which the proverb was/is invoked. These are discussed below.

The proverb as used in ancient times

According to Sekese (2009), in ancient times the proverb was uttered when a warrior was captured by his enemy. It was uttered by both the captured (the victim) and his own people in order to plead for his life. They would plead saying “*Oho! Ha le fete khomo le je motho*” (Please! Let it not go past a beast to kill a human being). Thus the meaning was to let the spear kill the beast (cow) instead of the human life. It is reported that the victim had to raise his hands up and shape them like the cow's horns on his head and declare: “*Ke khomo!*”, “I am a cow!” (Sekese 2009, 112). This would be followed by the proverb: “*Ha le fete khomo le je motho*”. On hearing this, the captor/pursuer was expected to let his victim live, but could also expect to receive from him ten head of cattle in exchange for his life. In this way, the cattle were paid and the human life was saved from the spear of death.

Sekese claims that he once witnessed this way of saving human life. In his words:

I too witnessed this at the war that was between the sons of Molapo in 1882. Moshe Sekoli caught Mokheche. Mokheche raised his hands up and declared himself a cow. On seeing this, Moshe stopped and decided not to kill Mokheche. Later on Mokheche and his son paid Moshe ten head of cattle in return for Mokheche's life (Sekese 2009, 112–113).

The above is the historical sense in which the proverb was used. The idea of invaluableness of human life as derived from the proverb and argued for by this paper is, however, not based on this sense which reduces the proverb's meaning to simple anthropocentrism, but on the modern sense of the proverb's usage as discussed below.

The proverb as used today

Lesotho is one of the African countries severely affected by the AIDS pandemic. Currently, the country is second among the countries that have the highest HIV prevalence in the world (UNAIDS 2014). The pandemic remains one of the leading causes of death in Lesotho. In their attempt to save the lives of their citizens and loved ones, the government and families find themselves having to spend a lot of money on drugs and other mitigating factors on a daily basis. When they are accused of spending too much money on fighting AIDS, their response is always "*Ha le fete khomo le je motho*", which, as seen above, is to say that a human being cannot be left to die in sickness while there are still resources for medical expenses. This proverb has now become a popular saying by which people defend and justify using resources on human health. Once uttered, no further question is asked because of the authoritative nature of proverbs in Africa.

When the proverb was uttered by the ancient Basotho in the past, the purpose was to save human life that was generally valued more highly than any other animal life. When the proverb is uttered today, the purpose is to indicate that every effort should be made to save human life and that no resource can ever be considered more important than human life. The proverb points to the invaluableness of human life as the principle that should govern people's behaviour and attitudes when dealing with human health and safety.

Once uttered, the proverb brings to an end any accusation or further argument, because people appreciate what it means and understand its authoritative nature, as well as its moral implications – that any act that spares resources at the expense of human life is immoral and must therefore be ethically/morally condemnable.

Human life invaluableness and its basis in the African worldview

Once human life is described as invaluable, the quest in one's mind becomes one of immediately wanting to know the basis for such invaluableness. This is what this section of the paper attempts to address. This is done by showing that the basis for this way of looking at human life is neither simply that human beings belong to a species that is different from that of nonhuman animals as that would be tantamount to reducing the principle to a mere speciecism, nor is it human rationality upon which rests the philosophical idea of the sanctity of human life as that would make the principle inapplicable to persons who, for one reason or another, are not able to exercise their rationality. Such invaluableness is, instead, based upon the traditional African worldview which rightly or wrongly places human beings at the centre of the concentric circles of the ontological hierarchy.

Defining concepts in general is a good starting point for one to be able to appreciate what such concepts mean when applied in specific situations. That being the case, this section starts with a brief explanation of what a worldview is. A brief explanation given by Professor Funk (2002) of the Oregon State University suffices for this purpose. Explaining what he understands by the word "worldview", he says:

My worldview is the set of beliefs about fundamental aspects of Reality that ground and influence all my perceiving, thinking, knowing, and doing...My worldview includes my beliefs about the nature and sources of knowledge (my epistemology), my beliefs about the ultimate nature of Reality (my metaphysics), my beliefs about the origins and nature of the universe (my cosmology), my beliefs about the meaning and purpose of the universe and its

inhabitants (my teleology), my beliefs about the existence and nature of God (my theology), my beliefs about the nature and purpose of Man (my anthropology), and my beliefs about the nature of value and the value of things (my axiology).

The general beliefs that are my worldview shape not only how I see the world, but also profoundly influence the particular beliefs I come to hold, the judgments and decisions I make, and all that I think, say, and do... (Funk 2002).

Just as there is what is considered a Western way of doing things (worldview), despite diverse thinking observed among people in Western countries, there is an African way of doing things. That is, a unique worldview in the sense explained in the above quotation. While it is true that such a worldview may not be shared by all Africans, the fact remains that this is a way of doing or understanding things that is unique to Africa and with which a good number of Africans, especially, in traditional settings, identify.

Several authors have tried to write on the existence of what they see as an African worldview, but none has done so better than a politician, Kenneth Kaunda, in his book, *A Humanist in Africa* (1966). Acknowledging the existence of such a unique African worldview to his Western interlocutor, Kaunda said:

Possibly “psychology” is not the appropriate word, but I do believe that there is a distinctively African way of looking at things, of problem-solving and indeed of thinking – we have our own logic-system which makes sense to us, however confusing it might be to the Westerners (Kaunda 1966, 28–29).

To be able to appreciate what Kaunda means here, one has to first understand that the word ‘Africans’ as used in this context does not refer to all people of Africa, but mainly to black people in sub-Saharan Africa, especially those living in traditional settings.

The place of humans in the traditional African worldview

One of the unique features of the African traditional worldview is that it imprints a predominantly monistic view of reality in people’s mind (Cumpsty 1991). That is to say that for the said Africans, what is out there is a closed system of cause and effect. This means that causes and their effects are within the same system, not outside it. The reality out there is perceived as a single integrated totality of cause and effect in which different components (including humans) hang harmoniously together like threads of a spider’s web until one member (usually a human agent) does something to disturb the harmony. In fact, for such Africans, as Tempels puts it,

[n]othing moves in this universe of forces without influencing other forces by its movement. The world of forces is held like a spider’s web of which no single thread can be caused to vibrate without shaking the whole network (Tempels 1969, 60).

In this monistic view of reality, a special recognition is given to the ontological interconnectedness and symbiotic relationship that exist between and among all beings in the universe (Zahan 1979; Jahn 1990; Magesa 1997). This way of perceiving reality places humans at the centre of the concentrically arranged circles of the ontological hierarchy. Moving from the outermost circle to the innermost one

...is God – creator of all things, then divinities, spirits, ancestors based on age; then man, animals, vegetation and other minor forces each reinforcing each other. The reality of their existence consists in their ability to reinforce each other in their web of interaction (Talboid 1979, 27–28).

What Talboid means here is that in the universe, human beings occupy the innermost circle surrounded by both animals and plants for use. After this circle (from inside out) follow other ontological circles occupied by ancestors, spirits, divinities and then what is considered the ultimate reality by the people respectively – all working together to ensure the well-being of the human

beings at the centre of the ontological web. It is this central positioning of human beings (not their belonging to a different species) that makes their lives of special value among the lives of other beings. What is unique about this kind of hierarchical arrangement of beings as opposed to a pyramidal one is that humans do not see or regard themselves as masters over the universe (Mbiti 1991; Bujo 1997; Turaki 2006). They see themselves as constituent parts of the whole in which all beings/forces depend on each other for survival. When he expresses human beings' need to cooperate with other forces of nature, Kaunda says:

I believe that the universe is basically good and that throughout it great forces are at work striving to bring about a greater unity of all living things. It is through cooperation with these forces that man will achieve all of which he is capable. Those people who are dependent upon and live in the closest relationship with nature are most conscious of the operation of these forces: The pulse of their lives beats in harmony with the pulse of the universe (Kaunda 1966, 22–23).

Thabo Mbeki once expressed this understanding in what was described as the best speech of his political career by some political analysts when, in his address to the South African Parliament in 1996, he said:

I am an African. I owe my being to the hills and the valleys, the mountains and the glades, the rivers, the deserts, the trees, the flowers, the seas and the ever-changing seasons that define the face of our native land (Mbeki 1996).

Human life invaluable: An emerging African bioethical principle?

In this section of the paper, human life invaluableness as the essential teaching of the African proverb, "*Ha le fete khomo le je motho*", referred to above, is presented as an emerging African bioethical principle. This is to say that in taking care of the health of their loved ones, some Africans (the Southern Sotho in particular) do certain things that flow from what appears to be their common morality, that human life is of such great value that it cannot be exchanged for anything, which is, in essence, the meaning of the word *invaluable* as used throughout this paper. In caring for their loved ones, such Africans do things whose performance appears to be justified by their general understanding of human life as being invaluable. Such things, sometimes, include resigning from one's job in order to have time to care for the sick relative as well as excessively incurring medical expenses in an attempt to save the life of the loved one.

Leaving one's job when the unemployment rate is so high and spending almost all resources for one course when (as typical of the situation in many poor countries) there are so many other competing needs on all sides should, under normal circumstances, be condemned as being irresponsible. But this does not appear to be the case with these Africans. When they are criticised for abandoning their means of livelihood (by resigning from their jobs) and for excessively spending resources on a sick person, such Africans counter-argue that while jobs can always be sought again and resources be re-accumulated, human life comes once, and once lost, it is lost for good. Thus, for them, committing resources to saving human lives, where there is a hope for success, is always something honourable. To drive their point home, a section of the African people known as the Southern Sotho often close their argument by quoting the above-mentioned proverb.

Human life as spoken of here does not refer to life as seen from a moral point of view (as good or evil), but as seen from the ontological perspective (life as life). The principle speaks of life in the context of a situation where one has to choose between spending resources in order to save life and sparing resources at the expense of potentially saving a saveable life. In this context, the moral status of the person whose life is to be saved is not the issue. That being the case, the principle applies even in the case of criminals, mass murderers, and many more related cases, because its concern is essentially to save human life regardless of the moral status of the life's owner.

Likewise, the principle does not disallow the practice of triaging in medical treatment and health workers' discretion on what to do with people who are in a chronic vegetative state, as long as doing so is something that is influenced by what is practically possible, not a desire to devalue any

human life. Because the principle applies only to an independent, viable human life that is visibly and consciously in danger and is not only in need of help, but has a potential to recover, it does not apply in the cases of abortion, anencephalic fetuses, and redundant, frozen in vitro-produced pre-embryos.

To be able to appreciate this as a principle, there is a need for one to first understand what is meant by the word ‘principle’. Etymologically speaking, “the term ‘principles’ derives from the Latin word *principia*, which denotes directives that operate ‘at the beginning’” (van Niekerk 2011, 37). In general terms, a principle may be defined as that out of which flows the rest and is the basis from which the rest flows. It thus serves to channel one’s actions and/or behaviour such that one acts or behaves from a given perspective.

Biomedical principles are moral principles that provide a conceptual framework for the analysis and resolution of moral problems that are encountered in the clinical delivery of healthcare and medical research, as well as the distribution of healthcare resources. On the other hand, a principle becomes a moral principle when a person allows the principle to override any other principles which he/she may hold: “Any principle at all is capable of being a moral principle for a person, if that person should take it as overriding” (Singer 1973, 52). To avoid confusing principles with both values and morals, it is important to note that, whereas values motivate and describe what is important in one’s life, and morals constrain and prescribe what is or is not morally appropriate, the principles generally inform one’s choice of values/virtues and morals. Thus, for example, the choice of such virtues as respectfulness, non-malevolence, benevolence and justice is a choice that is informed by such principles as respect for autonomy, non-maleficence, beneficence and justice (Beauchamp and Childress 2013).

Distinctive features of moral principles

For O’Callaghan (1971) moral principles present themselves as criteria for distinguishing right from wrong in certain situations. According to him,

[i]n his moral ideals the person lays down once and for all a moral policy according to which or towards which he wills to direct his life. They are his principles; they are the conscience he has formed for himself. These principles introduce order and pattern into his moral life and correct arbitrariness and the tendency to bend with expediency or self-interest. But they do more than this. They act as a beacon drawing him forward to become the person he should be (O’Callaghan 1971, 555).

In this way moral principles serve as moral guides in one’s life in general and in one’s moral decision-making in particular. This should not, however, be understood as saying that moral principles are moral rules. What they are known to do is to give rise to moral rules for the most part without themselves becoming such moral rules.

They are also to be distinguished from mere regularities in that they, as Robinson correctly observes, “explain phenomena ‘falling within their’ scope, which scope at least includes the instances of the laws they guarantee. More specifically, moral principles explain why these phenomena obtain or occur” (Robinson 2008, 2–3).

One other very important distinctive feature of such principles is that they derive from the common morality and serve as general guidelines for the formulation of more specific rules (Beauchamp and Childress 2013). Generally defined as a universal morality with universal binding force on all persons everywhere, the idea of the common morality, as used here, has to be properly understood. It is used not to imply that all people will look at the same broad reality in exactly the same way, but that while certain general moral intuitions may be commonly possessed by all persons everywhere by virtue of their common human nature and thus lead to the existence of the common morality, the place of emphasis or focus on each of these general moral intuitions will vary from one cultural/ethnic group to another. Thus, for example, while respecting persons is something that is universally shared by moral agents wherever they are, regardless of their ethnic or cultural background, the focus as to what exactly is to be respected about persons will differ from one cultural/ethnic group to another. For that reason, while modern Western societies appear to focus more on the respect for

autonomy as their way of respecting human persons, African societies tend to focus more on respect for human life. This explains why dealing with loss of human life is such a highly ritualised affair in African communities.

What this argument essentially means is that just as the four principles that constitute the current principlism have their roots in the common morality, the proposed principle of human life invaluableness has its roots in the universal human moral intuition to value human life. Having gone this far, it now remains to be seen whether or not “*human life invaluableness*” does, indeed, qualify to be an emerging African bioethical principle.

The case for human life invaluableness

According to the foregoing discussion, the word “principle” generally refers to that which proceeds from another in the sense that it is that out of which flows the rest and it serves as the basis from which the rest flows.

It has now become a common practice in today’s AIDS-riddled Lesotho that when people are faced with a situation of having a critically ill relative, they tend to spend almost all resources available on getting better medication for their loved ones in an attempt to restore their health. More often than not, such relatives do this at the expense of other necessities of life. In some cases, people resign from their jobs in order to have enough time to care for their sick relatives. When they are criticised for spending resources unwisely, they always respond by saying: “*Ha le fete khomo le je motho*”, which, as seen earlier, means that human life is of such great value that one cannot spare resources at its expense. They present human life as something invaluable and therefore worth spending one’s resources on, even if it means spending them at the expense of other necessities of life. The invaluableness attached to human life is presented as the basis for everything that is done in connection with saving the life of the loved one. Therefore human life invaluableness is a principle that appears to be underlying what the Southern Sotho people do when they provide healthcare for their loved ones.

In caring for their loved ones, carers usually display such virtues as caring, love, concern, courteousness, patience, thoughtfulness, sympathy, loyalty, compassion, and reliability. The majority of these virtues are those that are described by Beauchamp and Childress (2013, 381) as having no direct, one-to-one correspondence to any principle and do not correspond well to principles and rules of obligation. This paper argues that these virtues correspond well to the principle of human life invaluableness. They appear to be informed by this principle when applied in the context of caring for the sick.

According to the above discussion, a principle becomes a moral principle when a person allows the principle to override any other principles which he/she may hold as action guides, and to introduce order and pattern into one’s moral life and correct arbitrariness and the tendency to bend with expediency or self-interest. Once the Southern Sotho people have said “*Ha le fete khomo le je motho*”, the understanding is that they have taken the stance from which they cannot be easily dissuaded because of their cultural conviction that it is morally wrong to spare resources at the expense of human life. That is their way of saying “we are prepared to go all the way to save human life even if it means spending our very last resources”. In this way, human life invaluableness becomes an overriding principle that introduces order and pattern in the way they deal with human health, and corrects arbitrariness and the tendency to bend with expediency or self-interest when it comes to issues of health.

From the above, it becomes clear that human life invaluableness, which appears to be at the core of the proverbial saying, “*Ha le fete khomo le je motho*”, presents itself as a kind of principle that influences these African people when they deal with issues of healthcare.

Relating human life invaluableness to the existing bioethical principlism

Having said this much, the next most important step is now to know what, technically speaking, this emerging principle entails in comparison with other principles currently observed when dealing with human health. There are a variety of principles people generally observe when dealing with human health. It is not in the scope of this research work to discuss all such principles. The focus

is, therefore, on the four classical bioethical principles of respect for autonomy, beneficence, non-maleficence and justice as seminally contained in the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1978) and elaborately developed by Beauchamp and Childress (2013), with special emphasis on respect for autonomy. This is because respect for autonomy is one principle whose problematic application in certain cultural contexts creates a context in which the proposed principle of human life invaluableness may play a critical role.

Principlism, as it is known today, developed out of the awareness of bioethicists that, despite their disagreement on which normative ethical theory would serve them better in a given case, they nevertheless shared a common commitment to several core ethical principles which they could use to resolve particular cases and larger issues (Foster 2014). This awareness became even clearer in 1979 when both The Belmont Report and *Principles of Biomedical Ethics* were published. *The Belmont Report* proposed respect for persons, beneficence, and justice as the three core ethical principles that should govern research that involves human participants. The *Principles of Biomedical Ethics* publication added a fourth principle by distinguishing beneficence from non-maleficence. The four principles were later developed in great detail by Beauchamp and Childress. Their approach has since been chosen as an alternative to analysing ethically problematic cases because of what many see as irresolvable problems associated with various competing normative ethical theories. As van Niekerk observes, “[o]ne of the main reasons for the emphasis on principles is the fact that it is so difficult to attain consensus on the most appropriate and universalistically applicable moral theory” (2011, 38).

Principlism is, however, not without limitations. The four principles that constitute it are criticised for being imperialist, inapplicable, inconsistent and inadequate (Huxtable 2013). They are criticised for not only advancing a distinctively Western position, but also for failing to recognise the multiplicity of traditions and perspectives (Huxtable 2013, 40). When applied to concrete situations, some of these principles may not be that easily applicable. The failure of one of the principles to apply in certain contexts may have an adverse impact on the research results as happened in the case of the Microbicides Study where the alleged inapplicability of the principle of respect for autonomy in the communities used as study subjects is said to have played a critical role (Moodley 2007). When this occurs, it is better to appeal to other locally available principles whose usage is likely to still bring about the desired results. As seen earlier, a better choice in the cases of the nature of the Microbicides Study is to appeal to a principle like human life invaluableness, which is essentially as much a manifestation of respect for human persons as is respect for autonomy, but focuses more on valuing human life as such. The human life invaluableness principle can thus be used in situations where respect for autonomy becomes difficult or problematic to uphold.

Although each of the four principles has been criticised in one way or another, none has been as much criticised as the principle of *respect for autonomy*. As stated by Jacquineau Azétsop and Stuart Rennie (2010), respect for autonomy “historically has its roots in the liberal moral and political tradition of the Enlightenment in Western Europe”. Within this tradition, an action or practice is considered ethically justified when undertaken without any coercive influence and entered into by the free and informed consent of an individual.

This individualistic understanding of autonomy does not work successfully in settings “where autonomy is not expressed in an individualistic sense and where communal conceptions of personhood may require couple or family consent as opposed to individual consent” (Moodley 2007, 3–4). The failure of the Microbicides Study in Africa, where people usually have an inclusive conception of consent, is partly blamed on that research’s failure to take this important factor into consideration.

Since, practically speaking, autonomy can only be spoken of in the case of the self-determined, rational agents who are independent and are capable of both rational and unconstrained decision-making and acting accordingly (Pecorino 2005), the question that immediately attracts one’s attention is: How does the principle of respect for autonomy apply in the case of those who are not capable of both rational and unconstrained decision-making or are inadequately enlightened on scientific medical issues and can, therefore, not provide an adequately informed consent? Such

cases include instances where people are comatose, brain damaged, psychotic, mentally impaired, in a drug-induced state and illiterate. While it is true that the Belmont Report recommended an availability of someone to exercise proxy consent on behalf of those who are, for whatever reason, incapable of doing so for themselves to overcome this problem, which of the known medical principles can one appeal to, to ensure that all patients receive an uncompromised, unbiased and dignified treatment despite their capability to think rationally? Human life invaluableness as one principle whose application does not depend on a patient's ability to reason well and to choose the appropriate ends or to completely understand all the issues involved in making a medical decision appears to or can be one such principle.

Human life invaluableness as proposed here is not meant to replace any of the four bioethical principles referred to above, but is to be considered for application where one or some of them are judged to be difficult or impossible to apply such as has been seen in the case of the Microbicides Study referred to above. Another example of a situation where the principle may be applied is the case of a patient who is, for one reason or another, not capable of self-determination which is, as a matter of fact, a prerequisite for a complete exercise of one's autonomy.

In situations such as these, appealing to respect for autonomy is not and cannot be of any help. In such situations, what is needed is a principle that does not only respect self-determination or autonomy, but also and primarily respects patients as persons so that even those who lack self-determination, for one reason or another, can still be treated as having unconditional value by virtue of simply being persons. In other words, the principle of human life invaluableness is one of the principles that has the capacity to respect not only patients with the capacity to exercise their human autonomy, but all patients as persons with dignity. The principle gives the patient's life the kind of respect that is independent of one's personal moral status and/or state of mind or level of educational enlightenment. This is because this principle teaches, as its basic tenet, that human life can neither be compromised nor be exchanged for anything where there are competing needs. The "invaluableness" attached to the principle simply means that no value, whether monetary or otherwise, can equal the value of human life, medically speaking.

The principle's ethical implications for medical care

This invaluableness principle has a number of ethical implications for health professionals. First and foremost, it places human life at the top of the hierarchy of things that are considered valuable in this world. As a result of this kind of understanding of human life, the principle discourages the use of human beings as mere means to an end. It presents human beings as ends in themselves.² This, however, does not discourage any possibility of putting a few individuals on a promising drug trial as long as the goal of carrying out such a trial is, essentially, to be able to save many lives including the very lives of those participating in the trial.

The human life invaluableness principle appears to be one of the principles that can be used to justify the use of animals in pre-clinical trials in order to avoid placing human life in jeopardy. From what has been discussed about other principles so far, it has become clear that although using animals in pre-clinical trials has become a standard procedure in medicine, none of the known principles appears to clearly and directly justify such a medical procedure better than the human life invaluableness principle.

Last, but not least, it is a known fact that the majority of African communities in southern Africa, where the AIDS pandemic is wreaking havoc on people's lives, live below the poverty line and can as such hardly afford the antiretroviral drugs. Invaluableness of human life is one principle that can be invoked to persuade some of the unwilling governments of such communities to subsidise these vital drugs so as to make them affordable for these poor people.

Conclusion and recommendations

This paper has presented "human life invaluableness" as what it considers an emerging African

2 In this sense, it is in full accordance with Immanuel Kant's famous categorical imperative: "Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end" (Kant 1948, 96 [section 67]).

bioethical principle through a critical analysis of one African proverbial saying, using an ethno-philosophical approach that is both descriptive and analytical. This is done as part of the efforts by students of Bioethics to establish African bioethical principles.

When the Southern Sotho people are usually criticised for excessively spending money on caring for their loved ones to save them from the impending AIDS-related death at the expense of other life necessities, their response is always: “*Ha le fete khomo le je motho*”, which technically speaking, points to the invaluableness of human life as the principle that should govern people’s behaviour and attitudes when dealing with human life and its safety. Thus human life invaluableness as the essential teaching of the African proverb, “*Ha le fete khomo le je motho*”, is an emerging African bioethical principle. The principle is an overriding one that introduces order and pattern in the way the Southern Sotho people deal with human health, and corrects arbitrariness and the tendency to bend with expediency or self-interest when it comes to issues of health.

There are two sides to every coin. Space constraints have not allowed for adequate discussion on the proposed principle that includes ascertaining that the principle is shared by all sub-Saharan African communities, and whether following the principle as it is is not likely to plunge poor countries into further crisis when communities exhaust all possible resources for prolonging a life that may have very little value for both the patient and the community. Doing so in a poverty-stricken country in which there might be other important needs to be urgently attended to would surely be tantamount to being irresponsible. It will therefore be important to address these issues in detail when the principle is further discussed in future studies.

References

- Alagoa, E. J. 1994. “An African philosophy of history in the oral tradition.” In: *Paths towards the Past: African Historical Essays in Honour of Jan Vansina*, edited by R. W. Harms, J. C. Miller and D. S. Newbury, 15–25. Atlanta: Crossroads.
- Andoh, C. T. 2011. “Bioethics and the challenges to its growth in Africa.” *Open Journal of Philosophy* 1(2): 67–75. doi:10.4236/ojpp.2011.12012.
- Azétso, J. and S. Rennie. 2010. “Principlism, medical individualism, and health promotion in resource-poor countries: can autonomy-based bioethics promote social justice and population health?” <http://www.peh-med.com/content/5/1/1>.
- Beauchamp, T. L., and J. F. Childress. (1979) 2013. *The Principles of Biomedical Ethics*. 7th edn. Oxford: Oxford University Press.
- Behrens, K. G. 2013. “Towards an indigenous African bioethics.” *South African Journal of Bioethics and Law* 6(1): 30–35. doi:10.7196/sajbl.255.
- Bujo, B. 1997. *Christian Morality at the Age of Inculturation*. Nairobi: St. Paul Publications.
- Cumpsty, J. 1991. *Religion as Belonging: A General Theory of Religion*. Lanham: University Press of America.
- Foster, B. 2014. “Philosophical investigation of principlism and the implications raised by the treatment of the mentally ill.” *Aporia* 4: 89–101.
- Funk, K. 2002. “My Worldview.” <http://web.engr.oregonstate.edu/~funkk/Personal/myWorldview.html>.
- Gade, C. B. 2012. “What is ubuntu? Different interpretations among South Africans of African descent.” *South African Journal of Philosophy* 31(3): 484–503. doi:10.1080/02580136.2012.10751789.
- Gbadegesin, S. 1993. “Bioethics and Culture: An African Perspective.” *Bioethics* 7(2-3): 257–62. doi:10.1111/j.1467-8519.1993.tb00292.x.
- Huxtable, R. 2013. “For and against the four principles of biomedical ethics.” *Clinical Ethics* 8(2-3): 39–43. doi:10.1177/1477750913486245.
- Jahn, J. 1990. *Muntu: African Culture and the Western World*. New York: Grove Weidenfeld.
- Kant, I. 1948. *Groundwork of the Metaphysics or Morals*. New York: Harper Torchbooks.
- Kaunda, K. 1966. *A Humanist in Africa*. London: Longmans.
- Magesa, L. 1997. *African Religion: The Moral Traditions of Abundant Life*. Maryknoll: Orbis Books.

- Mbeki, T. 1996. "Here we stand, Africans United." *City Press*, 12 May: 17.
- Mbiti, J. S. 1991. *Introduction to African Religion*. Nairobi: East African Educational Publishers.
- Mbugua, K. 2009. "Is there an African Bioethics?" *Eubios Journal of Asian and International Bioethics* 19(4): 2–5.
- Metz, T. 2007. "Toward an African Moral Theory." *Journal of Political Philosophy* 15(3): 321–41. doi:10.1111/j.1467-9760.2007.00280.x.
- Metz, T. 2010. "African and Western Moral Theories in Bioethical Context." *Developing World Bioethics* 10(1): 49–58. doi:10.1111/j.1471-8847.2009.00273.x.
- Moodley, K. 2007. "Microbicide research in developing countries: Have we given the ethical concerns due consideration?" <http://www.biomedcentral.com/1472-6939/8/10>. doi:10.1186/1472-6939-8-10.
- Murove, M. 2005. "African bioethics: An exploratory discourse." *Journal for the Study of Religion* 18(1): 16–36. doi:10.4314/jsr.v18i1.6163.
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, Department of Health, Education and Welfare. 1978. *The Belmont Report* (PDF). Washington, DC: United States Government Printing Office.
- O'Callaghan, D. F. 1971. "The meaning of moral principle." *Furrow* 22(9): 555–563.
- Ogundiran, T. O. 2004. "Enhancing the African bioethics initiative." *BMC Medical Education* 4(21). doi:10.1186/1472-6920-4-21.
- Onuoha, C. 2007. "Bioethics across borders: An African perspective." *Upsala Studies in Social Ethics* 34: 1–42.
- Oruka, H. O. 1983. "Sagacity in African philosophy." *International Philosophical Quarterly* 23(4): 383–393. doi:10.5840/ipq198323448.
- Pecorino, P. A. 2005. *Medical Ethics*. http://www.qcc.cuny.edu/SocialSciences/ppecorino/MEDICAL_ETHICS_TEXT/Chapter_6_Patient_Rights/ISSUES_AUTONOMY.htm
- Proteus, M. 2007. *African Philosophy*. http://getwiki.net/-African_Philosophy.
- Robinson, L. 2008. "Moral principles are not moral laws." *Journal of Ethics & Social Philosophy* 2(3): 1–22.
- Sekese, A. 2009. *Mekhoa le Maele a Basotho*. Morija: Morija Printing Works.
- Singer, P. 1973. "The triviality of the debate over 'is-ought' and the definition of 'moral'." *American Philosophical Quarterly* (January): 51–56.
- Talboid, A. 1979. *No one Taught like this Man*. Nairobi: Jomo Kenyatta Foundation.
- Tangwa, G. B. 1996. "Bioethics: An African Perspective." *Bioethics* 10(3): 183–200.
- Tempels. 1969. *Bantu Philosophy*. Paris: Presence Africaine.
- Turaki, Y. 2006. *Foundations of African Traditional Religion and Worldview*. Nairobi: Word Alive Publishers Limited.
- UNAIDS. 2014. *The Gap Report: Beginning of the End of the AIDS Epidemic*. Geneva: UNAIDS.
- Van Niekerk. 2011. "Ethics theories and the principlist approach in bioethics." In: *Medical Ethics, Law and Human Rights: A South African Perspective*, edited by K. Moodley, 19–40. Pretoria: Van Schaik Publishers.
- Zahan, D. 1979. *The Religion, Spirituality and Thought of Traditional Africa*. Chicago: University of Chicago Press.