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Between Essentialist and Constructivist Approaches: What Model of Bioethics for Africa? Guidelines for a Grounded, Relational, and Critical African Bioethics

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Abstract

In contemporary debates, African bioethics is often forced to choose between two theoretical poles that are equally inadequate when taken to extremes: a normative essentialism that protects the dignity and value of life, but risks freezing African cultures into a homogeneous and ahistorical image; and a moral constructivism that opens the space for deliberation, pluralism, and contextual adaptation, but may dissolve into relativism or into a mere local translation of normative agendas developed elsewhere. Based on a critical review of French- and English-language literature conducted on PubMed and Google Scholar, this article examines the strengths and limitations of these two approaches for addressing contemporary bioethical issues in Africa. The analysis draws on major African contributions to bioethics, on the continent's relational philosophies—notably Ubuntu and certain Bantu and Mossi anthropological concepts—as well as on emblematic debates concerning the status of the embryo, surrogacy, health equity, the governance of biomedical innovations, and the One Health paradigm. The central argument is that the choice between essentialism and constructivism constitutes a false dilemma. An intellectually robust and socially effective African bioethics must be built at the intersection of three requirements: a strong anthropological foundation that recognizes the intrinsic value of human life; a critical hermeneutics attentive to the plurality of African societies and the historical transformation of their norms; institutional mediation capable of translating these resources into the fields of education, research, care, public health, and the regulation of biotechnologies. The article thus proposes a model of African bioethics that is relational, personalist, and critical. Relational, because it understands the person through their con-

stitutive bonds with others, the community, generations, and the living world; personalist, because it rejects any reduction of the human being to their functional, economic, or contractual capacities alone; and finally, critical, because it does not sacralize either tradition or modernity, but subjects both to the scrutiny of justice, vulnerability, and dignity.

Keywords

African Anthropology, Bioethics, Constructivism, Essentialism, Personalism, Ubuntu, Vulnerability, One Health

1. Introduction

The debate over bioethical models relevant to Africa has intensified as the continent has become a strategic hub for biomedical research, normative experimentation, technoscientific innovations, and rapid transformations in health systems. In this context, Africa is no longer simply perceived as a space for the application of norms produced elsewhere; it increasingly appears as a hub for decisive theoretical questions regarding the person, the community, vulnerability, justice, and the cultural conditions of moral discernment (Barugahare, 2018; Behrens, 2017).

Two dominant perspectives frequently shape the debates. The first, which can be described as essentialist in the broad sense, affirms the existence of non-negotiable human dignity, the intrinsic value of life, and moral standards that cannot be entirely subordinated to individual preferences or utility calculations. This perspective finds powerful echoes in several African traditions: the importance of vital force, the centrality of solidarity, the primacy of community, respect for ancestors, the sacredness of birth and death, and concern for bodily integrity and social bonds (Coleman, 2017; Sawadogo & Simporé, 2022; Tchana, 2019).

The second, constructivist approach, on the contrary, emphasizes the historically situated, socially negotiated, and politically contested nature of moral norms. It values public deliberation, pluralism, participation, and attention to context. It usefully reminds us that no culture is monolithic, that traditions are never pure, and that credible bioethics must incorporate the real tensions related to gender, poverty, medical power, religious influences, colonial legacies, and contemporary democratic aspirations (Akpa-Inyang & Chima, 2021; Fayemi & Adeyelure, 2016; Andanda & Düwell, 2024).

The problem is that each of these approaches, when isolated and taken to extremes, becomes inadequate. Essentialism can drift toward rigid culturalism, authoritarian normativity, or an idealization of the African past. Constructivism, for its part, can undermine the protective frameworks essential in the face of the commodification of life, the instrumentalization of bodies, or the power asymmetries that permeate African societies as well as transnational spaces of research and innovation. The opposition between the two currents must therefore be reexamined rather than perpetuated as such.

This article argues the following: Africa need not choose between a museum-like fidelity to a supposedly immutable essence and the unreserved adoption of a procedural pluralism derived from external liberal frameworks. It can develop a distinctly African bioethics provided it considers, in tandem, anthropological roots, a critique of power relations, the internal plurality of African societies, and the institutional translation of norms. Such a bioethics must be able to protect life without becoming dogmatic, welcome deliberation without succumbing to relativism, and engage with the universal without dissolving into it.

From this perspective, the aim is not to caricaturally pit "Africa" against "the West," nor to sanctify one cultural bloc against another. Rather, it is a matter of reconstructing a normative space capable of integrating major African resources—Ubuntu, social personalisms, traditions of solidarity, the Mandé Charter, ethics of vulnerability, and care for the living—while addressing contemporary demands for justice, critical inquiry, public accountability, and the regulation of biomedical innovations. It is on this condition that an African bioethics can contribute not only to addressing the continent's challenges but also to enriching global bioethics.

2. Methodology

This contribution is a critical literature review with an analytical focus, rather than a meta-analysis or a systematic review in the strict sense of the PRISMA protocols. The corpus was compiled from targeted searches in French and English in PubMed and Google Scholar, using several sets of keywords: African bioethics, Ubuntu, African anthropology, essentialism, constructivism, dignity, vulnerability, consent, surrogacy, embryo, artificial intelligence in health, health equity, and One Health.

The selection of texts prioritized four types of contributions: conceptual works addressing the foundations of bioethics; African or Africanist studies discussing the categories of person, community, dignity, and solidarity; applied analyses addressing concrete bioethical controversies; and finally, institutional or strategic texts shedding light on the establishment of bioethics in Africa. The aim was not statistical exhaustiveness, but rather the critical comparison of families of arguments and normative traditions.

This methodological choice is consistent with the article's purpose. The aim is not to provide a purely quantitative review of the literature, but to map a conflict of models and derive a theoretical proposition from it. Such an approach requires a hermeneutic and comparative reading, attentive to both imported categories and endogenous resources, as well as to anthropological continuities and contemporary social transformations (Bruce, 2019; Jecker et al., 2022; Koloi-Keaikitse et al., 2021).

The main limitation of this method lies in the heterogeneity of the corpus: the texts drawn upon do not all belong to the same disciplinary register, nor do they share the same epistemic status. Some belong to moral philosophy, others to an-

thropology, sociology, law, theology, or public health. This plurality, far from invalidating the approach, nevertheless confirms that African bioethics can only be conceived of in an intrinsically interdisciplinary manner.

3. Resources and Limits of Essentialism for an African Bioethics

Essentialism, as it appears in contemporary bioethical debates, is not reducible to an abstract metaphysical thesis. More broadly, it refers to a family of approaches in which moral normativity rests on constitutive features of humanity, on the irreducible dignity of the person, or on fundamental goods that cannot be entirely produced through social negotiation (Ortiz de Zárate Alcarazo, 2020; Islas, 2018). From this perspective, essentialism offers a powerful resource against the reduction of life to a readily available resource and against the absorption of ethics by the logic of consent or utility alone.

The detour through Plato, Aristotle, Augustine, and Thomas Aquinas retains heuristic value here, provided it is treated as a conceptual genealogy rather than a confessional boundary. From Plato to Thomas, a powerful idea emerges: human beings cannot be understood solely on the basis of their immediate social practices; they possess an ontological substance that grounds the very possibility of moral judgment. Even if metaphysical frameworks diverge, this intuition continues to inform contemporary forms of personalism, according to which the human person cannot be reduced to their performance, preferences, functional autonomy, or market value (Giglio, 2017; Di Nardo et al., 2019). **Table 1** below shows Conceptual Points of Reference Between Plato, Augustine, and Thomas Aquinas.

Table 1. Conceptual points of reference between Plato, Augustine, and Thomas Aquinas.

Aspect	Plato	Augustine	Thomas Aquinas
Location of essences	World of Ideas, separate from matter (Bréhier, 2006)	Divine essences, conceived in God (Teixeira, 2016)	Essences in material individuals (Housset, 2021)
Relationship between matter and form	Matter participates in the Ideas but remains imperfect (MAAZOUN, 2019)	Matter is created and ordered by God, while essence is conceived in God (Teixeira 2016)	Form shapes matter and exists in the concrete individual (Brower, 2012)
Consequence	Strong dualism between the sensible and the intelligible (Shi, 2018)	Primacy of the divine intelligible (Bréhier, 2006)	Moderate realism: essence and matter are inseparable (Sola et al., 2022)

For African bioethics, the value of such an approach is clear. It allows us to argue that vulnerability never abolishes dignity, that the unborn child, the seriously ill, the elderly, the disabled, or those lacking advanced cognitive abilities do not lose their moral status because of their dependence. It also provides conceptual grounds for critiquing certain excesses of contemporary biomedicine when technological innovation tends to subordinate ethics to performance, optimization, or the satisfaction of solvent demands.

However, essentialism becomes problematic when it turns into identity rhetoric or culturalist fixation. In many African debates, references to "traditional values" can function as a legitimizing device that is rarely questioned, even though these traditions are permeated by hierarchies, exclusions, and violence. An African bioethics cannot simply oppose an African cultural essence to a modernity deemed external; it must also examine what traditions do to women, minorities, children, the mentally ill, the poor, or dissident bodies. Without this vigilance, essentialism risks protecting inequitable social orders in the name of the community.

In other words, the major contribution of essentialism to Africa lies not in shutting down debates, but in preserving a normative core without which bioethics dissolves: the inviolability of the person, the non-instrumentalization of life, the value of solidarity, the refusal to sacrifice the most vulnerable to the interests of the strongest, and the conviction that not everything is permissible simply because it is technically possible or socially desired.

4. Resources and Limits of Constructivism for an African Bioethics

Moral constructivism rightly reminds us that bioethical norms do not fall from the sky; they emerge in concrete societies, within historical, legal, political, and cultural disputes. From this perspective, bioethics is not merely an application of first principles, but also a space for deliberation where competing conceptions of the good, risk, harm, justice, and autonomy are negotiated. This approach is valuable in African societies marked by religious pluralism, cultural diversity, democratic transitions, economic inequalities, and colonial legacies (Fayemi & Adeyelure, 2016; Tosam, 2020).

Constructivism also has the advantage of emphasizing that the reception of international bioethics cannot be conceived as a mere normative transfer. Principles only make sense through social mediations: languages, institutions, authority relations, family structures, bodily imaginaries, experiences of illness, kinship models, and local moral economy. In this regard, African critiques of standard principlism have played a salutary role by showing that the exclusive centrality of individual autonomy does not adequately account for the relational forms of decision-making, dependency, and responsibility observable in many contexts across the continent (Akpa-Inyang & Chima, 2021; Appiah et al., 2024).

Constructivism also allows us to bring the question of power to the heart of bioethics. Who sets the standards? Who funds the research? Who bears the risks? Who actually benefits from innovations? These questions are critical in Africa, where international biomedical collaborations, pharmaceutical markets, digital health platforms, genomic data collection, and biotechnologies can perpetuate deep asymmetries under the guise of modernization or universalism.

Nevertheless, radical constructivism faces a major limitation: by overemphasizing contextualization, it can render any substantive critique of unjust practices impossible. If the person, dignity, the family, the beginning of life, or the end of

life are merely variable constructs, on what basis can we protect human beings from their own instrumentalization? Controversies regarding the status of the embryo, surrogacy, the commercial use of the body, or biomedical selection mechanisms show that consent is not always sufficient to guarantee the moral legitimacy of a practice, especially when economic, symbolic, or emotional vulnerabilities weigh heavily on the decision (Salvat, 2019, 2020; Jouan, 2021; Zaouaq, 2020).

In African societies, this issue is all the more sensitive because structural vulnerability can transform formally free choices into constrained decisions. Constructivism is therefore essential for opening up deliberation, but it cannot on its own constitute the normative core of an African bioethics. In the absence of more substantial protective benchmarks, it risks facilitating the local adaptation of global logics of commodification, selection, or extraction, rather than offering an effective critique of them.

5. An African Model of Bioethics

If we take seriously both the resources of essentialism and the achievements of constructivism, the most promising path for Africa is neither identity-based conservatism nor ungrounded proceduralism. Rather, we must develop a bioethics of open rootedness: rooted in African anthropologies of relationship, yet open to criticism, pluralism, and contemporary demands for justice. Such a bioethics does not merely add "local values" to an exogenous framework; it reconfigures the very center of gravity of bioethical reflection.

5.1. Anthropological Foundations: Person, Community, Life, and World

Several African traditions offer major conceptual resources for this reconstruction. Among the Bantu, as in certain Mossi traditions, the human being is not understood as an isolated monad but as a nexus of forces, relationships, and responsibilities. The person is body, interiority, filiation, memory, vital energy, communal belonging, and openness to the invisible world. This anthropological richness precludes purely functionalist reductions of the human and confers on vulnerability a central ethical status (Sawadogo & Simporé, 2022).

It is important to emphasize that African personalism is not merely a form of normative communitarianism. It is grounded in a rich phenomenology of the person, understood as a being of flesh, interiority, filiation, memory, and participation in a broader vital order. In the Mossi understanding, the human cannot be reduced to either the biological body alone or to an abstract subjectivity: it unfolds through the interplay of the yinga, the kinkirga, the sigré, and the siiga. The bioethical significance of such a description is major, as it reminds us that touching a body, caring for a body, or manipulating a body is never, in this anthropology, a purely technical act; it always involves touching upon a reality that is at once personal, familial, spiritual, and social (Sawadogo & Simporé, 2022).

This conceptualization allows for a deeper exploration of the issue of vulnera-

bility. A vulnerable person is not only one whose capacities are diminished; it is also one whose vital relationships are weakened, broken, or threatened. Illness, disability, infertility, dependency, or the end of life are therefore not perceived as mere physiological events, but as trials that simultaneously affect the individual, their lineage, their social standing, and their symbolic place in the world. A serious African bioethics would benefit here from conceiving of vulnerability as a relational category, and not merely a functional or legal one.

Another essential aspect is to show that this anthropology is not transmitted primarily in the form of systematic treatises, but through concrete cultural mediations: narratives, proverbs, legends, riddles, rituals, and social learning. This has an important methodological implication for a journal of anthropology and sociology: bioethical norms must not be sought solely in scholarly texts or legal frameworks, but also in the ordinary ways through which a society teaches its members to value life, to recognize the fragility of others, and to situate the individual within a shared world (Sawadogo & Simporé, 2022).

Among the Bantu peoples, this perspective is powerfully expressed in the concept of Life Force. To destroy or diminish another's life without cause is not merely to commit a moral wrong; it is to introduce an ontological evil into the very fabric of life. This idea may seem foreign to contemporary bioethical formulations, but it actually offers a valuable conceptual resource: it invites us to conceive of non-maleficence not merely as the avoidance of measurable harm, but as a more radical refusal of any attempt to devitalize, instrumentalize, or degrade the person.

Ubuntu extends this intuition by formulating a relational ontology of the person: umuntu ngumuntu ngabantu. A person becomes fully a "person" through other people. This maxim has sometimes been simplified to the point of becoming a consensual slogan; nonetheless, it remains decisive for bioethics, because it reinscribes autonomy within networks of recognition, reciprocity, and responsibility. It allows us to conceive of autonomy as accompanied, not solitary; dignity as relational, not individualistic; and justice as a matter of connection, not merely an abstract distribution of rights (Behrens, 2013; Ewuoso & Hall, 2019; Metz, 2009, 2017).

Other resources stem from African legal and political traditions themselves. The Mandé Charter or Kurukan Fuga Charter, often cited as the historical foundation of an African conception of rights and obligations, reminds us that the protection of physical integrity, the limitation of violence, and the embedding of human life within a peaceful social order are not inventions conjured out of thin air by Western modernity. The purpose of such a reminder is not to produce a counter-mythology of identity, but to show that Africa possesses ancient normative traditions capable of informing contemporary reflection on dignity, justice, and communal life (Moukoko, 2017; Niane, 2012).

Added to these anthropological and political dimensions is a strong ecological sensibility. In several African cosmologies, human beings are not separated from

nature by a radical ontological boundary. They belong to a web of relationships that includes animals, the land, water, ancestors, future generations, and the balances of life. This resource is particularly fruitful today for conceiving an African bioethics capable of integrating the One Health paradigm without reducing it to a mere technical-health program. It opens the way to an ethics of shared life, attentive to human, animal, and environmental health within a single framework of responsibility (Jecker et al., 2022; Munung & Tangwa, 2025).

This anthropological richness, however, calls for critical vigilance. If a person exists only through their affiliations, there is a real risk of their own voice being absorbed into that of the group, the elders, religious authorities, or customary norms. A relational African bioethics cannot therefore be content merely to celebrate the community; it must examine the power relations that run through it, particularly when it comes to women, children, dependent elderly people, people living with disabilities, the mentally ill, or economically marginalized individuals. Anthropological grounding is fruitful only if it remains compatible with critical vigilance regarding the vulnerabilities inherent within the communities themselves.

This anthropology also extends to a reflection on care. An analysis of the anthropological, cultural, and ethical dimensions of patient care in Africa shows that illness is often understood there as an imbalance affecting the body, the individual, the community, and sometimes the cosmic order. Consequently, providing care involves not only administering treatment but also recognizing the patient's subjectivity, respecting their vulnerability, and humanizing the clinical relationship. The call for in-depth training of healthcare providers in the humanization of care, as well as the establishment of ethics committees in healthcare facilities, gives this anthropology a decisive institutional significance for contemporary African bioethics (Sawadogo & Simporé, 2023).

5.2. Institutional Conditions: Training, Deliberation, and Governance

An African model of bioethics cannot, however, remain at the level of grand ideas. It must translate into institutional mechanisms. Initiatives by COPAB, UNESCO Chairs, national bioethics committees, regional networks, and capacity-building programs have already laid important groundwork. But these mechanisms remain too often fragile, underfunded, disconnected from clinical practice, and poorly integrated into the training of healthcare professionals, researchers, lawyers, and public policymakers (Have, 2006; Bruce, 2019; Langlois, 2013).

The primary institutional requirement is therefore educational. A credible African bioethics requires solid, interdisciplinary, and continuous training capable of integrating moral philosophy, anthropology, law, public health, emerging technologies, and vulnerability analysis. This training must be provided not only in medical schools but also in nursing, biology, pharmacy, law, sociology, and anthropology programs. It must also incorporate contemporary issues in AI in healthcare, data governance, clinical trials, genomics, reproductive biotechnolo-

gies, and triage policies in contexts of scarcity.

The second requirement is deliberative. Controversies regarding artificial reproduction, surrogacy, euthanasia, embryo selection, the secondary use of health data, or public health trade-offs cannot be left solely to experts, legislators, or tradition. They require public forums for discussion capable of bringing together scientists, healthcare providers, patients, advocacy groups, religious authorities, legal experts, and community representatives. Pluralism is not a threat here; it is a method of discernment, provided it is guided by rules of rational justification and the protection of the most vulnerable.

The third requirement is political. An African bioethics must develop the capacity to critically assess international frameworks that, under the guise of cooperation or innovation, perpetuate power imbalances. This applies to biomedical research, but also to vaccine distribution, access to treatments, intellectual property, the governance of digital health platforms, and epidemiological surveillance infrastructure. Without this vigilance, the contextualization of bioethics risks being nothing more than a compensatory discourse masking a deeper normative dependence.

5.3. Theoretical Proposal: Toward a Relational, Personalist, and Critical African Bioethics

At the conclusion of this analysis, the most fruitful model for Africa can be described as a relational, personalist, and critical bioethics.

It is first and foremost relational, because it starts from the idea that the human person is never a purely self-sufficient unit. Every bioethical decision involves relationships: relationships of kinship, care, transmission, solidarity, memory, and environment. This dimension allows for a correction of the most individualistic versions of autonomy without falling back into the absorption of the individual by the group.

It is also personalist, because it affirms that the human person possesses a value that exceeds their functional capacities, social utility, or economic solvency. It is this personalism that provides the criterion for resisting the commodification of bodies, the instrumentalization of the most vulnerable, and the technocratic reduction of medicine. It protects the child, the seriously ill, the poor woman, the person with a disability, and any individual at risk of being treated as a means.

Finally, it is critical because it refuses to indiscriminately sanctify African traditions as well as global innovations. Being faithful to Africa does not mean uncritically validating all inherited norms; being open to the world does not mean indiscriminately importing models developed in other social contexts. Criticism must address both sides: exogenous domination as well as endogenous violence; the illusions of modernity as well as the oppressive uses of tradition.

Concretely, this model can be organized around five guiding principles: the relational dignity of the person; the priority given to vulnerabilities and care; informed and pluralistic community deliberation; justice in access to care, innovations, and the benefits of research; and ecological and intergenerational responsi-

bility. Through this combination, African bioethics ceases to be a defensive reaction to the West and becomes a positive, situated theoretical proposal that can be brought into the global dialogue.

The value of such a proposal is twofold. For Africa, it offers a framework capable of guiding normative choices in fields as diverse as reproductive medicine, end-of-life care, digital health, the regulation of artificial intelligence, genetics, clinical trials, community health, and the prevention of zoonoses. For global bioethics, it serves as a reminder that there can be no true universality without a plurality of normative sources. The universal is not a given; it is constructed from traditions capable of translating one another without canceling each other out.

6. Conclusion

The opposition between essentialism and constructivism, so common in bioethical debates, cannot serve as a sufficient framework for thinking about contemporary Africa. Essentialism safeguards crucial principles—dignity, the non-disposability of life, solidarity, non-instrumentalization—but becomes sterile when it freezes African societies into a closed identity. Constructivism opens up space for deliberation and critique, but it becomes fragile when it can no longer oppose substantial normative limits to the commodification of life or to power asymmetries. African bioethics must therefore neither absolutize one nor dissolve the other: it must transcend them.

This transcendence does not take the form of a weak compromise, but of a theoretical reformulation. The most promising path is that of a relational, personalist, and critical African bioethics: relational, because the person is understood only through their bonds with others, with the community, with generations, and with the living; personalist, because every person possesses a dignity that depends neither on their utility nor on their functional autonomy; critical, because no tradition, no innovation, and no international standard should escape the test of justice and vulnerability.

Such a bioethics helps avoid a double pitfall. On the one hand, it refuses to allow Africa to be reduced to a mere normative receptacle, tasked with contextualizing principles developed elsewhere. On the other, it rejects the notion that invoking African authenticity serves to neutralize issues of domination, gender, poverty, hierarchy, or exclusion. It thus opens up a middle ground—a more demanding space—where cultural roots become a resource for discernment rather than an argument of authority.

From this perspective, the novelty of an African bioethics lies not only in its axiological content; it lies in its very mode of normative production. Bioethics is no longer conceived here as a mere importation, nor as mere preservation, but as a work of critical translation between local anthropologies, human rights, public institutions, life sciences, and social experiences of vulnerability. It is this capacity for mediation that gives it its theoretical richness and practical significance.

In this regard, this perspective allows us to better grasp what, beyond conven-

tional formulas, a truly innovative path for African bioethics might look like. The study of Bantu and Mossi personalism shows that the person must be understood both as an intrinsic value and as a relational being; similarly, reflection on care reveals that this anthropology can be translated into concrete requirements for listening, empathy, protection of vulnerability, and ethical governance of health institutions. Consequently, the novelty lies neither in the nostalgic repetition of ancient cosmologies nor in the simple contextualization of globalized norms, but in the ability to transform an anthropology of life, relationship, and dignity into operational criteria for clinical practice, research, and public policy. Such an orientation would make it possible to evaluate biomedical innovations not only on the basis of their technical efficacy or purely procedural consent, but also in light of their impact on the relational depth of the person, on the protection of the most vulnerable, and on the maintenance of a just balance between individual autonomy, solidarity, and the common goods of life. It is on this precise point that African bioethics can make an original contribution to the global debate: to remind us that the person is never an isolated functional entity, but a situated, vulnerable being, sustained by bonds and responsible for other lives.

The future of such a bioethics will, however, depend on its institutional implementation. It must permeate university curricula, ethics committees, health policies, data protection frameworks, reproductive legislation, research protocols, clinical ethics, the regulation of artificial intelligence, and One Health strategies. Only at this cost will it become more than an intellectual program: a normative force capable of humanizing care, protecting the most vulnerable, regulating technosciences, and offering the global bioethical debate a fully formed African voice.

Ultimately, the question is not whether Africa must choose between tradition and modernity, between essence and construction, between community and freedom. The question is how it can produce, from its own resources and its own historical wounds, an ethical framework strong enough to protect life, lucid enough to critique its own unthoughts, and open enough to participate fully in the shaping of the global bioethical commons.

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