

## Guest Editorial

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I remember as a child standing on the bridge in Khartoum where the White Nile and Blue Nile came together. At their convergence, the two waters, each its own distinct color, did not merge. Each flow kept to its own side – two parallel rivers bearing their sediments from different, distant sources flowing in one large riverbed.

I feel as if I am on a similar bridge as I write these introductory comments for this special issue of *CQ* on cross-cultural perspectives in bioethics. The issue responds to the call for other voices to be included in the bioethics conversation, a field too long dominated by normative traditions of western analytical philosophy and biomedical imperatives. Contrary to the universalism and absolutes required by this mainstream tradition, the articles in this section and issue highlight the diversity of descriptive ethics, focusing on diverse interpretations and priorities of values in local context. Like parallel tributaries in the larger riverbed of bioethics, these articles bring fresh methodologies and diverse insights from around the world to broaden our understanding of bioethics, raise questions about inherent biases, and generally stimulate more self-conscious reflection about the field.

Like the Blue Nile and White Nile, these articles do not blend in any easy stream of consistency of theme or methodology; indeed, significant contradictions run between them and traditional bioethics and within and between themselves. I especially like the way the articles play against each other. Celia Orona, Barbara Koenig, and Anne Davis provide good evidence to support sensitivity and respect for ethnic differences in handling informed consent and disclosure of information to patients with terminal cancer. Their findings demonstrate that the usual practice of ethical decision making based on more autonomous images of patients' rights makes no sense for patients whose identity and social worth is embedded in family structures. Their's is a strong claim for relativistic approaches in ethics to achieve patients' best interests.

Cecilia de Mello e Souza, also an ethnographer, comes to very different conclusions in her research on the growing prevalence of cesarean section in Brazil. She cautions against the cooptation of ethics to serve popular aesthetics and professionals' convenience at the expense of women's health. Cecilia discusses how patients' rights and their best interests when measured only in local context provide justification for medically unnecessary C-sections, contributing to a rate as high as 75% among high-income women in Rio de Janeiro. In a mockery of feminist claims for women's rights, Brazilian women are demanding the "choice" of C-sections so they will remain sexually attractive for their men. This research

supports strong claims for normative medical and ethical standards for decision making.

My piece about midwestern U.S. opinions regarding access to healthcare focuses explicitly on contradiction. I explore the logic used by rural residents to make sense of beliefs that inform much of our healthcare policy nationally. Although most of the people with whom I spoke agreed we should have universal access, they insisted on retaining some assessment of the deservingness of patients in need of care, thereby limiting access to everyone. Consistent with the great “yes, but” characterizing the debate around universal access in the USA, my respondents believed healthcare should be made available to those in need but not as an entitlement one could demand.

Using the historical record of racism in U.S. healthcare delivery and research, Annette Dula also broadens the contextual concerns of bioethics beyond bedside decision making with individual patients. She details the circumstances of the Tuskegee syphilis study, abortion and sterilization, and genetic screening that support suspicions of genocide among African Americans. Lest the reader believe these circumstances are of the past, her 10-point plan is a powerful reminder of the contemporary potential for discrimination in AIDS education and research. Annette recommends continued suspicion, but not at the expense of life in the face of a deadly virus that attacks all alike without prejudice.

Patricia Marshall, David Thomasma, and Jurrit Bergsma present a lively series of conceptual and substantive juxtapositions on the subject of normative vs. descriptive ethics cross-nationally. The authors begin with a description of several encounters between international ethics scholars who wholeheartedly disagree with one another on fundamental values, definitions, and priorities for very sound cultural, historical, and disciplinary reasons. Then, even in the face of these stunning examples of dissonance, the authors good-naturedly suggest “conditions for international, intercultural discourse.” Although these authors call for awareness and respect for legitimate ethical differences *in situ*, they also argue boldly for universal adoption of fundamental human rights. Thus, in this article the reader is returned to my theme of parallel streams—here those of relativism and absolutism—in an uneasy swirl within the same river of bioethics.

In summary, this special issue of *CQ* presents an engaging invitation to dive into the intellectually challenging endeavor of cross-cultural ethics in healthcare. The discourse represented here among anthropologists, philosophers, and ethicists contributes to the substantive and theoretical expansion of the field. Each article presents new information and perspectives about how we can, indeed must, acknowledge our global pluralism while retaining some capacity for humane and sensible judgments that will allow our selves, communities, souls, and environment to prosper. Although the authors cannot claim to have engineered a merging of the tensions inherent to such inquiry, we have furthered the course of the discussion.