

Anthropology and Bioethics: linking knowledge production and professional regulation

Maya Unnithan-Kumar

University of Sussex

Anthropology and Ethical Guidelines: from a stand alone code to everyday disciplinary practice

The need for ethical reflection relating to the accountability of anthropological researchers has been an implicit part of the discipline ever since it became established in Britain and the US in the first half of the nineteenth century. This is because the 'field' and relationships stemming therefrom have been central in defining the nature of anthropological knowledge itself. The past two decades have especially been marked by watershed debates to do with the anthropological politics of locating the 'field' in relation to research and researcher (Clifford and Marcus 1986, Marcus and Fisher 1986, Gupta and Ferguson 1997 are good representatives of these shifts for the 1980s and 1990s respectively). Yet, despite this disciplinary reflection, the setting up and practice of actual guidelines for ethical conduct has been relatively slow, given impetus largely when the researched communities themselves have raised concerns or when anthropologists have undertaken fieldwork at 'home'.

A major reason for the slow emergence of ethical guidelines in anthropology has been the contestations which surround the setting up of universal and fixed boundaries defining the respondent /researcher relation, both because of the underlying power differences implicit in the way such codes are set up as well as the very diverse value systems which define anthropologists' relationships with their respondents. The routine engagement with other value systems is for instance what Pels calls the 'moral duplexity' of ethnographic research (2005, 1999). It is the negotiation between value systems that makes the framing of universal guidelines for ethical practice particularly problematic for anthropology. Furthermore, however 'culturally sensitive' such codes are, in the final analysis, they remain drawn up from the perspective of the more powerful, i.e., the anthropologist. It is precisely through the setting up of such disciplinary codes, some anthropologists have forcefully argued, that the anthropologist becomes 'fixed' as the sovereign, autonomous adjudicator in the context of ethical dilemmas (Meskell and Pels, 2005). The codes themselves become non-negotiable instruments originating from the Euro-American world. As Meskell and Pels argue, this does not allow other's opinions to dislodge the universalising ethical tendencies of the West, thus going against the very grain of anthropological research (which is to pay singular attention to other people's perspectives, their vulnerabilities and value systems).

The sensitivity to power differentials between researcher and respondent as well as the particularities of anthropological fieldwork, its intense and long term nature, nevertheless provide the discipline with a unique vantage point from which to contribute to the framing of ethical guidelines. In their ethical guidelines, the Association of Social Anthropologists (ASA) in Britain have a distinctive and fairly detailed (taking up approximately half of the document) section outlining the responsibilities and conduct (methods) of the researcher toward the research

participant. In the sub-section on negotiating informed consent, the guidelines point out that consent is not a one off process and needs to be renegotiated over time. In addition the guidelines suggest that 'the long period over which the anthropologists make use of the data and the possibility that unforeseen uses or theoretical interests may arise in the future may need to be conveyed to the participants'. There may also be longer term repercussions of the research after its completion and thus anthropologists need to recognise that their obligations to their host communities may not ('and indeed should not') end when their fieldwork is completed. In terms of anticipating harms to respondents, the guidelines point out that although 'research participants may be immediately protected by the device of anonymity, the researcher should try to anticipate the long term effects by individuals or groups as a result of the research'. The ASA document further takes into consideration the fact that even where no direct or indirect harm has been suffered by participants, the feelings of having suffered an intrusion (the intrusive potential of the research) where articulated, needs to be anticipated by the researcher. Researchers have the responsibility of conveying the intrusive and potentially disruptive nature of their research to the participants.

A significant issue raised in the ASA ethical guidelines has to do with research participants' intellectual property rights. Having a bearing on interview methods, for example, the guidelines suggest that 'it is the obligation of the interviewer to inform the interviewee of their rights under any copyright or data protection laws of the country where research takes place...' (p.4). Based on the UK copyright Act of 1988 the guidelines emphasise the necessity of obtaining 'copyright clearance' from interviewees in audio and film recordings, as well as clarification and consultation with regard to publication of research findings. The increasing legal significance of copyright regulations takes the researcher/participant relationship explicitly into the legal domain and brings me onto the issue that anthropologists and researchers themselves have a right to be educated on these issues and that the issue of ethics needs to be taken out of its research methodology box and into the everyday learning and teaching practices of the discipline. This need is echoed in the recent call made by Meskell and Pels.

Meskell and Pels argue against a stand alone ethical code and instead for the embedding of ethics within routine research processes within anthropology (such as to do with the framing of the research, proposal writing, applications for funding, negotiation of access to field, writing) as a "way of beginning to explore how concrete ethical mediations other than the model of professionalism may work out" (p3. 2005). In particular they stress the fusion of ethics within the anthropological debates around the discipline's methods. In other words, the approach to ethics needs to emerge from within the anthropological debates around method. An important step in this direction is discernable especially in the code of ethics set out by the American Anthropological Association (approved in June 1998). The AAA document states that an important aim of the association's mission to 'advance all aspects of anthropological research and to foster dissemination of anthropological knowledge...' is to 'help educate AAA members about ethical obligations and challenges..' Toward this end they suggest that anthropologists ought periodically to receive training on current research activities and ethical issues and that ethical training should also be included in the curriculum.

Medical anthropology or anthropological work in the domain of medicine (diverse medical 'systems' including biomedicine or clinical medicine) is determined by the ethical guidelines which exist for the subject as a whole. In the next section I want to raise some issues which allow a specific reflection on medical ethics from the vantage of this particular sub-discipline of anthropology. The reflection on bioethics allows me also to further elaborate upon conceptualising anthropological research methods in relation to ethics. I briefly will draw on the work of anthropologists on bioethics, especially that of Kleinman (1995), Schepher-Hughes and others and my own research on pregnancy termination in NW India. It is useful at the outset to note that in medical anthropology bioethics is a term used to refer to a codified set of practices specific to western or *biomedicine* (as distinguished from other medical systems, such as the Ayurvedic, Yunnani/ Graeco-Islamic or Chinese systems).

Anthropology and Bioethics

Anthropological engagement with bioethics has drawn on its strengths of cross-cultural analysis to mainly scrutinise the practice, applicability and language of medical ethics (Marshall 1992, Muller 1994, Kleinman 1995, Schepher-Hughes 1997, Simpson 2004). There are two distinct positions discernable here: firstly, the relatively more researched area which focuses on the practice of bioethics in different cultural/contextual settings, and secondly, the work that critically reflects on the biomedical framing of ethical issues (Kleinman, for example). To my mind there has been far less of a distinct focus on a third aspect, which has a direct bearing on research methods, which is that of problematising the role of the (medical) anthropologist researching within various medical contexts. In the following lines I shall briefly summarise the anthropological work on bioethics so far. Following on from this I will show how some of the findings impact on the way anthropologists may conceive of doing research in this area.

The anthropological engagement with medical ethics has mainly been in two areas: Firstly, anthropologists have focused on the cultural construction of medical morality: that is in the ways it is at the same time universally constructed and practiced as well as culturally situated (by 'culture' I do not mean practices and ideas which follow ethnic or other biological distinctions, but culture in a wider sense to represent ideas, values, practices and authority related to a particular form of knowledge....and in this sense we can talk of a medical 'culture' and seek to understand its underlying assumptions about the individual, doctor patient relations, patient rights, autonomy, desires etc. Anthropologists have explored the particularities of medical cultures and the moral underpinnings of, for example, doctor-patient relations (Mattingley, Schepher-Hughes, Good, Lührman) and related to this the discourse around bioethics.

Related to, but distinct from this focus on the culture of biomedicine, anthropologists have to my mind engaged in a more challenging project: to critique the medico-centric nature of biomedicine itself. They have done this by imagining a discourse of ethics outside the frame of medicine- and into the domain of everyday life (Kleinman, Das, Mattingley), thereby enabling a clearer perspective on the power and dominance of medical language in influencing ways of thinking about patient doctor relations and ethics in general. This turn has specifically facilitated a closer look at the connections between ethics and morality (where ethics is a set of rules regulating practice, and

morality refers to wider, more submerged and more diffuse ideas of individual commitment and self regulation).

In his critique of the medico-centric nature of bioethics (a term used to refer to a codified set of practices specific to western biomedicine), Kleinman suggests that it is vital to move from the world of ethics (i.e., perceptions and language determined by the frame of medical discourse) to that of morality. This shift is crucial in two senses: it enables one to include an idea of what is at stake in everyday experience, and, at the same time, provides an opportunity to include the realm of intersubjective actions within one's frame of analysis. A focus on intersubjectivity especially enables me, for example, to think in my work on the contradictory pregnancy termination preferences in Rajasthan as moral dilemmas concerning the interconnected rather than the individual body.

The methodological question that arises from my work on abortion and sex selection in India relates to the representation of what are very contradictory moral positions on pregnancy termination. How do we understand and position ourselves as researchers between the 'deviant' (morally reprehensible) preference for sex selection and induced abortion (as defined by governments, ethics committees as well as people who do not resort to strategic sex selection and induced abortion) and the 'normal' and pragmatically driven preference for sex selection as expressed by those who seek and provide these services?

The most responsible (ethical) way to represent these issues, it seems to me would be to adopt, for example, the following (methods):

1. an ethnographic (long term, everyday) approach which enables one to give a thick (multilayered) description of events which is sensitive to historical movement (how things have changed). It also enables an understanding of the experiential (feelings of vulnerability including those generated by pain, suffering) and pragmatic contexts in which medical decisions are most often taken. Above all, an ethnographic approach gives the researcher a good sense of the diversity of perceptions that are involved around the issues researched.
2. situating the 'field' (the issue of pregnancy termination) politically at the global (state, medical, institutional, development, public domains) and local (regional, civil society, community, familial, spousal) levels. The method of studying 'up' as well as 'down' entails that a multisited approach be adopted.
3. including a collaborative research design: as an anthropologist working in the medical domain my work can be further accountable if it engages equally with clinicians as with patients. I have found that international and national research collaboration with others engaged in the area of human reproduction, for example demographers, has led to me be further accountable in my work. Building in disciplinary collaboration into one's research methodology, as Meskell and Pels point out, allow the ethical centrism of a single discipline to be called into question.
4. 'feeding up': Anthropological work on health wherever possible should be used to inform public policy. In her work on bioethics, Veena Das (1999) shows how an anthropological focus on public health (taking the example of child immunisation in

India) can help to reconfigure the notion of health as a public good rather than private resource precisely by highlighting the ethical issues around individual and social risk.

5. 'giving back': more visibly connected to the issue of returns to the participant community than the 'feeding up' process referred to above, is the direct use of project findings in meeting the health needs of the respondents. The most useful form of 'giving back' that I have found over the years has been to link up with specific health related institutions and individuals to provide long term and sustainable forms of care which address the demands coming from the participant communities themselves.

Toward closure

By way of a conclusion I would like to turn the medical researcher's gaze on ethical methods back to the pertinent critiques of the construction of biomedically framed ethical codes themselves. In particular I want to highlight the rising significance of such a critique given the increasing technological and related ethical interventions into the daily lives of people in resource poor countries. A focus on these issues is particularly pertinent given the significant traffic in reproductive techniques from the technologically advanced to the technologically poor countries which more recently is being accompanied by a discourse of a globalising ethics. But as Simpson has recently argued in his paper on the anthropology of bioethics with reference to Sri Lankan society such a transfer is not simply a case of 'downloading' codes of practice, but that one needs to be aware of the fact that western bioethics is itself a rhetorical and deliberative pursuit deeply rooted in cultural and historical circumstance. This does not mean that we should not be thinking about western biomedical ideas nor should we argue that bioethical concerns are a luxury for developing countries where hunger rather than ethics or safety is a more relevant concern. In fact Vandana Shiva, scholar and campaigner on science and environmental issues makes the case already in 1997, that bioethics is a third world issue precisely because ethics and technology are related, because values shape technology, they shape technology choice and they determine who gains and who loses through impacts of technology on society. However, to avoid the pitfalls of imposing an alien ethic we need to examine, as Simpson suggests and as the examples from my own work underscore, the spaces between this transnational logic of virtue (or macro global ethics) and the multiplicity of local beliefs and practices (micro-realities).

Given the increasing emphasis on ethical codes as determining professional practice (as in self disciplining the anthropologist: Strathern 2000, Leitner and Wilson, 2005), it has also been an objective of this paper to stress the importance of including in any design of research ethics, mechanisms which continuously challenge the authority of the researcher. This aim is best achieved through an awareness of the diverse perceptions and moral positions surrounding the research project, a multisitedness which reflects the levels of cultural politics in which the research is embedded and a collaboration involving participants and interdisciplinary researchers.

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