

## BOOK REVIEWS

**A***African American Bioethics: Culture, Race, and Identity* continues the discussion about the relationship between the experiences of African-Americans and modern bioethics that was initiated during an early 1990s conference. This is the second volume on this topic. *African American Perspectives on Biomedical Ethics*, edited by Harley E. Flack and Edmund D. Pellegrino, was the title of the first volume published by Georgetown University Press (the same publisher of the new book) in 1992.

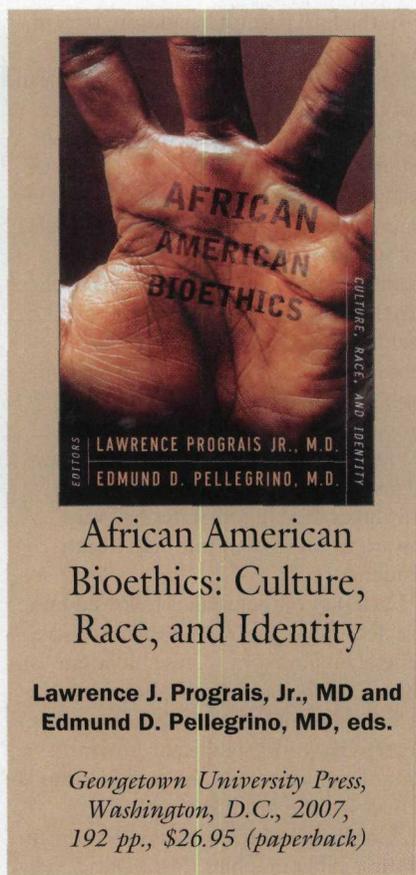
In the second book, co-editor Pellegrino introduces *African American Bioethics* by offering a brief summary on the development of bioethics, the background and development of this second volume, and the implications of this topic on other cultural groups. He raises two fundamental questions that emerge from a topic specific to culture or cultural diversity and bioethics:

1) Does the acceptance of the importance and reality of cultural diversity entail the acceptance of moral relativism?

2) In light of the relationship between morality and ethics, can there actually be one cultural perspective that can be generalized to others?

Contributing authors to this volume are: Jorge L.A. Garcia; Segun Gbadegesin; Annette Dula; Patricia A. King; Chery J. Sanders; Ezra E.H. Griffith; Reginald L. Peniston; Kevin FitzGerald; and Charmaine Royal. Each examines the influences of modern bioethics through the lens of culture or cultural diversity with a special focus on the experiences of African-Americans. Mindful that normative ethics or Western philosophical ethics undergirds modern bioethics, the authors in their ways seek to respond to the questions: What is African-American bioethics? Are bioethics and cultural diversity incommensurable? Do they complement and supplement each other?

They understand that racism and social injustices are embedded into the



fabric of U.S. health care and research institutions and know there are documented and confirmed histories of maltreatment, discrimination and abuse of African-Americans by these institutions.

*African American Bioethics* is comprised of eight chapters. In the opening chapter, "Revisiting African American Perspectives on Biomedical Ethics: Distinctiveness and Other Questions," Garcia recalls his arguments in the first book on African-American perspectives on biomedical ethics. In this second one, he moves a bit from theory to practice to pose central questions for medical ethics to engage in, especially, in the face of African-Americans, racism and social injustices.

The second chapter, "The Moral Weight of Culture in Ethics," Gbadegesin discusses the need to examine the

differences in the ethics of health care across cultures that, for the most part, are ignored, underemphasized, or collapsed into cultural differences in health care. He argues that the principle of human flourishing is the key to evaluating the moral weight of culture in ethics.

The following chapter, "Whitewashing Black Health: Lies, Deceptions, Assumptions, and Assertions — the Disparities Continue," Dula presents the grave issue of health care disparities and observes how it is undermined by stories promulgated by conservative think tanks and further fueled by corporate backers, racial bias, world views and common deceptive discourse. She explains five stories about health care concerns and discusses why each one is a lie.

The fourth chapter explores race, equity, health policy and the African-American community. King argues the disparities and inequalities in access to health care for blacks were not remedied merely with the passage of Title VI of the Civil Rights Act of 1964. Racism, which has adversely affected health care in the United States, has been a powerful force in centuries past and remains a grave political, social and bioethical issue in the 21st century that needs to be eradicated.

"Religion and Ethical Decision-Making in the African-American Community: Bioterrorism and the Black Postal Workers" is the title of the fifth chapter. Sanders uses the fatal anthrax spore outbreak to show the different medical, social and cultural responses to it. Infected members of Congress and their staffs, for example, were treated effectively while infected black postal workers were treated ineffectively. To deal with the anthrax outbreak, some postal workers placed their trust in a folk religion that engenders faith in the Divine for healing and protection. Others, however, knowledgeable of the history of cruel experimentation on African-Americans, mistrusted the health care system as a place to receive

proper treatment and healing from anthrax infection. Still, fear of being used as guinea pigs lingers in the thoughts and feelings of many African-Americans.

The sixth chapter, "Personal Narrative and an African-American Perspective on Medical Ethics," Griffith, a black psychiatrist, illustrates dominant and non-dominant forces that impinge on the work of black medical professionals. He promotes the notion of authentic representation, which is a balance among the commitment to medical professional values, a self-defined loyalty to one's reference group (e.g., for him, non-dominant blacks), and one's responsibility to serve the community with social justice and human dignity.

Peniston in the seventh chapter, "Does an African American Perspective Alter Clinical Ethical Decision Making at the Bedside?" examines various political and social issues that undergird perspectives about the medically insured and the medically uninsured. Depending upon the political and social lenses employed, they may yield either a "yes" or "no" response to the question of whether an African-American perspective alters clinical decision-making at the bedside. For Peniston, an African-American perspective is characterized by a concern for justice that is frequently denied to persons of color. In showing their concern for justice, African-American health care providers are responsible for upholding particular standards that address and resolve racial and social conflicts by their colleagues and health care at large.

FitzGerald and Royal's essay, "Race, Genetics, and Ethics," is the book's final chapter. It presents the problem of racial and sociodemographic categories to describe race and ethnic groups such as African-Americans in relationship to scientific and medical advances in pharmacogenetics, pharmacogenomics, and the Human Genome Project. Both maintain these advances are significant,

but if health disparities and inequalities are not adequately addressed and resolved, they will further exacerbate the gap between those who receive the results of pioneering medical research, and those who do not.

**No definite answers exist to the question of whether there is an African-American bioethics. Indeed, African-Americans are not merely a monolithic, non-dominant group, but most do share a common history of racial and social oppression in the United States, which, in turn, has adversely influenced their ability to access adequate health care in this country.**

Co-editor Prograis offers the after-words, noting the evolution of the field of bioethics' multi-disciplinary approaches have to be adopted, despite the fact that tensions related to culture and cultural diversity persist. In grappling with the question of African-American bioethics, Prograis maintains that perceptions, language, narratives, conceptual foundations or scientific theories are indeed defining factors for interpreting African-American bioethics. He maintains that although this volume continues to evoke much dialogue and debate, hopefully, it will also move the readers to a deeper understanding of what everyone strives for in the moral life.

As this collection of essays seeks to examine African-American experiences in

health care and bioethics, the question of the intersection of dominant Western moral philosophy and cultural diversity acts a backdrop or a point of departure for the discussion. The authors presume that tensions and conflict persist in the common discourse regarding who health care is geared toward (e.g., the medically insured) and ongoing health care disparities. No definite answers exist to the question of whether there is an African-American bioethics. Indeed, African-Americans are not merely a monolithic, non-dominant group, but most do share a common history of racial and social oppression in the United States, which, in turn, has adversely influenced their ability to access adequate health care in this country.

This second volume presumes a background on the enduring challenges and difficulties faced by blacks in the United States system of health care, as well as the technical language that accompanies a background in normative ethics and bioethics. It is geared for advanced undergraduate students or graduate students and academic scholars of theology, philosophy, social science, law, medicine, nursing and others interested in an intellectually rigorous discussion on the intersection of African-Americans and modern bioethics. *African American Bioethics: Culture, Race, and Identity* represents an excellent contribution to the field of bioethics. It has implications for those who want to study further the social effects of health care and bioethics on other racial and ethnic non-dominant groups living in the United States and seek to access its health care delivery system.

*Shawnee M. Daniels-Sykes, SSND, RN, Ph.D.*  
*Assistant Professor, Department of Theology*  
*Mount Mary College*  
*Milwaukee*