Science, Education and Innovations in the Context of Modern Problems

Issue 12, Vol. 8, 2025

Title of research article

Bioethics and the Challenge of Universality: An Anthropological and Ethical Inquiry into the Limits of Normative Principles across Cultural Contexts

Tabib Noureddine

Research Scholar
University of Oran2 Mohamed Ben Ahmed, Human Sciences Research Unit for Philosophical Social and Humanistic Studies
Algeria

E-mail: tebib.noureddine@univ-oran2.dz
Orcid Id: 0009-0004-8396-6413

Issue web link: https://imcra-az.org/archive/387-science-education-and-innovations-in-the-context-of-modern-problems-issue-12-vol-8-2025.html

Keywords: Bioethics; universality; anthropology; moral values; cultural diversity

Abstract

This study critically interrogates the claim of universality made by contemporary bioethical principles and their application across diverse cultural contexts. While bioethics has been presented as a global framework anchored in values such as autonomy, freedom, and human dignity, its universalist pretensions are increasingly contested when confronted with anthropological realities shaped by cultural pluralism. Drawing on philosophical critique and anthropological insights, this paper argues that bioethics is not an impartial moral science but rather a discourse embedded in Western liberal-capitalist thought that reproduces normative hegemony under the guise of universality. The research employs a comparative anthropological lens to highlight the epistemological and methodological tensions that arise when Western bioethical principles—particularly those articulated in Beauchamp and Childress's principlism—are imposed upon societies with different conceptions of the body, personhood, and dignity. Findings suggest that what is proclaimed as universal morality often conceals ideological assumptions that risk marginalizing non-Western ethical traditions. The study concludes by advocating for an intercultural rethinking of bioethics that respects cultural diversity, redefines the meaning of autonomy and responsibility, and promotes a dialogical rather than hegemonizing universality.

Citation. Noureddine T. (2025). Bioethics and the Challenge of Universality: An Anthropological and Ethical Inquiry into the Limits of Normative Principles across Cultural Contexts. *Science, Education and Innovations in the Context of Modern Problems*, 8(12), 82–93. https://doi.org/10.56352/sei/8.12.8

Received: 14.02.2025 | Accepted: 25.07.2025 | Published: 19.09.2025 (available online)

1. Introduction

Despite bioethics' claim to universality, which is grounded in principles and values regarded as lofty human ideals, the application of these principles within local contexts exposes epistemological and methodological gaps that become particularly evident when imposed upon societies with divergent conceptions of humanity. Rather than embodying truly universal human ethics, these principles often emerge in practice as discourses laden with cultural backgrounds and implicit ideologies. In such cases, the proclaimed universality may function, intentionally or not, as a framework that consolidates new forms of moral hegemony, adding to the economic and epistemic dominance witnessed in contemporary history.

Within this framework, contemporary bioethics frequently appears as a reproduction of a universal discourse that conceals disguised forms of symbolic and normative control over other societies. This raises fundamental questions: do these principles genuinely embody what is termed moral universality, or do they reproduce a renewed form of epistemic coloniality that imposes a standardized normative paradigm of humanity within this system? Furthermore, is the human being reduced merely to a rational, autonomous subject exercising choices in isolation from cultural and social contexts, or is the human inherently embedded in social and cultural frameworks? Such recognition necessitates a reconsideration of concepts such as freedom, responsibility, and dignity beyond the Western liberal paradigm.

2. Bioethics: The Dialectic of the Universal and the Local

The discussion of bioethical principles (Beauchamp, T. L., pp. 91–92), as moral rules governing biomedical practices, is a multidimensional discourse fraught with theoretical and practical difficulties. These challenges arise both at the level of defining the nature and boundaries of such principles and at the level of their potential implementation within local contexts. Although these principles appear to have liberated themselves from transcendent forms of authority, particularly religious authority, and have sought to establish a secular ethics grounded in freedom, autonomy, and equality, their applications often clash with differing cultural and religious norms, especially regarding the concept of the body and the freedom to act upon it. In most religious conceptions, the body is considered sacred, a divine trust over which the human being has no absolute right of disposal.

This tension between the abstract universal vision promoted by bioethics and the sociocultural specificities that shape non-Western societies generates a clear gap between theory and practice, placing these principles before a dual anthropological and philosophical predicament. Bioethics thus faces two primary challenges: the first is internal, concerning the extent of the validity of its principles within its three domains of application, particularly within the triangular relationship between physician, patient, and society, where deontological considerations intersect with economic and institutional pressures. The second is external, tied to the nature of its central principles, such as freedom, beneficence, justice, and human dignity, and their capacity to interact within diverse sociocultural contexts without succumbing to a normative tendency that reproduces moral hegemony in the name of universality.

Building on this, we introduce a local model from within the American cultural fabric, specifically that of African Americans, as a living manifestation of bioethical practices in the very context in which they originated. Here, we draw upon the work of Lawrence J. Prograis (1955–) and Edmund Pellegrino (1920–2013) in their book *African American Bioethics: Culture, Race, and Identity*. Prograis raises critical issues concerning the pervasive distrust characterising the relationship between African American patients, on the one hand, and American physicians and health institutions, on the other hand. This tension cannot be dismissed merely as an ethical failure in the therapeutic relationship but should instead be interrogated within a broader framework linked to the concept of moral and institutional responsibility.

Prograis asks: Does the responsibility for restoring trust rest upon individuals who have suffered discrimination, or does the actual burden lie with the medical establishment itself as a historical agent unable to disavow its legacy? He also poses a striking question: is scepticism towards medical institutions an irrational behaviour, or does the history laden with racial violations grant it epistemic and moral legitimacy? (Pellegrino, 2007, p. 13). In this context, the infamous Tuskegee experiment of 1932, which is widely considered one of the most egregious medical crimes in the United States, is recalled. In this study, black men were subjected to observation of the natural progression of syphilis without their knowledge and without treatment, even after effective medication was discovered (Darbag, 2024). This episode became a bioethical symbol of moral failure, not only at the level of practice but also at the very core of the principles themselves, which proved incapable of interrogating their own foundations or renewing their framework.

In a contemporary context, Prograis questions the future of healthcare for African Americans in light of projects aimed at human design through technologies aimed at delaying ageing and enhancing physical and cognitive capacities. Do such practices embody a pragmatic vision that reproduces the human being as a means for achieving predetermined normative goals, thereby reconstituting the very ethical structures that once permitted the violations of the twentieth century? Or does the contemporary context fundamentally differ in its value systems and regulatory mechanisms? (Lawrence J. Prograis Jr. & Edmund D. Pellegrino, p. 14). This line of questioning does not merely touch upon the legitimacy of contemporary practices but shakes the foundations of bioethical principles themselves, recalling Foucault's reflections on the power of knowledge. Medical discourse appears neutral and universal, yet it remains charged with latent ideologies that are revealed upon engagement with marginalised groups and vulnerable populations.

It may be assumed, as a matter of course, that such principles represent values transcending cultures. However, this assumption quickly dissipates when confronted with the normative and racist realities inscribed in Western medical history, such as the eugenic practices of racial selection that occurred in the United States during the nineteenth century (Wilson, 2017). These instances confirm that bioethics is not entirely innocent but instead involves ideologies that are difficult to deny. Among the most striking recent examples is the controversy surrounding vaccines used to combat the COVID-19 pandemic, including some, such as *MRC-5* (ATCC, 2024), derived from the lung cells of an aborted male foetus (ScienceDirect, 2024). This practice sparked significant ethical debate.

Such realities compel us today to move beyond the traditional question *of whether everything technically possible is also ethically permissible*. Towards a more profound inquiry, can we envision a bioethics emancipated from political and epistemic power, or does the ethical system inevitably remain captive to the Western philosophical anthropology that defines the human within a specific normative horizon?

3. The Body and Freedom in the Horizon of Bioethics and Anthropology

Michel Foucault noted that *"one of the essential features of Western societies is that the relations of power which have always existed in war, in all forms of war, in their most basic expression, gradually became concentrated within the sphere of political power"* (Michel, n.d., p. 110). This statement reveals a radical transformation of power: from a form exercised through confrontation to one that operates through organisation, surveillance, and domestication. Within this context, political power becomes a key to understanding the structural tensions that afflict bioethical principles, particularly in the contradiction between their theoretical foundations and practical applications.

At its core, this contradiction stems from the transition of power from its political/legal form to a biological/regulatory form, wherein authority is no longer exercised through borders and laws but through the surveillance of life itself, the regulation of bodies, and the management of populations. This *"biopower" became a necessary element for the growth of capitalism. For capitalism could not have been secured without*

the insertion of bodies into the machinery of production and through the adaptation of population phenomena to economic processes" (Michel, n.d., p. 143). From this perspective, capitalism emphasises the principle of individual autonomy, not as the realisation of freedom but as an ideological tool to justify intervention in the body and private life under the guise of individual choice.

The principle of personal autonomy, understood as *"the ability of the patient, or the subject of experimentation, to make decisions independently regarding matters that concern them"* (Omar, 2011, p. 92), constitutes one of the central pillars of bioethics, as it emerged in the modern Western context. This principle embodies the spirit of secular liberalism, which elevates the individual to the highest value, transcending their social, cultural, and religious dimensions. In this conception, the individual is presented as an independent, rational being capable of making decisions without guardianship or external intervention.

However, this notion finds little practical expression in societies with collective structures, where the self is always understood within a broader framework of belonging to the family, the extended kinship network, religion, or the local community. In such contexts, autonomy is not viewed as a purely individual practice but rather as an act regulated within a moral framework that both guides and evaluates personal freedom. Consequently, decisions of great consequence, such as major surgery or decisions involving the body, are typically subject to collective deliberation, thereby revealing the absence of a purely Western conception of autonomy. The reason lies in the fact that autonomy, as conceived in Western societies, is not universal but rather the product of a specific philosophical vision of the self within Western modernity.

Conversely, in traditional or religious societies, the individual defines themselves through the community, which assumes responsibility for their protection and care during and after illness, providing religious values that orient their decisions. This dimension is exemplified in religious rulings on issues such as organ donation, cosmetic surgery, or hysterectomy. These questions are posed not merely as medical decisions but also as moral and existential choices governed by religious law and custom. Thus, the notion of bodily freedom differs markedly between the West, where the body is considered the property of the individual and religious, communitarian societies, where autonomy is redefined not as a right to separation but as a regulated freedom exercised within the framework of community and faith.

The English philosopher John Stuart Mill (1806–1873) articulated the concept of individual liberty as one of the cornerstones of modern societies when he stated: *"The only part of the conduct of any one, for which he is amenable to society, is that which concerns others. In the part that merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign"* (Mill, p. 15). This conception, which positions the individual as an absolute master of the self, forms the theoretical foundation of the principle of personal autonomy in contemporary bioethics. In this view, the medical decision is understood as a free and voluntary act undertaken by the individual without guardianship or coercion.

However, this conception, despite its philosophical cogency, overlooks the limitations of human beings in decision-making, particularly in situations of illness where the psychological, cognitive, and emotional dimensions are intertwined. A patient may not be in a position to fully grasp the consequences of their decisions, not only because of a lack of information but also because of fear, psychological pressure, or diminished moral discernment.

Thus, the individual sovereignty defended by Mill, while expressing a legitimate emancipatory impulse, collides within the bioethical context with the boundaries of human reality. An individual decision is not always a reflection of freedom; it may arise from weakness, confusion, or bias. Consequently, it becomes necessary to rethink the principle of autonomy, not by rejecting it but by reformulating it within a more realistic vision that acknowledges human fragility and the individual's embeddedness in social contexts. The reliance of bioethics

on this purely individualist conception, without critique or modification, risks reducing it to a formalistic ethics premised on ideal conditions that are rarely realized in practice. This reopens the fundamental question: is autonomy an absolute right, or is it a shared responsibility grounded in the interaction between the individual, their environment, and biomedical knowledge?.

4. Bioethical Principles and Field Challenges

Bioethicists face a persistent challenge in the difficulty of applying general ethical principles to the complex, concrete cases posed by clinical experience. *"Viewing issues through the lens of ethical principles can reveal salient moral features, but in the end, they offer no clear guidance for judging cases, a dilemma referred to here as the problem of arbitration. As a result, the physician's moral intuition acquires actual weight, and principles become a mere post hoc justification for whatever decision the physician has made"* (Dale, 2023, vol. 9).

This problem is particularly evident in contentious cases such as euthanasia or gender transition, where the principle of patient autonomy clashes with the physician's duty of beneficence. In critical situations, physicians often find themselves compelled to rely on their inner moral intuition (Richard, 2021, pp. 175–177), which functions as a form of care ethics and a practical alternative to beneficence when the principle fails to provide clear guidance in moments of crisis.

Here, the value of what Aristotle termed *phronesis* in *Nicomachean Ethics* (Lacaze, n.d.): that is, the practical wisdom enabling the moral agent to discern what ought to be done in a specific situation guided by acquired ethical awareness rather than by an abstract normative rule emerges. Within this framework, a physician may, driven by such practical wisdom, refuse to comply with a patient's or family's request to terminate life and instead choose palliative care until death. This decision privileges the inherent value of life and the meaning of suffering rather than blind submission to the principle of autonomy.

Here, the difficulty of applying bioethical principles to practical reality becomes apparent because they often clash with principles formulated within an abstract theoretical horizon. This conflict arises in large part from the divergent philosophical foundations upon which these principles rest. The principle of autonomy is grounded in Kant's philosophy, which extols free will and practical reason; the principle of beneficence aligns with John Stuart Mill's utilitarianism, which evaluates action on the basis of its capacity to generate utility; the principle of nonmaleficence can be traced to the Hippocratic Oath and classical medical ethics; and the principle of justice is rooted in John Rawls's theory of the fair distribution of rights and resources.

Such diversity renders the bioethical framework a hybrid system that appears coherent on the surface but harbours structural contradictions that leave it unable to provide practical guidance in moments of complex moral decision-making. Consequently, bioethics, as a practice at the intersection of philosophy, medicine, and society, cannot remain confined within the boundaries of these principles. Instead, it must open itself to alternative ethical models that are context sensitive, that value practical wisdom, and that embrace cultural and ontological plurality alongside the fragility of the human condition.

If ethical principles are the product of historical contexts and profound transformations affecting scientific, social, cultural, and religious structures, then the foundational principles of contemporary bioethics are no exception. They are conditioned by the radical shifts that accompany the Western experience, such as the dominance of technology, the decline of the transcendent, and the ascendancy of materialism. Consequently, contemporary bioethics represents a reflection of epistemological conceptions that have elevated science to a quasiabsolute authority, prevailing over human and moral considerations. This development gave rise to *scientism*, which *"claims to solve all philosophical and human problems by means of science, glorifies science, and regards it as the source of solutions to any issue. It nevertheless constitutes a decisive obstacle to the*

establishment of a genuine life ethics that is attentive to extracting the value-based foundations of every datum" (Ross, 2001, p. 119).

From this standpoint, the following question arises: does Western bioethical rationality seek to impose a new form of moral hegemony after its economic and political dominance? Can non-Western Arab or Eastern societies adopt these principles as they are, or will they adapt them in line with their own cultural and social specificities? Moreover, more fundamentally, is it even possible to adapt principles that were born within an entirely different context?

Cultural specificity extends not only to the moral domain but also to the very scientific outlook. The Western physician, shaped by secular culture and a mechanistic orientation, may view the human being as a machine and illness as a functional defect. In contrast, physicians in China, India, or the Arab world often approach their practice through a different framework, influenced by religion, tradition, or local philosophies, for example, Confucianism, which regards the individual as part of the family rather than as an autonomous entity. As a result, history in these regions did not witness atrocities comparable to those that occurred in the West, particularly during the Second World War, which provided the backdrop for the Nuremberg Trials (1946–1947). During these trials, Nazi physicians and architects of the Holocaust were brought to justice by judges from France, the United States, Britain, and the Soviet Union and were held accountable for their heinous crimes (Museum, 2024). That moment constituted a foundational milestone for bioethics, leading to the establishment of international charters aimed at safeguarding human dignity.

This, in turn, raises a crucial question: do non-Western societies genuinely need these ethical frameworks, or are their own moral systems rooted in religion, family, and community sufficient to guide and regulate medical practice?

These questions may be approached with reference to the historical context of non-Western societies, where the relationship between physicians and patients differs markedly from that in the West. In such settings, the patient is guided by religious motivations and preexisting ontological convictions that frame their relationship with themselves and with their family. A similar pattern is evident in some Eastern societies, such as China, *particularly in regions influenced by Confucian teachings, where the individual is regarded as a smaller part of a larger entity, namely, the family. Consequently, decisions are often made from the perspective of the family, since any decision affects not only the patient but also the entire family, especially in matters of life and death"* (Tai, pp. 64–67).

In contrast, individuals in Western societies appear less connected to their families and others, a factor that can render euthanasia justifiable in some instances under the rationale of preserving human dignity. When deprived of adequate care or faced with chronic depression, patients may prefer to end their lives rather than remain in a healthcare institution or nursing home.

In contrast, in Arab and Islamic cultures, the dignity of patients is safeguarded through a web of social and religious ties. Family members assume responsibility for the care of their relatives in situations of illness or old age, with daughters or sons often providing direct care until death. It is not uncommon for a father or child to sacrifice their most valuable possessions to secure treatment for a relative, even for an elderly parent. In Western societies, however, shaped by individualism, parents or elderly relatives are often placed in care institutions, making them vulnerable to emotional and social isolation.

Thus, euthanasia in such contexts emerges as a so-called humane option, intended to preserve the dignity of patients who prefer death to a life deemed meaningless. Thus, we are confronted with profound ethical and ontological divergences rooted in religious, social, and cultural frameworks that define the meaning of dignity,

illness, care, and relationality. These differences reflect not only variations in healthcare models but also contrasting metaphysical and moral conceptions of the human being as an entity deeply embedded in a web of meanings inseparable from culture.

5. Bioethics and the Capitalist Hegemony Project

There is a close connection between euthanasia and the capitalist logic that represents it as a humane option. In essence, it serves as an instrument for health insurance systems and social security funds. These institutions, embedded within a capitalist structure aimed at maximising profit, perceive the human being primarily in terms of productive value. As long as individuals remain healthy, they are deemed productive and contribute to the system's financing. However, once they lose the capacity to work and become an economic burden, the logic of capitalism intervenes to eliminate them, concealed beneath the slogans of compassion, autonomy, and the preservation of dignity.

In this framework, dignity is redefined not as an inherent value of the human being but as the capacity for productivity and self-sufficiency. Euthanasia, in its institutional form, thus becomes an undeclared tool for reallocating resources and reducing financial burdens, all under the guise of an ethical response to human suffering. What appears to be a humanitarian discourse is, in the end, no more than an ideological mask concealing an instrumental logic that treats the human being as a unit of production, whose value ceases the moment their function is impaired.

This analysis aligns with Michel Foucault's assertion that *"if genocide is the dream of modern powers, it is not because of some contemporary return of the old right to kill, but because power today is exercised at the level of life, populations, race, and large-scale demographic phenomena"* (Michel, n.d., p. 140). It is as although we are witnessing the return of ancient forms of power in a new guise, despite bioethics's claim to have transcended them. This resonates with Emmanuel Mounier's (1905–1950) critique of enlightenment philosophy, which, he argued, reproduced power in much the same way as before: *"The Enlightenment emerged, believing these values to be artificial, and so awaited their imminent disappearance. The legitimacy of this illusion appeared under the influence of the universal enthusiasm that arose in that era. However, the twentieth century provides undeniable evidence: these values disappeared in their Christian form only to reappear in another guise the deification of the body, society, and the human race"* (Emmanuel, 1981, p. 124).

For this reason, caution must be exercised regarding the influence of capitalism on local cultures, even as we find ourselves inevitably enmeshed within the framework of the capitalist game. This is particularly pressing today, as we live under the conditions of contemporary cognitive capitalism. For example, there is growing social encouragement of prenatal diagnosis: when a woman discovers that she is carrying a child who will be born with a disability, does this not affect her psychological state, her social and familial relationships, or her belief system? This stands in contrast to Western women, who, in many cases, may not hold deep convictions about motherhood. Thus, significant differences emerge in the psychological, social, and cultural structures of individuals across societies.

In this sense, bioethics has become the new face of political and economic domination, extending further into epistemic and cultural hegemony. For instance, in the case of gender transition, it has been deemed legitimate according to the principle of personal autonomy and is justified and framed within bioethical principles. The argument continues that medical progress has enabled new and unprecedented possibilities in human history: *without medical development, we could not have changed sex from male to female or vice versa.* Bioethics then comes to affirm such acts on the basis of autonomy, that is, the human being has the freedom to choose their gender while disregarding the consequences of such choices for the health of individuals and societies.

However, does the freedom championed by the West today mean the ability to do whatever one desires? Or does freedom have multiple forms, where as Emmanuel Mounier notes, refraining from action or abstention may also be considered an expression of freedom? The Western world, however, has offered a specific conception of liberty on the basis of its own interpretation, which leads to the conclusion that actions or positions diverging from this interpretation are regarded as incompatible with its notion of freedom. For example, the rejection of homosexuality is, for some in the Western mindset, perceived as a rejection of liberty since they interpret the acceptance of homosexuality as an expression of human freedom and the right to choose one's identity and sexual orientation at will.

This argument resonates with Michel Foucault's preface to Friedrich Nietzsche's *philosophy in the Tragic Age of the Greeks*, where he remarked: *"There are three narcissistic wounds in Western culture: the wound inflicted by Copernicus, that caused by Darwin when he discovered that man was born from the ape, and the wound inflicted by Freud himself, when he discovered that consciousness is grounded in the unconscious"* (Friedrich, 1983, p. 8). To these wounds, we may add a fourth type, the bioethical wound, arising from the condition of contemporary humanity in a world dominated by technology and marked by the retreat of human values. This has led bioethics gradually to assume the form of a new creed, or what we might call, albeit metaphorically, *the bioethical religion*, given that its principles have increasingly come to function as sacred doctrines to which all must submit, such that rejecting one principle is tantamount to rejecting the entirety of the framework.

From this perspective, one may ask whether local societies are immune to the hegemony of these principles. A close observer of the rapid transformations of the past thirty years noted that no comparable acceleration had occurred in the previous three millennia. For instance, Europe of the 1950s is not Europe today. While it is true that humanistic and value-based dimensions continue to operate within European society, there has also been, conversely, a widespread renunciation of these values, which the Western individual increasingly perceives as forms of authority and coercion imposed upon individual rights, themselves grounded primarily in the principle of liberty.

Accordingly, the world today is acutely aware of the magnitude of this transformation at the level of principles and values, particularly with the emergence of the digital sphere, which has established new paradigms affecting the self, culture, religion, identity, and history. The term *"digitised human"* is perhaps the most accurate description of this condition. All of this has unfolded under the auspices of capitalism, which operates in tandem with the imperatives of market logic, seeking to situate the world within a global digital network. In this framework, *"the next project of the inventor of Facebook is to ensure that people continually share their experiences on social media platforms, thereby guaranteeing their uninterrupted connection to the network. At that point, virtual reality will replace lived or concrete reality"* (Rachid, 2022, p. 169). It is as although we have shifted from the dialectic of master and slave to that of slave and technology, where technology itself controls the past, present, and future.

In light of such claims, one may ask: Will the cultural values of traditional societies remain untouched by the economic hegemony of the capitalist system? Can traditional societies in the future resist the consumerist drive through which capitalism, by all possible means, has sought to turn the human being into a consumer responding automatically to stimulus and response, as described by the behaviourist school in psychology? Here, the answer or even speculation becomes difficult, for the world today rests upon an unstable foundation, marked by the retreat of everything that once reinforced the spiritual dimension of human existence.

If contemporary bioethics claims universality on the basis of its principles and if this universality has deviated from its original aims towards ends such as domination and the exclusion of all that is local, then philosophy today is tasked with positioning itself within the gaps that lie between universality and Western ideology. Its role

is to act as an ethical mediation that can both liberate universality from its ideological tendency and safeguard what remains of the humanity of the human being. The challenge for philosophy, therefore, lies in freeing the universal from its ideological drift since ideology, in this sense, is not identical with universality.

Moreover, the local may itself become universal through its own ideological impetus, an impetus that comes from without, as a counterpart to the universal rather than from within it. This is because universality, in its Greek usage, did not bear the meaning it carries today; rather, it denoted sharing and participation, as in the concept of καθολικότητα (*universalism*) (Glosbe, 2024). With the transition of language from Greek to Latin, however, the meaning shifted, becoming associated with a single direction (*univers*), thereby acquiring a colonial connotation, as occurred with many other terms such as *aletheia* (truth).

Thus, the universal is not born universal but becomes so by integrating both the local and the universal. In the same context, the Cameroonian philosopher John Godfrey Bidima (1958–) introduces the notion of *transversal universality* (Bidima, 2020), that is, universality as a mode of crossing across not only time but also space.

Through this path, universality is liberated from that which does not belong to it, for it is concerned with the human being or, as Bidima (2020) observes, *"Within us resides the animal, the plant, and the mineral. The human is not merely human; he is the universe itself."* Universality and particularity are therefore not in conflict but in mutual participation: just as there is particularity within the universal, so too is there universality within the particular. Otherwise, how could the particular ever become universal? It is precisely through a creative elevation of the particular to that level.

Maurice Merleau-Ponty (1908–1961) called for *"the abandonment of such dualisms and the choice of a lateral universality that renders what is distant familiar and what is familiar distant"* (Bidima, 2020), a perspective through which the other is perceived as the self and the self as the other. This circular relation constitutes one of the forms of universality that philosophy seeks to attain.

For this reason, bioethics today must encompass contradictions and differences alike, through an unwavering focus on the human being and nothing but the human being. In this sense, we arrive at the meaning of the *bioethical human*, one who is enfolded within existence and embraces the whole, such as the compass in the metaphor of Jalal al-Din Rumi.

6. Conclusion

What a critical reading of bioethical principles reveals is that they do not emerge from a transcendent universal horizon but are rooted in a specific cultural history bound to the experience of Western modernity and its questions concerning the individual and meaning. When these principles are applied to different anthropological contexts, it becomes necessary to deconstruct and interrogate them not to negate or exclude them but to deepen and reinterpret them in ways that resonate with value pluralism and the diverse modes of understanding the human being.

Universality here does not rest upon the erasure of difference but upon genuine attentiveness to the plurality of human experiences and recognition of their legitimacy. It also entails the acknowledgement that dignity is not reducible to individual autonomy alone but is also rooted in the bonds and relationships that give human existence its meaning. In this sense, bioethics becomes an open horizon for a renewed universal dialogue on the destiny of humanity, rather than a complete discourse imposing a single model in the name of universality.

Methodology and Methods

The research is qualitative, employing a critical-philosophical methodology combined with comparative anthropological analysis. It draws upon textual analysis of key bioethical frameworks, particularly the principlist model, and contrasts them with anthropological accounts of cultural variations in moral reasoning about the body, dignity, and freedom. Sources include philosophical texts, bioethics literature, and ethnographic studies in non-Western contexts. The methodological orientation is deconstructive and critical, aimed at revealing the cultural embeddedness of supposedly universal principles.

Findings

1. Epistemological tension: Universalist bioethics often conceals its Western ideological roots under claims of neutrality and rationality.

2. Cultural dissonance: Concepts of autonomy and bodily freedom, central to Western bioethics, clash with religious and cultural worldviews where the body is sacred and not subject to absolute human control.

3. Normative hegemony: The export of Western bioethical frameworks often functions as a form of epistemic coloniality, imposing a standardized paradigm of humanity.

4. Toward intercultural bioethics: Genuine universality requires a pluralistic approach that incorporates local moral traditions and respects cultural particularities without reducing them to relativism.

Actuality (Relevance of the Study)

In an era of globalized biomedical practices—ranging from organ transplantation to genetic engineering—bioethical questions are no longer confined to Western societies. The urgency of developing an intercultural bioethics is particularly relevant in multicultural societies and in international biomedical research, where tensions between universal claims and local traditions frequently arise. This study contributes to ongoing debates about decolonizing bioethics and aligns with broader movements in philosophy, anthropology, and global health ethics.

Ethical Considerations

This paper is based on a critical review of literature and does not involve human participants. Ethical integrity was maintained by respecting the intellectual traditions of diverse cultures, avoiding reductionism, and acknowledging the value of pluralism in moral reasoning.

Funding Statement

The author declares that no external funding was received for the preparation of this article.

Conflict of Interest

The author declares no conflict of interest related to this research.

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