

# GAP BETWEEN RHETORIC AND REALITY OF HUMAN DIGNITY

## A bioethical analysis of HIV/AIDS in Africa

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*Paul Chummar*

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### *Introduction*

It is a paradox that although none of the African nations has the potential power for a nuclear weapon or weapon of mass destruction, AIDS has proven itself to be the »virus of mass destruction«, very specially, in the African continent. According to the statistics of UNAIDS, in today's world there are more than 33. 2 million People living with HIV/AIDS (PLWHA); new infections in 2007 are 2. 5m, that is 6, 800 per day; death from HIV/AIDS 2. 1m, that is 5, 700 per day. When we see the statistics of Africa out of the 33. 2 million PLWHA 22. 5 are in Africa; new infections in year 2007 is 1. 7 million, that is 4700 per day; and death from AIDS 1. 6 million annually. The African continent has to provide care for 11. 4 million orphans at present due to AIDS deaths (cf. UNAIDS: »HIV/AIDS, TB and Malaria. UNAIDS 2007 AIDS Epidemic Update«). The more knowledge there is about the aggressive nature of HIV/AIDS and how it relates to the different areas of human life and activity, the more perplexed and frightened the world becomes. Since the segmented approach has proven less successful in the fight against this pandemic, UNAIDS has, in the last few years, been proposing a »comprehensive approach«. For HIV/AIDS is more than an illness. It spreads into every facet of human life. The lives of the people it affects deteriorate and their social, communal and personal lives are reduced to nothing. This article attempts to treat the problem of HIV/AIDS from the bioethical perspective, with an emphasis on the innate nature of human beings, human dignity and human rights, and to highlight some possible ethical and bioethical areas which deserve our special attention. To undertake this in the African context I would like to propose proceeding in two main steps: I. HIV/AIDS: a bioethical issue and HIV/AIDS: a severe blow to human dignity and human rights and II. Need for an Inculturated Bioethics for the eradication for HIV/AIDS and for the care of those who are infected.

### *Part I. HIV/AIDS: a bioethical issue*

HIV/AIDS is a bioethical issue since, on the one hand, it destroys *bios* (Gk), or human life and so far there is no cure for the HIV/AIDS, thus making it a fatal infection and disease. On other hand, AIDS — »Acquired Immune Deficiency Syndrome« — is intrinsically related it to human actions. From an ethical point of view human actions are to be first understood in terms of a fundamental distinction. A *human act* (*actus humanus*) is to be distinguished from the *act of man* (*actus hominis*). *Actus humanus* is an action initiated with ethical insight, personal knowledge and free will. And the second, *actus hominis* comprises all biological processes, like breathing, other bodily functions which occur without any personal insight, knowledge or free will, such as sensory impulses (e. g. feeling pain), spontaneous psychic reactions (e. g. first movements of anger and sympathy) etc. Under this categorisation AIDS falls within the ethical category of Act of man, *actus humanus*. Then as the slogan says: »You don't get AIDS, you acquire AIDS«. In 95% of the cases all over Sub-Saharan Africa AIDS is a fatal disease »acquired« either through *one's own action* or *by the actions of another person*. 95% of HIV/AIDS cases in Africa therefore fall automatically within ethical considerations.

Ethics is the *rational discipline* that deals with the different aspects of human life, but especially with human actions and activity, in order to orient such activity toward what is good for the person and, ultimately, for the personal fulfilment. If HIV/AIDS is the result of un-bio-ethical way of acting that obstructs the fullness of life, then ethicists are seriously challenged to help such people toward the formation of ethically correct actions. They are to be given serious help to gain greater control over their own actions (*dominium sui actus*) subsequently to become master over their actions (*causa sui*) (cf. Klaus Demmer 1993, LThK3, Bd. 1, p. 299–300). Thus the inevitable role that is to be played by ethics with regard to the Acquired Immune Deficiency Syndrome. Further, ethics is a practical and *normative discipline*: i. e. it deals with actions and the norms of the right way of living, which elevate natural morality to the level of science. Through critical thinking, analysis and scrutiny, it is the urgent task of ethics to identify the sources and roots of this fatal infection from an ethical point of view. Scrutinizing them from this perspective it is seen that the sources and roots of AIDS are related to three main applied ethical areas — social, sexual and medical — which offer fertile ground for investigation of HIV/AIDS in the African context.

### *Gap between Rhetoric and Reality*

There is »no more vibrant, hope-filled or complex idea alive in the world of today than human rights and dignity for all« (Mann, 1999, p. 21). But since the onset of AIDS the gap between this rhetoric and reality is very great. The spread of the pandemic has increased not only violence against the individual body of a person, but also does violence to the societal existence of the person, causing marginalisation and discrimination against the person, thus deteriorating the condition of his/her health and thus »the fundamental equality of all human beings in dignity and rights« also (Universal Declaration on Bioethics and Human Rights, UNCESCO Art<sup>1</sup> 10). The sad irony is that this situation occurs against the background of rapid development in the improvement of human health facilities globally! What a contradiction! A society which lavishly invests in human health discriminates against its own professed objective in the main arena of the disease! It is, therefore, more than appropriate to reflect on two further, yet very basic notions — *human dignity* and *human rights* — with regard to the pandemic and its causes.

### *Human dignity*

The dignity of a human being is inseparable from their being. According to classical scholastic understanding, human dignity is understood as twofold although both aspects are intrinsic to the nature of a person: one is understood as an *endowment* or *gift*, and the other as an *achievement* or *acquisition*. The *first aspect* — dignity as an endowment to the person — is received by the person at birth. All the world religions and natural religions recognise this specific understanding. Because every human being is by nature a valued being, a being to be revered and respected from the very beginning of his/her existence since a human being is created in the image and likeness of God. The *second aspect* of dignity is the dignity to which human beings are called as intelligent and free persons capable of determining their own lives by their own free choices. The formation of this dignity depends upon the individual person as well as other persons and it is directly connected with the choices and actions of these persons (cf. May, 1991. p. 23). Once again is seen the important role of ethics, not only in recognising the fundamental dignity of a human person by the very fact that they exist, but also that this dignity must be activated so that the person live a fully human life (2nd aspect of dignity).

## *Human rights*

The notion of human rights has a very long history and remote roots in Stoic philosophy. It is based on the understanding that all persons are equal because of their capacity of participation in *world reason* (*Weltvernunft* / *Brüderlichkeit* [Stocis]). Substantial contributions to the idea of human rights were made by philosophers and theologians of the middle ages. Decisive impetus towards the modern understanding of the notion of human rights was given by the intellectual world of humanism, rationalist natural law and the Enlightenment. After a revolutionary breakthrough in the understanding and embodiment of the notion in the »Declaration of Independence of the United States« — a fight for representative democracy and self determination — and in the »French Revolution« — a violent explosion — and the »French Constitution«, the notion of Human Rights gained its decisive development in the Universal Declaration of Human Rights by the United Nations Organization (UNO) in 1948. The understanding of human rights today is very close to the perennial concept of *Natural Law* of the basic rights are derived from the fact that in contrast to all other beings, human nature is endowed with reason and free will and therefore with a common and equal dignity among all human beings (cf. Peschke, 2004, p. 243–249).

## *Disintegration of the Person due to HIV/AIDS*

Both the notions — human dignity and human rights — emerge from a holistic understanding of the notion of the human person. But with HIV/AIDS the wholeness of the person disintegrates not only due to the disease itself, but also due to the segmental procedures used to combat the pandemic. HIV/AIDS is a fatal and direct attack on the existence of the person; it is therefore from the *person* whose dignity and right suffer from AIDS that we begin our discussion on HIV/AIDS. Its direct assault on the dignity of the person are manifested in its infringement on the person's rights: to life and health, sexuality, physical expression of love, intimacy, transforming and fulfilling human relationships, the transmission of life, child bearing, and the continuity of human societies. Not only is there a direct attack on the dignity and rights of a person, but the attack is exacerbated by the social stigmatisation of the person — infected or affected by AIDS. Stigmatisation is irrational, harmful and powerful in supporting the degradation of the person's dignity. It is the denial of the truth of the innate value of the person, unjustifiable by any means. Stigmatisation and discrimination are direct assaults against the person whatever the explanations and reasons given for them. Moreover, the Universal Declaration on Bioethics and Human Rights, UNCESCO Art<sup>2</sup> 11 affirms: »No indi-

vidual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.«

To radically overcome the assaults against human dignity and human rights, the root causes must be tackled. I dare say that most of this process of disintegration of the person himself in African society has deep roots in the colonial infringement upon the dignity of the African person as well as in the unstoppable stream of Western cultural currents and their influences on Africans which in their turn continue a sort of *cultural colonialism* which is more subtle yet more disintegrating. It is to be remembered that the African continent, the cradle of humanity, was rich in its own culture and economy before the colonial burglars landed in the continent. The emergence of the HIV virus has taken place in different sources and contexts.

### 1. *Some social ethical and political sources and contexts*

*Poverty:* The core reason for the spread of pandemic in Africa is certainly poverty. The current political, to certain extend educational and economic situation in Africa deepens the inequality between rich and poor, and the people are more and more divided into super-rich and miserably poor. In their utter poverty in order to survive and to feed their children, some women and men exchange their bodies for sexual activities. It makes no difference whether they die of AIDS or of hunger. Sex remains unfortunately the last resort for survival!

Due to the power greed of politicians, who centralise all the governance and development into mega cities, the job opportunities outside are practically zero. So many employees and casual workers in the towns, hailing from far away areas are not financially capable of going home every weekend. Their sexual gratification is then achieved with casual sex workers who are much cheaper than the commercial sex workers. And on their home visits they infect their partners too.

*Governments:* Most the African governments have lost the moral uprightness of their ancestors and preferred to ape the colonial way of exercising power: coercion, violence, grabbing, which they do even better than the colonizers. As African governments get more and more weighed down by huge international debts they are not financially capable of doing enough to prevent the spread of infection through effective ethical educational methods and to care for the infected and affected. Nor, to a certain extent, is it a government priority. Often the faith communities and NGOs are resorted to in this AIDS no man's land. Experience has shown us that protective measures and ARVs do

not eradicate the fatal pandemic from the continent, though they do enable the infected to live longer. Though the People Living With HIV and AIDS (PLWHA) are a crucial bioethical challenge for the governments, it is to be noted that there is serious lack of political will to invest more in the eradication of HIV/AIDS through ethical education and to care for the PLWHA at indigenous and multilateral levels.

*Education for Public health:* Education for a healthy life is still only available for economically privileged groups in many African countries and access to adequate medical care is not understood as a *common good* and *common right* for all Africans. The right for bodily privacy, decent wages and safe housing, clean water and adequate nutrition are reserved for those who can pay them and not for the poor. So the Universal Declaration on Human Rights remains confined to books and the statements of higher authorities and are a mean for election propaganda. It is a shocking fact that worldwide more than 121 million children do not get an education and that 65 million of them are girls. The highest concentration of unschooled girls is in Sub-Saharan Africa. Who teaches these girls about healthy living and sexuality and sexual ethical principles which, in turn, build up a healthy society?

## 2. *Some social and sexual contexts*

*Gender inequality:* In traditional African society women and girls have less status than men and boys. The subjugation to sexual violence at home and outside the home is generally tolerated and fuels the infection rate. Gender inequality and subordinate roles marginalize women and hinder self-sustenance and self-empowerment (economic powerlessness, feminized poverty, feminized illiteracy) and subordinates women to their male partners and guardians and often limit their freedom to make free and independent decisions, even in matters of sexuality. Their dependency is of such a high degree that the ability to say »no« to sexual activities with an infected husband, or other persons in the case of widow inheritance in some cultures, is reduced. Domestic violence and multiple forms of discriminatory practices in a household in a male dominated society is accepted and taken for granted! The superstition that sexual intercourse with virgins and young girls can actually cure infection is not yet condemned as a barbarous and heinous act by men! To a certain extent it is tolerated silently even in our post-modern 21st century! Some men see their women solely as objects of sexual gratification and child bearers and compel them to bear children as future breadwinners and care takers although they are infected. In refugee camps women and girls are victims of the sexual exploitation by the armed forces and camp officials on

whom they depend. In some cultures (e. g. Maasai) infection rates are increased through the custom of sexual contact and coitus between the wife and a visitor of their own tribe which is a gesture of friendliness and respect for the visitor, and a means of sexual satisfaction for the wife in the long absence of husband. The culturally accepted practice of polygamy is another serious cause of infection of AIDS.

*Initiation:* Without understanding the real anthropological, social, and cultural meanings of the customs, zealous European missionaries from outside the continent abolished traditional moral African customs which were protecting Africans in the ethical matrix. For example: the abolition of the initiation rite of passage as one of the most important junctures from childhood to adulthood. Initiation is preceded by a number of social and sexual ethical instructions, where a young person is prepared ethically for adulthood and where the person has to learn from elders of the family how to live responsibly as an adult and as a partner in married life, how to behave in matters of sexuality and procreation, in parenthood, family and community. This transmission of ethical principles from one generation to the next in the context of initiation is now mostly broken, leaving a *moral vacuum*. The growing curiosity about sexual knowledge and its functioning are then satisfied mainly through the media, internet etc. and peers in immoral ways.

*Marriage customs:* Another important means of destruction to the sound ethical system crept in through the prohibition of traditional marriage customs and by their replacement by foreign Christian marriage customs. The African traditional understanding of marriage and its rites envisage the character and certainty of a life-long binding union and its successes, and are intrinsically supported by both families of bride and groom and their communities. Moreover, the rites and rituals before the marriage are meant as a long preparation for marriage and for its greatest goal, namely procreation. Unlike the western marriage custom, African marriage is a *progressive reality* which does not come into existence at the moment of the marriage ceremony. It is a gradual, progressive maturing process of the man and woman into an intimate relationship, developed through a process of negotiations, visiting, and gift-giving, first through both families, and later ratified by the communities. In this long process of growing together into partnership, into an inseparable unity of the bride and groom, procreation plays the most important role. Therefore, even before the solemn marriage in the community, which take place years later, couples have to prove their ability to bring forth children as security for their own lives, their family, and their properties. The families, clan and society provide the backbone of the couples' life together. The traditional custom of developing a partnership, with the creation of family and marriage as

a crowning event after the two have become as »one flesh« when their sons and daughters have reached the level of self-sustenance, was changed by external customs and rituals. An African marriage celebration between the extended families and the communities now causes a huge expense. Due to the financial burden of the African marriage custom, more and more young people are now prone not to marry, but to live as partners without family and community support. This new pattern causes unstable relationships and changing partners. Or, delayed official marriages lead to unethical sexual contacts which in turn offer fertile grounds for the transmission of HIV/AIDS.

*Influence of western sexual behaviour:* Having been the objects of a very long colonial era which subjected Africa to slavery, illiteracy, and exploitation, there is consequently great pressure on Africa, as elsewhere in the world, for a life without many *ethical oughts*. Through globalization in the African continent western contraceptives capable of controlling the biological consequences of pregnancy on the one hand and sex stimulants ensuring increased pleasure of pre— and extra—marital sexual activities have arrived on the other, along with a glut of pornographic materials, television programs and chemicals promising sexual vitality and satisfaction. The innate nature of sexual activities as expressions of love, intimacy and partnership between two legitimate partners is then degraded to mere consumerism. With the abandonment of many traditions, a healthy way of the transmission of moral values to the younger generation has been broken and many find themselves in a certain *moral vacuum*. A mixture of traditional and modern sexual practices has crept in to fill this vacuum under the maxim: »enjoy your life!« which causes discordance in partnerships, promiscuous behaviour, and pre— and extra—marital sexual relationships, all of which increase the possibility of infection and cause an assault against the innate right of exercising human sexuality in its proper way.

### 3. *Some medical ethical contexts*

*Illness:* According to African traditional understanding illnesses are understood as both natural and supernatural. Any illness is an expression of disharmony in the human relationship and nature in an extended understanding. In many African minds, an epidemic is brought by supernatural forces since humans are breaking the taboos of sexuality and moral values. Therefore treatment with medicines does not suffice in the healing process. The healer has to go beyond the physiological and individual symptoms of the illness of a person and to help bring back the person from unhealthy ways of life to correct track of social, psychological and ethical relationships such as with the fam-

ily, community, tribe and the humanity as a whole. And the process of reconciliation and the healing of the distorted relationship with nature will take place when the traditional healer prepares the medicines for the treatment of a particular ill person and does appropriate rituals. Even in the process of preparation of natural medicines, its elements, such as plants, animals, water, fire, air etc. come in contact with the major forces of nature which in turn provides the cure.

*Healing process:* African anthropology understands that humans are *homo patiens* as in the Western understanding (cf. Chittilappilly p. 149–168), but in the African context one's health or illness is also closely related to the relationship of a person to their community and to the creator of life. Then, in the process of holistic healing, the person must be reintegrated into the community — with the living, with the ancestors and the forthcoming generations — and with the Creator too. Many believe that HIV/AIDS is an ethical issue since the illness are the consequences of breaking the ethical values.

### *HIV/AIDS and African Cosmology*

In search of ethical solutions one has, as far as possible, to take the African paradigm itself seriously into consideration. A very deep and correct perception of their world, culture, language, traditions, etc., is needed for any kind of ethical solution, which brings in the notion of African Cosmology. It is the understanding of Africans and their particular way of understanding the world which shapes their actions in respect of themselves and each other, and informs how they interpret the consequences of their actions. »This dialectic of cause–effect–cause between cosmological perception and human behaviour forms the context in which ultimate reality is interpreted« (Magesa: p. 198.). With regard to HIV/AIDS there are three important existent cosmologies in African understanding.

### *Cosmological Perspective of Tradition*

The first one is the Traditional Cosmological Perspective, which influences the sexual behaviour and moral outlook of the people concerned in a different way. According to traditional understanding the violation of values of honesty and justice (even in business transactions) is a serious crime. AIDS is believed by some people as the punishment of dishonesty and cheating in human relationship (Cf. Hooper, 1990, p. 59). It may seem absurd for a Western person that a violation of honesty and justice could cause AIDS. But the moral mes-

sage of the whole issue must be appreciated. In other words, a serious violation of moral principles is even assumed to cause an incurable illness, even to endanger life itself! This cosmology refers to »the aspect of the consciousness of human community and interpersonal bonding; that harm done to one person or group of persons tends to spread. Sometimes it boomerangs on its perpetrator. This awareness, so strong in the traditional African world-view, is indispensable in inspiring responsible sexual morality and helping in the control of AIDS in Africa« (L. Magesa, 2003, p. 199.).

### *Cosmological Perspective of Sexual Morals*

The second cosmological perspective deals with sexual morals. Even though people know that AIDS is a disease acquired through sexual promiscuity and not from the world of magic and through the power of witchcraft, there is certain confusion and certain perplexity regarding sexual behaviour. The span between their knowledge and their behavioural change still seems to be unbridgeable! In other words, people need more help to see why they have to change their unethical behaviour and how they can change their behaviour.

### *Cosmological Perspective of Promiscuity*

According to the third cosmological perspective there is a direct link between AIDS and sexual promiscuity. Though there is much denial about promiscuity the rising number of HIV infection and deaths due to AIDS is to be taken seriously under the perspective of the third cosmological perspective. »In many parts of Africa, the link between sexual behaviour and AIDS is now well-established in the minds of the majority. A change in sexual behaviour does not follow suit, however« (L. Magesa, 2003, p. 200.)

### *Care of the sick*

Traditional African care of the sick is basically communitarian and specifically it starts with family members, extending to friends and then to the community at large. Even the expense of the care of the sick is met by family, social and communitarian sources. The ambiance of family, extended family and community gives the most effective support to the patient and avoids isolation. But the stigmatization of HIV/AIDS means that there is an increasing unethical tendency of removing HIV/AIDS patients from the home and community and abandoning them to anonymity in hospitals or elsewhere. Since there is no comprehensive health care insurance system for all and the politi-

cal resources of Africa are incapable of adequately providing ARVs to the infected, the ethical responsibility of caring for the sick according to the UN's Universal Declaration of Human Rights (1948) is still a dream. The reality is in stark contrast to the obligation of the global community which affirms that the right to health of a person is to be guaranteed by the laws of the states (cf. Universal Declaration of Human Rights art. no. 25, and Treaty on Economic, Social and Cultural Rights art. no. 12) and which is guaranteed in the constitution of almost all the nations, which states »... everyone has the right to a standard of living adequate for... health and well-being of himself and his family, including food, clothing, housing, medical care and the right to security in the event of... sickness and disability... Motherhood and childhood are entitled to special care and assistance« (<http://www.pdhre.org/rights/health.html>). The outcry of the poor over access to ARVs is serious evidence of the negligence of the health care system and a serious offence against human dignity and human rights. This obvious negligence, especially with regard to HIV/AIDS, reinforces the common belief that AIDS is a »disease of bad people! The world of AIDS and its complexity is, therefore, an urgent challenge for ethicists for an inculturated African bioethics capable of eradicating the pandemic from the continent.

## II. *Need for an Inculturated Bioethics for the eradication of HIV/AIDS and for the Care of the Infected*

»A stick in your neighbour's house can never kill a snake in your house«, states an African proverb! Any solutions imported from outside the culture and understanding would not help to rebuild the moral integrity of the African people. Some African thinkers and scientists conclude that AIDS is a western creation to destroy Africans and that in the meantime the promotion of condoms is good business. African problems must be solved by African means. *An African ethical problem can never be figured out by a material solution or by imported solutions. An African ethical problem needs an ethical solution that comes out of the continent, out of its own innate culture and anthropological understanding and moral values. There is no need to start with various imported ethical theories but, rather, with the ethical theories of this continent which have emerged and have been known and practised for thousands of years. The statement that: »Africans don't have any morality; we have to teach it to them« is totally absurd! The fact is: before Europeans came to this continent and before the missionaries came here, God was here and so was a sound morality among the people, among the first human beings of this whole universe. Africa is the cradle of human life! If ethicists are now confronted with a fatal pandemic, we must first refresh our faded memories with the*

moral principles of this continent. They are so inherent, rich in content and familiar to the people of this continent. Here, native researchers are challenged more than anyone else. And then, should something still be lacking, western ethical principles can play a complementary role in a way that what is taught is plausible for Africans and also acceptable for total integration into their lives.

Very often the HIV/AIDS is acquired because of the lack of proper knowledge and moral discernment. Therefore ethical education for the ordinary people must contain a differentiation in the understanding of their actions. Ethics has the solemn duty to state norms and give clear directions for a fulfilled and holistic life for the people of a certain culture and anthropological setting. Its sole aim is to help human persons to be liberated from everything that will destroy their lives and to lead them to the God of their ancestors so that they live in total harmony with the living, dead and the lives which are to come.

The rich African heritage of Elders and Extended Family System listening to the pains and hardships of others and giving indicative norms and principles for a life in fullness based on the cultural and anthropological understandings of the people would be more effective in the eradication of the pandemic in Africa than any other post-modern media methods. At the same time ethicists and bioethicists will be seen as the touchstone in their serious research work on the complex questions of HIV/AIDS and in their undertakings in the eradication of the pandemic from this continent.

It is to be remembered that ethics, as the only bridge among the disciplines that connects with the world of today and human dignity and human rights by its nature and mission, has the fundamental objective of enabling persons to build up their morally good behaviour rooted in universal moral values, principles and within specialised areas. Thank God that ethics has freed itself from its past ways of communicating itself through narrow, fearful and dictatorial moral principles and has moved to a system of personal and autonomous morality that helps the individual person and their development. Today ethical principles are compatible with the modern sciences and disciplines. Further, ethics has to be capable not only of communicating sound ethical principles, but also of discussing the burning problems of our time openly and sincerely with humanity.

### *Some African hopeful resources*

There are many hopeful resources here in Africa in the fight against the pandemic. Amongst them: 1. The profound anthropological and fundamental moral understanding of Africans does not differ much from universal anthro-

pological and fundamental moral principles, such as, the principle of life as the greatest gift to humans, respect for life, love for life and procreation, and an understanding of the existence of the person in the strong living chain of ancestors and the lives which are to come in the future. 2. The deep religious sense and rich expressions of interiority which are essential for fostering moral values and principles. 3. The great human resource of young and energetic people who are capable of education, knowledge, development and contextualisation of African values in a modern world. 4. A strong sense of solidarity, family and community life and care for the sick and dying. 5. An ever-growing political awareness and political sense that is capable of changing the social and economic reasons for the spread of HIV/AIDS. 6. A greater thrust for the recognition and promotion of human rights, freedom and equality.

The traditional African ethical understanding can thus provide basic norms for an inculturated bioethics. These should be different conditioning principles in their drafting and derivation: for example: »the principle of life« as the greatest gift from God; »the principle of liberation« which serves to free people from every kind of suffering and slavery; »the principle of inclusion« which seeks liberation for both the oppressed and the oppressor so that an holistic salvation can take place; »the principle bioethical relevance« which is capable of communicating valid ethical principles for human life in its fullness.

### *Conclusion*

Such an *African bioethics* based on anthropological, cultural, philosophical, and moral principles and values, provides the foundation for further ethical considerations. Africa needs programmatic ethicists to develop a sound bioethical pattern for Africa. It will be a long and vast undertaking. And the goal of an inculturated version of bioethics is to help Africans form an *African consciousness* and to have an African *ars vivendi* derived out of their own culture and sound traditions and practices for the *prevention* and *care* of HIV/AIDS. In facing the reality of death due to AIDS, bioethics has to develop a new version of *ars moriendi* which affirms the dignity of the person even at death.

An African proverb states that »the best time to plant a tree was twenty years ago; the next best time is today!« That »today« means taking steps *now* towards an inculturated bioethics. It is an urgent and crucial challenge still ahead of us all.