

# The intervention bioethics in decolonial contexts

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## Abstract

The present study aims to show the alignment of bioethics of intervention with decolonial proposals, understood as criticisms and alternatives to the coloniality logic's operation mode. The bond of the refereed bioethics proposal with the criticisms towards the colonial power pattern is through the proposition of the inexorable link with the most vulnerable part of society. For the defense of the group that is most affected by the vulnerability, it is suggested that the axes such as criticism, dialogue, relations with the State must be reviewed from the perspective of the most vulnerable ones and not just for those most vulnerable. In this context, the perception of intersectionality vulnerabilities is essential.

**Key words:** Bioethics. Politics. Power. Social vulnerability. Public health.

## Resumo

### A bioética de intervenção em contextos descoloniais

O presente artigo pretende mostrar o alinhamento da bioética de intervenção com as propostas descoloniais, entendidas como críticas e alternativas ao modo de operação da lógica da colonialidade. O vínculo da referida proposta bioética com as críticas ao padrão de poder colonial ocorre por meio da proposição da vinculação inexorável com a parte mais vulnerável da sociedade. Para essa defesa da parcela mais atingida pela vulnerabilidade, propõe-se que eixos como a crítica, o diálogo, a relação com o Estado sejam revisados desde a perspectiva dos mais vulneráveis e não apenas para os mais vulneráveis. Neste contexto, a percepção da interseccionalidade de vulnerabilidades é fundamental.

**Palavras-chave:** Bioética. Política. Poder. Vulnerabilidade social. Saúde pública.

## Resumen

### Bioética de intervención en contextos descoloniales

El presente artículo tiene como objetivo mostrar el alineamiento de la bioética de intervención con las propuestas descoloniales, entendidas como críticas y alternativas al modo de la operación de la lógica de la colonialidad. El vínculo de la referida propuesta bioética con las críticas del patrón colonial ocurre a través de proposición de la vinculación inexorable con la parte más vulnerable de la sociedad. Para esta defensa de la parte más afectada por la vulnerabilidad, se propone que ejes como la crítica, el diálogo, la relación con el Estado sean revisados desde la perspectiva de los más vulnerables y no sólo para los más vulnerables. En este contexto, la percepción de la interseccionalidad de vulnerabilidades es esencial.

**Palabras-clave:** Bioética. Política. Poder. Vulnerabilidad social. Salud pública.

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In a recent publication on the retrospective of bioethics of intervention (BI), Porto <sup>1</sup> presents a criticisms review – including the self-imposed – of this current of bioethical thought. In this review, he emphasizes the role of BI in denouncing the social and economic inequalities in a global perspective, with clear links with the process of globalization driven by capitalism which determines power and justice relations perceived through the marks on the body – through the notion of corporeality, pleasure and suffering experienced by people individually or collectively.

Such a stance has affinities with the studies on colonialism (SC) that affirm that the *pattern of power which is established in Modernity – coloniality – works by organizing the population in hierarchies, directing the productive force towards the production and maintenance of capital* <sup>2</sup> and, for this matter, validates and universalizes a kind of knowledge production which is equally hierarchical and exclusionary. Despite decolonial criticisms that can be made to BI, it is undeniable that there are purposes connected with the criticism and alternative proposals to the coloniality manifestations.

It is worth noting that the discussion deals with the study of coloniality, and not about colonialism, which are concepts from different theoretical framework, spectrum of use, features and applications. As a result, of course, the perspectives of authors or works related to the second concept are not analyzed in this paper. In this regard, it is important to consider that the need to distinguish between these two concepts is still a mark of coloniality itself, given the preponderance of colonialism in the symbolic dimension of academic productions in certain areas.

The purpose of this article, therefore, is to show how BI connects with some decolonial proposals and propose other connections – first critical, and then purposeful.

### The context of decolonial criticism

In its theoretical and practical scope, BI conducts a series of criticisms to the hegemonic bioethics and ways of managing life. Such criticisms could be classified as decolonial as they denounce and problematize central matrices for coloniality. One of the main criticisms that we shall examine in this paper is directed to clinical investigations in humans.

The constitution of modernity coincides with the formation processes of the capitalist economy,

which today assumes a global aspect, and also the formation of Latin America. Beyond the political colonialism – mode of exercise of power based on a colonial difference, which organizes cultures into hierarchies, knowledge, experiences and lives – we see the logic of colonial modernity, a system of knowledge production that legitimizes and functionalizes the context of colonial modernity. These knowledge assume and conform images of life and its management, process perceived by Foucault while thinking the notion of *biopolitics*.

Altering the modernity pattern of power is perceived by Foucault – by calling it *system of power* –, when he notes that the body control and its management become essential elements in the capitalist organization: *The control of society over individuals is not simply operated by consciousness or ideology, but is initiated in the body, with the body. It was in the biological, in the somatic, in the corporal which, above all, the capitalist society has invested. The body is a biopolitical reality* <sup>3</sup>. From this reflection it can be noticed the relationship of embodiment presented by BI. After all, one can understand that the production of capitalist society maintains relations in which humanity, striving to avoid pain and bring pleasure, accept – not necessarily in unattended mode – to play a specific role in power relations.

Life, stated from that system of power reconfiguration of modernity, has been colonized, hierarchical, dominated, and led towards a successful management of populations. Capitalism, the racial concept, the social construction of bodies by genre, identified by Foucault as *the gender logic as opposed to the physics of sex* <sup>4</sup>. In this context, another political rationality in which the State becomes responsible is now consolidated, especially with the emergence and development of various forms of liberalism that are central to this new way of managing lives. Modern life politics – biopolitics – is entirely constituted by colonialism. Thus, as well as the hegemonic knowledge production guidelines are based and produced within a colonial logic, we are led to think about the development of other policies and knowledge about life.

One of the main features of the pattern of colonial power is to think of the structure's reality in terms of hierarchies, in which people or populations connoted as “least developed” shall be under the tutelage of the “more developed” ones, so that the development itself is tutelary, tied specifically to such tutelage. Life forms that exist differently in peripheral and core countries imply a difference in the level of development and also in values be-

tween these lives. Nascimento has called this aspect of colonial difference that allows the creation of ontology of life, creating the perception that some lives are more valuable than others, as *coloniality of life*; whether from a political, ontological or existential perspective, establishing a hierarchy and justifying domination, submission and exploitation for the purpose of developing the less developed life<sup>5</sup>. However, it is exactly the winning side of the colonization process that defines the level of development. Logically, the resulting classification reaffirms the hierarchy itself, reifying the unequal *locus* in the conflicts of colonialism, and the “right” to “control” over the less “developed” by those who have reached the historical preponderance.

The scathing denunciation that BI has practiced *double standards* in clinical research – carried out by institutions located in core countries, such as the National Institute of Health of the United States of America (USA), in areas of peripheral countries, particularly in Latin America, Africa and Asia – realizes exactly this hierarchy of lives that would justify the most “profitable” incursions of a “more developed” society over other societies considered “less developed”. This is a concrete example of the relationship that involves the colonization of life. The coloniality of life is being used as a pretext for violent practices against societies based on hegemonic biopolitics, and also by some depoliticized bioethics. This situation, besides being created by arrangement of power games, also involves images, notions, life concepts and its relationship with social institutions.

Arguments in defense of double standards in research – as aforementioned – can be found, naturalizing social relations in poorer countries while assuming that the poor population gains more importance in the global development process as they are forced to find their limits within the precariousness in which they already live; therefore, when used as research subjects so that the entire world can benefit from the supposed advances in knowledge, therapeutic and drugs production, the “less developed” lives would also benefit. Benefits would be, in theory, general, but only a few would take the risk, sometimes thought of as ontological, politically and socially more suited to the task of putting to service of knowledge construction by means of the exploration of their lives and bodies through experiences of suffering and pain.

A tense legitimacy that poverty is welcomed and persecuted in our society is also offered by the coloniality of life, due to the fact that it is a funda-

mental part of the development argument. Through a dialectical fallacy – so there is progress there must be a contradiction between exploiters and exploited – a more vulnerable life is manufactured so that it takes this fragile and overwhelmed place. Historically, according to the principle of modern colonialism, life built to take the place of the oppressed was the Indigenous and Black African people’s life, necessary during colonization for progress in Europe and then in the U.S. – and thus “around the whole world”.

Even with the end of the political, military and economic presence of the “metropolis” within the “colonies,” the colonial dynamic has persisted throughout colonialism. The practice of violence, exploitation and theft continued to be applied, but through more sophisticated procedures that do not require the “material” presence of the metropolis. Thus, Latin America is in a process of colonization without the existence of a nation that occupies the place of a unique metropolis, so that there is no way to possibly charge a concrete nation-state for the injustices and outrages that has taken place due to the development of the globalized world. That world is responsible for the current coloniality. The determination of the hierarchy of lives continues through colonial differences. The life of privileged inhabitants of central northern countries appears to be ontological and politically more valuable than the lives of those who live in marginalized processes, the peripheral countries of the South.

These lives needed to be recognized – and instituted – as less valuable, so that their valuation shall occur through its inclusion in the development process. Besides the biological conception of life, economic, political, religious and medical concepts appear as stratifiers in boosting the coloniality of life. And BI assumes the task of reporting and deconstructing this colonial life image, which appears in various types of imperialism eventually structuring and maintaining social inequalities.

The silent mechanisms of reproduction of coloniality of life can be observed in the progressive perspectives of dominant positions in bioethics, especially in its connection to the ideologies of the market economy<sup>6</sup>, for which life and body are merchantable, colonisable. This is where BI arises as a powerful decolonial tool to the criticism of the hegemonic biopolitics and also to the bioethics engaged in the reproduction of the coloniality of power present in the developmental project.

## BI in the context of intersectionality vulnerabilities

Through different ways of materializing the colonial pattern of power in many geopolitical points of the world, the commitment proposed by the BI to the South requires understanding and attitude in view of the ways in which colonialism was instantiated in this geopolitical region of the global world. More than in the North, the economic vulnerability here is linked to other forms of vulnerability, such as racial and gender relations. A project of bioethics decolonization, starting from the South, shall verify the connections between the various forms of social vulnerability.

In this scenario, the concept of intersectionality is important. This concept states that a process of vulnerability rarely occurs alone and the intersectionality of vulnerability factors intensifies each one of them<sup>7</sup>. The phenomenon of economic vulnerability is complicated and amplified by racial, gender, age and of sexual orientation relations, for example. We can say that in places like Latin America and Africa, the understanding of how socioeconomic vulnerability happens is probably superficial or distorted if we are not guided by the discussion on racial and gender relations, among many others.

For several years the bioethicist Fatima Oliveira has denounced that bioethics has an ordinary reflection that initiates from an abstract human being, from which analysis and performances are effective. In Oliveira's opinion, this fact partly explains why *bioethicists have not yet been aware that there are unethical situations in contemporary societies, which resonate deeply in thinking and doing of bioethics, whose consequences in health care and research generate strictly bioethics conflicts. I refer to the pan-cultural phenomenon of gender oppression, the rise of racism and xenophobia in the world and the harm and discrimination based on social class, sexual orientation and age*<sup>8</sup>.

Thus, the uprooted statement made by this generic subject makes hegemonic bioethics accomplices of the inequalities among humans, since it does not explicit its position on the vulnerabilities resulting from racism, sexism, xenophobia, homophobia, generational prejudice, among others. On these issues, there is no silence without implications: either bioethics overtly presents itself as antiracist, antisexist, anti-homophobic etc., or it ends up supporting attitudes about which keeps silent.

These vectors of vulnerability are highly visible in everyday of peripheral countries and their inter-

section amplifies the unequal status of vulnerable people in them. If we do not see, we do not make it explicit, we do not denounce the processes of vulnerability – which tend to maintain and strengthen themselves, as they do not face proper coping. The bioethics commitment to decolonial projects would assume the complaint of these vulnerability processes involved in bioethical conflicts, often invisibly. This involves considering the political issues that delineate moral conflict situations with which bioethics deals, besides the already known clinical, epidemiological, methodological and epistemological aspects.

As a simple practical example, the proposal would mean to include in *checklists* of the research ethics committees and other instances of bioethical discussions, items that would allow verifying whether vulnerability elements related to social classes, racial, gender, age difference, sexual orientation and geopolitical location relations are present or it was taken care to avoid such vulnerabilities. In environments outside hegemonic bioethics, we are used to see poverty as a primary and fundamental vector of vulnerability, but we must know that in the South the general specter of poverty has no color, gender or other markers<sup>9</sup>.

Considering that issues related to racism, sexism and age are radically constitutive of motivations that direct the emergence of bioethics, the current disregard of these elements in bioethical analysis allows to see the coloniality of life action in the dynamics of colonized bioethics. The famous cases of Willowbrook and Tuskegee experiments are compelling examples of racist and age components at iconic events in the history of bioethics. Maurizio Mori<sup>10</sup> states that bioethics has as one of its institutionalizing milestones the scenario of debate about abortion in the U.S. in the 70s, debate which gave rise to gender issues in an unavoidable way.

In Latin America, some emblematic examples are important to think about the intersectionality between vulnerabilities in situations in which bioethics is called upon to evaluate conflicts. Based on these two examples we see how the analysis would be different if racial and gender analytical frameworks were considered.

The first, from the interpretation of Garrafa e Lorenzo<sup>11</sup>, shows a multicenter experiment that used human subjects in Amapá, where a group of native people was paid to catch malaria-carrying mosquitoes and be subjected to a hundred of these insects' bites twice a year. The method that was used to capture the insects was the "human bait",

with members of the local community. However, due to the poor training offered few weeks before the research started, the security recommendations of the procedure were broken. It is noteworthy that the research protocol was approved by the ethics committee of the American University which promoted the research and the National Committee for Research Ethics, although this had assessed a version of the project which did not include the description that mosquitoes would feed the blood of research volunteers. Additionally, volunteers receive an amount ranging from six to ten dollars per day, violating the Resolution 196/96 of the National Health Council, which prohibits the compensation of research subjects, except when it comes from refunds or reimbursements – which of course was not the case.

Even realizing that the release of the research was due to the *double standard* application, Garrafa and Lorenzo did not discuss the fact that the community members where the research took place were riverine, marked by racial vulneration, since the community is composed of indigenous and African descendants, and other mestizos – aspect that amplifies the economic vulneration of this population. The BI would potentiate the analysis if it also pointed out the racism which was also present in this research that further took advantage of the community poverty participating in the research.

The second example shows us how the consideration of intersectionality vulnerabilities in bioethical analysis could enhance its depth and sharpness. This is the case of maternal mortality of black women and the absence of specific public health policies for them. In the perception of Ventura: *In developed countries, the maternal mortality ratios are lower than 20-10 deaths of women per 100,000 live births; 230/100,000 in Bolivia; and 523/100,000 in Haiti. In Brazil in 2002 the ratio was 53.4 deaths of women per 100,000 live births*<sup>12</sup>. An analysis conducted by the BI about such a situation, by adopting the perspective of intersectionality, would consider the racial and gender factors related to the phenomenon of poverty as “normally” associated with these mortalities, especially when there is contiguity between low education and income and limited access to prenatal care and other medical accompaniments, as indicated by several studies about these indicators in the country<sup>13-15</sup>.

In seeking to understand the reasons why black women still occupy the deepest levels of poverty and low education in the country,<sup>16,17</sup> analysis would draw a more accurate picture of the issue

being evaluated, considering that it represents approximately half of the female population and that their mortality rate in 2001 was about seven times higher (275/100 thousand live births) than among white women (43/100 000 live births) or mixed (46/100 000 live births)<sup>18</sup>. So, it is explicit that the vulnerability articulated by poverty, gender and race amplifies its impact on black women. It alarms, even more, knowing that approximately 80% of these deaths could be prevented through an efficient health policy<sup>18</sup>.

In this scenario, it could not only universalize policies to combat maternal mortality without taking into consideration racial vulnerators factors and paying no attention to the violation of human rights of women, together with the economic vulnerability implied in question. By performing the analysis only by the income bias, it becomes rather an invisible or a secondary analysis, in such a dangerous way, as racial and gender perspectives are constitutive of the very economic vulnerability of these women. Not considering these elements in the analysis ends by corroborating with the contexts in which coloniality constitutes, reinforces, maintains and oppresses, silent and steadily, large amount of the population.

The bioethics that incorporates the perception of the intersection of vulnerabilities, fierce in the South, would strengthen the set of theoretical components of BI, besides strengthening the pursuit of social justice, which further materializes the Project proposed by this bioethical perspective: position yourself on the most vulnerable side of society<sup>1</sup>.

### At the side of the most vulnerable: dialogue and criticism

This position at the side of the most vulnerable presents the BI as a counter-hegemonic perspective in bioethics, as Gramsci<sup>19</sup> understood the idea of hegemony. It is also worth mentioning that the identities stated in geopolitical terms are usually linked to the fight for hegemony, especially in peripheral countries of the South permeated by the colonial difference.

The constitution of subaltern identities is crossed by the colonization action that, by the social vulnerability, in its relational character, is structured in colonially hierarchical oppositions. Then, it is established through the repeated action of these colonizing forces a *complete reproduction of certain voices/experiences over others, which are silenced/neglected, and where the oppressed are the only re-*

sponsible for their own education reflecting a colonizing task in which an existence is always placed at the service of another. Even when it is intended to question the bondage terms<sup>20</sup>.

This process makes it much more difficult the task of seeking decolonization, because usually trading privileges and power starts from the subaltern side of the colonial difference, which often has its voices silenced by colonial listening, turning it imperative for bioethics, in a decolonizing proposal, the questioning and practice of *criticism* and *dialogue*. Criticism, one of the main features of BI is to be understood in its self-criticism dimension. This implies that, in addition to criticizing a situation, theory, attitude or phenomenon, we must also criticize our political locus of enunciation. This attitude helps to avoid the political tendency to become fascinated by what oppresses and/or oppresses us – what Foucault calls *fascism*<sup>21</sup>.

In the task of building identities, one of the important strategies of coloniality is to articulate the internalization of its oppressive character, invisibly constituting individuals, institutions and practices, which often causes attitudes that refuse oppression to also be colonizing at the proportion that obliterate constitutive dimension of prominent subjectivities in coloniality, thus silently replicating the colonial strategy. This phenomenon implies in the need of seeking our internal decolonization together with the criticism of coloniality itself. This self-criticism does not remove the need to record the critique of the hegemonic way of constitution of inequalities and circulation of power. Both criticisms and self-criticism are important tools in the analysis of situations in which bioethics is called to analyze and intervene.

In this context, it deserves attention the relationship between the most vulnerable and situations usually evaluated by bioethics, especially considering that the participation of communities, particularly through the representation of users, is still quite small. A decolonizing approach to bioethics must face the question of dialoguing voices, as Gayatri Spivak has shown us<sup>22</sup>. This author states that segments subordinated by colonial dynamics, which form hierarchies, *do not speak*, even in contexts crossed by the strategy of equity statement. In proposals for justice, through which a group decides for everyone, problems associated with the universalization of wills are usually carried, generally committed to the place of articulation of group members, even if it is *a priori* well-intentioned.

This lack of speech of subordinate groups is linked to the fact that within the hegemonic political

alliances, vulnerable people would be unable to form a political subject capable of speaking and knowing by it, due to the fact that communication, even in the context of politics, is a relational phenomenon that assumes a receiver capable of listening without silencing. Gayatri Spivak<sup>22</sup> suspects that inside colonial power instances the receiver has no existence, which prevents hearing the insurgent subaltern voice, nullifying it, making it a silence, a *non voice*.

In this silencing in hegemonic contexts, the speaking experience that determines the social position from which we will seek equity, is the experience of who does not occupy the subordinate position, which turns it secondary or excludes the experience of subordinate groups. Therefore, this lack of speech is not due to the issue that subalterns *can not speak*, but because the voice is a relational phenomenon that needs a hosting space which requires listening – which is not observed in the practices of distribution of power colonial schemes, determining the locations of speech and silencing. Thus, as enduring racialized subordination of much of the world population – particularly in Latin America, Africa and part of Asia – emancipatory dialogical experience will hardly be possible. *There will be no possible dialogue if we do not believe that the other cannot understand what we say or if we think that what he/she has to say is irrelevant. Silencing is one of the most effective tools and gifts of the colonial scheme. In this context, decolonizing dialogue is critical for us to integrate an area that involves both technical knowledge and vulnerable populations*<sup>23</sup>.

Paulo Freire's perspective<sup>24</sup> about dialogue is an interesting tool for BI, as the original proposal shows. In his opinion, dialogicity constitutes an instrument to critically immerse in reality: *Dialogue is this meeting of men [and women], mediated by the world, to pronounce it, therefore, it is not extinguished in the I-Thou relationship. Dialogue is an existential requirement. And if it is the encounter in which they show fraternal solidarity, the subjects' reflect and act addressed to the world to be transformed and humanized, cannot be reduced to an act of depositing ideas of a subject on the other, nor becomes a simple exchange of ideas to be consumed by the exchangers*<sup>24</sup>.

In this way, the dialogue emerges as a movement capable of taking the parties involved in the activity of analysis to discuss the different places they occupy in the perception of the world, which are permeated by power relations. Thus, the dialogue would be more than an exchange of words and ideas, an explanation of the world experienced

and shared, although in a different way: *Because it is a meeting of men [and women] who pronounce the world, [the dialogue] shall not be a donation of a pronouncement from one to another. It is an act of creation. Hence it cannot be a sly tool that makes use of a subject to conquer the other. The dialogue's implicit conquest is a world by the dialogical subjects, not the conquest of one another. Conquer the world for the liberation of men [and women]* <sup>24</sup>.

The other's alterity could not be treated instrumentally, since all occupy the world as subjects. Dialogue, understood in this perspective, would be a way to a global collective transformation, seeking a space to confront oppression. *Whether Freire speaks of a shared world, this sharing, however, is not homogeneous. Each individual exists in a world experienced differently, talking differently about this world. The world would be the set of meanings that people shall give to a materiality that each individual experiences in a different way. Even seemingly objective facts such as poverty, pain and misery are experienced by people in the same way* <sup>25</sup>.

According to this insight, dialogue is always traversed by its self-criticism, always alert to the possibility of exchange, at the risk of just seem a dialogical activity, without actually being so. To dialogue facing the dialogue's difficulty. Dialogue itself is subject to criticism. The dialogic activity shall be constantly asked about the possibilities of silencing, at the risk of becoming a false dialogue. The dialogic task must face the dialogue's difficulty, considering that dialogue always involves relations of desire, power and interest<sup>22</sup>, and assume that the tensions are constricting the dialogue itself.

By taking this problematic dimension of dialogic practice, bioethics can use it as a powerful political and epistemological tool in the service of the task of decolonization, including some important and problematic concepts of bioethics, as it is the case of *autonomy*, which, seen from the perspective of Freire's dialogue, no longer appears to be superimposed to justice, but linked and subject to it. This perception could be an element of decolonization autonomy and therefore of bioethics itself from a real commitment to South.

### Final considerations: the difficult relationship with the State

One of the most difficult points of bioethics proposal seeking to place themselves at the side of the most vulnerable is the delicate subject's position

which turns effective the analysis or bioethics intervention, especially when we think the institutionalization of bioethics in its relation to decision-makers, so important to it. At one side of this position we have bioethicists "belonging to the dominant academic elites" <sup>26</sup> and at the other side, institutions responsible for the implementation of what bioethical analyzes provide. In our country the State is a fundamental institution, as well as being responsible for the health and life management, research release, health care, protecting the epidemiological and health surveillance – either directly or through concessions –, besides that, the State deals with factors that show social determinants of disease and health <sup>27</sup>.

Feitosa <sup>28</sup>, when discussing about the "subject of bioethics action", distinguishes between intervention and intrusion. This distinction is useful to think about the action of the intervening agent, especially if it is the state. He shows intervention as a *political action, properly planned, within a process constructed with the people directly involved, the addressees of the action* <sup>28</sup>. In parallel, the intervention would be a *unilateral decision, in which situation it is not respected the autonomy of the person or group supposedly in favor of the action. It can be practiced by an individual or even by public or private institutions, sometimes in the form of 'assistance policy' or 'protective legislation'* <sup>28</sup>.

As BI is linked to the dialogic processes engaged with stakeholders in the intervention, the question that remains is whether the State could be the agent of the bioethics action from the BI perspective. By being aware of its origin and colonial character, with the developmentalist fallacy as its fuel and the colonial difference as its support, could the State be considered anything other than an intrusive? In this context, Feitosa argues that intervention *constitutes an offer within a multicultural context where the Other can accept it or not. For this reason, we cannot accept any initiative from anyone, that under the pretext of constituting a 'humanitarian aid' to 'save lives' do not take into account the manifestation of the will of those whom it is intended to help* <sup>28</sup>.

But would the State be available to be just one voice among others within the dialogues in which it participates? What relationships should BI establish with the State so that the pernicious colony-State dynamics do not mark indelibly its proposals of action as an intervening agent? These questions lead us to face the problem of the State possibly being decolonized – and how this would be achieved. We do not know if this is possible. But

it is certain that there is no way of avoiding a relationship with the State structure, especially because the State, in its action, is the manager of biopolitics, privileged maintainer of biopower and bioethics crucial interlocutor.

As a result, BI needs to critically position itself over the State. And, somehow, it does, even if in an incipient way. While we do not have a clearer position as to think the relationship with the State, Boaventura de Sousa Santos' suggestion may be interesting to propose specific and palliative alternative solutions: *In some situations the confrontation is justified, in others it is advisable collaboration. And in other it is still appropriated a combina-*

*tion of the two. The most important thing is that in every moment or in every struggle, movement or organization in question is clear and transparent on the reasons for the adopted option ...*<sup>29</sup>.

BI battles in order to strengthen the sharing of power and respect for diversity in the social domains, so that practice, supposedly democratic, is acknowledged. The participation of various actors, recipients of bioethical reflections and actions still needs to be more thorough. In seeking the roots of this dialogical participation, they will face the identified problems, referring to the dialogue possibility. It is a complex task, but essential to the practical search of the decolonized bioethics.

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### Participation of the authors

Wanderson Flor do Nascimento was responsible for the initial research, and the text is an adaptation of one of the chapters of his doctoral thesis and Leandro Brambilla Martorell has conducted a research in order to update the text, inserting references and perspectives and giving it another redaction.



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