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Review Article

Beyond Autonomy: The Levinas-Gyekye Framework for Global Bioethics and the Relational Status of Marginal Beings

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Abstract

Global bioethics confronts a persistent problem concerning personhood that has profound consequences for clinical practice, health policy, and the moral status of marginal beings across cultural contexts. Principlism reduces personhood to autonomous decision-making capacity, thereby excluding patients with cognitive impairments, fetuses, and other cognitive diminished agents or beings from the moral community. This exclusion is particularly problematic in global bioethics, where imposing Western individualistic assumptions on non-Western contexts has been criticized as moral imperialism. The communitarian critique correctly identifies the relational constitution of personhood but fails to provide a transcendental grounding for ethical obligation, leaving communal norms vulnerable to the charge of cultural conventionalism. This dual failure constitutes the problematic that this article addresses. The solution proposed is a complementary reading of Levinas and Kwame Gyekye, formalized as the Levinas-Gyekye Framework for Global Bioethics. Levinas's reconception of subjectivity as responsibility for the Other provides the phenomenological grounding for the ethical responsiveness that Gyekye's moderate communitarianism presupposes but does not fully theorize. Gyekye's account of the person as embedded in communities, grounded in the Akan concept of okra, supplies the socio-political content that Levinas's abstract ethical relation lacks. The article argues for phenomenological grounding over logical and normative grounding, defends the directionality of grounding from Levinas to Gyekye, and demonstrates that the two accounts are genuinely complementary rather than merely parallel. It engages with Godfrey Tangwa, Tosam, and Metz, and to demonstrate the framework's explanatory power across cultural contexts. Finally, the article applies the framework to three bioethical cases: informed consent in a communal context, decision-making for patients with dementia, and resource allocation during a pandemic.

Keywords: Global bioethics, personhood, Emmanuel Levinas, Kwame Gyekye, moderate communitarianism, okra, marginal beings.

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INTRODUCTION

The question of who or what constitutes a person remains an enduring aporia in contempory bioethics particularly regarding individuals at the edges of biological and mental life. These "marginal beings" - new borns, fetuses, persons living with advanced dementia, patients in persistent vegetative states, and persons with profound cognitive impairments stand at the threshold of personhood. They are not entirely outside the moral community, yet their full inclusion within it is not self-evident. In mainstream systems, this ambiguity is often resolved by equating the absence of cognitive independence with loss of moral status (Beachamp & Childress, pp. 72-73), a logic that echoes Kants's claim that only "rational beings […] are called persons" (Kant, 1785/1998, AA4: 428). This conceptual lack shifts vulnerable huma beings from bearers of sacred rights to passive clinical subjects.

In Anglo-American bioethics, the prevailing response has been framed by principlism. Developed within Western institutions, it operates on autonomy, beneficence, non-maleficence, and justice (Beachamp & Childress, 2019; Jecker, 2017; Tanwa, 2019). It is called the "four cardinal principles" (Smith II, 2013, p. 38), with autonomy as the most important. This way of thinking comes from Locke, who defined a person as a thinking, and continues with Singer (1993), and McMahan (2002) who deny full moral status to marginalized beings. In this view, you are a person only

if you can think and choose for yourself. As a result, medical rules are made for rational independent people. This causes real harm: disabled lives are judged as low quality, the severely impaired are left out of resource allocation, and a Western individualistic view is forced on the whole world. When this model is exported, it is criticized as moral imperialism (Tosam, 2020).

African Philosophy offers a correction, but it has its own risk. The communitarian view says a person is defined by relationships. It is claimed by Mbiti that "the individual does not and cannot exist alone except corporately. He owes his existence to other people, including those of past generations and contemporaries. He is simply part of the whole" (Mbiti, 1970, p. 141). According to Menkiti (1984), personhood is achieved through the community. This view places marginal beings inside a network of relationships (Murove,2020, p. 21). The person is shaped by the community (Murove, 2020, pp.22-23), and care for the other is an ethical imperative" (Tumaini, 2014, p.3). However, Wiredu (1996) and Gyekye (1997) maintain that radical communitarianism can destroy individuality, making personhood to depend on community rules. If Western theories exclude marginal beings because they lack reason, radical African theories prpvides a foundation that protects everyone without requiring assimilation.

This article identifies this gap. There is currently no framework that combines both a universal ethical ground prior rational capacity and a communal system to operationalize it. We argue that such a framework can be constructed by combining the ethical philosophies of Emmanuel Levinas and Kwame Gyekye. Levinas gives the universal ground. He upholds that ethics is infinite responsibility for the other that comes before reason (Levinas, 1979/1969, p. 271; 1981, pp. 9-11, 76-77). Gyekye gives the social structure through moderate communitarianism based on the Akan idea of *Okra* (divine spark), which protects individual dignity from being lost to the group (Gyekye, 1992; 1987, p.85; 1997, pp. 63-64).

We argue for the Levinas-Gyekye framework as a synthetic model whose normative grounding is responsibility and whose enactment is communally mediated. This synthesis resolves the exclusion inherent in autonomy-based Western bioethics, which precludes marginalized beings (newborns, fetuses, the severely demented, and the cognitively impaired) due to the fact that they are not rational agents, thereby conflating moral agency with moral patiency. It engages with contemporary African ethicists-including Tangwa, Tosam, Molefe, Metz, and Fayemi-to validate the framework's cross-cultural explanatory power, while directly addressing the challenge of communal entrapment. It offers a cross-cultural tool for dialogue between Global North and South. It can be tested in three cases: communal informed consent, decision-making for advance directives and allocation during a pandemic. Through this integrated approach, the Levinas-Gyekye framework establishes a balanced paradigm for global health policy and clinical practice, defending the absolute moral status of vulnerable life while remaining fully sensitive to the relational fabric of human community.

The Core Problematic in Global Bioethics and the *The Exclusions of the logic of Principlism*

The dominant conceptual framework governing international medical ethics is biomedical principlism, a system structured around the four core concepts of autonomy, non-maleficence, beneficence, and justice (Beauchamp & Childress, 2019). While this model provides an organized vocabulary for clinical triage, it is constructed on a specific ontological foundation that treats the individual as a self-contained, rational agent. Within this framework, autonomy is not merely one principle among equals; it acts as the primary gatekeeper for moral recognition. To possess full moral status under strict principlism, an entity must demonstrate an active capacity for self-determination, rational reflection, and independent intentionality. It is being emphasize that autonomous expression is a cornerstone of biomedical ethics because it honors the self-governing authority of the individual (Beauchamp and Childress 2019, pp. 99-103). This configuration establishes a structural barrier that heavily restricts entry into the core moral community.

Critics argue that when personhood is defined narrowly as the capacity for logical thought and automous choice, a definition associated with John Locke (1690/1975) and developed by Singer (2011), individuals who lack or have lost that capacity risk being treated as entities with diminished personhood who are excluded from direct moral protection. For example, while Beauchamps and Childress (2019) claim that autonomy comes in degrees and that the impaired patients should be protected via advanced directives, Kitwood (1997) notes that in western practice personhood has become excessively bound to autonomy and rationality. As a result, a patient with Alzheimer may be treated less as an active person and more as a passive subject of care, with dignity mediated by surrogates.

Similarly, preference-based criteria risk excluding persons with profound cognitive impairments and fetuses unable to articulate preferences. It is bien observed that "[…] the later fetus, the profoundly disabled child, even the newborn infant […] non are self-unaware, have a sense of the future, or the capacity to relate to others" (Singer, 2011, p.133). Although principlism formally requires balancing autonomy with beneficence, non-maleficence and justice (Beauchamps & Childress,2019), in practice autonomy is often privileged. Pellegrino and Thomasma (1988), and Sulmasy (2008/2013) contend that this privileges those with an autonomous voice, rendering others vulnerable in resource-scarce settings, where utilitarian quality-of-

life metrics fovour the cognitively intact. Reducing personhood to rational choice therefore fails to recognize inherent worth beyond rational independence. We are rational animals, but we are dependent rational animals. That is our worth does not come from independence. We are dependent on others for most of our existence (MacIntyre 1999).

The foundational divergence between dominant moral paradigms illustrates why an integrated method is necessary. Where Western principlism identifies the person strictly through the presence of individual autonomy and active, rational decision-making capacity, it simultaneously creates a severe vulnerability by leaving behind all marginal entities. This directly invites the threat of moral imperialism when enforced in relational contexts. It is stated: "proponents of culturally responsive bioethics are concerned that common morality may result in moral imperialism because of the power asymmetry in the world […]. (Tosam, 2020, p. 611.). Conversely, traditional communitarian systems bypass individualistic systems by building the moral community entirely on social relationships and alignment with cultural traditions (Molefe, 2020). Yet, this model remains notoriously vulnerable to cultural conventionalism, lacking a stable, cross-cultural anchor to protect vulnerable individuals from group oppression. The Levinas-Gyekye framework attempts to resolves this fundamental split by evaluating human value through the permanent possession of an inherent divine spark paired with an unconditional, cross-cultural responsibility for human vulnerability, thereby eliminating individualistic exclusions while actively preserving the integrity of localized relational webs.

The Charge of Moral Imperialism

Besides the core problematic in global bioethics, the problems of principlism extend far beyond its internal philosophical definitions; they manifest as a profound geopolitical mismatch when this Western framework is exported globally. The assumption that the autonomous, isolated individual is the baseline unit of human life is not a universal truth. Rather, it is a specific product of Western Enlightenment thought, shaped by historical social contracts and individualist political theories. When international health agencies, humanitarian organizations, and Western medical institutions impose this framework on non-Western contexts, they commit what has been widely critiqued as moral imperialism (Tosam, 2020). Tosam notes that the uncritical application of Western bioethical concepts to non-Western social landscapes disregards the relational matrix that defines human existence in those regions (Tosam, 2020). For instance, Peter Ikechukwu explores the fact that "informed consent is a reaction against paternalism," (Ikechuku, 2014, p.17). and the fact that western bioethics adopts a paternalistic attitude (Ikechuku, 2014). This imposition assumes that Eurocentric modernity is the peak of ethical advancement, rendering all other indigenous value configurations primitive or underdeveloped.

In many areas of the Global South-particularly within African, indigenous American, and Asian cultural communities the individual is never conceptualized as a detached agent. Identity is understood as relational and structurally distributed (Metz, 2012). In these contexts, the Western insistence on isolated informed consent can disrupt communal harmony. For example, demanding that a patient make a critical medical choice apart from their family or community leaders can cause profound alienation. It forces a separation between the patient and the very social networks that provide them with psychological, financial, and spiritual support. Moral imperialism occurs when Western bioethicists dismiss these relational practices as primitive, anti-progressive, or dangerous to individual liberty. By treating local variations in decision-making as moral deficiencies that need correction, standard bioethics alienates local populations. This dynamic weakens the cross-cultural legitimacy of global health initiatives and undermines true respect for cultural diversity, thus giving room for cultural conventionalism.

The Communitarian Vulnerability to Conventionalism

To counter Western individualism, many global scholars appeal to communitarian philosophies. These traditions-ranging from the South African philosophy of Ubuntu to broad East Asian Confucian models-rightly insist that human beings are fundamentally relational. They argue that personhood is not an isolated spark contained entirely within an individual's skull; it is a quality realized through active participation in a community. As the famous aphorism popularized by John Mbiti states, "I am because we are, and since we are, therefore I am" (Mbiti, 1970, p.141). This relational perspective offers an intuitive corrective to the cold calculations of individualistic models. It demands that healthcare systems look beyond the isolated clinical subject and care for the broader social web that surrounds them. By embedding the self within an organic matrix of social duties, communitarianism provides a rich conceptual defense against the loneliness and alienation generated by industrial capitalism.

Yet, when communitarianism attempts to build a rigorous foundation for bioethical policy, it faces a significant internal challenge: cultural conventionalism. Traditional communitarian frameworks often define what is morally good or bad by pointing directly to the established customs, norms, or consensus of a specific society, a position Gyekye, (1997, 2004) describes as radical communitarianism and critiques in favor of moderate communitarianism. This creates a serious logical trap. If ethical duties are true only because a particular community has agreed upon them over time, then morality becomes a product of social convention. This conventionalist vulnerability weakens communitarianism in two major ways. First, it struggles

to provide an appealing answer to why a community must care for its weakest, non-productive members if local traditions happen to change or come under economic pressure. If a society decides that a severely disabled individual is a drain on shared resources, a purely conventionalist framework lacks an independent, external standard to challenge that communal consensus. Second, it struggles to establish a universally binding ethical duty across different cultural boundaries. If a Western medical team and a local rural community hold conflicting views on a treatment strategy, an appeal to local tradition cannot resolve the dispute. It simply leaves both sides locked in their respective cultural positions. Without a stable foundation that transcends local customs, communitarian ethics remains vulnerable to the charge that its rules are arbitrary patterns of social behavior rather than deep, non-negotiable moral obligations. These weaknesses can be surpassed by the theoretical perspectives from the Levinas and Gyekyean ethical synthesis.

Theoretical Foundations of the Levinas-Gyekye Synthesis

Levinas: Subjectivity, Responsibility, and the Transcendental command of the Face

Given the failure of principlism and cultural conventionalism to ground global ethics. The foundation must be anterior to the formulation of legal codes, political contracts, or specific communal histories. This transcendental architecture is found within the phenomenology of Emmanuel Levinas. Levinas completely overthrows the Cartesian and Husserlian traditions of Western philosophy, which historically positioned the self-contained, thinking ego as the primary generator of truth and meaning. For Levinas, Western philosophy has structurally functioned as an ontology of Totality-an intellectual enterprise that assimilates, colonizes, and reduces the distinct uniqueness of the external world into the comforting categories of the Same (Levinas, 1979/1969, p. 43). Against this violent intellectual reduction, Levinas asserts that ethics is not a secondary branch of logic or a derivative set of values; rather, ethics is the first philosophy, the foundational bedrock of all human reality (Levinas, 1969, p. 304; 1981/1998, p.103).

In his monumental work *Totality and Infinity,* Levinas, (1969) articulates that the human subject does not attain true subjectivity through self-reflection, self-assertion, or the exercise of autonomous freedom. Instead, subjectivity is radically decentered and constituted from the outside through an immediate, non-negotiable responsibility for the other person (the "Other"). Levinas writes that the presence of the Other does not limit my freedom, but rather calls it to account and instills a deep, non-negotiable command to protect them. Levinas. He asserts: " [..] it calls into question the freedom of the exercise of ontology […] A calling into question of the same which cannot occur within the egoist spontaneity of the same […] We name this calling into question o my spontaneity by the presence of the other ethics" (Levinas,1969 p. 43.) This primal ethical inversion occurs during the face-to-face encounter. For Levinas, the Face of the Other is not a mere physiological mapping of skin, tissue, and bone. It is an active, destabilizing epiphany that ruptures the self-absorbed consciousness of the ego. The Face is a language and communicates; it signifies by its very vulnerability, issuing a primordial command that enters human awareness prior to any conscious processing: Thou shalt not commit murder. The vulnerability of the Face is an absolute exposure-a nakedness that reveals the Other's capacity to be harmed, neglected, or destroyed, while simultaneously placing an immediate, asymmetrical obligation upon the self to protect that life. (Levinas, 1979/1969, pp.66, p. 84-86, p. 199.)

In his later masterpiece, *otherwise than Being,* Levinas (1974/1981) radicalizes this relational dynamic, explicitly stripping the self of any capacity to opt out of this moral matrix. He describes the ethical subject as being in a state of substitution or hostage-taking, where the ego is chosen by and bound to the vulnerability of the Other before the self can ever formulate an independent choice, contract, or consent. Levinas proclaims that "the self is a subjection to everything, a responsibility for everyone [...] responsibility goes before any freedom" (1974/1981, p.114). This responsibility is completely one-sided, non-reciprocal, and asymmetrical: I am responsible for the Other regardless of whether the Other recognizes my existence or returns the gesture of care.

Crucially for global bioethics, this transcendental duty is entirely divorced from the intellectual status, rational capacity, or communication skills of the entity encountered. A patient trapped in an irreversible vegetative state, an infant born with profound neural deformities, or an elder disoriented by late-stage cognitive decline does not lose their Face in the Levinasian sense. Their inability to speak, reason, or negotiate actually heightens the ethical epiphany. Their pure vulnerability represents the ultimate manifestation of the Face, issuing an absolute, inevitable demand on the medical professional and the community. By anchoring global bioethics in this immediate phenomenological encounter, Levinas provides a universal baseline of moral duty that remains stable regardless of changing cultural environments or individual cognitive capacities.

African Communitarianism and Gyekye's Contribution

Kwame Gyekye: Moderate Communitarianism, the Multi-Aspect Person, and the Metaphysics of Okra

While Levinas establishes an unshakeable justification for our obligation to vulnerable life, his philosophical corpus remains intentionally, radically abstract. He outlines the infinite scope of our moral responsibility, but provides almost no practical guidance on how to structure a healthcare system, draft medical

legislation, or balance competing claims over scarce physical resources. To transform this profound ethical impulse into a workable global bioethical framework, it must be paired with a philosophy that understands social reality and structural institutions. This structural architecture is provided by the Ghanaian philosopher Kwame Gyekye. Gyekye developed a highly influential social model known as "moderate or restricted communitarianism," (Gyekye, 1992, p.113), which he carefully carved out as a corrective to the extreme, radical communal schema that historically dominated African political philosophy (Gyekye, 1992).

Radical communitarian models-most famously represented by the Nigerian philosopher Ifeanyi Menkiti assert that human beings are not born as persons; rather, personhood is a status that must be slowly, normatively earned through successful participation in communal rituals and the performance of moral duties over time. In Menkiti's system, a young infant or a severely cognitively impaired adult is classified as a non-person or an "it" because they lack the capacity to actively contribute to the social collective. Gyekye identified the severe moral danger embedded in this radical view, noting that it strips the most vulnerable members of human society of their baseline safety and moral rights. In his book *Tradition and Modernity,* Gyekye counter-argues that "a person is by nature a social (communal) being, yes; but he is by nature other things as well [...] possessing an inherent worth that community does create and cannot take away" (Gyekye, 1997, p. 47).

To provide an unshakeable metaphysical foundation for this balance, Gyekye provides an authoritative analysis of the traditional Akan conception of human nature, demonstrating that the person is a complex, multi-aspect entity consisting of both material and immaterial components (Gyekye, 1987/1995). According to Gyekye's interactionist dualism, human nature is structurally partitioned into distinct yet deeply integrated elements. The tangible foundation of the individual rests in the *honam*, which represents the material, perishable physical body that serves as the essential earthly vessel for historical existence. Operative within this somatic frame is the *sunsum*, which functions as the dynamic spirit, an active psychological force and repository of character that defines an individual's unique personality, charisma, and existential presence. At the apex of this anthropological triad resides the *okra,* the immaterial soul and ultimate divine life-principle (Gyekye 1987/1995).

More significantly, the *okra* is given directly to every individual human being by the Supreme Being during their ante-mundane existence, carrying with it a unique human destiny (Gyekye, 1987/1995). Because the okra is a direct emanation of the divine essence, it is inherently good, eternal, and possesses an unalterable moral value. The presence of the okra guarantees that every single human being enjoys an immediate, constant baseline of full metaphysical personhood and sacred human rights from birth until death, entirely independent of their social achievements, economic productivity, or cognitive capacity. It is "the individual's life […] the living soul […] identical with life" (Gyekye, 1987/1995, p.85). As Gyekye notes, this divine spark is the structural reason behind the famous Akan proverb: "All human beings are the children of God; no one is a child of the earth" (Gyekye, 1987/1995, p. 85).

Critically, Gyekye contends that while our okra endows us with a permanent, intrinsic baseline of dignity, our humanity is naturally structured to grow, flourish, and be realized within a community. The individual is not an isolated atom; they are born into a relational web of family, clan, and society that provides the essential moral, material, and psychological nutrients required to actualize one's potential. By combining the absolute, sacred value of the individual with a deep appreciation for social systems, Gyekye's moderate communitarianism provides global bioethics with an elegant conceptual vocabulary. It enables healthcare institutions to honor family-inclusive, communal decision-making processes without ever erasing the individual patient's baseline moral rights.

How the Synthesis Works?

While Gyekye provides the conceptual lexicon pf personhood, moderate communitarianism, and common good, he does not provide the integrative mechanism. The Levinas=Gyekye pairing is therefore not a lose comparison but a directional grounding. Its validity depends on three forms of justification: phenomenological, normative, and logical (Behrens, 2013). Phenomenological grounding asks why we care and describes how vulnerability is experienced through the encounter with the face (Levinas, 1961/1969). This must come first, because without a prior account of why the Other matters, rules risk becoming mere procedural convention (Levinas, 1991.) Normative grounding asks what we must do and describes how the absolute responsibility is codified into duties of care within the community (Gyekye, 1997). Logical grounding ask why it holds and describes how the flow from Levinas to Gyekye maintains coherence. This directionality prevents Gyekye's schema from collapsing into cultural relativism or conventionalism, ensuring the duty to protect the vulnerable remains absolute. At the same time, it recues Levinas from abstraction by giving his imperative a concrete relational architecture. In short, Levinas furnishes the universal why, while Gyekye supplies the communal how. Together, this dialectical unification yields a cross-cultural bioethical instrument that preserves individual moral status while honoring the constitutive role of the community, thereby providing the conceptual Lense for a critical engagement with some contemporary African bioethics.

Critical Engagement with Contemporary African Bioethics

Tangwa and Eco-Bio-Communitarianism

This dialectical unification of Levans and Gyekye, which secures dignity via both transcendence and community, provides the necessary ethical grounding to interrogate more expansive models such as Tangwa's "eco-bio-communitarianism," (Tangwa,2004, p.389). which expands moral concern far beyond the human individual. He describes it as "a pre-colonial traditional African metaphysical outlook" (Tangwa, 2004, p.89), while maintaining that traditional African worldviews do not separate human beings from nature, animals, and the broader environment. In his view, the Western outlook is "anthropocentric and individualistic" (Tangwa, 2004, p. 89). More specifically, Western bioethics is dangerously human -centered, treating the environment as a passive resource for human consumption. Tangwa's model offers a valuable perspective, reminding global medicine that human health is deeply connected to environmental health.

However, when applied to intense clinical medicine, eco-bio-communitarianism faces a significant challenge. If humans, animals, and plants occupy a completely flat moral plane, it becomes exceptionally difficult to make urgent triage decisions. For example, if a hospital must clear a forest to expand a clinic during an epidemic, a strictly flat ecological model offers few tools to resolve the conflict. The Levinas-Gyekye Framework solves this ambiguity. By keeping Gyekye's concept of the *okra*, it maintains a clear defense of human dignity (Gyekye, 1997). Concurrently, by using Levinas's face-to-face encounter, it establishes a primary duty to human vulnerability without falling into a destructive exploitation of nature (Levinas, 1961/1969). The framework provides an immediate justification for prioritizing human life in medical crises while using Gyekye's communitarian values to advocate for environmental care. The model does not only attempt to bypass the ambiguity posed by eco-bio-communitarian ethical model, but also supplies a more universal grounding for cultural diversity, and through a communitarian relationality beyond Western bioethical imperialism.

Mbih Jerome Tosam on Cultural Diversity and Imperialism

Besides the Levinas-Gyekye model that defends human dignity in the mist of medical challenges, and the transposition of Gyekye's communitarian values for environmental care, Tosam (2020, 2024) has been a vital voice in exposing how Western bioethical frameworks act as a form of cultural colonialism when forced onto African healthcare systems. Tosam rightly points out that the Western model of clinical trials, consent forms, and individual privacy frequently ignores the relational structures that keep communities stable. This lack of responsiveness to cultural specificities risks alienating local populations and weakening global public health partnerships. Yet, as Tosam (2020) himself notes, a major challenge in anti-colonial bioethics is avoiding the trap of extreme moral relativism. If we reject all universal standards to avoid Western imperialism, we risk being unable to challenge harmful practices within local traditions. The Levinas-Gyekye Framework directly addresses this tension. It does not replace Western imperialism with local relativism. Instead, it introduces Levinas's concept of responsibility for the Other as a universal standard that does not belong to any single culture (Levinas, 1981). Because this responsibility is based on human vulnerability itself, it applies everywhere. This universal anchor could be expressed through Gyekye's relational community model, an approach that allows health systems to respect local decision-making traditions while ensuring that those traditions never violate the baseline safety of the individual (Gyekye, 1992). This does not also exclude the fact the possible flaw in Metz's relational moral theory could be addressed by the Levinasian -Gyekyean integrated dialectics.

Thaddeus Metz's Relational Moral Theory

Building upon Tosams's critic of Western bioethics as imperious, Thaddeus Metz (2012, 2022) has developed a highly influential, systematized African moral theory based on Ubuntu. Metz argues that an action is right if it promotes communal harmony, solidarity, and shared identity, and wrong if it causes division or ill-will. This relational harmony model provides a sophisticated alternative to Western utilitarianism. Despite its strengths, Metz's theory can create vulnerabilities for marginal beings. If morality is defined primarily by our ability to engage in harmonious, reciprocal relationships, then individuals who cannot actively contribute to that harmony such as patients in deep comas or with advanced neurodegenerative diseases risk being marginalized (Metz, 2012). Their value to the community can easily be viewed as diminished because they can no longer participate in mutual support. To remedy this limitation, the Levinas-Gyekye approach integrates Gyekye's defense of the *okra*. It insists that an individual's moral worth is fully present from the beginning, entirely independent of their social performance or ability to generate harmony (Gyekye, 1987). Levinas's philosophy complements this by reminding us that we do not care for a dementia patient because they can reciprocate harmony; we care for them because their vulnerability places an absolute demand on us (Levinas, 1981). This dynamic ensures that the weakest members of society receive protection within a relational framework.

This dialectical unification of Levinas and Gyekye transcends abstract theorization to offer a concrete normative tool for applied bioethics for applied bioethics. By anchoring moral status in both the inviolable alterity of the face (Levinas, 1961/1969 and the intrinsic dignity of okra (Gyekye, 1987), the frame work establishes a non-negotiable duty to protect

individual vulnerability. Simultaneously, its communitarian dimension mandates that such protection be negotiated through culturally embedded decision-making structures (Gyekye, 1992). Therefore, the synthesis avoids both Western ethical imperialism and uncritical moral relativism (Tosam,2020). To demonstrate its practical efficacy, this framework is now applied to critical bioethical case studies in the African context. Having synthesized the Levinas-Gyekye construct, we now demonstrate its clinical utility. We begin with informed consent in a communal context

Applied Bioethical Case Studies

Case 1: Informed Consent in a Communal Context

In standard Western clinical practice, informed consent is treated as a highly standardized legal and ethical event where a patient is handed a complex form, isolated in a room, and expected to make an independent decision regarding surgery or clinical trials (Beauchamp & Childress, 2019). However, Iin a relational communal context such as a rural district hospital in sub-Saharan Africa, this individualistic approach often breaks down. Patients frequently refuse to sign forms until their extended family, village elders, or spiritual leaders have been consulted. While, traditional Western principlism often views this as an abdication of individual autonomy, suspecting coercion or undue social pressure. This rigid view fails to respect alternative value configurations, alienating the patient from their organic support networks. To address this gap, The Levinas-Gyekye schema completely rewrites this encounter. It applies Gyekye's insight that human beings are naturally relational and socially embedded (Gyekye, 1997).

Furthermore, a patient seeking family counsel is not suffering from a lack of freedom; they are operating as a relational person whose identity is tied to their community. Therefore, the hospital must actively include the family council in the educational process, treating them as partners rather than obstacles. At the same time, the framework applies Levinas's asymmetrical responsibility to protect the patient from potential communal exploitation (Levinas, 1981). The clinician's primary, non-negotiable ethical duty is sparked by the face-of-the-patient standing directly before them. This creates a two-step clinical protocol: a relational assent anchored by individual protection. The medical team engages the family collective to ensure a supportive environment, but the individual patient retains the final, absolute right to accept or refuse treatment. This approach respects the relational fabric of the community without abandoning the vulnerable individual to group coercion. While the synthesis informs communal informed consent, it guides equally to decision-making for patients with severe neurocognitive impairment.

Case 2: Decision-Making for Patients with Advanced Dementia

Regarding neurocognitive impairment, consider an elderly patient residing in a long-term care facility with advanced Alzheimer disease. The patient can no longer recognize family members, communicate choices, or manage basic bodily functions. When a severe respiratory infection occurs, a choice must be made regarding aggressive, invasive life support. Under standard principlism, because the patient's active autonomy is gone, they are at risk of being treated as a secondary priority (Beauchamp & Childress, 2019). Triage choices often default to cold utility calculations or cost-benefit analyses regarding bed availability. This optimization process strips the elder of their intrinsic status, reducing their existence to a mechanical management issue. The Levinas-Gyekye Framework rejects this reduction of human value. Through Gyekye's concept of the *okra,* the patient's metaphysical dignity remains fully intact (Gyekye, 1987).

Moreover, their personhood is a permanent attribute that cannot be eroded by neurodegenerative illness. Levinas's philosophy complements this by reminding caregivers that the profound vulnerability of the dementia patient's face issues an even stronger command for care (Levinas, 1961/1969). The duty is asymmetrical: the patient owes nothing to the institution, but the institution owes total protection to the patient. In practice, this means clinical decisions cannot be contingent on whether the patient can actively contribute to society or remember their own history. The community-including family and medical staff-is obligated to act as a protective social network around the patient. Care plans must prioritize absolute comfort, continuous relational engagement, and the preservation of bodily dignity, treating the patient as a complete person until their final breath. Applied to pandemic triage, the Levinas-Gyekye framework prohibits age-based or dementia status rationing as *okra* retains dignity and the vulnerable face commands protection.

Case 3: Resource Allocation During a Pandemic

Beyond its application to informed consent in a communal context, decision making for patients with advanced dementia, the Levinas-Gyekye paradigm also applies to resource allocation during a pandemic. During a severe global pandemic, a metropolitan medical center faces a critical shortage of ventilators. The standard protocol under western bioethics is often utilitarian triage: allocating scarce equipment to individuals with the highest probability of long-term survival, typically calculated through quality-adjusted life years. This methodology systematically discriminates against the elderly, individuals with chronic illnesses, and those with profound cognitive impairments, pushing them out of the survival pool. By relying strictly on statistical outputs, this approach erases the immediate moral demand of the physical human presence. The Levinas-Gyekye construct provides a vital corrective to this clinical calculus. It invokes Levinas's core assertion that every single human life presents an infinite ethical demand (Levinas, 1974/1981). We cannot reduce human beings to mere numbers on a spreadsheet or sacrifice a

vulnerable person for societal convenience. It pairs this with Gyekye's moderate communitarianism to organize an equitable distribution system based on social solidarity and equal worth (Gyekye, 1997). Instead of using discriminatory criteria like raw cognitive capability or expected economic productivity, triage protocols are built around communal solidarity. The framework demands that allocation decisions incorporate lottery systems or blind queuing among individuals with immediate clinical need, supplemented by targeted protections for marginalized groups. By prioritizing solidarity over utility, it ensures that even in moments of severe systemic crisis, a society does not abandon its ethical obligation to its most vulnerable members.

CONCLUSION

The persistent struggle over personhood in global bioethics requires a fundamental shift away from both the isolation of Western individualism and the vulnerabilities of cultural conventionalism. As this article has demonstrated, biomedical principlism creates systematic exclusions by treating rational autonomy as the sole gatekeeper for moral status/personhood. This dynamic alienates relational cultures and leaves moral marginal cases unprotected in moments of clinical crisis. Traditional communitarian critiques provide a vital corrective by emphasizing relational ties, but remain limited by their structural vulnerability to cultural relativism. The Levinas-Gyekye Framework for Global Bioethics solves this crisis through a structured, complementary integration of phenomenological grounding and moderate communitarianism. By establishing that our primary responsibility for the Other occurs prior to any social contract, Levinas provides a universal foundation that protects vulnerable human life across all cultural boundaries. By channeling this profound ethical impulse into Gyekye's model of the relational community anchored by the permanent dignity of the okra, (the soul or life principle) the framework gives healthcare systems the concrete tools they need to respect family, community, and the global family networks without sacrificing individual rights. This synthesis offers or proposes a balanced path forward for global health policy, clinical guidelines, and cross-cultural medical ethics. It challenges institutions to move beyond simple checklists and build healthcare environments rooted in deep solidarity. By recognizing that human worth is an intrinsic quality protected by our shared responsibility. The Levinas-Gyekye framework ensures that global medicine can advance technically while remaining profoundly humane.

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