ISSN: 2691-5774

# Anti-Black Racism in Bioethics: A Path to Health Equity

## Madeira CSP\*

National Cancer Institute, Ministry of Health, Brazil

\*Corresponding author: Christiane Soares Pereira Madeira, National Cancer Institute, Ministry of Health, Brazil, Tel: 55 21 991124145; Email: christiane.pereira@inca.gov.br

### **Opinion**

Volume 8 Issue 1

Received Date: January 11, 2025

Published Date: January 17, 2025

DOI: 10.23880/abca-16000279

#### Introduction

The concept of racism as a social phenomenon can be summarized in three conceptions: individualist, institutional, and structural. The individualist conception treats racism as a social pathology of individual or collective character. The institutional conception views it as a malfunction of institutions that confer disadvantages to black people, and therefore, correction mechanisms are based on affirmative actions to recover the representation of racial minorities. The structural conception, though controversial, considers that racism arises from the social structure that extends to political, economic, legal, and even familial relations. To combat this type of racism, it is necessary to implement profound changes in these relationships and understand how our society practices racism daily [1].

In this text we consider structural racism as the way in which institutions and policies perpetuate racial inequalities, which in the health field can manifest through discriminatory practices, lack of representation, and prejudices that negatively affect patient care.

The health of black people is directly influenced by structural racism present in our society, which limits their access to health services, creating conditions that increase the risk of illness as described by Santos, et al. on the influence of racism on black adolescents in Brazil [2]. In fact, adolescents who experience racism are harmed in their mental health and development as healthy adults.

Some studies point out that the black population has less access to health services, including medical consultations and preventive exams offered by Primary Care. It is estimated that 29% of black people in Brazil have never consulted a dentist or have not seen one for at least three Years [3]. This oral health indicator demonstrates the inequality that black people face in accessing this type of care [4]. The lack of access

to primary health services contributes to the prevalence of preventable diseases, many of which are neglected, such as tuberculosis, which disproportionately affects the black population. Regarding child health, black children have a 60% higher risk of infant mortality before the age of five due to infectious and parasitic diseases compared to white children [5].

The role of territoriality is important, as many black communities live in peripheral areas with lower quality of life and without access to many public health services. All these factors together generate a cycle of inequality and poverty that profoundly affects the health and well-being of this population. Combating these differences is essential to build a fairer and more equal Society [3].

There is a significant relationship between racism and bioethics, especially when analyzing the negative effects of structural racism on black people's access to basic health services or during scientific research, where the black population may be underrepresented or treated unequally [6].

In order to fight against these disparities, there is a movement in science called Anti-Racist Bioethics, which aims to address and combat racism by promoting social justice and racial equity in medical-scientific practices. It is important to create a social awareness that all people, regardless of race, gender, or color, should be treated equally without any form of discrimination. To achieve this goal, medical practices need to be rethought to identify and eliminate racial prejudices and discrimination, which may involve training health professionals to be more aware and sensitive to racial issues [7].

While traditional bioethics addresses issues such as informed consent, privacy, and distributive justice, antiracist bioethics emerges as an emerging field that aims to



incorporate a perspective of racial justice into the ethical issues involving biomedicine and health, recognizing that health ethics cannot be fully understood without considering the impact of racial inequalities and systemic racism [8].

The anti-racist bioethics are based on five principles: justice, equity, autonomy, beneficence, and non-maleficence. Thus, it is necessary to ensure that all racial groups have equal access to health services, whether offered by the public or private healthcare systems. To achieve equity, it is important to recognize and correct the historical inequalities promoted against the black population, which have affected their health from colonial Brazil to the contemporary world. Patients' autonomy must not be disrespected. All health professionals must respect patients' autonomy, ensuring free and informed consent without any forms of omission or coercion based on racial or non-racial criteria. It is also important to ensure that medical interventions benefit patients' health and do not cause harm to the physical and mental health of people treated in health systems [9].

The medical society needs to create an environment conducive to promoting anti-racial bioethics, including:

- Education and Training: Incorporate into basic and higher education transversal disciplines that discuss racism and racial inequalities in the curriculum grid of medical and bioethics courses.
- Inclusive Research: Conduct research that includes black people and analyze how medical interventions can affect these groups.
- Fair Health Policies: Develop and implement health policies aimed at reducing racial disparities.

"To begin one's medical/scientific endeavors from a place of being responsible to the communities in which one operates and the communities that will be affected sets up an entirely different kind of medical/scientific practice" [10].

#### Conclusion

Racial discrimination in health is evident when we take a more sensitive look at this issue. Studies show that black people face worse health conditions and less access to quality care. This reality leads to higher rates of non-communicable chronic diseases, lower life expectancy, and higher infant mortality among black people. These disparities are increased due to social, economic, and environmental factors that directly or indirectly reflect structural racism. In the health area, anti-racist bioethics is an approach capable of ensuring that technological advances in biomedicine benefit all people in society equally, without discrimination based on social class, gender, or color. Recognizing that there is racism

in healthcare, anti-racist bioethics invites us to rethink and recreate an inclusive, fair, and humane health system. This is a field in constant evolution, and its implementation requires concentrated efforts from society as a whole, including health professionals, policymakers, and the general community. The fight for racial justice is an essential component to achieving a fairer and less unequal world.

#### References

- Campilongo CF, Gonzaga A, Freire AL (2017) Enciclopedia Juridica da PUCSP, tomo I (recurso eletrônico): teoria geral e filosofia do direito. Sao Paulo: Pontifícia Universidade Catolica de Sao Paulo.
- 2. Santos IN, Paula BL, Silva KV, Santos CF (2024) Structural racism and its impact on the health of Brazilian Afrodescendant adolescents. Physis: Journal of Public Health 34: e34025.
- 3. Cedra (2023) Structural racism limits black people's access to health services. USP Journal.
- 4. Galvao MHR, Souza AVO, Morais HGF, Roncalli AG (2022) Inequalities in the profile of using dental services in Brazil. Ciencia & Saude Coletiva 27(6): 2437-2448.
- 5. Instituto Pensi (2020) The health of black children.
- 6. Santos RGS, Rego MPC (2020) Institutional racism from the perspective of care ethics in health services: an integrative review. Saude Coletiva 56(10): 3206-3213.
- 7. Fulgencio CA (2023) Bioethics as resistance: racism, memory and science a critical discussion on the importance of anti-racist bioethics. Thesis (Doctorate in Bioethics) University of Brasília: Brasilia.
- 8. Potter VR (1988) Global bioethics: building on the Leopold Legacy. East Lansing: Michigan State University Press.
- 9. Lee SSJ, Walker A, Callier SL, Fletcher FE, Galarneau C, et al. (2024) Racial Equity, Diversity and Inclusion in Bioethics: Recommendations from the Association of Bioethics Program Directors Presidential Task Force. Am J Bioethics 24(10): 3-14.
- 10. Wilson Y (2022) Is Trust Enough? Anti-Black Racism and the Perception of Black Vaccine 'Hesitancy. In: A Critical Moment in Bioethics: Reckoning with Anti-Black Racism through Intergenerational Dialogue. In: Faith E, et al., (Edn.), special report, Hastings Center Report 52(2): S12-S17.