

Decolonising with Imperial Tools? The Paradox of a Global Bioethics Library

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Abstract

This paper presents the Global Bioethics Library (GBL), an initiative developed by Black and Brown in Bioethics (BBB) in response to recurring requests for more inclusive bioethics reading lists—requests that reflect deeper, structural gaps in the field. These gaps persist in mainstream bioethics pedagogy, literature, and frameworks, which remain dominated by Western paradigms and the interests of global North countries, thereby marginalising knowledge and concerns from the global South and minoritised communities in the global North.

Positioned as an epistemic justice project, the GBL was envisioned as a crowd-sourced, open-access resource that decentralises knowledge production and expands what is recognised as bioethics. However, the process of developing the library revealed deep tensions and limitations: most contributions came from the global North and continued to reflect dominant frameworks, despite efforts to adopt inclusive and democratic methods. These outcomes expose a controversial paradox—namely, that the very tools and structures used to "decolonise" bioethics may be shaped by the same epistemic paradigms they aim to critique.

This paper argues that intention alone is insufficient to redress epistemic injustice. Methods left critically unexamined and without reconfiguration risk reproducing exclusion under the guise of inclusion. The GBL thus serves as a case study in the controversies and contradictions of doing epistemic justice work within institutions and infrastructures built on unequal foundations. We offer this reflection not as a conclusion, but as an invitation for collaboration, critique, and reimagining the politics of decolonial work in global bioethics.

This article outlines the rationale behind the Global Bioethics Library (GBL) developed by Black and Brown in Bioethics (BBB),ⁱ the process of assembling the library, insights from the process, and the broader implications of these insights in the development and execution of epistemic justice initiatives.

Recently elected President of the United States of America, Donald Trump's actions towards Diversity, Equity and Inclusion (DEI) expose and entrench the deep-rooted erasures of histories and silencing of voices by colonial powers (Myser 2003)—a phenomenon present in bioethics as well. Catherine Myser argues that U.S. bioethics, in particular, has been characterised by a "normativity of whiteness," wherein the cultural assumptions, values, and philosophical traditions of white, predominantly Anglo-American, culture are taken as the unspoken standard (Myser 2003). This does not necessarily imply overt racism or colonialism by individual bioethicists but rather points to a systemic centring of a particular cultural

standpoint, which consequently renders other perspectives as different, other or peripheral (Albrecht 2020). Such a dynamic inevitably contributes to the (in)visibility and marginalisation of bioethical insights rooted in non-Western cultural contexts.

Against this backdrop, some scholars have recognised the need to include different demographics, epistemes, and realities in bioethics (Cannon, Higginbotham, and Leung 1988). However, slow change within bioethics and the societal context within which it exists inhibit the translation of this recognition into practice (Bhakuni and Abimbola 2021). Some leading research institutions have attempted to provide inclusive bioethics training but fall short. For instance, a U.S. summer bioethics programme (“Summer Bioethics Program - The Hastings Center for Bioethics,” n.d.) for minoritised students mainly focuses on mainstream bioethics. This arguably risks western bioethics – with its race and class biases (Lindemann 2019) – being perceived as universally applicable in global contexts (Chattopadhyay and De Vries 2008; Widdows 2007b; 2007a). The slow change in bioethics amidst explicit DEI crackdowns (inadvertently) silences the bioethics voices in the **periphery**. In solely acknowledging the need for diversity, and only acting on it in selective ways, we as a community are sidestepping the essential work of dismantling the epistemic barriers that render marginalised bioethics voices (in)visible.

Some bioethicists are addressing this issue of only paying lip service by reevaluating hierarchies (Myser 2003); knowledge production (Rentmeester 2012); teaching and syllabi (Wong, Gishen, and Lokugamage 2021); and research methods (Keikelame and Swartz 2019) and providing relevant recommendations and conclusions. We recognise that more needs to be done to consolidate and build upon these efforts, especially to reduce the “epistemic (in)visibility gap” and continue to consider what was previously on the edges of bioethics as central to it. We use the expression epistemic (in)visibility gap as opposed to epistemic gap since the latter can imply that the bioethicists on the periphery do not already possess their epistemologies, whereas our focus lies mainly with visibility and access to this existing and ongoing work on the periphery. *Nota bene*, the epistemic (in)visibility gap is very much an issue of epistemic injustice; knowers and frameworks from marginalised groups are often systematically ignored or discredited (Fricker 2007; Bhakuni and Abimbola 2021).

Most introductory training on bioethics focuses on canonical texts, research methods, and methodologies (Tamimi et al. 2021). While welcome, the limited teaching on feminist ethics, care ethics, or decolonial approaches (among others), is often tokenised or treated as a box-ticking exercise. Yet other approaches, such as Black, Ubuntu, Islamic, Confucian, and Indigenous ethics, are often left out of the discourse entirely (Seton Bennett 2023). The onus is on students to educate themselves if they wish to learn about Otheredⁱⁱ approaches—a phenomenon elsewhere identified as “intellectual apartheid” (Williams 2022, 201). It was requests from students for reading lists of such othered approaches to bioethics that inspired us to address this epistemic (in)visibility gap.

To address this gap, we wanted to reverse colonial legacies of erasing and destroying knowledge systems through the dismantling of libraries by building a repository that preserves, centres, and affirms the diverse and often Othered traditions of bioethical thought. In doing so, we were inspired by others who have advocated for pluriversality in bioethics—an approach that recognises and values diverse ways of

knowing, being and acting—particularly in global contexts (Hutchings 2019). In prioritising a pluriversal approach to epistemic visibility and access, we conceptualised and subsequently began to build the GBL—a curated, accessible repository of ethical analysis, narratives, and theoretical frameworks from diverse cultural, regional, and disciplinary backgrounds.

The GBL was guided by a commitment to epistemic justice, not only in its goals but also in the way it was designed and implemented. Given that there are many ways in which epistemic justice has been conceptualised and applied as frameworks (Medina 2013), we borrowed from decolonial (Bhambra 2014), postcolonial (Said 1977), global justice and health equity (Pratt et al. 2012), feminist relational (Koggel and and Llewellyn 2022), and critical race theory frameworks (Crenshaw 1989). Collectively, these frameworks challenge dominant paradigms, power relations, and epistemic silencing, and reframe ethical questions in ways that are context-sensitive, historically aware, and socially just (Dotson 2011; 2014).

Decolonial theory critiques the enduring legacies of colonialism in knowledge production, such as privileging Western bioethics over non-Western ethical traditions (Smith et al. 2021). Postcolonial studies, while related to decolonial theory, specifically scrutinises the cultural and political aftermath of colonial rule, especially how colonial histories continue to shape global health disparities and power dynamics (Benatar 2005). Consequently, global justice and health equity frameworks call for the fair distribution of health resources and examination of global systems that exacerbate health disparities, such as climate change, and access to medicines (Cloatre and Pickersgill 2014). Together, all three frameworks raise considerations from how individuals are connected, associated, and interact within various historical, social, and economic structures. Expanding this, feminist relational bioethics and critical race theories use intersectional lenses to ethical inquiry, bringing attention to and revealing how gender, race, class, and ability intersect (Koggel and and Llewellyn 2022). This approach challenges mainstream assumptions by incorporating lived realities, socio-political inequalities, and the interconnectedness of individuals within communities.

Weaving together these frameworks lays the foundation for a GBL that is not just representative, but reparative, addressing historical and current exclusions and promoting pluralism. They also reflect a commitment to critical and ongoing reflexivity so that the library remains a living, *contested* space responsive to continuous feedback, rather than a static repository of texts (Rennie and Mupenda 2008).

We decided against making ourselves the arbiter of what can be considered appropriate or useful resources to be added to the GBL. As such, to democratise the process, we thought that crowd-sourcing from our extended network would be the best way forward. To not take up too much of the respondents' time or effort, we decided to create and send out a short, user-friendly survey. We then proceeded to send the survey to all of our networks and contacts in a continued and consistent manner from November 2024 till March 2025 through emails and social media posts. In April 2025, when we compiled all the responses, we were prompted with the challenge of organising the responses. We considered difficult questions such as how to categorise the responses under various labels (e.g. feminist bioethics or disability bioethics) and what to do when some responses could be linked with more than one label (e.g. African bioethics and empirical bioethics). We decided to be guided by how the various authors of the responses used keywords or frameworks with which to affiliate their work. While this enabled us to centre the authors' perspectives themselves in the categorisation process, we recognised that this form of

categorisation still risked reinforcing the epistemic (in)visibility gap, as the categories used by authors can reify the systemic exclusion driven by mainstream bioethics (Myser 2003).

Finally, we wanted to be reflexive throughout the project as we see reflexivity not as an analytical tool but also as a vital mechanism for the decolonial endeavour. By acknowledging our positionality through practicing reflexivity, we aimed to recognise and address our inherent colonial biases (Subramani 2019). This form of reflexivity is often conceptualised as a dynamic process that comprises of three interconnected elements: (a) deep self-understanding of one's place within historical and contemporary power structures; (b) engaging in critical dialogue with peers, including those with differing perspectives; and (c) translating these insights into concrete action aimed at fostering justice and equity (Liwanag and Rhule 2021; Yip 2024; Cayir et al. 2022; Naidu, Gingell, and Zaidi 2024). We do this: (a) through the methods and discussion and hope to use this current controversy piece as a way to engage in (b) through critical dialogue and continue to do (c) through our next steps. As such, we understood we were academics situated within mainstream bioethics through our graduate education at global North UK institutions. This influenced how we situated this project and what methodology we used, as will be expanded in the discussion below.

We received a total of 19 contributions from participants around the globe. From these 19 contributions, we noted the following categories: Research Ethics, Decolonial Bioethics, Postcolonial Bioethics, African Bioethics, Inclusive Bioethics, Empirical Bioethics, Reproductive Ethics, Religious Bioethics, Feminist Bioethics and Asian Bioethics. The majority of the contributions were academic articles (12 out of 19), while two were suggestions of collections (one was a journal in itself, and another was an anthology, which was included). Two relevant websites were also shared, but only one video, podcast, blog and book were shared. We excluded four of the contributions, reducing the total from 19 to 15 contributions. Reasons for exclusion included their (the resources) relevance to bioethics (e.g. they did not explicitly engage with non-mainstream bioethical issues). Other reasons included whether they were accessible (e.g. open access) or whether they were too central in their content (e.g. discussed mainly Western bioethics and capacity building of such nature). We were also concerned about the demographics of the authors - particularly the over-representation of global North authors who often submitted their own work and the under-representation of global South authors who neglected to submit their own work. This outcome was the exact opposite of our intention, as the project aimed to address the epistemic (in)visibility gap, not to reinforce it. This contradiction became a key point of reflection (and reflexivity).

We began this project with a clear set of frameworks and associated principles we aimed to apply methodologically. However, in practice, we were not able to fully realise all of these goals. The table below outlines the frameworks we intended to use alongside what we were able to achieve. Following the table, we offer a discussion of the reasons behind these gaps and the challenges we encountered along the way.

Framework	How We Achieved This	Where We Fell Short
<p>Decolonial (Benatar 2005; Bhabra 2014)</p>	<ul style="list-style-type: none"> ● Explained a critique of Western dominance in knowledge production through the survey and reflected on this. ● ● Reached out to Indigenous and non-Western scholars to share the survey. ● Discussed amongst ourselves ways to include non-written knowledge, and invited non-written contributions in the survey. 	<ul style="list-style-type: none"> ● Possibly excluded unnamed epistemes due to limited examples. ● The project was not co-designed with scholars from the Global South or Indigenous communities, due to limited time, resources, and relationship-building opportunities. ● Survey design favoured academic knowledge and English-language contributions.
<p>Postcolonial (Said 1977)</p>	<ul style="list-style-type: none"> ● Engaged with power dynamics via other BBB events that shaped the library: BBB webinars, podcasts, and events. ● Developed GBL in response to community demand. ● ● Critically evaluated who contributed and what was shared. ● Structured categorisation using the authors' own labelling. 	<ul style="list-style-type: none"> ● Resources related to contemporary politics or neocolonialism were not explicitly sought out in the survey. ● Overlooked knowledge hierarchies within survey dissemination and as such relied on assumptions about accessibility of written/digital outreach. This resulted in most contributions coming from white Western scholars despite our global focus.

<p>Global Justice and Health Equity (Pratt et al. 2012)</p>	<ul style="list-style-type: none"> ● Shared the survey via diverse networks and platforms across various continents and communities. ● Intended to gather varied forms and presentations of knowledge (videos, podcasts). 	<ul style="list-style-type: none"> ● The survey was only in English, excluding non-English contributions, and lacked interpersonal methods (e.g., WhatsApp, face-to-face) in outreach. ● Survey mostly reached academic and third-sector audiences; few industry or justice organisations.
<p>Feminist Relational (Koggel and and Llewellyn 2022)</p>	<ul style="list-style-type: none"> ● Requested submissions that were inclusive: related to bioethics and global health that are considered to be Sub-altern, Third World, Eastern, Global South, Regional, Religious, Decolonial, Postcolonial, Feminist, Queer, Indigenous, and Disability Ethics, among others. ● Asked our regional and Indigenous networks to spread the word using local means. 	<ul style="list-style-type: none"> ● Survey phrasing did not explicitly ask Global South scholars to share their own work ● Did not facilitate community-led or group contributions.
<p>Critical Race (Crenshaw 1989)</p>	<ul style="list-style-type: none"> ● Intentionally curated content highlighting racism, resistance, and healing justice. ● Created a library – resisting erasure through preservation. 	<ul style="list-style-type: none"> ● Did not design methods to reflect lived experiences or interrogate systems. ● Risk of reproducing erasure by only including submitted resources. ● Still early in development – requires continuous iteration and expansion.

Table 1 - This table summarises some of our reflections around what we achieved and failed to do. While we categorise our reflections into different frameworks, most are co-related and can fit interchangeably.

As noted in Table 1, despite our intention to challenge Western dominance in global bioethics, our project's design and framing inadvertently reinforced some of the very hierarchies we sought to dismantle. The survey, our primary data collection tool, was constructed using academic English and oriented toward conventional scholarly modes of knowledge. Consequently, the structure privileged academic voices (Zimmerman 2020), predominantly from the global North, and implicitly marginalised other epistemic forms. Additionally, the phrasing of the survey—asking for “influential” work—may have discouraged some scholars from submitting their work if they did not view themselves as influential, particularly if mainstream bioethics does not generally provide such legitimacy (notably many global North scholars submitted their own work but no global South scholars did). A fundamental shortcoming was our failure to co-design the project with scholars from the Global South and Indigenous communities (Pratt and de Vries 2023). While we referenced diverse epistemic traditions and recognised the need for inclusivity, we did not engage with these communities during the project's conceptualisation, partly due to time and resource constraints. So, the project's methods inevitably reflected our positionalities; outreach strategies—reliant on email and digital platforms—mirrored dominant academic modes of communication, assuming universal access and cultural compatibility.

The survey design also failed to adequately invite non-traditional forms of knowledge or to explicitly surface unnamed epistemes. Consequently, certain epistemologies were likely excluded simply because those reading the survey may not have considered some unnamed epistemes to be relevant. Moreover, we did not ask specifically for self-submissions or facilitate community- or group-led contributions, which are often central to Indigenous and relational knowledge practices (Ewuoso 2024). By structuring the survey for individual, academic responses, we risked reproducing individualist and hierarchical knowledge production, rather than embracing a communal, interdependent model.

While the project was grounded in postcolonial (Said 1977) and decolonial (Benatar 2005; Bhabra 2014) theory, it failed to explicitly address contemporary political and neocolonial dynamics within global bioethics. We did not include a dedicated thematic focus on geopolitical inequalities, nor did we intentionally seek out resources related to contemporary political struggles, such as climate justice or pharmaceutical colonialism. This omission limited the project's critical scope and dulled its ability to engage with bioethics as a political and historically situated practice. Moreover, we fell short in our outreach to justice-oriented organisations and environmental or industry contemporaries, thereby reinforcing the academic siloing of global bioethics.

A final critical limitation lies in the static nature of the library as currently designed. By relying primarily on one-time survey submissions, the Global Bioethics Library (GBL) risks reproducing existing erasures—especially when content is limited to what was submitted, rather than what should be included. Although we aimed to platform “alternative” and marginalised knowledge forms, without an iterative, dynamic model of contribution, curation, and reclassification, the GBL may become an archive of exclusion rather than a tool for epistemic justice. Recognising this, we understand the need to build participatory structures that allow for continual expansion, re-categorisation, and collective ownership—so the GBL can become a genuinely democratic and decolonial space for knowledge sharing.

This paper is part of an ongoing controversy in global bioethics because it confronts the ethical terrain of decolonising the field. In building the GBL, we engage in a political act: recognising that bioethics, as it stands, is shaped by systemic injustice. The GBL was conceived as an effort to resist the epistemic (in)visibility gap embedded in mainstream bioethics and to amplify the voices and frameworks often marginalised within it. Yet, as this paper has explored, the process of constructing the GBL surfaced persistent tensions between intention and method, and between theory and infrastructure. Our critical reflection underlines that even the most well-meaning efforts to decolonise knowledge can fall short when they rely on tools and frameworks inherited from the very systems they seek to challenge. As Audre Lorde reminded us, “the master’s tools will never dismantle the master’s house” (Lorde 2018). We end with a call not just to acknowledge the need to decolonise bioethics, but to actively build and nurture its pluriversal futures. GBL is a space for multiple, sometimes contradictory, ways of knowing to coexist and challenge dominant frames. We invite your contributions, critiques, provocations, and praise. The GBL must be shaped collectively; across borders, disciplines, and worldviews.

Contributorship Statement

All authors contributed equally in the drafting and making of this piece. We conceptualised the idea and drafted the work together. Dev undertook the work highlighted in the methodology and brought the GBL together. Kumeri and Matimba provided key insights throughout that process as well.

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Ethics Approval

This was not a study and therefore did not involve any human participants. We wrote this as a controversy piece and our work is solely interested in discussing knowledge and epistemic justice. Anything we share does not involve the study of human participants and therefore we did not require ethics approval.

Author Contributions

All authors contributed equally in the drafting and making of this piece. We conceptualised the idea and drafted the work together. Dev, the guarantor, undertook the work highlighted in the methodology and brought the GBL together. Kumeri and Matimba provided key insights throughout that process as well.

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ⁱ BBB is an anti-racist bioethics organisation based in the UK.

ⁱⁱ Throughout this paper, we use terms such as “Othered” and “centred”, “global North” and “global South”, and “Western” and “non-Western”. Each term carries historical, political and epistemic weight, and these descriptors have roots in colonial geographies, economic hierarchies, and shifting axes of power and privilege (Abimbola et al. 2021). We acknowledge the issues inherent in some of these terms, and instead of choosing one term, deliberately use a variety to reflect a pluriversal approach that we also used in our Global Bioethics Library project.