

## **Anthropology and bioethics: dialogical universality, ethical relationality, and the transcendence of epistemic boundaries in contemporary human sciences**

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Received: November 02, 2025; Reviewed: November 30, 2025; Accepted: December 15, 2025

**The accelerating transformations in biomedical and biotechnological research, ranging from genetic modification to artificial reproduction, have radically redefined the human condition. This article examines the intersections of anthropology and bioethics as a philosophical response to this reconfiguration, arguing that universality in bioethics cannot be conceived as an immutable or transcendent category. Rather, it is a dialogical construct arising within the interplay of cultural difference, recognition, and human vulnerability. By integrating anthropological reflection into the bioethical discourse, the paper highlights how the plurality of human experience demands an ethical model grounded in dialogue rather than domination. Anthropology, in its redefined form, transcends its classical descriptive mission to become a space of mediation between epistemic diversity and moral reflection. The study proposes a framework of “situated universality”, where local ethical systems interact with global moral imperatives, producing a plural yet coherent understanding of human dignity. This shift challenges the technocratic reduction of life to biological or instrumental terms and restores the ontological centrality of the human being as both a cultural and ethical subject.**

**Keywords:** *Anthropology, bioethics, universality, dialogical ethics, cultural plurality, human dignity, ontological fragility, transcendence, post-technological humanity*

### **METHODOLOGY**

This article employs a qualitative, interpretive, and philosophical-analytical methodology, combining textual hermeneutics with comparative analysis of bioethical and anthropological paradigms. The research is not empirical in the conventional sense but instead relies on conceptual analysis of key terms such as “universality,” “ethics,” and “humanity” as treated in both Western and cross-cultural philosophical traditions. Critical reading of major anthropological and ethical theorists (e.g., Kant, Dumont, Lévi-Strauss, Foucault, Habermas) is used to trace the evolution of the “human question” within modern science. A dialogical synthesis juxtaposes local ethical perspectives (non-Western, communitarian, or culturally embedded frameworks) with universalist bioethical norms to explore areas of convergence and tension.

### **INTRODUCTION**

At the dawn of the twenty-first century, humanity confronted itself with an unprecedented epistemic and ethical upheaval imposed by scientific breakthroughs in the biomedical and biotechnological fields: genetic engineering, organ

transplantation, in vitro fertilisation, surrogacy, and other biomedical practices. These transformations are no longer merely technical achievements enriching medical knowledge; instead, they have become an ontological threat that touches the very essence of the human being, reconfiguring the boundaries between the natural and the artificial, between the body as a biological datum and the self as an existential value. It is precisely here that the onto-ethical question arises in its most profound form: what meaning do dignity, freedom, and justice retain when the body itself becomes a site of technology and experimentation?

In that case, its task becomes more pressing. Whereas the history of classical anthropology was preoccupied with the description and comparison of peoples, the present moment obliges it to transcend this narrow descriptive dimension, moving instead towards an engagement in a debate where the epistemic intersects with the ethical and the scientific with the ontological. From this perspective, our central problematic emerges: how can anthropology approach bioethical principles as a claim to universality without falling into the trap of ethnocentrism? Moreover, is it capable of articulating an alternative ethical discourse for contemporary humanity, one that transcends the boundaries of both the universal and the local?

## ANTHROPOLOGY AND THE DISCOURSE OF THE HUMAN

Since its inception, anthropology has remained closely tied to the cultural and social patterns of traditional and local peoples, focusing initially on the natural dimensions of human beings, such as the study of bones, artefacts, and fossils, and adopting the methods of the natural sciences as a model to determine what is nonnatural in humans. The ambiguity surrounding Kant's question, "*What is the human being (Was ist der Mensch)?*" (Michel, n.d., p. 280), a question to which all others return, if not concealed behind every question, arises precisely from the attempt to understand humanity through what lies outside of it.

As a result, the discourse on the human being receded, particularly with the emergence of the human sciences, which approached the human as an alien "other." These sciences became anti-human rather than being in service to humanity, as their exclusively empirical treatment reduced the human being to an object among other objects in the world, effacing their dimension as a subject. Consequently, this led to a discourse *about* the human rather than a discourse *within* the human. In this way, anthropology itself became entangled in the paradox that marks the history of the modern Western human sciences, which appear, in fact, as a history of forgetting the human.

In this regard, the Canadian anthropologist Fernand Dumont (1927-1997) observes, "*The fact remains that anthropology exists elsewhere than the place in which we think we are. It is constructed in our absence*" (Dumont, 1981, p. 10). That is, throughout its history, anthropology has not been concerned with the human as much as it has circled them, despite its constant claim to undertake the task of understanding humanity through studying it across various domains, primarily the cultural domain. Dumont further considers that "*anthropology is a replica of culture, and that it seeks within culture a prehuman interpretation of the human, while simultaneously constructing an interpretation of the human that transcends culture*" (Dumont, 1981, p. 11), thereby enabling anthropology to place the very concept of the human in brackets.

Since culture constitutes the conceptual ground of the human as a cultural being, the task of anthropology today lies in its search for a conception of the human prior to such representations; that is, a search for humanity in its raw form, freed from the moulds that anthropology itself imposes. This would enable researchers to construct a clear understanding and vision of the human that transcends all preconceived notions. On this basis, Dumont affirms that anthropology, in essence, is not the study of the human or philosophy. The human being is not an object of study for either anthropology or philosophy (Dumont, 1981, p. 18) because both disciplines have approached humanity in a methodological manner that has failed to address the deeper meanings of inquiry into it, especially in light of today's world dominated by technology, which has altered the very concept of the human.

All these factors have led contemporary anthropology to depart from its traditional trajectory and to venture into new domains that were not historically its own in response to the pressing need for methodological tools capable of uncovering and understanding the realities of contemporary humanity. This shift is evident in the field of medicine, which has long treated the human being as a biological apparatus, overlooking the cultural, social, and religious components that form an essential part of human nature. Hence, there is an urgent need for the intervention of anthropology, particularly medical

anthropology, to broaden the medical perspective from its narrowly biological focus to a broader sociocultural dimension, one capable of encompassing the full complexity of the human being.

Health and illness can thus be regarded as fundamental entry points for understanding contemporary humanity, as they constitute the connecting link between the anthropological and bioethical domains. Viewing the human being through the lens of fragility and vulnerability establishes a new paradigm of understanding, wherein existence and orientation in the world become contingent upon the extent to which one accepts this fragility. In this sense, weakness itself becomes a source of strength, or, as Nietzsche remarked, “*What does not kill me makes me stronger*” (Friedrich, 2006, p. 110). In contrast, any attempt to abolish such fragility amounts to an annihilation of the human being and an emptying of their essence, even if one assumes otherwise.

Indeed, the project of transhumanism represents nothing but a form of such an attempt. However, is it truly in the interest of humanity to prolong life indefinitely? Or to pursue immortality? Would this not negate the very condition of being human, transforming the individual into a mere machine devoid of spirit and sensibility? The voices that dream of futures are defined by endings, the end of the physician, the end of the school, and other such proclaimed endings ultimately conceal only one conclusion: the end of humanity itself.

## THE QUESTION OF THE HUMAN BETWEEN ANTHROPOLOGY AND BIOETHICS

Bioethics represents one of the manifestations of Enlightenment philosophy and Anglo-Saxon thought, presenting itself as an alternative to classical ethics by claiming both universality and absoluteness in the domain of morality. “*Under these conditions, for anthropologists, bioethics can only transmit and reproduce what Kleinman has termed the culture of medical centrality*”. The neglect of cultural variables within the health paradigm is precisely what has granted medical anthropology both priority and legitimacy in its critique of bioethics. Anthropology underscores that the concepts of health and illness are not reducible to biological givens alone; instead, they are embedded in the cultural and social fabric, as in beliefs surrounding the evil eye, sorcery, spirit possession, and other symbolic representations.

In this context, the research of the French anthropologist Richard Pottier (1909-1994) is instructive, as it examines the anthropological factors underlying bioethical debate factors that touch upon human sanctity and extend to environmental issues, as well as attitudes toward vulnerable beings such as the foetus, those suffering from dementia, people with low incomes, and others (Richard, 2021, pp. 175-177). This opens the door to a range of questions concerning the boundaries of bioethics.

For Pottier, the central problem lies in the relationship between life and human dignity, which in turn reflects the human relationship with the body, as in the case of abortion: should the foetus be treated as a fully human being, or merely as a potentiality of one? Regardless of the ethical positions adopted, Western thought remains captive to a natural ontology (Richard, 2021). On this basis, pressing questions emerge: who determines these ethical standards? Is it the human being, religion, bioethics, or the law and political institutions? More critically and often unspoken is the question of whether these ethical principles are truly innocent. Do they genuinely arise in service of humanity and relieve existential suffering? Or do they, under the guise of universality, merely reinforce new forms of domination?

Pottier argues that Western debates linking respect for life and human dignity are, at their core, grounded primarily in a universal moral intuition shared across all societies, an intuition that determines the nature of one's relationship with the other (Richard, 2021). However, this conception raises several pressing questions: first, who defines this intuition in the first place? Second, is it truly possible to speak of a moral intuition common to all human beings? These questions compel us to question the Western promotion of ethical universality and the universality of bioethical principles. Although Western normative discourse has indeed extended the scope of ethics to areas of central anthropological concern, such as the universality of human rights, religious fundamentalism, and tolerance toward certain inherited customs (Masse, 2000, p. 105), bioethical ethics nonetheless remain tested when confronted with cultural particularity.

With its ostensibly universal principles, bioethics often marginalises the question of local specificity within non-Western societies, seeking instead to construct a universal vision of humanity while disregarding its sociocultural and symbolic uniqueness. For this reason, anthropologists have called for the integration of field-based anthropological research into the formulation of bioethical frameworks to render them more inclusive and scientifically credible. There can be no universal

conception of humanity when humanity itself is founded on diversity and difference, whether at the biological, spiritual, or cultural level.

Accordingly, it becomes essential for anthropologists and bioethicists to collaborate in re-examining global ethical principles and in attempting to integrate the local sociocultural dimension into holistic visions of humanity. In this way, bioethics may be reformulated as an ethics that embraces universality without negating difference. Moreover, bioethics has traditionally focused on applying a set of principles to medical practices to guide medicine and biology towards ethical orientations. Anthropology, through its applied methodologies, demonstrates the necessity of delineating a new field for bioethics, one that incorporates both the universal and the local, through social, cultural, and historical contexts, thereby framing its discourse and regulating its practical applications.

Owing to this anthropological – bioethical encounter, openness to the cultural repertoire of local communities becomes indispensable through an appreciation of each society's distinctive value system. Only in this way can bioethical practices descend to the level of local realities, engaging with their specificities and thereby laying the foundation for a new ethical praxis in which the universal dimension is integrated with the local. This reformulation redefines the relationship between anthropology and bioethics, as *“ethics depends on the human being, on the image they form of themselves, and on the ideals, they emulate in their ethical representations”* (Autres, p. 32). Consequently, anthropology, particularly medical anthropology, has come to concern itself with safeguarding humanity and reflecting on human agency in the field of life sciences (Gueh, 2013).

Whereas in Darwin's theory it was nature that selected, today it is the human who selects; survival is no longer reserved for the naturally fittest but for those able to adapt to universal bioethical values. From an anthropological perspective, *“bioethics is considered a cultural phenomenon grounded in Western philosophical and legal traditions, which prioritise the individual and insist on their particular rights of self-determination”* (Ana Marin, n.d., pp. 17-45). In this sense, bioethics itself becomes, in a manner of speaking, a branch of anthropology.

Since bioethics rests on three principal domains – clinical ethics, the ethics of scientific research, and issues of public care – anthropology is capable of encompassing these domains by its grounding in the human and sociocultural dimensions upon which it ultimately depends. This is evident in the interventions of anthropologists within these fields, guiding them toward directions overlooked by bioethics under the dominance of universality and global values in its principles. In essence, bioethics remains an incomplete discipline, as most of its practitioners originate from other fields, notably medicine, theology, law, and biology. This has led it to exaggerate the moral dimension to such an extent that the American philosopher Daniel Callahan (1930-2019) described it as *“moral mania”* (Marshall, March 1992, pp. 49-73). This mania has driven it to neglect cultural, social, political, and religious issues.

However, through collaboration between anthropologists and bioethicists, solutions may be found to the ethical and health dilemmas that continue to proliferate with the accelerating pace of contemporary scientific and technological developments. From this standpoint, suspicion of bioethics has emerged, particularly concerning the values and principles it claims to be universal. Anthropologists pose a critical question: What are the reasons and motivations that have led bioethicists to exclude cultural particularity from their ethical frameworks?

To address this problem, anthropology has begun to deconstruct the content of Western ethics and align it with the requirements of local contexts. Since the declared aim of bioethics is to serve humanity, the fundamental question arises: which human beings do we speak of? Does this concept encompass all humanity, or does it refer specifically to the Western human? From this critical perspective advanced by anthropologists toward bioethics, two principal approaches have emerged:

The first approach affirms the existence of fundamental moral values shared across cultures, despite their diversity. Among its representatives are Stephen Toulmin, Charles Taylor, Sissela Bok, and Martha Nussbaum.

The second approach rejects the very notion of moral universality, emphasising the locality of ethics, the heterogeneity of cultures, and the diversity of value frameworks. Its most notable proponents include Stanley Fish, Stanley Hauerwas, Alasdair MacIntyre, and H. Tristram Engelhardt. This debate compelled normative discourse to expand into key areas of anthropological concern, such as the universality of human rights, religious fundamentalism, and tolerance of inherited customs (Masse, 2000). With the encounter between anthropology and bioethics, the latter found itself obliged to redefine its identity in light of the cultural factor, which complicated the equation, particularly given that bioethics received little attention from anthropologists until the 1990s.

However, with the rise of bioethical claims to universality, anthropology has resisted such propositions. *"For anthropologists, bioethicists needed to realise that bioethics is a product of Western culture, shaped by elements with cultural and historical orientations linked to ideological events"* (Ana Marin, n.d., pp. 17-45). In other words, the principles on which bioethics rest are conditioned by temporal and spatial factors tied fundamentally to the crisis of values and the loss of meaning in Western existence, brought about by the decline of transcendence and the dominance of materialism. This dominance has transformed bioethics into a new form of technical theology, assuming the same function as the sacred, but through technological instruments. This situation has compelled scholars in the field of ethics to devise a new framework of morality. This onto-ethical system aspires to liberate contemporary humanity from its existential and biological crises.

We cannot deny that improvements in public health are directly linked to medical and biotechnological progress. However, this progress has not been merely a technical achievement but rather a profound transformation of social and cultural structures, particularly with respect to perceptions of the body. The body has become the locus of political, economic, and ethical stakes. At the same time, health care today stands at the forefront of state priorities within a global health paradigm that guides public policy and redefines the human relationship with both the self and the world. Thus, we encounter a philosophical question open to interpretation in the space between anthropology and bioethics. Suppose that bioethics aspires to establish universal ethics that encompass all human beings. In that case, anthropology reminds us that humanity is plural in its biological and spiritual universality, oscillating between the universal and the local.

## **HEALTH AND ILLNESS FROM AN ANTHROPO-ETHICAL PERSPECTIVE**

The promises heralded by contemporary biotechnology that humanity could achieve eternal youth, perfect health, strength, and beauty soon collided with a harsh reality dominated by lethal epidemics and intractable diseases such as AIDS, cancer, and diabetes, which exposed the illusory nature of such claims. This epistemological paradox has led to an internal shift within medical practice itself, as noted by Bernard Hours (1959), who argued that the newer generations of physicians, being more modest and less rigid, have recognised the importance of an anthropological perspective on health and illness (Bernard, 2004). Consequently, medical knowledge has moved beyond its narrow technical framework to a holistic perspective that integrates cultural and human dimensions. From this standpoint, Hours has called for the inclusion of anthropology in biomedical training, both at the level of knowledge and ethics, to broaden medical vision and render it more comprehensive, capable of grasping the human being in their entirety rather than as a mere biological body.

According to this perspective, several physicians have become aware of the gap between techno-medical applications and bioethical principles, realising that the actual problem does not lie in scientific or medical progress itself but rather in the universalist tendency of bioethical principles, which disregard the cultural, religious, and environmental contexts of human life. This neglect directly triggered debates of acceptance and rejection of bioethical practices within both Western and non-Western societies.

From this standpoint, these physicians sought solutions beyond the confines of traditional ethics and found in medical anthropology a suitable framework for addressing the problem. Medical anthropology, with its capacity to comprehend and integrate cultural, religious, and environmental diversity, offers the most appropriate ground for restoring balance not only to humanity itself but also to the reconfiguration of bioethics in a new form. They further argued that bioethics, as a product of a Western system founded on secular thought and universalist tendencies, has deliberately overlooked cultural and human particularities, thereby reinforcing the Western project of domination across the world from a health-related perspective.

In light of this reality, these physicians considered medical anthropology to be the refuge capable of redirecting bioethics to its proper course, transforming it into a comprehensive ethical foundation that addresses all human beings. In this way, medical practice fulfils its fundamental role in relieving human pain and suffering. Moreover, bioethics has expanded to include diverse human specificities in parallel with the field research offered by medical anthropology. Thus, a three-dimensional approach can be realised, encompassing medical, ethical, and cultural dimensions, enabling the transcendence of current crises and the orientation of practice towards its rightful direction.

In this context, philosophy emerges as an external factor capable of identifying and analysing the gaps between these domains, thereby enabling closer convergence among the different disciplines. Philosophy thus becomes a therapeutic

practice that contributes to the healing of contemporary humanity from its existential suffering, working alongside the principles of bioethics and the field-based research of medical anthropology. Contemporary epidemics and diseases have raised philosophical questions that go beyond the familiar boundaries of medicine, opening possibilities for new preventive strategies aimed at containing worsening conditions and the spread of illness. This, in turn, has led to the integration of multiple fields within medicine, including anthropology, which has played a crucial role in highlighting the conceptual plurality of health and illness. These are no longer confined to the mechanical dimension of the body but extend to sociocultural and sociohistorical realities.

The same applies to anthropology, which, propelled by philosophical debates, has moved beyond its traditional preoccupations with dichotomies such as city/rural or primitive/modern. It has now been recognised that the issue far exceeds these binaries. On this basis, “*anthropology seeks to integrate the idea of respect for cultural diversity as one of the principles of bioethics*” (Ana Marin, n.d.). Respecting cultural diversity entails acknowledging the values, beliefs, and specificities of each society, particularly with respect to medical issues inherently marked by controversy and disagreement, such as organ transplantation, abortion, and euthanasia, among other bioethical practices. Thus, respect for cultural diversity in biomedical ethics lays the foundation for multicultural bioethics that is, at its core, grounded in respect for humanity.

Anthropology has paved the way for bioethics to become entangled with everyday life by opening itself to bioethics through its applied methodologies. These methodologies, in turn, have enabled bioethics to engage with the cultural and social dimensions necessary for understanding the ethical tensions that arise when bioethical practices encounter cultural contexts. Therefore, anthropology views ethical problems as rooted primarily in cultural and social issues, maintaining that the solution lies not in the set of abstract principles advanced by bioethics but rather in comprehending the nature of the relationships among human beings, culture, health, and illness.

The American anthropologist Richard W. Lieban (1934) observed that “*reviews of medical anthropology between 1953 and 1983 did not mention the field of bioethics, reflecting the absence of medical ethics from bioethical literature*” (Marshall, March 1992, pp. 49-73). This absence can be attributed, on the one hand, to cultural relativism, which led bioethicists to reject recourse to anthropological research, and, on the other hand, to anthropology’s adherence to its traditional concerns with the study of non-Western societies, neglecting the medical and biological innovations of the West. Moreover, ethical issues largely remained detached from the sociocultural contexts of societies, leaving bioethics at a distance from the realities of everyday life.

## **LIFE ETHICS AND THE POSITION OF THE HUMAN BETWEEN THE LOCAL AND THE UNIVERSAL**

The presence of anthropology within bioethics has manifested through comparative anthropological studies and the analysis of medical systems that reveal how bioethics has emerged as a contemporary philosophical discipline while also highlighting the role of social power in directing bioethical decisions. In this context, the work of Kleinman demonstrates that different cultures hold divergent views on the issue of informing patients about their illnesses (Marshall, March 1992, pp. 49–73). In some cultural contexts, concealing the truth of a diagnosis such as cancer from the patient is considered a compassionate act aimed at preserving their psychological well-being, since disclosing reality is believed to ruin their life and cause them to die slowly.

Within this framework, medical anthropology contributes to clarifying the cultural meanings of death. For example, in some societies, patients prefer to die in their homes rather than in hospitals. This practice compels certain physicians to leave terminally ill patients in the care of their families.

Numerous practical cases highlight the tensions between the anthropological and bioethical domains. However, the COVID-19 pandemic represents the clearest example, as it exposed the limits of contemporary medical knowledge and revealed human fragility in the face of an invisible microscopic virus. This crisis brought forth multiple bioethical dilemmas, such as euthanasia and what might be called the prioritisation of the right to life. Health systems worldwide found themselves facing complex ethical quandaries: Who should be treated first? Who should be left to die in the absence of ventilators and the scarcity of oxygen? In this way, the matter became a political – ethical decision in which both the state and medical authority intervened. At the same time, the number of human beings has appeared to be reduced to mere numbers in daily statistics of infections and deaths.

In contrast, the anthropological role of the pandemic emerged in multiple forms. Local communities reinstated the value of traditional medicine, which conceives of illness not only as a biological dysfunction but also as a spiritual and sociocultural experience. At the same time, public trust in official medicine diminished, as it proved unable to curb the spread of the virus. This return to traditional medicine was not simply an act of nostalgia; rather, it constituted an anthropological outcry expressing the need for alternative modes of confronting human vulnerability and a desire to restore meaning to the life–death dichotomy at a time when the discourse of official medicine had been reduced to rigid technical language, stripped of meaning and bereft of humanity.

The COVID-19 crisis has shed light on the tension between the local and the universal. While the World Health Organisation and political authorities have attempted to impose standardised therapeutic protocols, many communities have resorted to their practices, thereby exposing the limits of medical universality in the face of sociocultural specificity. This conflict was not merely a confrontation between traditional and official medicine; at its core, it was a struggle over the discourse of authority in defining health and illness, life and death.

Accordingly, the pandemic was not a transient health event but rather an anthropo-ethical laboratory that revealed the fragility of the classical bioethical model founded on universalist ethics. This demonstrated the urgent need for new ethics of life that acknowledge the sociocultural dimensions of the health–illness and life–death dualities. The time has come for anthropologists and bioethicists to work towards establishing an ethics that transcends the narrow confines of both bioethics and culture, embracing life in its entirety, which may be termed an *ethics of life* that encompasses both the internal components of the human being, such as cells and genes, and the external dimensions, including cultural and social systems. Through such ethics, a new human emerges, situated within the framework delineated jointly by anthropology and bioethics.

The concept of the anthropo-ethical human, as formulated by both anthropology and bioethics, can be realised only through an ethics of life. In this sense, the ethics of life constitutes a response to contemporary challenges that threaten human dignity by moving beyond a vertical relationship with the world towards a horizontal relationship with others free from all forms of authority imposed in the name of culture or ethics alike. It is, in effect, a call to dissolve differences, whether cultural or social, into a unifying humanity. From a philosophical standpoint, this vision resonates with Spinoza's assertion that "*whatever exists, exists in God, and nothing can exist or be conceived without God*" (Spinoza, 2009, p. 45). Here, God embodies the notion of unity, the unity of nature, cosmos, and humanity within a single totality, contrary to the dualisms upon which modern philosophies were built. From this perspective, the necessity of establishing a new relationship between humanity, the self, and the world becomes evident, as one is founded on participation and dialogue.

Thus, Kant's question concerning the human being is revived, a question through which he sought to liberate humanity from egoism and self-centredness by directing it towards a transcendent horizon that bridges the local and the universal. According to this conception, the human becomes both a thing among the things of nature and, at the same time, a centre of the cosmos by their capacity to encompass all changes and differences. Between objecthood and centrality, a new conception of the human emerges, one that reflects the constant tension between individuality and collectivity, between strength and fragility, and between universality and particularity. It is a conception that invites us to rethink the position of the human in the world.

On this basis, bioethics and anthropology together become tools for understanding human nature and existence through an awareness of fragility and an acceptance of vulnerability and an openness that paves the way for new horizons of spiritual and moral development. Humanity is not measured by strength alone but by the capacity to confront weakness and to embrace the challenges that stand in its path, by what practical wisdom requires, or what Aristotle referred to as *phronesis*.

## CONCLUSION

The anthropological approach to bioethics reveals that universality is neither a ready-made datum nor a fixed essence nor an absolute truth. Instead, it is a horizon that continually takes shape within the dialectic of difference and recognition. The human being cannot be reduced to a single model but is disclosed in sociocultural plurality that foregrounds both human fragility and the limitations of biomedical knowledge. Thus, no contemporary bioethical project can remain captive to a closed normative model; it must open itself to other fields of knowledge, chief among them anthropology, with its capacity to provide field-based studies that seek to understand the human experience in its bodily and cultural multiplicity.

Thus, the present philosophical challenge lies in moving beyond a narrow reductionist conception of universality towards an open universality one formulated through intercultural dialogue and built within the dialectic of interaction between the local and the universal rather than through the imposition of a single normative hegemony. Only such an approach can render bioethics more capable of responding to contemporary health and human challenges, especially in the context of transboundary environmental and epidemic crises. By liberating bioethics from its centralising tendencies and grounding it in a genuinely human ethic that honours plurality and difference, it restores humanity's place as fragile and vulnerable rather than reducing it to a mere object of rigid technical standards.

## **ETHICAL CONSIDERATIONS**

Although the study does not involve empirical data or human subjects, it adheres to the ethical norms of philosophical scholarship by ensuring intellectual integrity, accurate citation, and respect for the plurality of cultural and religious worldviews. The article consciously avoids cultural appropriation or moral relativism, striving to represent diverse ethical traditions with fairness and conceptual precision. It upholds the principles of transparency, academic honesty, and scholarly responsibility as outlined by COPE and international research ethics guidelines.

## **FINDINGS AND DISCUSSION**

1. **Reconceptualization of Universality:** Universality in bioethics is not an abstract absolute but a dialogical construct born from intercultural engagement.
2. **Anthropology's Ethical Turn:** Anthropology must transcend its descriptive legacy and reorient itself toward ethical participation.
3. **Human Fragility as Ethical Foundation:** Fragility becomes a universal condition that calls for care, dialogue, and recognition.
4. **Critique of Technological Reductionism:** The dominance of the biomedical paradigm risks reducing the human to a manipulable biological entity.
5. **Possibility of Transcendence:** The interaction between anthropology and bioethics opens the possibility of ethical transcendence – a movement toward a shared human ethos rooted in dialogue and dignity.

## **ACKNOWLEDGEMENTS**

The authors express their sincere gratitude to the Human Sciences Research Unit for Philosophical, Social, and Humanistic Studies at the University of Oran2 Mohamed Ben Ahmed for its continuous academic and institutional support. They also thank their colleagues and reviewers for insightful discussions that enriched the philosophical depth of this work.

## **FUNDING STATEMENT**

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## **CONFLICT OF INTEREST**

The authors declare no conflict of interest. The views expressed are solely those of the authors and do not necessarily reflect the official policies of their institution.

## REFERENCES

**Arbaoui M.** (2025) From paternalism to systemic bioethics: principles, characteristics, and contemporary relevance of applied ethics in medicine and society. *Science, Education and Innovations in the Context of Modern Problems*, **8(12)**: 62-69; doi: [10.56352/sei/8.12.6](https://doi.org/10.56352/sei/8.12.6)

- **Beauchamp T.L., Childress J.F.** (2019) Principles of biomedical ethics. 8th ed. Oxford University Press.
- **Benatar S.R., Brock, G.** (2011) Global health and global health ethics. Cambridge University Press.
- **Borry P., Schotsmans P., Dierickx K.** (2005) The birth of the empirical turn in bioethics. *Bioethics*, **19(1)**: 49-71; doi: [10.1111/j.1467-8519.2005.00424.x](https://doi.org/10.1111/j.1467-8519.2005.00424.x)
- **Callahan D.** (2012) The roots of bioethics: Health, progress, technology, death. Oxford University Press.
- **Chadwick R., ten Have H., Meslin E.M. (Eds.).** (2011) The SAGE handbook of health care ethics: Core and emerging issues. SAGE Publications.

**Dalloz E.Z.G.** (2013) Anthropologie biologique et bioéthique: Élément de dialogue. *Revue Africaine d'anthropologie, Nyansa*, (15). Côte d'Ivoire.

**Dumont F.** (1981) *L'anthropologie en l'absence de l'homme* (1st ed.). Presses Universitaires de France.

- **Engelhardt H.T.Jr.** (2017) The foundations of bioethics. 2nd ed.. Oxford University Press.
- **Farmer P.** (2005). Pathologies of power: Health, human rights, and the new war on the poor. University of California Press.

**Folscheid D. et al.** (1997). *Philosophie éthique et droit de la médecine*. Paris: Dalloz.

- **Foucault M.** (2008) The birth of biopolitics: Lectures at the Collège de France, 1978-1979 (G.Burchell, Trans.). Palgrave Macmillan.

**Foucault M.** (n.d.). *Al-Kalimat wa al-ashya' [The order of things]* (M. Safadi et al., Trans.). Markaz al-Inma' al-Qawmi.

- **Fox R.C., Swazey J.P.** (2008) Observing bioethics. Oxford University Press.

**Hours B.** (2004) Trois objets-étapes de la globalisation de la norme de santé. *Autre*, (29). Éditions Presses de Sciences Po.

- **Kass L.R.** (2002) Life, liberty, and the defense of dignity: The challenge for bioethics. Encounter Books.
- **Kleinman A.** (2006) What really matters: Living a moral life amidst uncertainty and danger. Oxford University Press.

**Marin A., Bouffard C.** (n.d.). La bioéthique à l'épreuve de la diversité socioculturelle: La portée du sens donné à un concept; pp. 17-45.

**Marshall P.A.** (1992) Anthropology and bioethics. *Medical Anthropology Quarterly, New Series*, **1(1)**: 49-73.

**Massé R.** (2000) Présentation: L'anthropologie au défi de l'éthique. *Anthropologie et Sociétés*, **24(2)**: 5-10. Université Laval.

**Nietzsche F.** (2006) *Qadiyat Fagnerīyah: Nietzsche didd Fagner [The case of Wagner; Nietzsche contra Wagner]* ('A. Misbah, Trans.). Al-Jamal Publications.

- **Pellegrino E.D., Thomasma D.C.** (1993). The virtues in medical practice. Oxford University Press.

**Pottier R.** (2021) Voyage d'un anthropologue dans le monde de la bioéthique. *L'Homme*, **238(2)**: 175-177.

**Ragua A.** (2025) The significance of bioethics as an ethical inquiry into science. *Science, Education and Innovations in the Context of Modern Problems*, **8(4)**: 600-606; doi: 10.56352/sei/8.4.65.

- **Singer P.** (2011) *Practical ethics*. 3rd ed. Cambridge University Press.

**Spinoza B.** (2009) *Ilm al-akhlaq [Ethics]* (J. al-Din Sa'id, Trans.). The Arab Organisation for Translation.

- **Turner L.** (2003) Bioethics in a multicultural world: Medicine and morality in pluralistic settings. *Health Care Analysis*, **11(2)**: 99-117; doi: 10.1023/A:1025338514936
- **Zwart H.** (2017) Psychiatry, subjectivity, and biological reductionism: Revisiting bioethical issues in the age of neuroscience. *Medicine, Health Care and Philosophy*, **20(3)**: 329-339; doi: 10.1007/s11019-016-9725-2

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