

Bioethics and Its Gatekeepers: Does Institutional Racism Exist in Leading Bioethics Journals?

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Abstract Who are the gatekeepers in bioethics? Does editorial bias or institutional racism exist in leading bioethics journals? We analyzed the composition of the editorial boards of 14 leading bioethics journals by country. Categorizing these countries according to their

Human Development Index (HDI), we discovered that approximately 95 percent of editorial board members are based in (very) high-HDI countries, less than 4 percent are from medium-HDI countries, and fewer than 1.5 percent are from low-HDI countries. Eight out of 14 leading bioethics journals have no editorial board members from a medium- or low-HDI country. Eleven bioethics journals have no board members from low-HDI countries. This severe underrepresentation of bioethics scholars from developing countries on editorial boards suggests that bioethics may be affected by institutional racism, raising significant questions about the *ethics* of bioethics in a global context.

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Health care research, policy discussions, and debates are notorious for their failure to address the problems of those who suffer the most. Leading medical journals systematically neglect to cover the diseases of poverty that afflict larger humanity (Horton 2003); health professionals from developing countries constitute a tiny minority of research authors (Sumathipala, Siribaddana, and Patel 2004); and major medical journals have few, if any, editorial board members from developing countries (Horton 2003; Saxena et al. 2003; Tutarel 2005). But surely journals concerned with *ethics* in medicine are an exception to such exclusions and inequities. Or are they?

Scanning 4,029 research articles in nine bioethics journals, Borry, Schotsmans, and Dierickx (2005)

Table 1 Composition of editorial and advisory board members of 14 leading bioethics journals

Name of the Journal	Total number of members of editorial and advisory boards ^a	Number of members located in countries with Very High/High/Medium/Low Human Development Index (HDI) ^b		
		Very High and High HDI	Medium HDI	Low HDI
American Journal of Bioethics	40	38 (95 %)	2 (5 %) (Thailand, India)	0
Bioethics	47	47 (100 %)	0	0
BMC Medical Ethics	21	18 (85.7 %)	1 (4.7 %) (Philippines)	2 (9.5 %) (Cameroon, Zimbabwe)
Cambridge Quarterly of Healthcare Ethics	36	36 (100 %)	0	0
The Hastings Center Report	8	8 (100 %)	0	0
Journal of Bioethical Inquiry	64	59 (92.2 %)	5 (7.8 %) (3 from South Africa; 1 each from China and Philippines)	0
Journal of Clinical Ethics	29	29 (100 %)	0	0
Journal of Law, Medicine and Ethics	46	46 (100 %)	0	0
Journal of Medical Ethics	25	25 (100 %)	0	0
Journal of Medicine and Philosophy	69	67 (97.1 %)	2 (2.9 %) (China)	0
The Kennedy Institute of Ethics Journal	23	23 (100 %)	0	0
Medicine Health Care and Philosophy	45	45 (100 %)	0	0
Theoretical Medicine and Bioethics	38	37 (97 %)	0	1 (3 %) (Malawi)
Developing World Bioethics	36	23 (63.8 %)	9 (25 %) (5 from South Africa; 1 each from India, China, Sri Lanka, Philippines)	4 (11.1 %) (Bangladesh, Cameroon, Nigeria, Tanzania)
Total	527 ^c	501 (95 %)	19 (3.6 %)	7 (1.3 %)

^a Includes editor-in-chief, editor, co-editor, executive editor, managing editor, contributing editor, (international) associate editor, book review editor, editorial committee, editorial board, editorial advisory board, and editorial assistant as listed in individual journals

^b Countries were classified according to their Human Development Index (Human Development Report 2011). The percentages are given in brackets

^c Some members have redoubled influence by serving on the editorial and advisory boards of more than one bioethics journal, yet again multiplying the exclusion of would be developing country board members

found that developing country scholars contributed fewer than 4 percent of publications (the other 96 percent coming from authors working in developed countries). It is no surprise, then, that bioethics pays more attention to esoteric ethical problems facing wealthy nations than it does to issues such as poverty, hunger, and health inequities that are global in nature (Turner 2004). Is this editorial bias (*Lancet* editor Richard Horton calls this institutional racism) mirrored in the editorial boards of leading bioethics journals?

We analyzed the composition of editorial boards of 14 leading bioethics journals by country (Table 1), as

recorded on journal websites, categorizing these countries according to their Human Development Index (HDI).¹ Approximately 95 percent of editorial board members are based in (very) high-HDI countries, less than 4 percent are from medium-HDI countries, and fewer than 1.5 percent are from low-HDI countries. Eight out of 14 leading bioethics jour-

¹ The Human Development Index (HDI) is a composite measure of four indicators—life expectancy at birth, mean years of schooling, expected years of schooling, and gross national income per capita—reflecting three dimensions of human development, i.e., health, education, and living standards. (See <http://hdr.undp.org/en/statistics/hdi> for more information.)

nals have no medium- or low-HDI country editorial board membership. Eleven bioethics journals in our sample of 14 have no board members from any low-HDI country.

This severe underrepresentation of developing countries on editorial boards suggests that institutional racism also infects leading bioethics journals and is clearly a cause for concern. With bioethics increasingly part of the global landscape of health care—more so since the 2005 promulgation of the Universal Declaration on Bioethics and Human Rights—the lack of global representation on bioethics journal editorial boards undermines consideration of developing country experiences and knowledge, impoverishing global bioethics. Citizens of countries in the developing world are thus dependent on those who can envision and empathize with the harsh realities affecting “others” and who are willing and able to muster global social justice resources to remedy them. Global health and ethics are far more effectively served by *egalitarian partnerships* between local and global experts working *together* to identify and reduce health inequities in culturally competent ways. Bioethics journals must open their pages to the whole of humanity.

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