

Cadernos de Saúde Pública



This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. Fonte:

<https://www.scielo.br/j/csp/a/jthhJDgqDxM6JPJZpcww8Tq/?lang=en#>. Acesso em: 10 ago. 2021.

REFERÊNCIA

LORENZO, Cláudio. Debate on the paper by Feitosa et al. **Cadernos de Saúde Pública**, v. 26, n. 5, p. 866-867, maio 2010. DOI:

<https://doi.org/10.1590/S0102-311X2010000500003>. Disponível em:

<https://www.scielo.br/j/csp/a/jthhJDgqDxM6JPJZpcww8Tq/?lang=en#>. Acesso em: 10 ago. 2021.

Debate on the paper by Feitosa et al.

Debate sobre o artigo de Feitosa et al.

Cláudio Lorenzo

Faculdade de Ciências da
Saúde, Universidade de
Brasília, Brasília, Brasil.
claudiolorenzo@unb.br

Is an interethnic ethic possible? Reflections on indigenous infanticide

The discussion by Feitosa et al. in the article *Bioethics, Culture and Infanticide in Brazilian Indigenous Communities: The Zuruahá Case*, exemplifies the contra-hegemonic bioethical models that have emerged in Brazil and elsewhere in Latin America. Epistemologically based on interdisciplinary sharing of concepts and methods from distinct areas of knowledge, and philosophically structured not on principles, but on the normative potentialities of language, the article offers an interesting channel for resolution of ethical conflicts related to life and generated in contexts of great moral pluralism and cultural diversity.

The authors clearly express their perception that the possibility exists for constructing an *Interethnic Ethic* at some equidistant point between a dogmatic moral universalism, based on the ethnocentric interpretations of Human Rights, and an inoperable moral relativism conceiving cultures as watertight realities with no possibilities for interaction. In their article, historical and sociological knowledge on the colonization of indigenous peoples and the current conditions of exclusion and discrimination is linked to anthropological knowledge on cosmology, concepts of life and death, symbolic construction of bodies, and the specific practice of infanticide in both Zuruahá culture and Western culture. Based on this well-structured link, the authors demonstrate the superficiality and impropriety of the arguments that define infanticide by the Zuruahá as a barbarian act against life and that propose both its criminalization and state intervention to solve the problem. Coherently, the authors thus refuse readymade solutions based on unilaterally established values or rights and focus their efforts on proposing an intercultural, coercion-free dialogue.

However, I call attention to a fact not highlighted by the authors, namely that the very understanding of infanticide among indigenous peoples as a “problem” derives from a Western worldview, or at least a worldview generated on the borders in historically determined intercultural encounters.

This means that one cannot morally justify the cultural and biological risks involved in making contact with isolated indigenous peoples with the purpose of establishing intercultural dialogues (no matter how free or truthful) concerning the practice of infanticide.

The authors cite some theoretical contributions to the construction of interethnic dialogical spaces and some criteria for establishing “*fairness in the dialogue*”, including respect for otherness, the community’s good as the exclusive end, and profound knowledge of the local culture. The theoretical contributions cited by the authors feature the notion of *communication community* developed originally by Habermas¹ in his classic work *Theory of Communicative Action*, due to the latter author’s importance for contemporary ethical theory.

I intend to concentrate my main contributions to the discussion on the possibilities for applying this theory as the basis for Interethnic Ethics. Habermas² announces his Ethics of Discussion as a reform of Kantian moral theory. Through the Ethics of Discussion, the universal standards of conduct are no longer proposed through isolated reflection by a single conscience that projects itself on otherness, as established by Kant’s categorical imperative, but are proposed through rational moral argumentation and mutual recognition of the validity of arguments among participants in a discussion. Ethical decisions should thus be the result of a joint construction of values and meanings, conducted in public spaces where all have the same right to speak. Habermas thus believes in having overcome the risk of ethnocentrism that the relativists see in every attempt to universalize norms. In addition, his concept of universality loses Kant’s abstract character and relates directly to each and every one of those concerned in the conflict or action to be regulated.

When a public space entails openness to the *lifeworlds* of the agents of speech and conditions for mutual understanding established by sharing criteria for validation of arguments, such a space becomes a *communication community*. Feitosa et al. quite correctly view the power relations historically defined between Western political agents and indigenous leaders as difficulties for establishing interethnic *communication communities*. I would raise two further obstacles: the differences between the *lifeworlds* of indigenous leaders and common indigenous individuals and the peculiarities of various genres of indigenous discourse.

Lifeworld for Habermas is the backdrop for discourse. It consists of an interface between culture, society, and personality, based on which

values are formed. There is thus a significant difference between the lifeworlds of indigenous leaders, especially those who are more *professionalized*, and the lifeworlds of common indigenous subjects, more bound to the traditional forms of daily life in their cultures. This means that in discussions involving traditional values, *communication communities* need to be created based on discussion forums on the indigenous lands themselves with broader participation by the people. The institutional spaces for discussion formalized by the state, where the leaders have a seat, become less important.

In addition, the Habermasian model of discursive Ethics was constructed through an intricate operation that links elements from the philosophy of language, in both its analytical and hermeneutic watersheds, to elements from pragmatic studies on daily forms of speech³. Despite seeking some components that are considered universal in communicative acts, such as the recognition (or lack thereof) of the content of truth in enunciates or the authenticity of the enunciator, the studies were performed with Western speech genres as their object. It is thus impossible to guarantee that indigenous discourse can meet the requirements of argumentative validity⁴. Indeed, the very concept of rationality as presented by Habermas is also a Western construct.

Therefore, in order to construct procedural mechanisms for intercultural dialogue, which we refer to here as *Interethnic Ethics*, it is essential to have ethnolinguistic knowledge of the speech structure of the people in question. This contributes to both the establishment of new joint criteria for validation of the speech acts and the evaluation of limits produced by the intermediation of translators during the dialogical practice between the various Western and indigenous agents in the discussion. The importance of these intercultural dialogical mechanisms extends far beyond the specific issue of infanticide and cuts across virtually all relations between the Brazilian national state and indigenous peoples in Brazil.

In the field of health, for example, particularly relevant to Bioethics, in Brazil there is the *National Healthcare Policy for Indigenous Peoples*⁵, the aim of which is to guarantee for the 225 peoples, with their 180 distinct languages⁶, comprehensive access to health in accordance with the principles and guidelines of the Unified National Health System. The planning and execution of necessary health practices to meet these requirements obviously generate a wide range of ethical dilemmas stemming from the encounter between Western technoscientific practices and traditional knowledge concerning care for pregnancy and childbirth, mental ill-

ness, and child nutrition, to cite just a few. Approaching traditional indigenous medicine from the same rationale that proposes to criminalize the practice of infanticide will lead to the extermination of the wealth of traditional knowledge and practices in these cultures and the definitive industrial medicalization of indigenous health.

We should not forget that in past centuries, Western civilization used this same rationale to claim its right to conquer, catechize, and colonize the “*barbarian peoples*”.

1. Habermas J. The theory of communicative action. London: Beacon Press; 1986.
2. Habermas J. De l'éthique de la discussion. Paris: Flammarion; 1999.
3. Habermas J. Verdade e justificação: ensaios filosóficos. São Paulo: Edições Loyola; 2004.
4. Ferreira LO. A dimensão ética do diálogo antropológico: aprendendo a conversar com o nativo. In: VII Reunião de Antropologia do Mercosul – Desafios Antropológicos [CD-ROM]. Porto Alegre: Programa de Pós-graduação em Antropologia Social, Universidade Federal do Rio Grande do Sul; 2007.
5. Fundação Nacional de Saúde. Política Nacional de Atenção à Saúde dos Povos Indígenas. Brasília: Ministério da Saúde; 2002.
6. Fundação Nacional do Índio. Povos indígenas: quem somos. <http://www.funai.gov.br/index.html> (accessed on 02/Jun/2009).