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# Bioethics and Health of Black Population in Brazil: Performance of Fátima Oliveira\*

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**Abstract:** This article discusses the work and performance of the bioethicist and feminist doctor Fátima Oliveira, who worked on behalf of the health of the black population based on her awareness of ancestrality. Thus, the text is built from a quick contextualization of the themes it addresses - such as bioethics and ancestrality - integrating these issues in Fátima Oliveira's performance as a doctor and leader of feminist movements. The Bioethics developed by Oliveira also assumes critical perspectives, especially in the face of issues related to the issue of women and the health of the black population. The article shows that ancestry is present in the life and work of Fátima, not so much because of a theorization of the theme, but because of the consciousness and identity that marked her work and pioneering spirit. This text does not exhaust the richness of the work of the studied author but seeks to indicate some elements that can keep the memory of Fátima Oliveira as one of the outstanding feminist bioethicists in our country.

**Keywords:** Ancestry; Bioethics; Fatima Oliveira; Health of the black population

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## *Bioética y salud de la población negra en Brasil: desempeño de Fátima Oliveira*

**resumen:** Este artículo analiza el trabajo y desempeño de la bioeticista y médica feminista Fátima Oliveira, quien se dedicó a la salud de la población negra basándose en su conciencia ancestral. Así, el texto se construye a partir de una rápida contextualización de los temas que aborda, como la bioética y la ancestralidad, integrando estos temas en el desempeño de Fátima Oliveira como médica y líder de movimientos feministas. La Bioética desarrollada por Oliveira también asume perspectivas críticas, especialmente frente a problemas relacionados con la salud de las mujeres y la población negra. El artículo demuestra que la ascendencia está presente en la vida y trabajo de Fátima, no tanto por una teorización del tema, sino por la conciencia e identidad que marcaron su trabajo y espíritu pionero. Este texto no agota la riqueza del trabajo de la autora estudiada, pero busca señalar algunos elementos que pueden mantener viva la memoria de Fátima Oliveira como una de las destacadas bioeticistas feministas en nuestro país.

**Palabras clave:** ancestralidad; bioética; Fátima Oliveira; salud de la población negra

## *Bioética e saúde da população negra no Brasil: desempenho de Fátima Oliveira*

**Resumo:** Este artigo analisa o trabalho e o desempenho da bioeticista e médica feminista Fátima Oliveira, que se dedicou à saúde da população negra com base em sua consciência ancestral. Assim, o texto é construído a partir de uma rápida contextualização dos temas abordados, como bioética e ancestralidade, integrando esses temas ao desempenho de Fátima Oliveira como médica e líder de movimentos feministas. A Bioética desenvolvida por Oliveira também adota perspectivas críticas, especialmente em relação a questões relacionadas à saúde das mulheres e da população negra. O artigo demonstra que a ancestralidade está presente na vida e no trabalho de Fátima, não tanto por uma teorização do assunto, mas pela consciência e identidade que marcaram seu trabalho e espírito pioneiro. Este texto não esgota a riqueza do trabalho da autora estudada, mas busca destacar alguns elementos que podem manter viva a memória de Fátima Oliveira como uma das destacadas bioeticistas feministas em nosso país.

**Palavras-chave:** ancestralidade; bioética; Fátima Oliveira; saúde da população negra

## Introduction

This article explores reflections related to studies about the bioethicist and feminist doctor Fátima Oliveira<sup>1</sup> (1953-2017) who dedicated her work to the health of the black population, mobilized by her awareness of ancestry. The objective of this article, is to examine the bioethics and African ancestry of Fátima Oliveira, recognizing the dimension of African heritage in her practice as a healthcare professional of Fátima Oliveira, and highlighting her influential role in feminist movements.

In this context, it is justified to introduce studies in academy aimed at the developing knowledge that allows for a deeper understanding of the values and symbolism of the Fátima Oliveira's African ancestry and its interdisciplinary scope of its insertion in the area of bioethics. This study also encompasses her activism against racism and her advocacy for the health of the black population. These aspects are particularly of many recorded, since the largest statistics indicate that Brazil has the second largest black population in the world outside Africa, constituting 56.1% of the total self-declared black population and brown in Brazil (1).

### Fátima Oliveira and bioethics

It is no exaggeration to say that Fátima Oliveira was one of the pioneers of Bioethics in Brazil. Several of her writings with this approach are situated in the second part of the 1990s, when the Brazilian Society of Bioethics itself was only rehearsing its first steps, and postgraduate courses in Bioethics in Brazil would only appear in the following decade. It is noteworthy that Fátima Oliveira approached Bioethics from the outset with a critical and feminist perspective, as evident in her article "For a Non-Sexist, Anti-Racist and Libertarian Bioethics" (2).

According to Fátima, Bioethics, due to its scope and interdisciplinarity nature, served as crucial tool to face the sexist and racist practices she observed, which were all too common in the doctor-patient relationship where the concepts of ethnicity, race, color and their specificities were often overlooked. She refers to the theoretical framework of the biologist and oncologist Van Rensselaer Potter (1911-2001), who published the book "Bioethics: Bridge to the Future" in 1971. In this work, Potter argued that the future of humanity depended significantly on the dialogue between scientists from various fields, aiming to establish an ethics of life that would address major bio-problems, namely "food, health, environmental degradation and demographic growth" (3).

Potter's complex work continued to influence Bioethics. In addition to the initial work, "Bridge to The Future", he also elaborated on the proposal for global bioethics in 1988 (4). This is how Potter presented his ecological concern, inspired by the writings of his colleague at the University of Wisconsin (Madison, WI), Aldo Leopold, a pioneering forestry engineer known for his actions and demands for the preservation of biodiversity and for introducing the concept of land ethics.

Potter's ethical framework, influenced by Aldo Leopold, can also be observed in the thinking and work of Fátima Oliveira during her initial encounters with the classics of bioethics in Brazil. This influence is perceptible even in her first texts and publications on the subject. In a way, at the end of the 1990s, Fátima Oliveira demonstrated a similar concern with the mechanistic science that Potter felt. She emphasized the need for a critical analysis of the unsettling knowledges that emerged, which could be either bring hope or pose a threat to people. Oliveira referred to the "genetic engineering locomotive officially started in the 1990s with the Human Genome Project-PGR" (5).

Thus, Fátima Oliveira's work as a bioethicist includes this critical aspect that expands and starts "to present a truly global characteristic from 2005, with the publication of the Universal Declaration on Bioethics and Human Rights (UDBDH) by the Organization of the United Nation (ONU). for Education, Science and Culture (6).

1 Physician and writer, one of the 52 Brazilians nominated for the 2005 Nobel Peace Prize. Author of 8 published books and articles. Writer for the newspaper O Tempo, BH, MG, and the Portal Mhário Lincoln do Brasil, available in <<https://www.geledes.org.br/um-olhar-diferenciado-sobre-a-sau-de-da-mulher-negra/>> access in 22/mai/2020.

The responsibility of bioethics and UNESCO's intervention in favor of the moral foundation for the globally shared responsibility of correcting the international understanding that is only considered but does not qualify as health determinations not dependent on global decisions, but on individuals or governments.

The current Bioethics panorama welcomes multiple perspectives and schools, but, without a doubt, the vision of Fátima Oliveira remains present because it represents a critical, feminist perspective, in favor of access to health for vulnerable people, especially health focused on the black population, widely present and marginalized in Brazil.

## Ancestry as an identity of the black people

"What makes us who we are at birth is what we inherit from our ancestors" (7, p. 3).

Although Fátima Oliveira does not explore the issue of ancestry theoretically, it is implicitly understood. Therefore, the theme is briefly developed here in terms of its multifaceted nature and the various possible approaches.

Regarding the concept of ancestry, it is worth delving into the literature of Amadou Hampaté Bâ (8), as this thinker analyzed the values of the African living tradition. When discussing oral language, he emphasizes that any attempt to understand the history and spirit of the African people is futile without it.

Ancestry becomes the symbol of resistance in the Brazilian diaspora, shaping the historical and cultural identity of black people in Brazil. Above all, it strives to construct a new socio-political project based on the principles of social inclusion, respect for differences, sustainable coexistence, reverence for the experience of elderly, gender complementarity, diversity, conflict resolution, and community life, among other aspects.

The African people understand themselves through an intense relationship with their community and their past, the cultural values of which constitute their own history. This history is the result of oral testimonies that are passed down from generation to generation through oral tradition.

According to Hampaté Bâ (9), the knowledge transmitted orally from master to disciple over the centuries forms the necessary foundation for understanding the historical knowledge and spiritual values of African people. This heritage, according to the author, has not been lost and resides in the reminiscence of the last generation of great custodians. It can be said that these individuals are the memory, the living tradition of Africa. Tierno Bokar<sup>2</sup> (1875-1940) when analyzing writing and knowledge, emphasizes the importance of orality, stating:

Writing is one thing, knowledge another. Writing is the photograph of knowledge, but not knowledge itself. Knowledge is a light that exists within man. The inheritance of everything our ancestors knew and passed down to us is latent, just as the Baobáb tree already exists potentially within its seed (8, p. 167).

In modern nations, where writing takes precedence over orality and the book serves as the primary vehicle for cultural heritage, Hampaté Bâ observes that there was a long held that societies without writing lacked culture. Fortunately, this notion was debunked thanks to the work carried out by eminent ethnologists worldwide.

However, for some scholars, the issue revolves around whether oral testimony can be given the same credibility as written testimony when it comes to recounting past events. Hampaté Bâ's perspective rejects this dichotomy.

According to the author, whether testimony is written or oral, it ultimately constitutes human testimony and is valued based on the worth of the individual providing it. What matters in testimony is the inherent value of the human being making the statement, the worth of the transmission chain to which they belong, and the reliability of individual and collective memories, and the value attributed to the truth in a certain society. Ultimately, it is the individual's commitment and connection to the spoken word that matters. It remains for us

2 Tierno Bokar Salif, spent all his life in Bandiagara (Mali). Grand Master of the Muslim order of Tijanyya, he was also a traditionalist in African affairs. Cf HAMPATÉ BÂ, A. e KARDAIRE, M. 1957.

to understanding the full extent and meaning of the expression “oral tradition”. What reality does it encompass? And what knowledge does it transmit? what sciences does it teach and who are the transmitters?

Contrary to what one might assume, the African oral tradition is not confined to merely transmitting stories and legends, or mythological or historical accounts. Within this tradition, the spiritual and the material are inseparable. It encompasses Religion, Knowledge, Natural Science, Initiation into Art, History, Entertainment, and Recreation. Each fragment of this tradition allows one to delve into the Primordial Unity, encapsulating the essence of Ancestry.

For Africans and their descendants, where all existence is sacred, signifying a touch of the divine in everything that exists, the notion and dimensions of ancestry arrived in Brazil with Africans during the sixteenth century’s transatlantic crossings. They carried their culture within their very beings’ bodies, reinventing it within the harsh context of slavery. The demands arising from criminal slavery imply considering that talking about ancestry, in Brazil, would be talking about solidarity and resistance, as inheritances and values of ancestralism.

These values are also present in other anthropological records, including quilombos, Afro-Brazilian religions, black brotherhoods, black congada movements, and the black press. Similarly, the cultural expressions of black people, such as samba, capoeira, and familial structures, reflect African ways of life. Ancestry is deeply woven into the mystique of these groups.

In Candomblé, for instance, the significance of the ritualistic initiation ceremonies within “Families of Saints” stands out. This initiation process spans from 0 to 7 years, from 7 to 14 years, and from 14 to 21 years, with each period counted every 7 years.

It is noteworthy that this initiation process aligns is similar with Hampaté Bâ’s description (1981) on the development of the child, whose initiation stages, also marked every 7 years, in a period that goes from “0” to “63 years”. This period constitutes the growing period of the child’s development

(male/female), encompassing 18 distinct phases. After the age of 63, the decreasing process begins, culminating in their transition, known as *soma-yelema* or their death.

But, returning to the initiation process, in the “*Familia de Santo*”, the stages of making a saint in the Ketu nation last for 21 days (though this duration vary house to house). The believer, known as an *abiã* – a term given to individuals who begin attending the House (Terreiro) or who are experiencing the first manifestations of the religion, undergoes several tests. To find out if a person (*Abiã*) can be initiated into *Candomblés* or not, after some manifestations of the divinity (*Orixá*), the *Babalorixá* (Priest) or the *Iyalorixá* (Priestess), consult your *Ifá* Oracle, game of whelks (*merindilogun*), where you will have the answers, this is one of the methods used to confirm the initiation.

Another way of determining eligibility is during the *Candomblé* ceremony (*Xirê*) at the House when the divinity manifests to the individual. This phenomenon, known as “*Ball in the Holy*” or “*Bolar no Santo*”, constitutes the public declaration of the divinity’s need for the initiation of their devotee. In such cases, the *Iyalorixá* or *Babalorixá*, also consults the Oracle to find out the person’s *Orisha*. After confirming the person’s *Olori* (the owner of their head), the believer is withdrawn, becoming an *Iaô*, and is expected to disconnect from profane life and biological family, having to disconnect from everything and dedicate themselves entirely to the initiation rituals or passage rites. It is important to note that the entire initiation ritual is private and can only be conducted by an *Iyalorixá* or *Babalorixá*.

Regarding the roles of initiated person, a an *Iaô* (the initiate), to become *Ogan* (responsible for the drums and beats) or *Eke* (responsible for the well-being of the House and for the ceremonies and care for the individuals in trance), these designations are determined during initiation. If the person enters into a trance and receives the manifestation of the divinity, they become an *Iaô* *elegun*. If not and the person is a man, they become an *Ogan*, while females become *Eke*.

From the age of seven, individuals become *ébomi* (older brother/sisters in initiation) upon

completing their apprenticeship, which involves learning the precepts of Candomblé. However, for the Ébomi, learning is for life, as continue to deepen their knowledge. Thus, the complete process occurs from 0 to 7 years, from 7 to 14 years, and 14 to 21 years, with faithful adherents fulfilling specific their obligations corresponding to each year within these stages.

These processes are deeply intertwined with the inheritance and values of Ancestry, both in the biological family and the so-called Families of Saint. In Candomblé, orality plays a significant role as it serves as the medium through which the awareness of belonging to a specific cultural and identity heritage is transmitted.

In Brazil, the black population embodies a great religious diversity, where identity consciousness and ancestral values are transmitted. The strongest mark of this ancestry lies in the internal solidarity of the black population, an awareness of brotherhood and belonging to a which cultural tradition. This, coupled with a commitment to overcoming historical conditions that perpetuate their suffering and discrimination, defines their collective struggle.

This is how the ancestry experiences by Fátima Oliveira is configured, shaping her approach to life. At times, she was radical in her pursuit of justice, at other times, exhibited sweetness, calmness, patience and diplomatic. In her article “*O Futuro é Ancestral*”, Katiúscia Ribeiro (10) delves into reflections and analyzes, shedding light on how the Western model erased or, in a way, hindered our understanding, emotions and connection with our ancestral heritage. The author observes that discussions about ancestry are notably absent, as if we are disconnected from our heritage.

Ribeiro concludes in her analyzes, “our ancestry is life in its minimal forms like breathing, to live ancestrally is to live’ (10, p. 3). In fact, the experience of Fátima Oliveira reflected this ancestry, impacted by the memories imprinted in the mind of an 8-year-old girl who, from her window, witnessed small processions on the way to the cemetery. The sight of a little blue coffin carried by adults processing with umbrellas under the scorching sun.

The girl’s grandmother tried to console her: “It’s the funeral of a little angel. He goes straight to heaven. The girl couldn’t contain her tears, haunted by the fear of so many deaths. One morning during those weeks, the mother of a friend died during childbirth” (11).

Based on these experiences, the girl Fátima Oliveira decided that she would become a doctor to reverse that reality of maternal and infant mortality, whose victims were black mothers and children. These haunted images marked her life forever. She goes into to the University to study medicine and is faced by another shocking reality, a minimal quorum of black students.

This reality did not deter her, instead, it reinforces the fidelity of her purposes and deepened her dedication to their ideals, embodying her ancestral praxis. In her daily work, already a doctor, when instructing students and students residing at Clinical’s Hospital, she warned: “Every time a black woman enters here, you should check her blood pressure. High blood pressure is common among black people, yet this data is rarely studied in medical schools” (11). This guidance became her daily mantra.

Amid her frantic activities, she made time for her five children and grandchildren. “I love a full house. I come from a family that doesn’t raise dogs or cats. Create people. Maybe that’s why she was able to read and write while a son listens to music, another daughter tells a story, and the grandchildren call her to play” (11).

Fatima Oliveira lived out her ancestry in all its dimensions, discussing its philosophy and epistemology, with her conversations and her thinking, the epistemology of ancestrally with her publications, Ancestry and Enchantment with her debates and arguments, participating in the events, as well as she lived ancestry and bioethics into for her professional, social and philosophical activities.

Loyalty and, above all, responsibility marked the profile with which Fátima Oliveira fulfilled her purposes as a doctor, aiming to rectify the dehumanizing situation experienced in her childhood. That humanitarian deficit became the main reason that made her incorporate ancestry and bioethics in the daily praxis of her life.

In this context, echoing the words of Katiúscia Ribeiro: “Contemplating ancestry is not about grasping the meaning of life, based on a complex texts and difficult terms, it is about living in harmony with life, this eternal flow, an endless cycle where the future is ancestral” (10, p. 4). Fátima Oliveira inherited this continuous and devote her entire life to it, envisioning a future dominated by equality.

### Fátima Oliveira’s performance

It is not the purpose of this article to present a biography of Fátima Oliveria, but rather to highlight her contributions, rooted in a lived ancestry. Her journey was shaped by the consciousness of being a black, compassionate woman who, through her medical practices, pioneered several initiative in the society she lived in.

Sueli Carneiro, in her doctoral thesis, conducted interviews with Fátima Oliveira, and points out that within the scope of feminist activism, that she met this woman from Maranhão who was always ahead of her time, Fatima was involved in diverse activities as a woman and researcher, contributing publications on genetics, genetic engineering, and bioethics.

At the outset of her career, Fátima founded the Medical Association of Imperatriz and a remained a board member throughout her time in the city. She also participated in the establishing the União de Mulheres de Imperatriz. Upon relocating to São Luís in 1987, she engaged with the União de Mulheres de São Luiz, at which time she met the members of the Grupo de Mulheres Negras Mãe Andreza. It was the moment that he resumed closer contacts with the Black Movement through Mãe Andreza. It was at that moment in 1987 in which this period marked the national organization of black women in 1987, giving them greater visibility.

Upon moving to Belo Horizonte in February 1988, Fatima joined the Popular Movement for Women (MPM), and was elected its president in 1989, becoming the first black woman to lead a feminist organization in Brazil. In São Paulo, 1992, she joined the Popular Union of Women of the State of São Paulo (UPMESP). Upon returning to Belo

Horizonte in 1996, she coordinated the Minas Gerais Regional of the Feminist Health Network (RFS) until May 2002. She also became a member of the national board of the RFS (12, p. 257).

In Fátima Oliveira, it is not possible to separate her feminist activism from her work in bioethics and her medical practice in support of the black population. After considerable effort, Fatima celebrated the publication and online availability, in July 2001, of the *Manual of Most Important Diseases, for Ethnic Reasons, in the Afro-descendant Brazilian Population* (13). This publication, made by the Ministry of Health, in a way officializes and legitimizes the field of studies and intervention.

Within the field of Bioethics, Fátima focused in the areas of greatest relevance to women, including reproductive rights and other topics considered to be of greater complexity: conception, contraception, sterilization, abortion, infertility and new conceptional reproductive technologies, sexuality, access to means of maintaining health and life, public health, terminally ill patients, euthanasia and genetic manipulations” (14, p. 47).

This intervention in bioethics were unique as they were reflections impacting the social, economic, political and ethical dimensions of new biological knowledge and actions. Her objective was to establish a new social contract among society, scientists, healthcare professionals, and governments, addressing the present problems and the prospects.

Through her publications, Oliveira demonstrates her concerns about feminism (1995d), and her anti-racist efforts in support of the health of black women. She points out that while “maternity remains a sacred theme today, the same cannot be said of human biological reproduction, a stage of a thousand and one biotechnological interventions. Science- produced children / babies à la carte have irreverently desecrated the sacred sanctuary of motherhood!” (2, p.2).

This emphasizes Fatima Oliveira’s insistence on guiding bioethics discussions within the feminist movement. However, the debate on new technologies for women’s reproductive health, she argued, faced resistance not only from male- dominated bioethics and bioethicists but also within the

feminist movement itself. In her text titled “Feminist Ideas About Bioethics”, in a letter, which became known as a “bio letter”, Oliveira extended a heartfelt invitation to several women, urging them to ponder the intersection of bioethics and feminism together. She expressed her thoughts in the following terms:

I am writing to invite you to reflect a little with me on bioethical feminism. It explains some of the difficulties that I do not see in the feminist movement in relation to bioethics. We currently have an expressive presence of women in bioethics, including in Brazil. It is undeniable that most women who are in bioethics are not feminists. But it is also a fact that there is a feminist current in bioethics. We can even say that there is feminist bioethics, however this is more due to the presence and the theoretical formulation of a few feminists who work, in a personal character, in the area than a consequence of the fact that there is some direction in the feminist movement in this regard. In Latin America, especially Brazil, there are very few women who “do bioethics” who have an organic connection with the feminist movement. It seems to me that the same is generally applicable to many other countries, or almost all. Would you like to know what you think about feminism and bioethics? (15, pp. 2-3).

In view of the facts presented, Fátima Oliveira recalls that she referred to three of the most important events, which can be said to have a worldwide scope, with discussions of a feminist character of greater relevance at the end of the 20<sup>th</sup> century, and all of which were carried out essentially with the efforts and determination of feminist activist women, but who failed to incorporate bioethics as such. “These facts show that the difficulties I have been analyzing are real” (15, p. 2).

Given this reality, Oliveira continues to insist:

We feminists who do bioethics cannot say that we are bioethics forums speaking on behalf of the feminist movement. We are just there as feminists and standing up for feminist views. Just as feminists who do not even agree with bioethical terminology cannot go around saying that the feminist movement is against bioethics, or even use different devices (for example, going on a tangent with “ethical generalism”) to prevent Bioethics should be discussed, under the name of

bioethics, at certain times and spaces, since the feminist movement in none of its most collective moments addressed the subject. Bioethics has established itself in the world and feminism cannot omit to participate in it (15, p. 5).

Even in the face of the difficulties faced in guiding bioethics in major events, the author, in an article entitled *Ignoring Bioethics is a mistake*, addressing feminists, writes saying that she develops a project called *Dissemination and Popularization of Bioethics: Reproductive Rights*, with aims to sensitize feminists to reflection and action in Bioethics, as they understand that it is a theoretical and political field in which feminists have little presence.

The main result of the ‘little presence’ of feminists and the derisory incorporation of issues related to oppression and the gender perspective in the bioethical approach, warns Oliveira, is the factor that has contributed to the fact that bioethicists have endorsed themselves in the world as the only qualified people to say which is the best way, or ‘the least worst way’, in ethical decisions, including those in which women are the main stakeholders, ie, sexual and reproductive health and rights. In other words, men, via Bioethics, have been regaining the power to decide on women’s bodies and lives!

So, because of this, for the author, the understanding in scientific circles grows that epidemiological images need to incorporate the interpenetration of the variable’s sex/gender, race/ethnicity, and social class to portray reality with greater fidelity. Well, according to the author:

This triad needs to be analyzed considering the experience of racism and other social and material conditions in which the person lives, in addition to emphasizing that the biological condition is not more or less important, only indispensable when dealing with the human being. We are, therefore, “facing the challenge of the need to elaborate a new paradigm capable of explaining what the ‘normal science’ of our time has not been able to achieve” (15, p. 2).

The author also analyzes, at the same time, how the social class variable alongside the racial/ethnic cut seems to be determinant in the unfavorable prognosis in practically all female diseases,

especially in cases of uterine and breast cancer, and access to public health services, particularly in contraception, prenatal care, and cancer prevention. However, these determinants observed by Oliveira, in some pathological cases, are also present in the health of the black population.

In her article “Racial/ethnic background and the health of black women”, she demonstrates her concern on the subject when she states:

Paradoxical as it may seem, the approach to the health of the black population in Brazil can only impose itself as a discourse. That is, they only listen to us when we refer to the undeniable fact that the framework of our reflections and political actions in health has nothing to do with life, but with death, as there is strong evidence that we head the statistics of practically all deaths. At random and ahead of time’, in all age groups. There is greater cruelty and evidence of racism than the inequality of the black population in the face of death, since the early mortality of Afro-descendants in Brazil reveals government omission, class discrimination and racial/ethnic indifference (16, p. 14).

These data corroborate the assertion that in Brazil, blacks die earlier in all age groups, due to causes that are preventable and avoidable, such as type II diabetes, arterial hypertension, uterine fibroids, sickle cell anemia, glucose-6-phosphate dehydrogenase deficiency, child mortality, maternal mortality, hypertensive syndromes in pregnancy, and maternal mortality.

## Final considerations

Regarding the researched character, Dr. Fátima Oliveira, a feminist, writer, and bioethicist, was undoubtedly a woman who lived beyond her time. In her trajectory, she demonstrated her pioneering spirit at all times of his life, from her primary studies. Her early contact with the theory of evolution and genetics only reinforced her pursuit of her ideals and the pioneering spirit of her bioethical work in Brazil.

From then on, it was possible to identify her concern with the problem of human biological reproduction and the health of women and the black population. In terms of ancestral experience,

recognizing the dimension of African ancestry in the praxis of Fátima Oliveira is significant, remembering the child development process described by Amadou Hampaté Bâ (8).

Additionally, it should be noted that African ancestry has undergone historical updates. The context of criminal slavery and racism that followed ancestry strengthened the processes of solidarity. Beyond the confinement within tribal relatives or restricted affinities, awareness of the reconquest of freedom grew among African people. Unlike ethical theses advocating the lesser evil and contrary to what the fourth principle of principles bioethics predicts, ancestry in the black African diaspora grew in the effort to achieve the greater good for the collectivity. This spirit is reflected in Fátima Oliveira’s practice.

Fátima Oliveria’s work in the field of bioethics was deeply intertwined with her feminist consciousness, to the point of proposing and advocating for the need for feminist Bioethics. Her concern with the problem of human biological reproduction and with women’s health is evident. It can be concluded that bioethics in Brazil owes a debt to Fátima Oliveira, as her vision, projects and proposals have not yet found resonance and fertile ground to bear the fruits she dreamed of.

## References

1. IBGE – Censo Demográfico - 2010. Disponível em <https://www.ibge.gov.br/estatisticas/sociais/trabalho/9662-censo-demografico-2010.html?edicao=10503&t=destaques> Acesso em 29/out/2020.
2. Oliveira, F. Por uma Bioética não sexista, anti-racista e libertária- ESTUDOS FEMINISTAS 331 N 2/1995a. Disponível em < <https://periodicos.ufsc.br/index.php/ref/article/view/16444/15025> > acesso em 29/out/2020.
3. Oliveira, F. Engenharia Genética: O sétimo dia da criação, Ilustração Marcio Perassolo; São Paulo: Editora: 1995b. (Coleção Polêmica).
4. Potter, V. R. Bioética Global: Construindo a partir do legado de Leopold. Tradução: Cecilia Camargo Bertalotti-Edições Loyola, São Paulo, 2018.
5. Oliveira, F. Feminismo, luta antirracista e bioética. Cadernos Pagu (5) – UNICAM,- p. 74-76. São Paulo, 1995c.

6. UNESCO. Declaração Universal sobre Bioética e Direto Humanos (DUBDH) pela Organização das Nações Unidas para a Educação, a Ciência e a Cultura (UNESCO, 2005). Disponível em < [https://bioeticae-diplomacia.org/wpcontent/uploads/2013/10/declaracao\\_univ\\_bioetica\\_dir\\_hum.pdf](https://bioeticae-diplomacia.org/wpcontent/uploads/2013/10/declaracao_univ_bioetica_dir_hum.pdf)
7. Oliveira, F; Ferraz, T. C; Ferreira, L.C.O.. Idéias feministas sobre bioética. Estudos Feministas, 2/2001. Disponível em: <https://www.scielo.br/j/ref/a/5ZM-dRGN39pZmXHx4BLGYrWw/?format=pdf&lang=pt>. Acesso em 29/07/2021.
8. Hampaté BÂ, A. Tradição Viva. In História Geral da África, I: Metodologia e pré-história da África / editada por Joseph Ki-Zerbo. – 2.ed. rev. – Brasília: UNESCO, 2010.
9. Hampaté BÂ, A. A noção de pessoa na África Negra. Tradução para uso didático de: La notion de personne en Afrique Noire. In: DIETERLEN, Germaine (ed.). La notion de personne en Afrique Noire. Paris: CNRS, 1981, p. 181 – 192, por Luiza Silva Porto Ramos e Kelvin Ferreira Medeiros.
10. Ribeiro, K. O Futuro é Ancestral. Texto publicado em 19/11/2020 no Le Monde Diplomatique em parceria com a Coluna ANPOF. Disponível em < <https://diplomatique.org.br/o-futuro-e-ancestral/> > acesso em 28/11/2020.
11. Pompeu, F. Fátima Oliveira dos 1000 Legados-Portal Geledés. 2005 Disponível em < <https://www.geledes.org.br/fatima-oliveira-dos-1000-legados/>> acesso em 04/mai/2019.
12. Carneiro, S.A. A construção do outro como não-ser como fundamento do ser. Tese de doutorado da Universidade de São Paulo-SP, 2005. Disponível em: <<https://negrasoulblog.files.wordpress.com/2016/04/a-construc3a7c3a3o-do-outro-como-nc3a3o-ser-como-fundamento-do-ser-sueli-carneiro-tese1.pdf> > acesso em 25/06/2020.
13. Brasil, Ministério da Saúde. Secretaria de Políticas de Saúde. Manual de doenças mais importantes, por razões étnicas, na população brasileira afro-descendente / Ministério da Saúde, Secretaria de Políticas de Saúde. – Brasília: Ministério da Saúde, 2001. Disponível em [http://bvsms.saude.gov.br/bvs/publicacoes/doencas\\_etnicas.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/doencas_etnicas.pdf) acesso em 13/01/2021.
14. Oliveira, F. Bioética: uma face da cidadania. Editora Moderna – Coleção Polêmica. São Paulo. 1997.
15. Oliveira, F. O recorte racial/étnico e a saúde reprodutiva: mulheres negras. In: COSTA, S.; GIFFIN, K. (Orgs) Questão de saúde reprodutiva. Rio de Janeiro: Fio Cruz/Ford, 1999.
16. Oliveira, F. Recorte racial/étnico e a saúde das mulheres negras. In: Saúde Reprodutiva, Etnicidade E Políticas Públicas No Brasil. Rio de Janeiro, 2000.