

(Re)thinking bioethics: intersectional analysis of sexual and reproductive rights

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Abstract

Bioethics, developed during the post Second World War in North America, is defined as a multidisciplinary epistemological field centered on conciliating biological knowledge and human values. This paper discusses the political-social dimension of bioethics from an intersectional approach with anti-oppression perspectives, that is, anti-capitalist, feminist, and anti-racist perspectives. We propose other conceptions for this field of knowledge, claiming its positioning. By rethinking bioethics in an expansive manner, this paper is propositional to thought and encourages new possibilities. To exemplify the intersection between anti-oppression agendas and bioethics, we approach themes related to sexual and reproductive rights.

Keywords: Bioethics. Reproductive rights. Intersectional framework.

Resumo

(Re)pensar a bioética: análise interseccional dos direitos sexuais e reprodutivos

A bioética, desenvolvida no período pós-Segunda Guerra Mundial na América do Norte, é definida como um campo epistemológico multidisciplinar centrado na conciliação do saber biológico com os valores humanos. Neste artigo, pretende-se discutir a dimensão político-social da bioética, utilizando uma abordagem interseccional, de perspectivas antiopressão, anticapitalistas, feministas e antirracistas. Por isso, propõem-se outras concepções para esse campo de saberes, reivindicando seu posicionamento. O intuito é repensar a bioética de forma expansiva, motivo pelo qual este escrito é pro positivo ao pensamento e incentivador de novas possibilidades. Para exemplificar como a intersecção entre as pautas antiopressão estão relacionadas à bioética, serão abordados temas relativos aos direitos sexuais e reprodutivos.

Palavras-chave: Bioética. Direitos sexuais e reprodutivos. Enquadramento interseccional.

Resumen

(Re)pensar la bioética: análisis interseccional de los derechos sexuales y reproductivos

La bioética, desarrollada en el período posterior a la Segunda Guerra Mundial en Norteamérica, se define como un campo epistemológico multidisciplinar centrado en la conciliación del conocimiento biológico con los valores humanos. En este artículo se pretende discutir la dimensión político-social de la bioética, utilizando un enfoque interseccional, desde perspectivas antiopresivas, anticapitalistas, feministas y antirracistas. Por lo tanto, se propone otras concepciones para este campo de conocimiento, reivindicando su posición. La intención es repensar la bioética de manera expansiva, por lo que este trabajo invita a la reflexión y fomenta nuevas posibilidades. Para ejemplificar cómo la intersección entre las agendas antiopresión se relacionan con la bioética, se abordarán temas relacionados con los derechos sexuales y reproductivos.

Palabras clave: Bioética. Derechos sexuales y reproductivos. Marco interseccional.

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Thinking about new directions for bioethics

The word “bioethics” first appeared in writing in 1970 in an article by the American oncologist Van Rensselaer Potter entitled *Bioethics, the Science of Survival*¹. Potter called for the creation of a new science, that of survival, which would reconcile biological knowledge (bio) with human values (ethics)². For Potter, humanity needed a new kind of wisdom that would provide an essential way of knowing and of using knowledge¹ for surviving and improving quality of life. Potter’s great contribution with this new field, bioethics, is his concern with addressing population and environmental issues related to peace and poverty.

Bioethics was theoretically strengthened, especially in US universities, from 1979 onwards with the publication of the work *Principles of Biomedical Ethics*³, written by the philosopher Tom Beauchamp and the theologian James Childress. According to Diniz and Guilhem⁴, the book was a pioneering and effective attempt to provide tools to address dilemmas related to people’s moral choices in the context of health and illness. From this work arose principlism, focusing on essential principles aimed at resolving ethical dilemmas in the area of health. These principles include autonomy, beneficence, non-maleficence, justice and confidentiality².

One notes that although Potter did not initially conceive bioethics as being strictly biomedical, its subsequent development restricted it to the field of biological sciences². Such is the sway of the principlism framework developed by Childress and Beauchamp that bioethics is often identified solely with this trend, disregarding the entire field of knowledge developed around it—and limiting that which could be developed. These principles, initially aimed at resolving ethical dilemmas in healthcare, were expanded unrestrictedly and therefore considered by many as universal². Diniz and Guilhem argue that Beauchamp and Childress sought to integrate proposals of collective decency with individual freedoms, of solidarity with privacy and of tolerance with pluralism in the same theoretical framework⁴, which is why many consider it a project impossible to be executed.

There are also criticisms of the idealism that allowed the rapid spread of principlism theory, since, in order to build a theoretical framework that could be universalized, the theory assumed the existence of individuals free from social influences, neglecting the fact that, in situations of social inequality, the full exercise of freedom is often unfeasible⁴. Therefore, there are those who reinterpret principlism to focus on the healthcare provider/patient relationship or to affirm the importance of social aspects and cultural transformations. There are also those who propose other approaches, such as virtue ethics, responsibility ethics and narrative ethics, among others².

The physician and bioethicist Fátima Oliveira⁵, for example, argued that the dynamics pertinent to reproductive rights and sexuality, anti-racism and feminist issues are scarce in bioethics forums worldwide. Thirty years on, we still feel the need to find new and underexplored paths for bioethics, based on intersectionality⁶.

Therefore, this study seeks to explore and contribute to ways of (re)thinking bioethics beyond principlism. More than just recalling the works that precede it and which, in their own way, criticize and expand bioethics, the aim is to build other possible knowledge in political action in this field. The goal is to reconsider premises and approach bioethics as a contested field. To exemplify the point of convergence between anti-oppression agendas and bioethics, topics related to sexual and reproductive rights will be addressed, which does not mean that they are the only ones open to reflection. The aim is for bioethics thinking to strengthen itself as a tool of resistance against oppression, of building convergences in differences and as an epistemology celebrating different existences.

Intersectional bioethics

Anti-capitalist, feminist and anti-racist bioethics

Viewed beyond clinical ethical dilemmas, bioethics addresses environmental, animal, work and science ethics, among other topics. As an open field to discuss relationships between sentient

beings (but not only), fundamental issues that represent contemporary crises of great magnitude can and should be addressed interdisciplinarily. Fátima Oliveira argues that science is a social construct and, therefore, inevitably reflects the ideas of gender and racial oppression. In addition, she observed that institutions that produce science are still predominantly controlled by men, also noting that research methods are not neutral, but rather linked to the needs of those who finance research⁵.

To change this context, we seek support in intersectionality⁶ to reflect on how the relationship between the capitalist system, racism and sexism is at the core of bioethical discussions in general, especially when we discuss sexual and reproductive rights in the global South. Intersectionality highlights how axes of power related to social class, gender and race, for example, interconnect in a complex and dynamic way and manifest experiences of inequalities and/or privileges. In addition, speciesism, ageism, ableism and other perspectives capable of undermining specific ways of life can and should be used as theoretical-methodological tools of bioethics and intersectionality.

Crenshaw⁷ explains that studies on gender inequality are repeatedly carried out separately from studies on race or class inequality. Therefore, it is common to erase people who experience all these oppressions at the same time⁷. To avoid such invisibility, it is important to identify and name the various facets of the prism of oppressions (which particularly affect Black and indigenous women). The author calls this process “overinclusion” when, given an issue with intersectional traits, only one perspective of oppression stands out. That is what can happen, as we will see later, in the approach to the right to safe abortion, which involves both gender issues, which are often considered, and aspects related to race and class, which are often made invisible.

In Brazil, the term intersectionality gained prominence mainly through the translation of Crenshaw’s work in 2002⁶. According to Rios, Perez and Ricoldi⁸, even though the use of the term intersectionality is recent in Brazil, as early as the 1970s and 1980s, Brazilian Black thought was interconnecting race, class and gender to explain the inequalities experienced in the country. It is

no coincidence that the debate on racism, led by the Black social movement, has for decades been denouncing its structural position in capitalist society, built up first through the exploitation and naturalization of slavery, and then by the subordination of Black and indigenous peoples⁹.

Regarding Black feminism specifically, Carla Akotirene¹⁰ argues that prior to the term intersectionality, the social movement exposed the diversity of oppressions experienced by black women. According to the philosopher, the impacts of sexism, capitalism and racism have always been markers of the perspective of Black feminism, with the concept of intersectionality being a desire to methodologically instrumentalize this perspective.

Illustrating this point, as early as the 1980s, in her article “Black Woman,” Sueli Carneiro¹¹ highlighted the set of oppressions Black Brazilian women have endured (and still endure) and how their particularities were erased in both the Black and feminist movements. The feminist discourse, which, from that author’s perspective, addresses the oppression of women arising from gender relations established by the patriarchal system, often fails to consider the qualitative difference of this form of oppression in the construction of Black women’s subjectivities, given the specificities of the intersectional oppressions experienced by this racialized social segment¹¹.

Like Sueli Carneiro, Lélia Gonzalez¹² emphasized how the perspectives of Black women were disregarded within social movements, especially in decision-making, and added that the struggle of Black women, due to the intersectional nature intrinsic to their experience, contributes to changes in both gender and race in Brazilian society.

Moreover, when the complexities of approaching intersectionality from the viewpoint of the global South are considered, thinking about the concept of coloniality of power, as proposed by Aníbal Quijano¹³, is necessary. He argues that, historically, capitalism does not exist, has never existed and will likely never exist separately or independently from many other forms of exploitation, since capitalism is intrinsically related to the structural combination of all the different historically recognized forms of labor control and exploitation, which range from slavery to wage payment, within the global and unequal distribution system of goods¹³.

Quijano claims that racist social classifications emerged alongside the development of the Americas, Europe and the capitalist system. He also states that colonial domination was imposed over the entire world population during the expansion of European colonialism¹³. However, the author interconnects the idea of race and colonialism, but does not include gender in the core of the colonial project, as proposed by María Lugones¹⁴. She reaffirms gender, and race, as central to the constitution of colonial capitalist power, but at the same time criticizes the concept of intersectionality for considering that Crenshaw⁶ separates race and gender in different pillars¹⁵.

Lugones states that the logic of colonialism cuts across multifaceted sectors, including social, cosmological and ecological aspects as well as spiritual and economic elements¹⁴, generating, among other hierarchical dichotomies, the separation between those deemed worthy of living and those that can be killed or allowed to die. Thus, the brutal access to people's bodies became naturalized through unprecedented exploitation, sexual violence, regulation of reproduction and an institutionalized system of terror¹⁴.

Therefore, control of human reproduction was a common form of colonial coercion in the Americas, used to obscure popular knowledge and subjugate women, especially through biologization based on gender binarity. In other words, coloniality plays a role in naturalizing the conception of sex, in order to legitimize power relations inherent to the capitalist system¹⁶, with concepts that persist to this day. Thus, native women of the Americas and Black women in the diaspora were subjugated and oppressed by all types of violations, treated as commodities, used and discarded in favor of generating wealth.

These intersecting historical oppressions cannot be ignored by a science that defends life in its diversity. Therefore, we aim to rethink bioethics beyond principlism and the invisible barrier that limits thought and action, as taught by Fisher¹⁷ in *Capitalist Realism*. Consequently, we move away from hypothetical principles and the restriction of bioethics to clinical dilemmas to propose a debate based on the intersection between gender, race and class, as will be discussed below in the context of reproductive rights, especially in Brazil.

Human reproduction and intersectional bioethics

Bioethics as an ethics of survival¹, even without the same prestige as principlism, continues developing and its scholars address subjects linked to eugenics, reproductive rights and sexualities. These points converge with the agendas of Black, indigenous, feminist and LGBTQIA+ social movements, which have developed, inside and outside academia, criticisms of science since the 1960s, even though they were practically absent from discussions in bioethics forums until the 1990s. Thus, Fátima Oliveira⁵ contested the need for social movements to work together with bioethics in order to build a new ethics: non-sexist, anti-racist and libertarian.

She drew a historical line on the intersections between feminism and bioethics, focusing on the Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE) and the 1st and 2nd Congress of the Federal Republic of Germany—Women against Genetic and Reproductive Technologies—held in 1985 and 1988. It so happens that both FINRRAGE and said congresses took a stand against the regulation of new reproductive technologies, understanding that they would be a specific attack on the dignity of women and their right to self-determination⁵.

In other words, some feminist movement trends were initially resistant to these new technologies, mainly because they recognized the power they had to reformulate the role of women in the social management of human reproduction. The text of the *Declaration of Comilla*¹⁸ also addressed issues related to race and class in the context of the subject, arguing that the early experiments with genetic engineering and reproduction worldwide tend to worsen the already precarious situation of women in society and increase current disparities between people in terms of race, class, caste, gender and religion. Women from participating countries stressed how eugenicist ideology and racism are at the foundation of population control policies. The declaration emphasized resistance to such policies and population control methods, arguing that they disguise the true causes of poverty, such as exploitation by the more privileged classes¹⁸.

According to Fátima Oliveira⁵, the feminist movement first became involved in bioethics due to the scant attention given to issues related to oppression and the gender perspective in the bioethical approach. At the same time, bioethicists started claiming to be the main authorities in ethical decision-making, including in relation to issues of sexual and reproductive health and rights, which are of particular interest to women. Worryingly, Oliveira concludes that, through bioethics, men are regaining control over decisions related to women's lives¹⁹.

However, the initiatives of FINRRAGE, the congresses on genetic and reproductive technologies and the Policy Research for Development Alternatives (UBINIG, in its acronym in Bengali) to introduce feminist theory into bioethics are based on a mistaken premise, typical of a time when technologies were synonymous with great misgivings and apprehension. Currently, genetic and reproductive engineering are highly regarded technologies that have enabled and continue enabling many people—including women—to exercise their sexual and reproductive rights. Therefore, eugenics and the oppression/subordination of women in relation to human reproduction technologies are not caused by the actual technologies, but by the classist, racist and patriarchal structures intrinsic to the capitalist system.

In other words, genetic engineering is not capable, by itself, of increasing gender, race and class hierarchies, but only when it is not democratized, when it is unavailable in public health systems and restricted to specific social classes. Therefore, the problem is not technology (which even supports women and people with different gender identities) but rather the oppressive structures that govern it. That is why we do not agree with positions that claim that reproductive technologies only worsen women's conditions, as we consider that such conceptions do not adequately address race and ignore gender and social class theory. It is no coincidence that statements by FINRRAGE were subsequently adopted and co-opted over the years by reactionary social and political agents²⁰.

For bioethics to be guided by intersectionality, without being captured by disguised progressive stances that perpetrate oppressions, we will

address sexual and reproductive rights based on questions about who can exercise the rights to reproduce, gestate and mother, from reflections that include race, class and gender.

(De)sacralized motherhood

The *Universal Declaration of Human Rights* of 1948²¹ and the UN International Conference on Population and Development (ICPD)²², held in Cairo in 1994, assigned a key role to sexual and reproductive health and rights at global level. In Brazil, the 1988 Federal Constitution provides in Article 226, Paragraph 7²³ the State's responsibility regarding family planning²⁴, which also includes human dignity and responsible parenthood as the free decision of the couple. The State is responsible for providing resources for the exercise of these rights, with any coercive measures by official or private institutions being prohibited²⁵.

As much as it symbolizes the struggle of feminist, Black and indigenous movements, the recognition of sexual and reproductive rights as human and fundamental rights is not materialized merely through a legal framework. On the contrary, the construction of these rights is an ongoing struggle, since, depending on the political, social and economic configuration, the bodies that bear the burden of social reproduction are constantly placed at the service of interests other than their own. This occurs through a two-fold mechanism: at times, these bodies are restricted to gestation and childbirth, but as they are also the main contributors to the production engine of capital, they are encouraged to produce the necessary workforce²⁶.

In this context, theorists such as Lélia Gonzalez¹², Sueli Carneiro⁹ and Angela Davis²⁷ highlight the role of enslaved, Black and indigenous women as responsible for reproduction and caregiving, aimed at replenishing and expanding the workforce to consolidate the capitalist system. The sexual exploitation of enslaved women resulted in their reproductive capacity being considered a valuable commodity. Therefore, those with the capacity to bear many children were repeatedly violated and used for domestic labor and as a source of human milk; also being coveted and sold as treasures¹².

However, this never meant that, as mothers, enslaved women enjoyed a more respectable condition, whether social or political²⁷. Far from it, even with all the work of social reproduction, enslaved women were not spared from sexual, domestic and farming chores and were required to produce as much as other enslaved people. To this day, women of African descent in the Americas²⁸ are stereotyped as strong and more tolerant to pain, traits deemed as taboo by the ideology of femininity of the 19th century²⁷ and of today. Thus, the ideological exaltation of motherhood did not and does not extend to these women. After all, their reproductive autonomy was usurped and exploited as a means of producing the necessary labor to maintain the circulation of goods. To them, conveniently, were not extended the femininity and sanctity of motherhood.

Therefore, historically, reproducing (or not), gestating (or not) and mothering (or not) have not been equally experienced rights, much as the very right to life and access to reproductive technologies. Thus, instead of stratifying these agendas and addressing them as if they were divergent, we propose to address them together, with the aim of expanding rights that converge in their differences and which, if consolidated, are capable of ensuring the processes of reproduction, contraception and mothering for all.

Three sides of the same coin

Reproduction, contraception and mothering

In Brazil in the 1960s, one of the key demands of the feminist movement was sexual equality, mainly based on the right to contraception and legal abortion. It was believed that achieving those two rights would be able to transform the female identity, hitherto reduced to motherhood²⁹. However, the feminist movement did not recognize that the rights to contraception, abortion and motherhood in themselves were not and are not equally experienced by all individuals capable of gestating and giving birth.

According to Jurema Werneck's guidelines³⁰, the newly developed hormonal contraceptive methods were adopted by white women in the

West as the main component of the so-called "sexual revolution." However, these methods also introduced new possibilities for coercive control of the fertility of Black, indigenous and Asian women, besides existing options such as surgical sterilization.

The contraceptive methods celebrated by part of the population, which started having greater control over their own reproductive processes, were not equally embraced, since, at the same time, those methods allowed the State to impose population reduction campaigns aimed at impoverished and non-white populations. To this day, such campaigns are based on eugenic beliefs³¹ that view poverty, among other reasons, as resulting from the reproductive behavior of certain sectors of society. As a symptomatic example, we can cite the statement of former Brazilian president Jair Messias Bolsonaro, who, as a federal deputy, defended birth control for national security reasons by using the "abortion pill." Based on prejudiced views about birth rates and poverty, he argued that undernourished people were not useful to Brazil and, therefore, should not reproduce³².

Kimberlé Crenshaw's text⁶ stresses that policies that affect the reproductive rights of poor, Black and peripheral women, such as sterilization and coercive fertility control, are often based on prejudices that depict these women as sexually undisciplined. This constitutes intersectional discrimination, as it stems from ethnic and gender stereotypes, increasing these women's situations of vulnerability to punitive measures⁶.

The use of contraceptive methods targeted at popular sectors of society, predominantly non-white women, is a recurring practice of population demographic control in several countries, such as Brazil. The invisibility of this history ultimately ignores racial hierarchies within society, disregarding that the agendas of middle- and upper-class White women are not universal, as pointed out by bell hooks³³ and Sueli Carneiro⁹.

Faced with the Brazilian State's attempt at population reduction aimed at impoverished and non-white populations, in 1993, black women from 16 states and 45 different organizations drafted the *Declaration of ItapecERICA da Serra*. In this document, they highlighted the problems arising from population control of specific groups and

underscored the racist content of those policies (which aimed to reduce the Black and non-White population and were based on the premise that the population growth of this population was the cause of poverty and destitution). The women present on the occasion argued that poverty levels persisted despite a reduction in fertility, revealing the evident need for better income distribution and land reform³⁴.

Nevertheless, the problem arising from population control debated in 1993 continues to this day. In 2018, for example, the São Paulo State Judiciary allowed the compulsory sterilization of vulnerable homeless women, an illicit act of sterilization without the consent of the people subjected to the violating procedure³⁵.

Another example worth mentioning is SCTIE/MS Ordinance 13, dated April 19, 2021³⁶, which introduces the subdermal implant of etonogestrel conditioned to the creation of a specific program to prevent unplanned pregnancies for homeless women of childbearing age, with HIV/AIDS using dolutegravir, using thalidomide, deprived of liberty, sex workers and undergoing tuberculosis treatment using aminoglycosides, within the scope of the Unified Health System (SUS).

Concerning the two examples, it is worth noting that it is not denied that the Brazilian state should further public policies that allow people to exercise their sexual and reproductive rights, including the right to sterilization³⁷ and contraception (Article 3, sole paragraph, Law 9,263, dated January 12, 1996)²⁴, however, targeting contraceptive methods at populations already in a vulnerable situation results in an undesirable confusion between law and eugenics.

In this context, in agreement with Crenshaw⁶, both the cases of compulsory sterilization and SCTIE/MS Ordinance 13 consider pre-existing gender stereotypes that differentiate women based on their health condition and sexual behavior (or perception of such), as well as racial, ethnic and class-based stereotypes, stigmatizing groups branded as sexually undisciplined. Thus, the aforementioned cases reveal the way in which the Brazilian State elects a group of women who will be prevented from exercising their right to reproduce and mother, if they so wish.

In the space-time in which the rights to reproduction, gestation and motherhood are only partially accessible, a bioethics approach based merely on principlism may not always be effective in avoiding contraceptive public policies that ultimately prove to be eugenic by prioritizing which bodies are capable of exercising their sexual and reproductive self-determination and which are not. Analyses that focus solely on autonomy may overlook the impacts of social inequalities, in which freedom and justice often cannot be fully exercised⁴.

In the book *Principles of Biomedical Ethics* by Beauchamp and Childress³, the authors state that the principle of respect for autonomy is the recognition of one's right to have opinions, to make choices and to make decisions based on one's values and beliefs. The authors provide a number of clarifications on the types of autonomous consent and the capacity for autonomous choice between alternatives, with the aim of countering some elaborate criticisms of autonomy. Those criticisms mostly relate to the way in which autonomy was prioritized over the other three principles, which resulted in the idea that the individual perspective of conflicts should be the sole determining factor for their resolution³⁸. Meanwhile, the principle of justice gained the least attention in principlism and in other hegemonic theories of bioethics in the early institutionalization of the discipline⁴.

It is clear that sexual and reproductive autonomy embodied in contraceptive methods and access to abortion, celebrated by the feminist movement as a means of overcoming the restriction of female identity to motherhood, cannot be viewed from only one perspective, lest the reality of black and indigenous women be made invisible. First of all, what female identity is being referred to? The premise considers the existence of a single female identity, which is evident when motherhood is addressed from an intersectional conception. The identity of Black, indigenous and working-class women is not restricted to motherhood; after all, they are also responsible for demanding work, reproduction and caregiving, activities that go beyond the ideology of white femininity. In addition, as revealed by the cases of compulsory sterilization and contraception, mothering is not even an equally exercised right, since the Brazilian State acts against the

Constitution and coercively prohibits certain kinds of motherhood, especially of non-White bodies, whose autonomy is not even considered.

In this context, the individual defense of autonomy, which is often limited to middle- and upper-class White women, may have an opposite result, namely an exacerbated selfishness that has the potential to eliminate any collective perspective to address social injustices³⁹, such as, in this specific case, violations of the sexual and reproductive rights of all people capable of gestation and giving birth. On the other hand, bioethics from an intersectional analysis can contribute to the understanding of reproductive processes in general (combining, therefore, contraception, reproduction and mothering in the same agenda, as different sides of the same coin), reinforcing a project of emancipation and awareness of social sexuality, realizing that alterities should not be concealed, but rather encouraged at their convergences to build a collective demand for sexual and reproductive rights that should not even be limited to women.

From an intersectional perspective, bioethics is capable of challenging the social stratification that ranks people and determines who can conceive, give birth and mother and who cannot, besides determining which births are desirable or undesirable (whether through sterilization or compulsory contraception of bodies or through selective neglect of Black, indigenous and peripheral childhood and youth). In this sense, criticism of eugenic policies—so common in the field of bioethics—would intrinsically be criticism of capitalism, racism and sexism, combined with the collective struggle for sexual and reproductive rights based on the differences that constitute peoples.

What is the place of bioethics, after all?

This article aimed to reflect on possible paths for bioethics from an intersectional perspective and ways of building them based on debates on sexual and reproductive rights. In this context, it was considered that bioethics should be submitted to anti-capitalist, anti-racist and feminist analyses to resolve cases and dilemmas resulting

from advances in new technologies, notably those related to human reproduction addressed herein. If this does not occur and principlism continues as the dominating trend, bioethics might end up as a theoretical discipline with no practical foundation in the global South, with its principles easily co-opted by discourses that perpetuate oppression.

As previously mentioned, Fátima Oliveira^{5,19} argues that the purpose of this “new” epistemology known as bioethics would be to highlight the social nature of biological sciences. Despite the researcher’s great contribution to thought, the proposition here is not a mere revival but rather an understanding that the sciences are intrinsically social, dismissing the myths of neutrality and partiality that are constantly invoked by colonial “rationality.” In this sense, discussing the non-neutrality with which the technologies of contraception, human reproduction and abortion are historically adopted, as well as the selectivity of mothering, was one of the possible ways of (re)thinking bioethics, but it is not the only one.

Bioethical debates that take intersectionality into account should consider convergences without overlooking differences and think about new alternatives, technologies and kinds of knowledge.¹⁷ Therefore, we strive to (re)think bioethics and human reproduction so that scholars perceive their agendas as different sides of the same coin rather than focus only on the principle of autonomy.

We attempt to elucidate other kinds of knowledge to address sexual and reproductive rights, simultaneously addressing the profound social and historical inequality of a society pervaded by coloniality, in order to make visible the diversities of race, gender and class of people who experience all these oppressions. Thus, initiatives to approach the topics from the perspective of scientific neutrality or agenda stratification undermine the intersectional bases of analysis necessary for bioethical views.

Based on intersectionality, bioethics can build means of survival, damage mitigation, better allocation of scarce medication, distribution of beds when insufficient, as well as point to the causes of environmental disasters, eugenic policies and scarcity of drugs, beds and vaccines. The possible way we propose here to rethink


the place of bioethics is as an interdisciplinary epistemology that builds a link between sciences and non-sciences, preventing biotechnological and scientific advances from becoming disconnected from intersectional analyses of race, class, gender or other possible issues. Bioethics concerned with anti-oppression agendas is intersectional, anti-capitalist, anti-racist and feminist in its essence.

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