Although the field of biomedical ethics derives from philosophy, it is not a search for an absolute code of medical mores. A more relevant home for discussions of biomedical ethics is medical anthropology, where absolutism is anathema and cultural relativism is the cornerstone of all analysis. It is reasonable, therefore, that all bioethical discourse must include the context in which the subject resides. A decontextualized approach to bioethical problems is tenable only as an attempt to privilege the perspective of the analyst over all competing viewpoints.

The need for context in bioethics was not recognized until relatively recently. For years, medicine was viewed as an inherently benevolent enterprise concerned only with healing and above the realm of cultural analysis. Although this has most likely never been entirely true, members of the medical profession have always held their patients' lives in their hands; this almost godlike authority over life and death has given the medical profession a great deal of clout in the mind of the public. History is written by the victors, and for most of human history, the viewpoint of the powerful was taken as truth. According to Haraway, "Vision is *always* a question of the power to see" (1991: 192, emphasis in original). When only the perspective of the powerful is considered, alternative ways of seeing cease to exist in a practical sense; context is unnecessary because only one viewpoint exists.

The lack of context as an exertion of power is not limited to exalting the viewpoint of the doctor over that of the patient. Within bioethics itself, divisions of power exist which threaten the anthropologist's ability to faithfully analyze an ethical quandary. Bioethics as it exists today was formulated in politically and intellectually powerful countries such as the United States; countries with fewer acclaimed academic centers were left to accept and preach the tenets of bioethics devised in the "central bioethics countries". In Brazil, for example,

many avowed "principalist" bioethicists have never read the founding document of this ideology, *Principles of Biomedical Ethics* by Beauchamp and Childress (Diniz and Vélez 2001: 62-63). This sort of practice is more akin to intellectual colonialism than true academic exchange and analysis. A researcher utilizing an approach with a dedicated contextual component would easily note that the culture and economy of Brazil is vastly different from the culture and economy of the United States, and tailor his or her conclusions accordingly. Decontextualized bioethics implicitly assumes that all cultures are the same; that is, decontextualized bioethics assumes that all cultures are the same as the powerful countries from which it originates.

A decontextualized approach to biomedical ethics also neglects a fundamental dichotomy of everyday life: men and women have not shared power equally at any point in recorded history. An approach which ignores the difference in power between males and females in any society will fail to address issues such as the ethics of reproductive technologies over which only one gender agonizes (Farley 1998: 98-99). In the majority of the world, gender exerts a staggering effect upon the course of one's life; failure to address differences in gender in a bioethical analysis is often tantamount to analyzing the powerful sex only.

Presenting bioethical problems in a decontextualized fashion is a political act. A lack of context in bioethics tends to favor certain viewpoints: doctor over patient, first-world country over third-world country, man over woman. Although championing only the viewpoint of the powerful was long acceptable in serious discourse, it is untenable in a modern academic setting. In order for an analysis to be relevant, context must inform its conclusions.