

The logo for 'bioethics' is displayed in a blue, lowercase, sans-serif font. To the right of the text is a graphic of a molecular structure with blue spheres and grey connecting lines.

## **Call for Papers**

**Bioethics and Structural (In)justice**

**Special Issue**

**Online & Print Publication 2027**

**Guest Editors: Regina Müller, Mirjam Faissner, Isabella Marcinski-Michel, Stefanie Weigold (members of the DFG Network “Bioethics and Structural Injustice”)**

**CLOSING DATE FOR SUBMISSIONS: 1st September, 2026**

Debates on structural injustice in health have increasingly gained traction in recent decades, especially within critical public health and epidemiological scholarship. Drawing on the work of Nancy Krieger (2001, 2011, 2020), structural injustice is understood as the embodiment of social power relations, such as racism, classism, and sexism, into human biology and population health outcomes. Structural injustice operates through both visible and invisible mechanisms, for example, unequal access to care, discriminatory treatment within healthcare systems, and the underrepresentation or misrepresentation of marginalized populations in biomedical research (Krieger, 2011). Health inequities are therefore not accidental or the result of individual failings but biologically expressed consequences of unjust social conditions shaped by public policy, institutional practices, and enduring hierarchies.

In parallel, philosophical and bioethical analyses of structural injustice have become increasingly differentiated. A particularly influential contribution is Iris Marion Young's account (1990, 2011), which frames structural injustice as harm produced by social-structural processes. Her work has been pivotal in shaping debates on the nature of responsibility for such injustices, especially the question of how individual, collective and institutional agents should be held accountable.

While debates within bioethics bring together individual and systemic dimensions, interdisciplinary approaches, and new conceptual frameworks, the field itself remains marked by structural injustices—among them imbalances in theoretical perspectives and methodologies, the neglect or silencing of marginalized voices, unequal funding structures, and a lack of diversity within research institutions. These injustices are often reproduced through the very systems meant to address them.

For the special issue on **“Bioethics and Structural (In)justice”**, we invite research articles that engage with ethical debates on structural (in)justice in health, healthcare, and bioethics. We welcome contributions that reflect on current discussions, propose new approaches, and critically examine how structural injustice is conceptualized, addressed, or reproduced within bioethical research and practice, especially those focusing on marginalized, silenced, or historically excluded perspectives.

Possible topics include (but are not limited to):

### **1. Theoretical Foundations**

- Approaches to conceptualize and theorize structural injustice in health and bioethics (e.g., structural oppression, structural violence, structural discrimination/marginalization, structural stigma)
- Theories, concepts, and methods appropriate to address ethical questions in the context of structural injustice in health(care) (e.g., intersectionality, vulnerability, shared responsibility)

### **2. Applications and analyses**

- Empirically informed ethical analysis of structural injustice in health, healthcare, and bioethics across all bioethics fields (e.g., reproductive ethics, psychiatric ethics, global health ethics, research ethics)
- Analyses of the relation between structural injustice and health/illness or healthcare experiences

### **3. Approaches and methodologies**

- Methodological reflections on relevant frameworks in bioethics, such as Feminist approaches, Intersectionality, Disability Bioethics, Queer Bioethics, Black Bioethics
- Historical or legal perspectives on structural injustice in health(care)

- Global, international, and postcolonial perspectives on health, healthcare, and bioethics
- Participatory approaches in bioethics

We invite research articles of up to 8,000 words and welcome submissions from all academic disciplines related to the topic of this special issue (e.g., bioethics; philosophy; medicine; public health; law; history; social and political sciences).

For questions and inquiries, please contact the guest editor: [regina.mueller@uni-bremen.de](mailto:regina.mueller@uni-bremen.de)

All contributing papers should adhere to the Bioethics' Author Guidelines and should be submitted online at: [Bioethics Author Guidelines](#)

Please ensure that you select the manuscript type 'Special Issue' and state that your contribution is for the "Bioethics and Structural (In)justice" when prompted. All submissions will undergo peer-review.

## References:

Krieger, N. (2001). *A glossary for social epidemiology*. *Journal of Epidemiology & Community Health*, 55(10), 693–700. <https://doi.org/10.1136/jech.55.10.693>

Krieger, N. (2011). *Epidemiology and the People's Health: Theory and Context*. Oxford University Press. <https://academic.oup.com/book/25972>

Krieger, N. (2020). *Measures of racism, sexism, heterosexism, and gender binarism for health equity research: from structural injustice to embodied harm—an ecosocial analysis*. *Annual Review of Public Health*, 41, 37–62. <https://doi.org/10.1146/annurev-publhealth-040119-094017>

Young, I. M. (1990). *Justice and the Politics of Difference*. Princeton University Press.

Young, I. M. (2011). *Responsibility for Justice*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195392388.001.0001>