Reimagining research partnerships: Equity, power and resilience

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Rehearsing ethical futures: Speculative scenarios for inclusive global health partnerships

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Brief description of context

Major changes in society and the environment e.g., planetary crises, technological acceleration, and growing misinformation, challenge our ability to imagine alternative futures and, consequently, prepare for them. In response, I founded the MetaFuturism Lab (MFL) (www.metafuturism.net), which I currently co-lead with Pamela Cajilig, to explore new research methodologies, partnerships, governance structures, and ethical frameworks through speculative scenarios, immersive environments, and science-fiction storytelling. Some workshops have funding or awards to support them and others were run voluntarily organised by the facilitators to engage with specific communities.

Since 2018, we have run 17 interactive workshops globally, partnering with institutions in the UK, Belgium, France, the USA, the Philippines, Japan, Australia, and Malaysia (1, 2). These workshops have addressed topics ranging from climate-induced societal collapse (five workshops) to the challenges faced by researchers and research participants in pandemic contexts (eight workshops), and three focused specifically on building partnerships between communities with different languages or fundamental approaches to communication. One was designed so participants could only solve problems by acknowledging and engaging with an often-excluded group (in the storyline, this was an underwater community that was a metaphor for communities that develop different cultures and rituals due to the dramatically different contexts).

Our early workshops focused on the evolution of research methods under deep uncertainty. We also experimented with carrying narratives from one workshop to another for example, adapting a storyline developed in Europe and using it as a starting point in the Philippines. Over time, tensions in research partnerships, particularly those shaped by cultural, epistemic, and political differences emerged as central themes. Rather than treating equity and resilience as checklist items, MFL frames them as relational, lived, and contested - rehearsed, reimagined, and reshaped through storytelling and co-ownership of the narrative. Power differences are either integrated into the storyline or embedded within the context, which can lead to the development of inequality in communities. For example, we created groups on different planets with distinct characteristics that could result in power imbalances (one planet has more resources but embraced a more simple life but the other has less resources but embraced complex urban areas. Alternatively, we introduced environmental factors that gave one group advantages or privileges over another - such as access to better food or a more favourable climate and then observed whether these contextual factors led to inequality within the community during the exercise.

Discussion of ethical issues

These workshops showed that global health partnerships do not merely respond to crises, they help determine which futures are made possible. In one storyline, a cross-planetary partnership navigated scientific collaboration amid deep ideological divides. This involved two tidally locked planets – meaning one side of each planet was always facing the star, while the other remained in constant darkness with extreme temperatures – and one Earth-like planet. The two tidally locked

planets developed different strategies to adapt to their harsh environments, contrasting with the approaches taken on the Earth-like planet. It intends to raise conversation on dealing with extreme climate.

All three societies faced the spread of a disease that affected their ability to regulate temperature. Some viewed it as an illness, while others interpreted it as an evolutionary adaptation to their environment. Participants from different disciplines and backgrounds needed to work together to build societies to address these challenges, developing diverse responses to both the environmental conditions and the disease. They had a choice to play a role in the society that meets their current role and personality or choose a different role in the storyline. This led to diverse and sometimes unexpected partnerships in the workshop e.g. lawyers working with engineers and health researchers designing clinical trials

We used the storyline developed in Europe as a starting point for a new workshop in Philippines. Participants in the Filipino workshop, particularly the society created by the European participants, as being susceptible to colonisation. What was framed as "self-improvement" in the original context was interpreted as obsessive, even addictive, in the Philippine context, prompting a re-examination of the values underlying partnership design. This led to the creation of new technologies, rituals, and partnerships within the storyline, designed to be more sensitive to potential challenges in diplomatic relations between different communities, and to acknowledge that mistrust and fear may arise and need to be recognized and managed.

This revealed a deeper truth: that research futures are not ideologically neutral. They carry embedded assumptions about progress, knowledge, and the self. Similarly, when we brought a scenario about flood-resilient health systems - developed in Manila - to the UK, students found it difficult to immerse themselves in a world where typhoons were normalized. Despite their creative training, they could not accept the plausibility of a world so outside their lived experience. This highlighted the limits of dominant imaginaries and the need for ethical methods that embrace epistemic multiplicity.

Across these cases, MFL illuminated the ethical stakes of future-oriented research partnerships. Whose worlds get centered? Whose values are embedded in methods and protocols? What kinds of futures are being rehearsed - intentionally or not?

Rather than offering ethics as a universal framework, our work suggests ethics must be situated, embodied, and negotiated through difference. We explored bioethics, in this project, not as a regulatory checkpoint but a speculative practice - one that invites plurality, improvisation, and the shared authorship of futures.

Global health partnerships are infrastructures of imagination. Their ethical success must be measured not only by what they produce, but by the futures they make possible, the solidarities they nurture, and the exclusions they confront. If we are to build futures worth inhabiting, we must begin not with solutions, but with shared uncertainty and from there, co-create the terms of ethical partnership anew.

One critical governance tension revealed through both the MetaFuturism Lab and our speculative clinical research scenarios is the ethical ambiguity that arises when research partners are also subjects of the research. During the workshops, individuals sometimes had to balance between being target of the problem in the planet like the disease outbreak or inequality but also part of the research group trying to investigate or find answers to it. These scenarios forced participants to confront what it means to give or withhold consent, allocate risk, or claim ownership of narrative when you are embedded within the crisis you are studying.

This mirrors real-world dynamics increasingly seen in public health emergencies, where frontline healthcare workers, local researchers, and community members play dual roles, as both co-creators of knowledge and those most impacted by the outcomes. It raises ethical questions around authority, vulnerability, and positionality in research governance. Standard protocols, designed for detached, observational study, are often inadequate in such entangled contexts. Our

work suggests the need for governance frameworks that acknowledge this reflexive entanglement and offer safeguards that are relational, adaptive, and contextually responsive.

Conclusions and recommendations

Research partnerships are not ethically neutral structures, they are shaped by underlying power dynamics, historical contexts, and epistemic assumptions. My work through the MetaFuturism Lab and across 30+ international collaborations has shown that ethical challenges often emerge not at the start of partnerships but during moments of rupture, when assumptions clash, communication breaks down, or the goals of stakeholders diverge. Ethics in partnerships, therefore, must go beyond compliance to become relational, anticipatory, and reflexive.

MetaFuturism Lab is an evolving approach in which we engage with different groups from different disciplines, cultural backgrounds, and lived experiences so we expect our conversations and views evolve with different partnerships and groups.

Recommendation 1: Embed ethical rehearsal methods into the partnership cycle

Embedding ethical rehearsal methods means using speculative and participatory techniques - such as immersive storytelling, scenario-building, and roleplay - to explore ethical tensions *before* they arise in real partnerships. Instead of treating ethics as a set of after-the-fact checks, this approach allows research teams to *rehearse* how they might respond to future dilemmas around consent, authority, authorship, or power imbalance.

Ultimately, ethical rehearsal is not about predicting the future but about cultivating readiness, empathy, and shared accountability within teams. It helps shift partnerships from reactive crisis management to proactive ethical co-design.

Recommendation 2: Co-develop context-responsive ethical toolkits with stakeholders

Toolkits like MELT (MultiEthno-Linguistic Toolkit for Stakeholder Involvement in Research) (3) and UniCDent (Uncertainty in Clinical Dentistry Toolkit) (4) illustrate how ethics guidance can be co-created with and adapted to specific cultural and linguistic contexts through inclusive stakeholder engagement.

UniCDent, on the other hand, adapts participatory "walking methods" and visual storytelling tools to explore uncertainty and patient experience within clinical environments. By engaging participants through sensory and spatial exploration, rather than detached interviews, it surfaces ethical and emotional dimensions of care that are often overlooked.

Together, these examples demonstrate that meaningful engagement must reflect linguistic, cultural, and cognitive diversity. Ethics guidance should therefore be designed with, and not merely for, communities, patients, and practitioners—anchoring methods in local practices and values. These approaches move ethics from being abstract and universal to being grounded, situated, and relational, reflecting the lived complexities of global research partnerships.

References

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