It is not so usual to volunteer for reviewing a particular (although regular) issue of a journal. However, some journals (or, some Editorial Boards) do offer the opportunity for such a precedent from time to time. Journal of Medical Ethics, published as a part of the BMJ Group by the Institute of Medical Ethics in London, with impact factor around 1.7, counts as one of the most important and influencing journals in its field. Beside the excellent design, it often provokes cutting-edge debates and forces the international scientific community to reconsider crucial issues in medical ethics and bioethics.

This time, the Journal celebrates its own 40th anniversary. The Editor-in-Chief is Julian Savulescu, himself the most provokative author of numerous discussions, the Editorial Board gathers experts mostly from England, Scotland, USA, Australia, and some other countries, while the “birthday issue” has been edited by Raanan Gillon and Roger Higgs. The “anniversary question” posed was “What is to do good medical ethics?” and a long list of intriguing responses has been presented. Alastair Campbell (now professor at Centre for Biomedical Ethics at National University of Singapore), the founding editor of the JME, tells the story of the formative years of the journal and recollects the situation in 1975, when no experts in medical ethics were known and when following this pathway was providing no guarantee of success. Gordon M. Stirrat from University of Bristol, reflects on learning and teaching medical ethics in UK medical schools, in particular the London Medical Group, the Society for the Study of Medical Ethics and its successor Institute of Medical Ethics, etc. Jan Helge Solbakk from the Faculty of Medicine, University of Oslo, quests the concepts of “good” and “goodness”, referring to the thoughts of Georg Henrik von Wright. Sarah Chan from the Institute for Science Ethics and Innovation at the University of Manchester, is the first to speak of bioethics (and “good bioethics”), concluding that “bioethics encompasses multiple modes of responding to moral disagreement, and that the awareness of which mode is operational in a given context is essential to doing good bioethics.” Rabbi Julia Neuberger from West London Synagogue, focuses on “patient/client/consumer/service user,” while Arthur L. Caplan of New York University turns back to bioethics: for him, bioethics “did well because it did good” – “by using the media to
move into the public arena, the field engaged the public imagination, provoked
dialogue and debate, and contributed to policy changes that benefitted patients and
healthcare providers.” On the contrary, Julian Savulescu, trying to be provocative as
usual, concludes that “both bioethics and medical ethics together have, in many
ways, failed as fields,” and advocates the importance of philosophy to bioethics. Dan
W. Brock of Harvard Medical School summarises the features of his paper on
voluntary active euthanasia, and John Harris of University of Manchester analyses
the precautionary principle. Søren Holm, also of University of Manchester, revives
the debate about physician assistance in dying; Kenneth Boyd Of Edinburgh
University problematises informed consent; Justin Oakley Of Monash University at
Clayton, Australia, advocates “an empirically-informed moral psychology of medical
virtue.” Bobbie Farsides of Brighton and Sussex Medical School offers a personal
reflection upon a career in medical ethics; Inez de Beaufort of Erasmus Medical
Centre at Rotterdam, asks “Good for whom?”, and Deborah Bowman of University
of London, also revisits the character of medical ethics. Brian Hurwitz (King’s
College London) confronts medical humanities and medical alterity by analysing
the case of a serial killer; Daniel Callahan (The Hastings Center) emphasises the
need of detachment from “the rigid style of hyper-rationalist ethics and a reduction
of ethics to a serach for rules and principles.” Rosamond Rhodes (Mount Sinai
School of Medicine) overviews the examples of the ways medical ethics could go
wrong; Ruth Macklin (Albert Einstein College of Medicine, Bronx) defends the
principles – the “famous four” or other; Wing May Kong (Imperial College) stresses
that good medical ethics must become integral to the activities of health
professionals and healthcare organisations. Ilora G. Finlay (House of Lords) presents
a personal reflection by a physician and legislator; Paquita C. de Zulueta (Imperial
College London) points on the importance of compassion; Roger Higgs (Kings College
London) comments on case discussion; Emily Jackson (London School of
Economics) considers the relationship between medical law and (good) medical
ethics. Richard Cookson of the University of York lists the three main principles of
health justice (cost-effectiveness, non-discrimination, and priority to the worse off);
Jennifer Prah Ruger (University of Pennsylvania) writes on globalisation issues;
Angus J. Dawson (University of Birmingham) analyses the recent experiences with
the Ebola; Raanan Gillon comes back to the defence of the four principles; John
Saunders (Nevill Hall Hospital, Monmouthshire) adds a Christian perspective to
doing good medical ethics, G. I. Serour (Al Azhar University, Cairo) a Muslim one,
and Avraham Steinberg (Shaare zedek Medical Centre, Jerusalem) a Jewish one.
Florence Luna (CONICET , Argentina) speaks of “ideal theory” and “non-ideal
theory” of good medical ethics. Michael Parker (University of Oxford) analyses the
example of the Genethics Club, a national ethics forum for genetics professionals in
the UK, and, finally, Kenneth C. Calman of the University of Glasgow stresses the necessity of “practising what one preaches.”

Offered has been an interesting panorama of views. Two things that must surprise, however, are the very Anglo-centric approach (neglecting the intriguing things occurring in bioethics in South-Eastern Europe, for instance), and the absolute disorientation with respect to differences between medical ethics and bioethics: this proves that medical ethicists in UK and USA ignore not only the original teaching of Van Rensselaer Potter, but also the recently (in 1997) discovered ideas of Fritz Jahr, which has provoked an entire new trend in bioethics in Europe and South America. It seems as if two parallel worlds of bioethics would exist: one in the UK/USA/Australia and the other in the rest of the world. Pity, because the problems addressed are, actually, the same.

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