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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 40<sup>th</sup> anniversary. The Editor-in-Chief is Julian Savulescu, himself the most provocative 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 search 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) 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. Florencia 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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