

## Editorial

### The Journal of Medical Ethics

The reputation of a newly founded journal must be established by the style, quality and range of the material it offers. Perhaps then editorial policy statements achieve very little, for, either the reader can appreciate the usefulness of the journal's contents without editorial encouragement, or he discovers for himself their irrelevance to his interests. On the other hand even the phrase 'medical ethics' can create misunderstandings and provoke suspicions (especially perhaps among medical readers). For this reason some brief policy statement for this journal seems necessary.

#### The discussion of moral issues

The aim of the *Journal of Medical Ethics* is to provide a forum for the reasoned discussion of moral issues arising from the provision of medical care. It will hold no brief for one particular professional, political, or religious viewpoint. The articles it publishes will identify current problems, present factual information, and clarify different moral assumptions. To fulfil these aims the Editors can call on the resources of the disciplines of law, philosophy, and theology, as well as on the whole range of medical and paramedical specialities.

It has frequently been observed that discussions in ethics seem to lead nowhere. As John Stuart Mill remarked:

'From the dawn of philosophy, the question concerning . . . the foundation of morality has been accounted the main problem in speculative thought . . . And after more than two thousand years the same discussions continue, philosophers are still ranged under the same contending banners, and neither thinkers nor mankind at large seems nearer to being unanimous on the subject . . .'

Yet however difficult it was to reach agreement Mill felt it worth persevering with ethical discussion. We share his determination and will employ as many methods as possible to make the discussion of moral choices in medicine lively and informed. Thus our 'Case Conference' series presents some of the actual situations of dilemma with a selection of opinion on the decisions taken. The main articles offer multidisciplinary analysis of topics under debate

and the 'Analysis' series presents a background in moral philosophy. Out of this variety of approaches we hope to forge a scholarly and readable journal.

#### Euthanasia

In a field as controversial as ethics, it could not be expected that all the opinions expressed in the Journal will be shared by the Editors or by the Editorial Board. But we shall not seek out diversity of opinion merely for its own sake. Decisions must be made in medicine, philosophical speculation being a luxury which clinicians and administrators can only rarely afford. We therefore intend to put editorial weight behind what we consider to be carefully argued and well informed judgments and not to allow every value statement to die the death of a thousand qualifications. The group of articles on the care of the dying patient with which this issue opens illustrate this aim. Much of the public discussion of this topic is muddled and misinformed. In particular, arguments about 'euthanasia' suffer frequently from sensationalism and fail to distinguish properly between different types of action. Those who advocate voluntary euthanasia are proposing the killing of patients (at their own request) by doctors or nurses. Such a proposal is not to be confused with the widely supported view that doctors should not prolong a dying patient's life unnecessarily nor with proposals to ensure that people are allowed to die peacefully, with dignity and without pain. Our contributors explore these distinctions and provide information and advice about pain control and about improvement of communication with dying patients.

In our view, arguments about changing homicide laws merely obscure some more fundamental ethical issues implicit in the care of the dying. The debate about euthanasia is more fruitfully transposed into a discussion about priorities in the training of medical personnel and the provision of resources in the places where people die. Why is it that expertise in alleviating pain and in maintaining a human environment for dying is so rare in modern medicine? If a good death is sought after, it will be better ensured, not by removing sanctions against 'mercy killing' but by revising the calculations of health budgets which leave the act of dying out of the equation.