The making of medical ethics

Kenneth Boyd, Associate Editor

Donor insemination is not discussed in the current issue, but the possible implications of such advances in reproductive medicine, barely on the horizon in 1975, now include that of radical human enhancement, examined in a paper in this issue about creating beings with moral standing superior to our own (see page 709). Some aspects of that currently controversial topic, moreover, relate to an ethical analysis of the concept of determinism in the journal’s first issue, which also included a case conference on abortion and sterilisation, aspects of the latter being the subject of a paper in the current issue on tubal sterilisation (see page 710).

While continuity in many of the broad themes addressed over the years can be demonstrated, the repeated reference above to various ‘aspects’ of those themes indicates how much more detailed, and often deeper, has become the examination of current issues in medical ethics. The danger in this, of course, is that medical ethics might become an isolated, ‘remote and ineffectual’, academic discipline of no interest or assistance to clinicians—the ‘suspicions (especially perhaps among medical readers)’ alluded to in the original prospectus. This fate, we believe, has not befallen the Journal of Medical Ethics. The moral questions subject to ‘reasoned discussion’ in the current and recent issues are of considerable relevance to clinicians and patients as well as to ethicists; and the academic disciplines and medical specialties mentioned in the journal’s prospectus continue to be well-represented among its contributors. These also continue to be international: in the first issue most contributors were from the UK, with some also from Europe and North America—to all of whom the current issue adds contributors from Australia, New Zealand, India and Brazil. Fifty years on from the founding of the LMG, its spirit appears to be alive, well, and worldwide.

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REFERENCE