

Editorial

Taking stock

In this final issue of the fourth volume of the *Journal*, the time seems right for an assessment of the achievements of the past four years and a projection of the future tasks facing the *Journal*. Undoubtedly the most gratifying achievement has been the fact that the *Journal* has established an international readership and authorship. Since we edit in Edinburgh and publish in London we might be in danger of becoming preoccupied with the problems of the British National Health Service or of responding only to issues which seem of immediate importance to the medical profession in Britain. It is our readers who prevent this parochialism. Letters to the Editor and manuscripts for publication come in from all over the world and we know from our subscription list that our publication is available in medical and nursing libraries in four continents. Certainly 'our American cousins' are a major source of both subscribers and manuscripts and for this reason we run as a regular feature *Report from America* by Bernard Towers. But there is also evidence of an increasing awareness and articulateness about medical ethics in European medical schools and this has been reflected in many of our main articles. A task for the future will be to help to give voice to the problems which face health services in the Third World, an area we have largely neglected.

A second achievement has been the maintenance of a diversity of approaches and theoretical perspectives in the articles published. This is a difficult task, for, a journal which uses the languages of many different disciplines, may hold a lasting appeal to none of them. To outsiders, the language of philosophy can appear pedantic and irrelevant, the language of sociology turgid and jargon-ridden, the language of clinical medicine restricted and impersonal. A welcome sign of the success of the *Journal* has been an ever-increasing volume of unsolicited manuscripts from people in all these disciplines. The problems which the editors face, however, are selecting material which will make sense across disciplinary boundaries and ensuring that each issue carries a balance of the more practical and clinical with the more reflective and theoretical. We rely on our readers to let us know when the babble of different languages has become intolerable, or when the balance of clinical and non-clinical material has been lost.

Where we stand

The stance on moral issues taken by the *Journal* is easily misunderstood and may not always be rigorously adhered to. It was defined in the editorial page of the first issue as follows:

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.¹

The adequacy of this stance has been questioned in a debate in the correspondence column of the *Journal*, initiated by a letter from Dr Gordon Scorer and Dr Douglas Johnson which we published in June 1978.² The writers asked why the 'editorial team' of the *Journal* are not prepared to offer guidance to medical practitioners based on clear principles. The correspondence in response to that letter, both from Office Bearers of the Society for the Study of Medical Ethics and from several readers, has focused on the question of whether a neutral stance in medical ethics is possible, or (if it is possible) whether it is desirable in the light of the urgent human issues which the subject matter encompasses.

Little need be added in this editorial to the clear statement already made by the President and the Director of Studies of the Society for the Study of Medical Ethics.³ The *Journal* has not been and does not intend to be the mouthpiece for one set of attitudes and judgements on moral matters in which there is genuine disagreement and uncertainty. This does not mean that we censor every moral judgement or piece of practical advice in the manuscripts which we publish. On the contrary we welcome the powerful defence of a point of view, as the publication of articles by (for example) Ivan Illich and Enoch Powell must surely evidence. But we would insist on the necessity of allowing a *variety* of opinions on contentious moral issues. This is intended to help our readers to make up their own minds and to act in full knowledge of the nature of the choice they have made. In this sense we hope to be more practical than a publication which defends a specific set of moral judgements.

Perhaps the confusion behind this debate rests

finally in the ambiguity of the term 'medical ethics'. In a cryptic letter published in this issue, Edward Shotter has enquired, 'What is an ethicist?' Perhaps our readers will offer some answers, but from an editorial point of view we must regard as suspect the notion of a single type of expertise which can encompass all approaches to the moral issues arising from health care provision. Our authors are doctors, nurses, social workers, philosophers, theologians, lawyers, sociologists, patients, politicians, journalists. Each carries his own particular authority. The editors expect their

contributors to meet the criteria of any reasonable presentation of a case, but apart from this we welcome all comers. Were we to become a journal of some new type of expert, we would cease to fulfil the aims upon which the *Journal* was founded.

References

- ¹Editorial, (1975). *Journal of medical ethics*, 1, 1.
- ²Scorer, C G and Johnson, D (1978). *Journal of medical ethics*, 4, 106.
- ³Amulree, Lord and Shotter, E F (1978). *Journal of medical ethics*, 4, 106f.