

Good medical ethics

John McMillan

The first editorial in the *Journal of Medical Ethics (JME)* described an ambition to be a 'forum for the reasoned discussion of moral issues arising from the provision of medical care'.¹ While that statement of intent might seem broad, it is one that has been reaffirmed by successive editors of the journal.²⁻⁴ It is an aim that aligns with the mission statement of *JME* and The Institute of Medical Ethics, to promote 'ethical reflection and conduct in scientific research and medical conduct.'

It is an end worthy of some reflection because it illuminates how the journal has developed and implies a conception of what good medical ethics is.

During his time as editor, Raanan Gillon was a champion for philosophical medical ethics and he wrote an excellent and influential book on that topic.⁵ In the July issue of *JME*, Julian Savulescu, Tom Douglas and Dominic Wilkinson affirm the importance of philosophical medical ethics and ably demonstrate why it matters in the Charlie Gard case.⁶ Does that mean papers published in the *JME* must be philosophical? In one sense, clearly no and in another yes.

Good medical ethics is not philosophy. The degree of scepticism, the narrow focus on a search for truth, the technical nature of some philosophy and it not needing to deliver normative or practical ethical conclusions mean that a narrowly philosophical approach is unlikely to be good medical ethics. *JME* has never been a narrowly philosophical journal and the perils of this were described well by its first editor:

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.¹

Good medical ethics involves directing effort into reaching well-reasoned judgments: it aims at helping us decide what we should do. The necessity of medical ethics being normative means that it

cannot be philosophical in the sense that someone needs to be a philosopher to understand it. To help doctors, nurses, medical students and the full range of healthcare professionals decide what to do in morally complex situations requires that medical ethics can be understood by everyone.

When looking back upon his time as editor Raanan Gillon remarked:

Another pleasure that I derived from browsing through the journal was to find that on the whole my declared intention to present the subject in 'clear jargon-free English accessible to any intelligent reader' has been fulfilled—though alas with some exceptions.²

Of course there will be papers which are technical and are more demanding to understand, but their inclusion needs to be warranted by the importance of the issue being discussed. Good medical ethics is philosophical in the sense that it aims at clarifying and deepening understanding of important moral issues, Gillon's aim of making *JME* accessible to any intelligent reader is one that this editorial team will also be committed to.

As well as using accessible language, *JME* will continue to prioritise concisely written and well-argued articles of up to 3500 words. Accessibility often implies brevity and one of the reasons why *JME* is of relevance to and read by healthcare professionals is that it tends not to demand reading long, densely argued articles. *JME* will continue to publish extended essays (up to 7000 words), but authors should take note that the acceptance rate for such submissions will be low and they will only be included when the paper is of exceptional quality and the issue warrants that level of analysis and detail.

While good medical ethics is not philosophical in some senses, it is philosophical in a more Socratic sense, and this is captured by the idea of the 'reasoned discussion of moral issues'. A reasoned discussion of moral issues is one that is likely to involve identifying and questioning the assumptions implicit in a moral position. It is also likely to test moral positions for their consistency with other positions, and whether those holding them are willing to accept the further implications of their view. Reasoning in a Socratic manner

often includes thinking ahead to cases that might clash with a principle or reason that we are applying in a particular issue. Such methods can be described as philosophical or Socratic but they are ways of furthering the reasoned discussion of moral issues that are present in most disciplines and in the way that most people engage in an open and constructive discussion about ethics. What the previous editors of *JME* did so well was to encourage this kind of approach to ethics and it is a tradition that will continue under the new editorial team.

The previous *JME* editorial team introduced each issue with a 'concise argument'. As well as highlighting material in that issue, it demonstrates the point that at the heart of good medical ethics is the reasoned discussion of ethics, or a moral argument of some sort. *JME* will continue to start each issue with an analysis of arguments underpinning the material that follows.

Good medical ethics is philosophical in the sense that it is open to all perspectives and aims at practical advice that is well justified, both in terms of evidence and reason. Of course there are issues where it is appropriate for immorality to be stated for what it is. However, the tendency towards 'moralism' in mainstream and social media is not a feature of good medical ethics. Raanan Gillon made a similar point very well when reflecting on his years as editor:

I am also relieved that in our pursuit of reasoned discussion of medical ethics, the journal has succeeded in avoiding the vituperative and blame laden approach to medical ethics that infects some of its exponents.²

JME will continue its longstanding practice of engaging with morally controversial issues in a way that is non-judgmental and aims at the scholarly and critical discussion of moral issues in medicine and health care.

Does this emphasis on philosophical medical ethics mean that those whose primary discipline is not philosophy should look to other journals? The answer is an emphatic no. Given the complexity of most ethical issues in medicine, it is essential for good medical ethics that the journal draws on the insights and methods of many disciplines. *JME*'s longstanding commitment to the full range of approaches to medical ethics will continue.

While medical ethics must draw on a range of methods and disciplines, good medical ethics uses these methods to further our understanding of, and decisions about,

Correspondence to Professor John McMillan, Bioethics Centre, University of Otago, Dunedin 9016, New Zealand; john.r.mcmillan68@gmail.com

important moral issues in medicine and healthcare. That means all approaches to medical ethics, be they empirical, legal, sociological, theological or philosophical should aim at being practically useful. Just as narrowly philosophical works on ethics run the risk of not being practically useful, narrowly empirical approaches to medical ethics also run the risk of missing what matters in medical ethics. Empirical approaches to ethics published in the *JME* need to deepen our normative understanding and help us find a way forward with a moral issue in medicine or healthcare.

It is worth emphasising that good medical ethics must help inform and guide those who are directly involved in moral issues in medicine and healthcare. This means that above all, good medical ethics is clinically relevant. The ultimate end of good medical ethics is to promote the good of patients, medical students, doctors, nurses and all health professionals. That aim is the top priority for the

new editorial team of Ken Boyd, Mikey Dunn, Lucy Frith, Ros McDougall and Jesse Wall. *JME* has a new Clinical Advisory Board that will comprise senior clinicians who have expertise in medical ethics and patient representation. This panel will help to ensure that *JME* is relevant, useful and accessed by those directly involved in moral issues in medicine and healthcare. It will also commission content that helps to meet that objective. Our new social media team, Mike King and Hazem Zohny, are building a network of doctors, nurses, medical students and health professionals to play an active role in the *JME* blog. These efforts are intended to enhance our connection with the people that good medical ethics is for.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

© Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.



To cite McMillan J. *J Med Ethics* 2018;**44**:511–512. Accepted 2 July 2018

J Med Ethics 2018;**44**:511–512.
doi:10.1136/medethics-2018-105041

REFERENCES

- 1 Campbell A. Editorial. *J Med Ethics* 1975;1:1.
- 2 Gillon R. After 20 years, some reflections and farewell!. *J Med Ethics* 2001;27:75–7.
- 3 Holm S, Harris J. The old order changeth yielding place to new. *J Med Ethics* 2004;30:331.
- 4 Savulescu J. Future directions of the journal. *J Med Ethics* 2001;27:147.
- 5 Gillon R. *Philosophical medical ethics*. Chichester: John Wiley and Sons, 1986.
- 6 Savulescu J, Douglas T, Wilkinson D. Philosophical medical ethics: more necessary than ever. *J Med Ethics* 2018;44:434–5.