Present and future

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As the COVID-19 pandemic rages on, this June 2021 issue of the JME contains several articles addressing pandemic-related ethical issues, including, discrimination against persons with disabilities,¹ collective moral resilience,² and stress in medical students due to COVID-19.³ It also contains a critical appraisal of the most recent (2016) WHO guidance document on the management of ethical issues during an infectious disease outbreak.⁴

This June issue of JME also addresses several important clinical ethics issues: covert administration of medication in food,⁵ educational pelvic exams under anesthesia,⁶ consent to cancer screening,⁷ care of critically ill newborns when the birth mother is unwell,^{8–10} and ethical considerations related to recruiting migrant workers for clinical trials.¹¹

Perhaps what is most unique about this issue is its Feature Article and associated commentaries. Matthias Braun writes a fascinating article on *Digital Twins*.¹² Digital twins might sound futuristic, but the European Commission has recently proposed to develop the first-ever legal framework on AI and digital twins are on their radar. What exactly are digital twins you might ask? They are essentially simulations produced to obtain a representative reproduction of organs or even entire persons. Imagine that before your upcoming heart operation, your medical team creates a digital twin of your heart (and of you) to practice the operation on. What ethical issues does this raise? One possibility is that AI-driven simulations take on forms of representation of, act on behalf of, and make predictions about the future behaviours of the embodied physical person (you). Might your digital twin “knock on your door” at just the right moment to warn you against certain behaviours or suggest lifestyle changes? Braun urges us to think about what happens if our digital twins take on a visible holographic 3-D form so that they too are in the physical world. Digital twins raise philosophical questions about control, ownership, representation, and agency. Braun draws on continental philosophers such as Levinas,

Baudrillard, and Merleau-Ponty to analyse these issues, demonstrating that continental philosophy and phenomenology can provide fruitful food for thought for bioethics. Phenomenological bioethics as a methodological approach involves the investigation and scrutinization of the lived experiences (eg, of suffering, loss of control or power) of persons in situations under moral consideration (eg, aid in dying at the end of life).¹³ Braun’s integration of phenomenology and continental philosophy to examine a critical issue is a welcome breath of fresh air that bioethics could use more of.

Finally, this June issue of JME includes several excellent policy-related articles. One article reflects on how biases, practices of epistemic exclusion, and the phenomenon of epistemic privilege can influence the development of evidence-based policies and guidelines.¹⁴ Another article argues that existing ethical frameworks for learning healthcare systems do not address conflicts between the interests and obligations of the providers who work within the system and the interests of the healthcare systems and institutions and makes suggestions for moving forward.¹⁵ A third policy-relevant article addresses an issue in global health equity: the use of sweatshop-produced surgical goods. In this piece, Mei Trueb and colleagues argue that further action is needed by the NHS to ensure that surgical goods are sourced from suppliers who protect the labour and occupational health rights workers.¹⁶

There is much to absorb and think about in this issue of JME—ranging from global justice and worker’s rights to futuristic digital twins. We continue to confront a pandemic, perennial issues in medical ethics continue to warrant further discussion and debate, and future issues loom as science and medical technology develops. This issue illustrates the broad and encompassing way that bioethicists engage with the most pressing ethical issues of today and tomorrow.

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REFERENCES

- 1 Panocchia N, D’ambrosio V, Corti S, et al. COVID-19 pandemic, the scarcity of medical resources, community-centred medicine and discrimination against persons with disabilities. *J Med Ethics* 2021;47:362–6.
- 2 Delgado J, Siow S, de Groot J, et al. Towards collective moral resilience: the potential of communities of practice during the COVID-19 pandemic and beyond. *J Med Ethics* 2021;47:374–82.
- 3 O’Byrne L, Gavin B, Adamis D, et al. Levels of stress in medical students due to COVID-19. *J Med Ethics* 2021;47:383–8.
- 4 Saxena A, Bouvier PA, Shamsi-Goooshi E, et al. Who guidance on ethics in outbreaks and the COVID-19 pandemic: a critical appraisal. *J Med Ethics* 2021;47:367–73.
- 5 Guidry-Grimes L, Dean M, Victor EK. Covert administration of medication in food: a worthwhile moral gamble? *J Med Ethics* 2021;47:389–93.
- 6 Salwi S, Erath A, Patel PD, et al. Aligning patient and physician views on educational pelvic examinations under anaesthesia: the medical student perspective. *J Med Ethics* 2021;47:430–3.
- 7 Elton L. Non-maleficence and the ethics of consent to cancer screening. *J Med Ethics* 2020. doi:10.1136/medethics-2020-106135. [Epub ahead of print: 21 Sep 2020].
- 8 Wilkinson D, Pillay T. Surrogate decision making in crisis. *J Med Ethics* 2021;doi:10.1136/medethics-2020-107181. [Epub ahead of print: 11 Mar 2021].
- 9 Pillay T, Noureldein M, Kagla M, et al. Commentary to ‘surrogate decision making in crisis’. *J Med Ethics* 2021;doi:10.1136/medethics-2020-107180. [Epub ahead of print: 15 Mar 2021].
- 10 Kavati AB, Ramirez F. Nursing commentary to “Surrogate decision-making in crisis”. *J Med Ethics* 2021;doi:10.1136/medethics-2021-107355. [Epub ahead of print: 31 Mar 2021].
- 11 Amin BZ. Ethical considerations of recruiting migrant workers for clinical trials. *J Med Ethics* 2021;47:434–6.
- 12 Braun M. Represent me: please! towards an ethics of digital twins in medicine. *J Med Ethics* 2021;47:394–400.
- 13 Svenaeus F. *Phenomenological bioethics: medical technologies, human suffering, and the meaning of being alive*. Routledge, 2017.
- 14 Michaels JA. Potential for epistemic injustice in evidence-based healthcare policy and guidance. *J Med Ethics* 2020. doi:10.1136/medethics-2020-106171. [Epub ahead of print: 27 May 2020].
- 15 Piasecki J, Dranseika V. Balancing professional obligations and risks to providers in learning healthcare systems. *J Med Ethics* 2020. doi:10.1136/medethics-2019-105658. [Epub ahead of print: 27 Mar 2020].
- 16 Trueba ML, Bhutta MF, Shahvisi A. Instruments of health and harm: how the procurement of healthcare goods contributes to global health inequality. *J Med Ethics* 2020. doi:10.1136/medethics-2020-106286. [Epub ahead of print: 24 Aug 2020].