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When explaining the inadequacy of the words “Cheer him up” to describe the purpose of offering a drink to a murderer, TS Elliot’s Sweeney remarks,

Well here again that don’t apply
But I’ve gotta use words when I talk to
you.¹

The importance of words (or concepts) to medical ethics cannot be denied. While a narrow view of conceptual analysis is not conducive to good medical ethics,² the adequacy and clarity of the words we use continues to be the foundation for all ethical analysis. While some key ideas such as ‘paternalism’³ or ‘coercion’⁴ are well theorised and tend to be used in a consistent way that most understand, other words that are important to ethics, often are not.

Our ability to notice, perceive and understand ethical issues is the starting point for all ethical inquiry. The ethical words we choose structure and give content to our ethical perception. As Kant observed, ‘Thoughts without content are empty, intuitions without concepts are blind.’⁵ While many do not agree with aspects of Kant’s moral philosophy, his views about what’s required to have an ‘intuition’ or an ‘ethical perception’ seem correct.

The ethical words we choose enable us to understand and articulate different ethical features of a situation and words that come from other cultures can enrich our perception of what matters and what we should do. For example, the Māori concept *Whakawhanaungatanga* refers to the process of establishing meaningful relationships between people via culturally appropriate processes. In a situation where the decision making capacity of a patient is in question and an important decision needs to be made, this is a process whereby a healthcare practitioner can build a meaningful relationship with that patient and their *whānau* (family).⁶ While that’s a process that’s particularly important for Māori patients and *whānau*, the emphasis on creating and valuing

relationships is something that’s ethically important for this kind of decision more generally and arguably not highlighted if we view this kind of situation via the lenses of autonomy or beneficence.

The JME invites those interested in writing a short discussion piece that explains an ethical concept or word that is useful and should be more widely understood to contact the journal’s Editor in Chief. ‘Words’ columns will be up to a thousand words, have no more than five references and explain a clinically relevant ethical concept that would benefit from being explained and is preferably from a non-western ethical tradition.

This issue of the JME includes a number of papers that demonstrate the importance of explaining words that will then bear weight in argument. Jecker and Atuire analyse arguments relevant to waiving intellectual property rights over COVID-19 vaccines.⁷ ‘Intellectual property’ is a concept that would appear to be easily grasped: it implies an ownership right over knowledge of some kind that has been created. Yet if we are to understand that concept with the depth needed to mount an ethical analysis, we must delve into the rules that currently apply to intellectual property. As Jecker and Atuire explain, the 1995 TRIPS agreement created the means for the stricter protection of IP, including pharmaceuticals. The agreement itself and those who have argued in support of it, emphasised reasons such as the need to nurture innovation and this, as Jecker and Atuire show, opens the door for a critical ethical analysis of whether IP should be waived for COVID-19 vaccines.

‘Emotional support animals’ can be very helpful to people with mental illnesses and that raises the question of whether those who depend on an ESA have a right to remain connected to their ESA that is similar to someone who has a prosthetic body part. As Kolmes observes, ESAs ‘... supplement or entirely replace vital functions that their handlers are not able to perform on their own.’⁸ This description of ESAs characterises them in a way that

distinguishes them from other animals with which we might have a strong emotional bond and helps to explain how they can be considered analogous to a prosthetic body part.

We’re grateful to the JME authors and reviewers who made it possible for the journal to cover the issues raised by the COVID-19 pandemic in depth. The pandemic continues, but many of the issues have been well explored now and there is less need for a special section in the journal. The JME has always published topical high quality analysis of health care ethics and we look forward to publishing articles that deepen and broaden scholarship in ethics. Our new Words column is intended to help broaden the scope of scholarship in ethics and we hope to hear from those who would like to explain an important ethical concept.

John McMillan
Editor in Chief

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