

## EDITORIAL

### ETHICS IN BIOETHICS

A recent commentary by David Benatar, a Cape Town based philosopher, has brought into the open what has been a topic of discussion amongst some philosophy based bioethicists for a long time, namely the issue of academic standards in the field.<sup>1</sup> Benatar, in a nutshell, argues that the quality of publications in the field is decreasing. He proposes a number of reasons for this, chief among them the vague boundaries of the discipline. Currently predominant views of bioethics interpret it as a 'multi-disciplinary activity', 'field' or 'discipline' that is legitimately called home by professionals hailing from backgrounds as diverse as medicine, medical anthropology, medical sociology, medical law, theology, philosophy, and so on and so forth. Each of these disciplines has its own methods and traditions of discourse. Benatar contends that if we wish to maintain high standards of *ethical* analysis within bioethics, we ought to adopt a narrower interpretation of what constitutes bioethics, namely an interpretation that understands bioethics as a discipline within applied ethics. This locates bioethics firmly within philosophy. He is not the first to be concerned about this issue.<sup>2</sup> I think, broadly speaking, that Benatar's analysis is correct. While – probably like Benatar – I have not undertaken a detailed analysis of bioethical publication patterns by academic disciplines of the authors, most attentive readers will know that there is some truth in his contention that medical professionals tend to target medical journals with their bioethics papers, while lawyers will aim for legal journals. With the exception of few journals such as the British Medical Journal which has tasked a philosopher with managing its ethics contents, such submissions will be processed by journal editors without any competencies in the field of bioethics or ethics. Much of what might best be

described as 'non-ethics bioethics' consists of surveys. Bioethics journals receive an ever-increasing number of surveys of patients, medical professionals, dental undergraduate students, or members of ethical review committees' opinions on matters ranging from informed consent, resource allocation justice to sexual assault and standards of care in a trial. More often than not these surveys tell us nothing about ethics at all as they are void of any ethical analysis. However, they do provide information that is useful for subsequent ethical analysis, and it is for this reason that this journal will continue its tradition of being open to submissions of an empirical nature.

Nonetheless, it is fair to ask whether such survey production should count properly as bioethical analysis. This is particularly true when such surveys constitute the main research part of a postgraduate degree course in bioethics. Is it really acceptable to award a bioethics Master's degree for a few course work related essays, and a research report surveying some professionals' views on matters bioethics, instead of a research report containing a thorough ethical analysis? This is not merely a quibble about 'territory', it is about the nature of the discipline. After all, if a survey was undertaken of terminal cancer patients' attitudes to end-of-life decision-making nobody would claim that this somehow constitutes an oncological paper. No doubt then, there are serious issues of a conceptual nature that everyone identifying as a bioethicist should attend to. Whether or not attempts at professionalizing bioethics by means of codifying its activities are a sensible approach to the question at hand remains an open question.<sup>3</sup>

Both Ruth Chadwick and I would welcome submissions of a critical nature on this crucial issue affecting bioethics.

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<sup>1</sup> D. Benatar. Bioethics and health and human rights: a critical view. *J Med Ethics* 2006; 32: 17–20.

<sup>2</sup> U. Schuklenk. Ethical issues in continuing professional development. *S Afr Med J* 2001; 91: 955–957.

<sup>3</sup> R. Baker. A draft model aggregated code of ethics for bioethicists. *Am J Bioeth* 5: 33–41.