From the Editors

Bioethics is a cautionary field. It warns society to be aware that the real danger lies not so much in ignorance but in the illusion of knowledge—and to be prepared for the unexpected. At the same time, bioethicists are an optimistic group in that we stake our professional lives on the belief that there is such a thing as progress. The point of our efforts is to help us to be wiser in our choices by expanding our views and avoiding overgeneralizations. Wisdom, however, is a long-term investment requiring far-reaching explorations.

With the introduction of this annual Open Forum issue of *CQ*, we make a departure from our usual thematic format and take the opportunity to reflect more broadly on the purpose and goal of bioethics. Although we've found it helpful to use the themes to bring some coherence to our regular series, we also recognize the need to give voice to additional individual topics and approaches, and for that purpose we've created one nonthematic issue per year.

As befitting an Open Forum, the topics in this issue are far ranging, from analyzing fundamental conceptual frameworks to new clinical ethics debates and calls for organizational and societal policy changes.

We begin with papers challenging some of our core concepts. In "A Defense of Ethical Relativism," Matti Häyry argues that, when properly understood, a charge of "relativism" should cease to be derogatory in Western philosophical bioethics. Rosamond Rhodes uses examples and personal experiences from the fall of 2001 in "Justice in Medicine and Public Health" to challenge the notion of a single, ideal concept of justice in allocating medical resources. She argues that such an approach fails to explain the array of broadly endorsed medical and public health policies. Ben A. Rich focuses on the evolution of the meaning of "standard of care" and warns that what may be offered as customary medical practice is not sufficient to shield physicians from liability in cases of inadequate pain relief for patients.

We turn next to an examination of more general facets of knowledge and the proposal by Anne Hunsaker Hawkins that an overreliance on evidence-based medicine is problematic because this approach leaves out important factors in the actual practice of clinical medicine. In addition to traditional analytic thought processes, she urges physicians to recognize and cultivate an appreciation for the role of tacit, intuitive, epiphanic knowledge in their decisionmaking.

Knowledge of another sort is the subject of "Genetic Testing of Children for Late Onset Disease" by Mary Ann Sevick, Donna G. Nativio, and Terrance McConnell. While recognizing that medicine's increasing ability to predict disease poses complex ethical considerations—especially for children—when

Cambridge Quarterly of Healthcare Ethics (2005), **14**, 3–4. Printed in the USA.
Copyright © 2005 Cambridge University Press 0963-1801/05 $16.00

https://doi.org/10.1017/S0963180105050012 Published online by Cambridge University Press

there are questionable medical benefits to be derived from such predictions, the authors propose that arguments to ban genetic testing for adult-onset disorders for children are unwarranted and that parents should be permitted to make considered choices on behalf of their children.

A question of organizational policy is explored by Ann E. Mills, Patricia Tereskerz, and Walt Davis in their paper "Is Evaluating Ethics Consultation on the Basis of Cost a Good Idea?" They argue that attempts to evaluate ethics consultation in terms of its effect on costs and quality is inherently mistaken and suggest, instead, that ethics consultation should more accurately be viewed as part of an organization's intangible benefits requiring different criteria for assessment.

Discrimination and vulnerable populations are the focus of our final three papers. Rosamund Scott explores the relationship between reproductive autonomy, prenatal screening and associated practices, and the interests of people with disabilities. Simona Giordano, in her paper on human rights and age-based rationing, and John Harris, in his commentary "The Age-Indifference Principle and Equality," address the question of what criteria should direct healthcare distribution while recognizing that most societies discriminate between citizens on the basis both of age and life expectancy.

In addition to inaugurating our Open Forum issues, we have a second "birth" announcement. Our annual David Thomasma International Bioethics Retreat now has a website where readers can get information on upcoming dates and locations. The International Retreats were established to further *CQ*'s goal in establishing an international community of bioethicists, and to encourage research in healthcare ethics among scholars around the world. Since our initial meeting in Berkeley in 1997 we've held subsequent retreats in Versailles, France, Florence, Italy, Cambridge, England, Paris, France, Almargo, Spain, Pavia, Italy, and our 2004 retreat in Padua-Venice. For details, please check our Retreat website: http://www.lib.berkeley.edu/~banton/IBRetreat.html.

We also want to start our 2005 *CQ* series by expressing our thanks to our publisher, Cambridge University Press, and especially to Peg Currie, our Production Coordinator who truly makes this journal happen. Peg's patience, meticulousness, wisdom, and kindness guide every issue of *CQ*.

https://doi.org/10.1017/S0963180105050012 Published online by Cambridge University Press