Special Section: Open Forum

From the Editors

Resolving competing claims in bioethics dilemmas is never easy. On the assumption that vigorous debate is the most effective ground for reaching reasonable decisions, this annual Open Forum issue is devoted to timely controversies in a number of areas: governmental regulations and reproductive rights, determining fair compensation for gamete donation, balancing responsibilities in the doctor–patient relationship, violating rules to benefit patients, persistent problems in end-of-life care, and professional standards of conduct and bioethics consultation, as well as insights into the shifting landscape of oversight in clinical research and directions for the future.

We begin with two papers that take very different views on the scope of governmental involvement in reproductive decisionmaking. Responding to the growing pressure to legitimize and market reproductive services aimed solely at facilitating parental choice of the gender of their offspring, Victoria Seavilleklein and Susan Sherwin argue that sex selection practices, often stemming from cultural prejudices and assumptions regarding gender roles, are so potentially harmful to the interest of society that their prohibition by government is not only warranted but morally required.

A sharply different position as to the role of governmental policies is taken in the next paper. Rather than taking choice out of the hands of individuals through restrictive legislation, Colin Gavaghan argues for loosening the regulations applicable to preimplantation genetic diagnosis (PGD) to allow prospective parents to utilize this technology to implement their own values and preferences.

In seeking analogies to support payment for gamete donation, some Canadian proponents have proposed that support for their position could be modeled on payment for jury duty. Therefore, women who donate eggs and men who donate sperm should be compensated, in the same way as jurors, for "performing a public service" or "performing a public duty." In their paper, Lynette Reid, Natalie Ram, and R. Blake Brown seek to determine whether this analogy works and if there is any relevant sense in which gamete donation resembles jury duty.

Our next group of papers examines different facets of the doctor–patient relationship, beginning with a closer look at the role and responsibility of the patient. Although medical ethics has been concerned with defining and prescribing the proper ethical conditions of the physician's work, if the medical interaction between doctor and patient is to be truly collaborative, as is often proposed, then work extends to both parties. Leonard C. Groopman, Franklin

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G. Miller, and Joseph J. Fins explore the concept of the patient's work and its possible meanings in three prevailing models of the doctor–patient relationship: the paternalistic model, the autonomy model, and the mutualist model.

Alister Browne and Katharine Browne point to the reality that rationing is a fact of life in every medical system, and physicians frequently flout the rules to benefit their patients. Distinguishing among three types of violations, they go on to ask how such violations should be viewed from a moral point of view as well as from the perspective of prudential rationality. Under what circumstances do these spheres coincide?

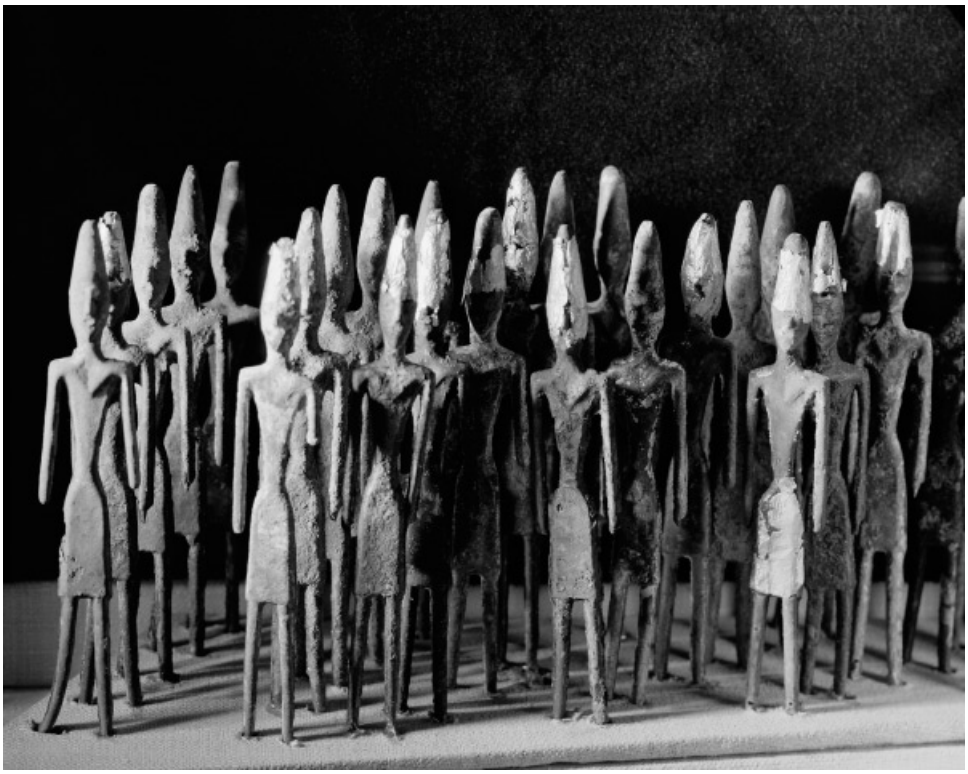
Ben A. Rich suggests that in the post-Schiavo era there is a need to take a fresh look at how we think of "causation" and "intent"—two persistently problematic elements with profound legal and moral significance—in the context of caring for patients with grave or terminal illness. It is his argument that a predisposition to view death as "a logical and moral error" motivates our efforts to manipulate these concepts in ways that distance healthcare professionals from the dying process and do not comport with reality or the needs of patients.

Turning to professional ethics, Mark Yarborough and Richard R. Sharp note that with increasing frequency, bioethicists are entering complex, multifaceted relationships involving a mix of professional, institutional, civic, and personal agendas with those who support their work, thus highlighting the need for clearer professional standards of conduct. In their paper, they present a context in which competing interests and obligations in bioethics consultation has received little attention to date, and, drawing on their own consulting experiences, they offer practical recommendations to others interested in working with patient advocacy organizations.

Finally, Ezekiel Emanuel and Christine Grady examine stages in the evolution of paradigms in clinical research: "Researcher Paternalism," "Regulatory Protectionism," "Participant Access," and the currently operative "Collaborative Partnership." Rather than radical shifts, the authors point out that there are important transitions in values of research oversight that take place over time and become dominant. As to the future paradigm development, they suggest that the greater engagement of research participants in the process of developing research agendas and protocols is sure to be a determining factor. Consequently, they call for a greater focus on how that participation can occur most efficiently and effectively to promote valuable research while also attending to the rights and well-being of individuals and communities.

The issues framed in the above essays will continue to be debated and expanded. They illustrate that bioethics is a field of Big Questions and Big Problems. Resisting an era of sound bites and pundits, like so many Ahabs, bioethicists seek to widen our understanding as they pursue the great-white-whale topics that elude capture.

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