

*From the Editors*

Philosopher Mary Midgely's observation that it is helpful to think of the world as "a huge aquarium" has application to bioethics today. She says, "We cannot see it as a whole from above so we peer at it through a number of small windows, . . . but if we insist that our own window is the only one worth looking through, we should not get very far."<sup>1</sup>

Getting beyond our own small windows has been the goal since our "Bioethics beyond Borders" meeting at the University of California in Berkeley 13 years ago. Since then, our annual CQ reports from countries around the world have continued that effort by offering a variety of different angles to sharpen our vision.

This special section opens with a global challenge in human research ethics. Building on the famous narrative of the Tower of Babel, Jan Helge Solbakk proposes a universal normative language for international research while pointing out the possibilities and pitfalls of such an endeavor.

Moving to the particular, Godfrey B. Tangwa and Nchangwi Syntia Munung give warning that depending solely on international guidelines is not sufficient, and they point to the exponential increase in human subjects research in Cameroon to support the need for firm national regulations to protect research participants as well as local cultures.

The imperative to protect cultural identity while establishing an ethical framework is echoed in Hope Tupara's call for the New Zealand government, as it undergoes its first constitutional review, to incorporate Māori philosophy and approaches to ethics, along with the dominant Western system, in order to ensure the preservation of New Zealand's unique national characteristics.

Combining internationally recognized standards in bioethics education while incorporating national traditions and cultural values, Henk ten Have, Christophe Dikenou, and Dafna Feinholz report on UNESCO's project, Assisting Bioethics Committees, initiated to help member states establish and reinforce national-level bioethics committees.

Turning again to ethics committees, this time those addressing clinical issues, is the subject of a survey report by Reidun Førde and Reidar Pedersen as to how committees in Norway are functioning and fairing.

The prominent role of public policies and debates is the subject of our individual country reports. From Ireland, Sheelagh McGuinness and Sorcha Uí Chonnachtaigh examine reproductive health and whether cryopreserved embryos are covered by the protection extended to the "unborn" in the Irish constitution.

Gert Helgesson and Stefan Eriksson explore four themes in recent Swedish bioethics debates: end-of-life care, dual-use research, scientific fraud, and biobanks.

Lisa Cherkassky offers a comparative analysis of the national and agency-level liver allocation procedures in the United States and the United Kingdom and the ethical principles underpinning them.

The often overlooked role of the media in public debate is examined by Katsiaryna Laryionava and Dominik Gross in their report from Germany showing communication problems between the scientific community and the media's tendency toward sensationalism that leads to a distorted, emotionally charged public perception.

Vojin Rakić and Petar Bojanić, although decrying an insufficient involvement of philosophers in Serbian bioethics, optimistically point to a changing attitude where increased philosophical participation will improve the country's institutional and legal framework.

The final papers reveal questions of professional and patient relationships not commonly understood by outsiders. Dorothea P. Touwen describes the ongoing search in The Netherlands for the balance between professional assessment and the individual patient's preferences, set against the backdrop of the responsibility of Dutch physicians and the right of patients to decide for themselves in matters of ending life and vitrification of egg cells.

Xinqing Zhang and Margaret Sleeboom-Faulkner provide an inside look into increasing tensions, leading sometimes to violence, that are reshaping the doctor-patient relationship in today's China, leading to the practice of more defensive medicine and rising healthcare costs.

Midgley is right in that, by patiently putting together the data from different angles, eventually we can make quite a lot of sense of this habitat—be it aquarium, world, or international bioethics.

## **Note**

1. Midgley M. *The Myths We Live By*. London: Routledge; 2003, pp. 26–7.