From the Editors

"If we are to save technology itself from the aberrations of its present leaders and putative gods, we must in both our thinking and our action come back to the human center; for it is there that all significant transformations begin and terminate.

-Lewis Mumford

Healthcare ethics committees are increasingly the locus, or "human center," of bioethics in action and application. The goal of the *Cambridge Quarterly of Healthcare Ethics* is to explore the many implications of both the broader issues in healthcare and society and of organizational concerns arising in the institutions in which ethics committees are located. Our continual aim will be to respond to the specific needs of the many and diverse people who serve on such committees.

In a world where the rapid explosion of technology sometimes seems out of control, we must keep in mind that one of the areas in which we can gain some control is in the institutions in which we work. Most of us expect the institutions where we spend so many of our waking hours to embody good human values, and we are thus disappointed when they do not. In healthcare, this is a particularly ironic and troublesome conflict, and there is an increasingly recognized danger of the gap between values and practice, and between cure and care, widening even as technology expands the frontiers of what is possible.

However, an important ideal role for healthcare ethics committees is to ensure that our healthcare institutions do reflect the values we are dedicated to as human beings, and which should consequently direct our technology. Ethics committees should examine not only the decisions being made daily in their institution, but the traditions and goals of the institution itself. The ideal ethics committee functions as the prism that first separates the many facets of healthcare's responsibilities and possibilities, allowing for interdisciplinary examination and hopefully shedding light in the process. Many if not most committees have far to go in attaining and fulfilling that lofty role.

In addition, although the issues raised by advancing healthcare technology have long transcended national boundaries, the international dimensions of healthcare ethics are becoming increasingly apparent. Communication among colleagues from around the world reveals that institutions in Great Britain, Europe, Canada, Australia, Latin America, and Japan either have formed ethics committees or are in the process of doing so, although the roles, functions, and structures of these committees may vary. In introducing CQ to a truly international audience, we do not propose that there are global or even international solutions to ethical dilemmas in healthcare. Rather than overlooking or seeking to abolish cultural diversity in this respect, a more accurate metaphor might be that of a world community of ethics committees, whose value lies in the recognition that all concerned stand to be enriched through empirical comparative analyses of policies, procedures, principles, and practices.

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Indeed, ethics as a field of study is itself becoming increasingly specialized. We see four relevant divisions within bioethics, which should be mentioned to provide the context for applied healthcare ethics. *Academic ethics* tends to be deductive, and its methodology begins with a most cherished value that is to be preserved at all costs. General *medical ethics* is a branch of applied ethics that proceeds in the same manner as academic ethics but incorporates the data and outlook of medicine and the biological sciences. *Clinical ethics* differs from the above in that it is generally inductive and tries to preserve as many values as possible in specific cases; however, the resolutions and policies that emerge are still viewed through the rather narrow focus of philosophy and ethics itself. Finally, *healthcare ethics,* our primary focus in this journal, is as inductive as clinical ethics but much more interdisciplinary and takes into account the character and traditions of the institutions in question.

There has been significant growth and development of literature on healthcare ethics in recent years in journals devoted to many disciplines in addition to bioethics itself. However, as ethics committees serve—in theory and sometimes in practice—as perhaps the ultimate medium in which interdisciplinary knowledge is applied, integration of the wisdom from many fields is imperative. Thus, a prime motivator for CQ will be the integration of many disciplines as they apply to the work of healthcare ethics committees. In the pages of this journal will be found sections devoted to medicine, law, philosophy, economics, research, theology, education, behavioral and social sciences, and more—with a focus on practical applications in committee settings.

We will consider CQ a success when it is not only stimulating, but useful to its readers. We invite contributions and letters representing points of view, disciplines, and locations as diverse and far-reaching as our readership.