

From the Editors

Twenty years ago, a bioethicist at the bedside was unheard of, although a few of the earliest pioneers were embarking on consultations even then. Today, there are professional societies devoted to the task of doing clinical ethics and bioethics consults. That enormous leap is comparable to going from the invention of the automobile to interplanetary travel in just a few short decades. Such acceleration is, however, typical of the rapid change that marks our century.

We are changed by changing circumstances. Five years ago, no politician could win national office talking about healthcare rationing. We now have a president who made the critical dilemma of rationing part of his campaign. Likewise, 5 years ago the sophistication did not exist to seriously propose some professionalization requiring standards of training and behavior or certification of bioethicists.

Bioethics is no longer an infant or adolescent. It has "come of age." In adulthood, people begin to reflect on their behavior, on goals and responsibilities, and on how to focus their energies. Bioethics is now far enough along in its development that it has begun that similar and agonizing self-appraisal—today there are increasing methodological debates, epistemological debates, and debates about self-identification. The Special Section in this issue on Ethics Consultants and Ethics Consultations is testimony to the heat, if not light, generated by the questions, "What is the

status of bioethics as a profession?" "Should there be regulations for bioethicists?" "What is the role and function of bioethicists?" and "What authority is, or should be, bestowed upon bioethicists?"

The questions raised by the authors in this Special Section have been raised in the past, but now they are asked with a new and stronger voice. Before, questions of standards and professionalization were raised rhetorically; now they are raised seriously. These questions help determine what it means to be a bona fide bioethicist, who qualifies and who does not, and the role played in contributing to the resolution of cases.

The fact that there is so much disagreement in bioethics, from defining the field to how problems are to be resolved, takes us headlong into one of the most frequent criticisms of bioethicists—they never seem to agree amongst themselves, so isn't it rather absurd for others to turn to them for guidance?

The question, although understandable, is based on a misunderstanding of what bioethics is, and perhaps here, as often happens, our language has confused us. Referring to someone as a "bioethicist" suggests he or she has mastered a body of information that, if not recognizable, is at least identifiable. But bioethics is a peculiar area of intellectual endeavor. Although it makes use of a wide body of factual information (e.g., from law, medicine, cultural perspectives, etc.) bioethics itself does not

have any facts and there are no objective truths that a person is expected to master. Bioethics is born from the question "What ought we to do?" in response to the complex healthcare dilemmas we face in a technologically advancing world. No one discipline can have the answers, and we must turn to philosophy, law, medicine, anthropology, political science, theology, and other disciplines and professions as well as to laypersons and to social and cultural assumptions to inform our discussions and decisions. For this reason, rather than referring to a "bioethicist" it would be more precise and descriptive to refer to "bio-philosophers," "bio-attorneys," "bio-physicians," etc., to indicate expertise in a particular discipline useful in sorting out the issues of bioethics. This nomenclature recognizes expertise in areas that impinge on bioethics questions and avoids the unfortunate homogenization that comes with holding bioethics to be a separate albeit diluted discipline.

Included in this new language is the assumption that training in bioethics should be a postprofessional degree enterprise, drawing on the solid foundation of a particular perspective. It will require just this kind of in-depth training in a healthcare discipline, before approaching the complexities of bioethics, to respond effectively to what the future holds.

Changes in the United States' healthcare system could eliminate entirely some of the discussions that preoccupy many today. Just as interventionist medicine may no longer prevail, so too interventionist ethics, preoccupied with issues of withholding and withdrawing care, may be replaced with new issues of justice or of compassion for individuals in a healthcare system that might

rule out continued care beyond a certain point. Bioethics will be partially taken away from the bedside. What has so far been a clinical activity will become a social enterprise, the nature of which is to argue about setting limits. We will need all of the strengths of the various healthcare disciplines to meet these challenges.

Perhaps the best "training" in bioethics is to create an atmosphere in which health and other professionals can "train" themselves. The greatest benefit may come from helping philosophers, attorneys, physicians, administrators, or theologians to have certain experiences that will lead to their continued and lifelong reflection. Certification in bioethics would not mean that they have acquired more facts that will necessarily lead them toward making good judgments or that they have become wise people. Instead, it will mean they have been given the opportunity to examine life and human experience through the prism of dilemmas they will most likely encounter in their job as bio-philosopher, bio-attorney, bio-physician, etc., and they have been assisted in integrating that experience – so that they can offer similar integration to others who have not faced these dilemmas so tellingly before.

The illustration of the 16th century Chinese fan painting, "The Seven Sages in the Bamboo Grove," was chosen to introduce the Special Section in this issue. It was chosen precisely because it frames these questions of professional identity. Are bioethicists experts in a field of knowledge or is it more appropriate to view them as voices bringing to the discussion the skills and perspective of a particular healthcare discipline? We believe it to be the latter.