

Special Section: Bioethics Beyond Borders

From the Editors

Building Bridges Not Walls

In the waning hours of her presidential campaign, Hillary Clinton made an appeal for building bridges and not walls. Since then, in a world of escalating dislocations, Clinton's call for symbolic bridges spanning differences is ever more pressing.

At a time when there are trends to retreat into our own separate corners of the world, *Cambridge Quarterly of Healthcare Ethics'* Special Section "Bioethics Beyond Borders" is a form of resistance. The antiglobalization environment has anti-intellectual consequences reaching beyond geographical zones. Closing borders means closing minds.

This is where our field comes in. Rather than dividing walls, we want to build connecting bridges. Instead of closing borders, we want to open them to as much traffic as possible. How can we understand the bioethics debates and policies in our own countries without the advantage of seeing them through the lenses of how others are meeting the same challenges? As insular and often myopic as we may be regarding the larger world of bioethics, isolation is a false assumption. It is only a matter of time before we face the same, or some version of, other countries' dilemmas in our own neighborhoods.

The articles gathered for this Special Section come from ten different countries, ranging across the globe. All raise pertinent questions and offer readers a view of a landscape that exists beyond their own national boundaries.

Questions addressed in this issue begin with the report from Japan outlining a common tension between research communities and government policies. This article is about the current Japanese debate concerning the entangled debate over the regulations on human genome editing technology using human embryos.

Policy issues continue as we turn to The Netherlands, the country that continues to be at the forefront in developing rules and jurisdiction regarding euthanasia and end-of-life decisions. Here, articles bring us up to date on two questions under current debate involving opposite ends of the age spectrum: Should elderly people with a "fulfilled life" have access to assisted suicide, and what is the developing relationship between pediatric palliative care and end-of-life decisions?

Informed consent continues to generate cultural and legal questions. The Special Administrative Region of Macao offers a textbook case of a healthcare system wrestling with how best to achieve patient informed consent in a setting with multiple languages and cultures. From devising ways to resolve these differences, in Saudi Arabia, the clash is between old and evolving, as the question becomes: Will changing times bring an end to traditional strictures against a woman's right to make her own medical decisions?

Culture and the Confucian tradition are the backdrop for two articles. China is working toward ways to empower patients and encourage their engagement in their own healthcare. What should be the role of families in achieving these goals?

Also being questioned is, given the traditional avoidance of discussions on death, whether end-of-life healthcare is really reflective of the patient's wishes.

Human rights and access to healthcare are the focus of the next group of articles. Brazil struggles with the question of whether access to healthcare should be seen as an inherent human right under the state's responsibility or another consumer good that is made available through the market. Australia faces the problem of what are the state's responsibilities regarding the health rights of children, particularly in cases of child asylum seekers and those incarcerated in detention facilities. In China, the question of fairness takes center stage along with the effort to reform China's health insurance system in such a way as to promote equal opportunity of access to healthcare insurance and also to reduce inequality in benefits, being especially mindful of the interests of vulnerable groups and rural residents.

State-sponsored suffering is unmasked in two articles: physical suffering in the Chinese penal system of lethal injections for organ procurement, and psychological suffering in Russia's past interpretation of "moral enhancement" and how it paved the way to the Gulag. As demonstrated here, suffering coupled with state power increases the wrong imposed on the victims.

The final articles look toward the future of medical professionalism, how to contribute to its success, and what could be "canary in the mine" concerns about what insufficient support can mean for those entering the practice. Recognizing the important role that ethics education plays in the professional development of physicians, the curriculum developed in New Zealand's two medical schools is described, followed by the professional crisis in the United Kingdom that threatens to provide impetus for an exodus of junior physicians.

Bioethics has evolved into an even more international system, and, together, the articles in this collection provide new visions of how we might rethink familiar territory. The goal is not to move toward a homogenized view, but rather, by listening to different voices, to widen our vistas.



Utawaga Hiroshige (Ando Hiroshige) (1797–1858). *People on the Street with Mount Fuji in the Background*, from the series *53 Stations of the Tokaido*. Colored woodcut. Location: Private Collection, France. Photo credit: Art Resource, NY. Reproduced by permission.