

LETTER

What is the contemporary role of second-generation philosophical bioethicists?

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Bioethics originated in the 1970s and has now been around for half a century. During that half-century, brilliant achievements have been made, especially in the West. Basic bioethics theories have been developed that have proved useful in solving many bioethical issues including policies. Moreover, ethics committees and clinical ethics consultations have been implemented in the medical field. However, there seems to be a pessimistic discourse in bioethics in developed countries. For example, mid-career researchers from the world's leading bioethics centres in the UK and North America, Blumenthal-Barby et al, expressed concern and frustration about the current situation of philosophy in bioethics in their 2021 paper "The Place of Philosophy in Bioethics Today" [1]. The authors pessimistically say that:

During a recent plenary session at a bioethics conference, several leading scholars in bioethics expressed the view that there is nothing philosophically interesting left to be done in bioethics. They argued that the majority of the work in bioethics today involves the simple application of existing philosophical principles or concepts.In their view, now that these theoretical foundations have been established, clinicians, ethics consultants, policy makers, and scholars need only to be trained in how to apply these foundations to cases..... In essence, philosophy's glory days in bioethics are over. [1]

The paper is beautifully written in a philosophical manner. It refutes the discourse of a diminished role for philosophers in bioethics and clearly presents a vision for their role in the future. One might be impressed by the authors' knowledge and lucidity. However, from the perspectives of countries in Asia (including Japan), where bioethics is less developed, their paper may appear as a series of complaints. To our minds, the authors' viewpoint lacks a *global perspective*. There seems to be a big difference between the status of bioethics in developed countries and in developing countries.

Here, we will comment on arguments and discourses about bioethics in developed countries from three perspectives. First, how aware are philosophical bioethicists from developed countries of the reality of bioethics in developing countries? Working in a medical school in Japan, we have a heavy educational workload (medical and nursing school, school of public health, school of literature, law, pharmacy, continuing education, etc). We manage ethics committees and are involved in ethics consultation, research ethics education, and

even conflict of interest management, working 24 hours a day, 365 days a year. We spend every spare minute writing papers. The complaints about limited funds and time are the same in all professions.

In bioethics developing countries, research ethics committee systems are not well established, and ethics consultations are not available in many hospitals. Thus, philosophical bioethicists in developing countries take a "hands-on" approach. Developing countries do not have the money to pay philosophical bioethicists to be only at their desks and not engaged in practical activities. Overall, we want to assert that philosophical bioethicists from developed countries should be aware of *global disparities*.

Second, with regard to new and emerging issues, Blumenthal-Barby et al, as examples, took topics such as organoids (an artificially grown mass of cells or tissue that resembles an organ) and neuroethics (an interdisciplinary field focusing on ethical issues raised by our increased and constantly improving understanding of the brain and our ability to monitor and influence it). However, as long as human beings exist, medicine will exist, and the pace of technological advances is far beyond the imagination of philosophers; HIV/AIDS is no longer fatal, the development of nivolumab has greatly improved cancer prognoses, and hepatitis C is curable. Natural science and medicine are evolving minute by minute. Thus, the emergence of new bioethical problems is endless. Philosophical bioethicists will not run out of things to study. It is a needless fear.

Our third point is the disdain for those involved in research ethics and clinical ethics. In our experience, important research ethics topics abound in ethics committees and clinical ethics topics in clinical ethics consultations. In fact, many issues are identified from real-world experiences and are the subject of papers. The serious ethical problems of applied practice arise on the ground.

One wonders if philosophical bioethicists in developed countries are justified in complaining based on their attitude that philosophy is the supreme form of knowledge/ the supreme activity and lack of enough understanding of other fields, especially *global bioethics*. We would argue that interdisciplinary bioethics needs to lead to concrete action and practice worldwide.

Modern philosophical bioethicists should seek hands-on learning not only in philosophy but also in medicine, statistics, and many other diverse fields. They also have to "Think globally, act locally" — the phrase often used in the global ethics context. We assert that second-generation philosophical bioethicists in developed countries should help developing countries and be more engaged in *global bioethics* [2]. There is no time for whining and complaining.

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Authorship: Refusing what you know you don't deserve

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Scientific writing and publishing are significant for an early-career researcher (ECR). For entry into doctoral studies, new jobs, or promotion, publications are among the essential requisites any selection committee will look for. Unlike interpersonal skills such as team building or communication, academic outputs are easier to assess and quantify but producing them may not always be easy for an ECR.

Challenges in publishing

Some common challenges faced in writing and publishing an academic piece include language barriers for those not fluent in English. There may also be a dearth of opportunities and time, particularly for those ECRs who spend a fair share of their time in administrative work, teaching assignments, clinical work, implementation activities or managing finances. Another common challenge is a lack of mentorship or overburdened mentors who have little interest or time to foster the growth of an ECR. Despite these systemic or structural challenges, a self-driven ECR can work around the hurdles and manage to come up with a draft manuscript.

Assigning authorship

A researcher who leads a manuscript is most likely to be the first author of the paper. The manuscript, however, may involve other contributors who may also be eligible to be authors. ECRs face the tough task of assigning authorship to all the eligible authors. Many are unfamiliar with the ethics of authorship and may assign it inappropriately. There are, therefore, guidelines to guide researchers on what constitutes authorship. But familiarising oneself with these guidelines may in fact make things trickier and more complex. The guidelines recommend discussing authorship at the start of work to avoid any conflicts thereafter [1]. However, an ECR may not be able to freely discuss authorship with more senior and experienced contributors. While the ECR understands and wants to follow the guidelines, there may be no guarantee of the same understanding from the other contributors.

Vulnerability of the ECR

What if the other contributors of the research team have a habit of granting authorship irrespective of eligibility? The ECR could run the risk of being considered an outlier for doing things differently. The situation can be particularly tricky when a team member with no significant contribution to the manuscript indicates an interest in being named as an author. Ignoring this interest can come at a cost, including that of mental health. The ECR knows that the research team, especially if working in a niche area, can be a source of future employment opportunities, and may also keep running into the team if research is continued in the same area. The compromised autonomy of the ECR and the profoundly hierarchical nature of the professional setup renders the person vulnerable. Knowing what is normatively good can actually make the decision-making process more difficult for the individual.

A way out?

But what if the other contributors were to come up to the ECR and declare upfront that they do not qualify and therefore should not be named as authors? Imagine a contributor declining the request of an ECR to be acknowledged for a contribution that does not merit acknowledgement. Would this not make the job of an ECR easier? The ECR would neither be scared about other contributors being unhappy nor feel guilty about assigning inappropriate authorship.

The responsibility that comes with power

The onus of ensuring appropriate authorship is often left to the lead author. This may not be fair when the lead author is an ECR working in a hierarchical setup. Those at the top of the hierarchy should be more accountable. This does not mean that those at the top should ultimately decide on the authorship for any manuscript. This means that it is more the responsibility of senior researchers to refuse to accept authorship without significant contributions, than that of the ECR to ensure that authorship is assigned appropriately. Can our publication ethics guidelines make this recommendation to all mid-career and senior researchers? The proper execution of this notion will undoubtedly free ECRs of the burden of navigating through complicated professional situations and leave them to focus on the quality of the manuscript.

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