



Opening Access to the Bioethics Spectrum

Graeme T. Laurie¹

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We are very pleased to announce that close to 70% of the content of this October 2024 issue of *Asian Bioethics Review* is accessible free of charge. We live in difficult times for publishing. Authors and journals alike are constantly having to navigate complex and ever-changing business models, and invariably the first casualty is quality output. Or rather, access to quality output. This issue is an attempt to balance a number of considerations: (i) bringing quality scholarship to readers in a timely fashion, (ii) showcasing open-access articles to include an ever-widening range of readers, (iii) taking full advantage of publisher initiatives, such as Free To Read, and (iv) capitalising on publisher commitments to global crises, such as the COVID pandemic, whereby all materials on the topic are freely available. By these means, nine of the thirteen articles in this issue can be read by simply clicking through on our links below. The battle is constant, and the war is far from over. OA agreements are a start, but they favour high-income countries and institutions. This is a double blow to a journal like ours that focuses on Asia. Publisher initiatives to open up readership are always welcome, but editors and authors rarely have a seat at the table in deciding priorities in this regard. And for authors who do not work in a high-income country or in a resource-rich institution or who have (yet) to secure funding that can pay the exorbitant fees for open access, the struggle becomes not one of writing but of being read. The editorial team acknowledges your struggle. Please be assured that we are working hard to ease the pain and to make access to quality scholarship from across the bioethics spectrum a central part of the equity of publishing.

Our first article in this issue deals with another issue of equity in publishing, this time with respect to the constitution of the editorial board of journals. We have published previously on this issue (Manan et al. 2023; Rawat et al. 2024), and on this occasion, the focus is on medical student journals. Manan et al. [<https://link.springer.com/article/10.1007/s41649-024-00297-2>] present the findings of a cross-sectional study to evaluate the diversity status of editorial boards of student medical publications, focusing on characteristics such as gender, geography and socio-economic background. As well as reporting a high prevalence of members from high-income countries and the Global North, gender disparity becomes more pronounced

✉ Graeme T. Laurie
graeme.laurie@ed.ac.uk

¹ School of Law, University of Edinburgh, Edinburgh, Scotland

with senior roles. All of this reflects findings for other journals in the medical field, doubtlessly reproduced to a large extent across other disciplines. As the article argues, the implications are profound and extend well beyond the publishing world given that journal membership often begets privileged professional positions and association membership, and the influences (and potential biases) can reach across entire careers and many decades.

Our next three articles make conceptual contributions to the field of bioethics, broadly conceived. In the first of this sub-set, Ozeki-Hayashi and Wilkinson examine Shinmi (親身) and ask whether it is a distinctively Japanese medical virtue? [<https://link.springer.com/article/10.1007/s41649-023-00261-6>]. Shinmi translates to English as kind or cordial. Here the authors explore the meaning and value of this concept and attitude in healthcare practice in Japan, through the use of an informative case study and from within the context of virtue ethics. As well as engendering a closeness with patients akin to a family relation, the authors show how Shinmi is not entirely unproblematic, for example when it leads to excessive familiarity or when it can lead to tension and conflict with other values. Nonetheless, the authors argued that when well-understood and applied, this concept—translated to practice—can promote the core goals of medicine and improve medical training from a very early stage.

The case study approach is also deployed by the authors of our second article to explore the role and potential value of the so-called Yuck Factor in bioethics [<https://link.springer.com/article/10.1007/s41649-023-00278-x>]. Eckl and Deininger use the example of the Belgian Blue—a breed of hyper-enhanced cattle—to examine whether and how appeals to the yuck factor can play any meaningful role in ethical justification for the treatment of animals, especially as a counterpoint to rationalism in ethical decision-making. The resulting argument is not a wholesale rejection of rationalism, but rather the advocacy for a form of “tempered rationalism” as a means to achieve and rely on well-ordered emotion.

Our final conceptual contribution brings together bioethics and human rights to ask whether the time is right to develop and implement new human rights, and if so which ones and to what end? Rothamn, Dyliaeva and Ghotbi build their analysis and answer to these questions through an empirical study involving students in a number of Asian countries [<https://link.springer.com/article/10.1007/s41649-024-00288-3>]. The paper reports on the attitudinal results, noting in particular, differences between genders on the nature and degree of support to revisit the very concept of human rights and its meaning in the modern world.

In the next sub-set of papers, we move to the praxis of bioethics in the context of ethics review and consultation. This group of three papers offers wonderfully rich international insights into bioethics in practice, drawing on experiences in three quite different country and regional contexts. The first paper by Civaner examines the ten-year experience of a hospital ethics committee in Turkey [<https://link.springer.com/article/10.1007/s41649-024-00289-2>]. The paper is set against the background of relatively little experience or evidence of the effectiveness of such a committee in Turkey, and the author designed an evaluation method based on both quantitative and qualitative methods to assess one particular instantiation in a Turkey hospital. The results mirror findings from similar initiatives in other countries, notably that

such a body often lacks visibility, is under-used, is met with suspicion in some professional quarters, and how its credibility can be undermined by numerous factors, including lack of standardisation of approach and decision-making. Nonetheless, the article also demonstrates how such a body can make wider institutional contributions, such as through policy and practice development, and recommendations are made about wider training, awareness-raising and professionalisation of such a body. The international lessons that emerge are self-evident.

Similar lessons have been learned about the role of ethics consultation in the various countries where this has been deployed to date. In their paper, Rodriguez Suarez and Prieto Martinez focus on the Latin American context and report on research that seeks to capture and analyse the influence of ethics consultation on physicians through an examination of the medical records that they keep [<https://link.springer.com/article/10.1007/s41649-023-00271-4>]. The method involved is lexical content analysis, i.e. the examination of the language used in medical notes and comparing said notes in different time frames. It is observed that “bioethical terminology” is more prevalent in more recent times and since an ethics consultation service has been available. Suitably tentative conclusions are drawn, not only for the Latin American context but more broadly. This paper is also a valuable example of how mixed methods that are relatively new to bioethics can considerably enhance the field.

The final paper in this sub-set is a welcome addition from Uzbekistan. The contribution by Aniyozova and Strosberg describes the national research ethics review system of that country’s healthcare domain [<https://link.springer.com/article/10.1007/s41649-023-00273-2>]. The picture that is painted is one of patchy coverage—from an ethical perspective—and concrete recommendations are made about how the situation in Uzbekistan could be improved. A multi-level strategy is envisioned with local institutional review boards operating at the micro level and better capacity building at the national level where review structures currently exist but are judged to be operating sub-optimally at present.

Our next paper both internationalizes the praxis perspective and shifts that perspective from ethics stakeholders to researchers who must act ethically in biomedicine. In their paper, Chan, Toh and Lysaght report on stakeholder perceptions of the role of law when they seek to share or receive data for health research from other countries [<https://link.springer.com/article/10.1007/s41649-024-00283-8>]. Thus, the perspective becomes cross-jurisdictional, and the focus turns to how bioethics—primarily in the guise of biolaw—is experienced. Seen through the lens of data protection laws, the international data transfer landscape is often reported as confusing, confounding and conducive to caution. Law is notorious for having this effect on non-lawyers! Still, the constituent of respondents in this study is proactively galvanised to make concrete recommendations on how the landscape could be improved by a number of measures involving legal reform and more punishment for data offenders. On a personal note, as a lawyer who has spent much more time than he cares to remember on these issues, I would also add that we should not overlook the fact that much can be achieved by reflecting on good governance practice with respect to data storage, management and use. Oftentimes, a perceived problem with data sharing has less to do with the law

than how it is perceived or interpreted. When law is seen as an architecture that both protects privacy and promotes responsible sharing, much can be achieved within existing laws and without recourse to law reform.

The paper by Xu et al. is also about bioethics at the coalface, this time from the perspective of physicians. The authors offer reflections on the experiences of physicians in China and Japan who have been involved in, or are the subject of medical disputes [<https://link.springer.com/article/10.1007/s41649-024-00294-5>]. Self-evidently, such disputes are a major barrier to a productive physician–patient relationship, and family members often have significant roles to play in driving the dynamics. The paper gives a detailed account of the similarities and differences between China and Japan, both relating to the different healthcare contexts as well as the kinds of issues that arise. The reader is referred to the paper for the specifics. However, as to a wider message, we can say this: the potentially negative impact on professionals and professionalism is significant. The authors offer specific recommendations on how the core physician–patient relationship can be strengthened to avoid future conflict and/or to minimise its harm should this arise.

In the following paper, we turn to the experiences of patients in South Korea with respect to oral contraceptives [<https://link.springer.com/article/10.1007/s41649-024-00293-6>]. In a different way, this study is also a comparative study—this time the focus is on Japanese nationals who have resided in South Korea and who seek access to oral contraceptives in that new host country. The authors, Kang and Kato, used semi-structured interviews to gather data about the women’s experiences as “transnational” patients, i.e. nationals in one country seeking access to treatment in another and often with the intention of returning to their country of origin. As well as offering insights into the experiences of these women, the paper provides more evidence of the phenomenon of medical tourism (crudely put) and the increased transnationalisation of medicine and healthcare. The socio-ethical implications are potentially far-reaching and significant, both for the transnational context and for what such research can say about issues of access for citizens in their own countries where cultural and social mores might be quite different with respect to a particular treatment compared to the country in which they seek and secure access.

Finally, the theme of access that permeates this issue of the journal would not be complete without some mention of the role of the internet. Farid provides an apt example in his paper analysing online content of assisted reproductive technology centres (ART) in Bangladesh [<https://link.springer.com/article/10.1007/s41649-024-00316-2>]. Few subjects are as culturally and socially charged as reproduction. Against the backdrop of Bangladesh with its own population-based, socio-economic and public health challenges, the author examines the web pages of 20 ART providers in the country to pull together a fascinating account of their content, which is then considered relative to the background of a lack of regulation and guidelines, a dearth of robust registration systems, and the vulnerabilities of many members of the population seeking access to their services. As with other papers on this issue, the conclusion takes the form of a number of concrete recommendations, in this case advocating for more robust regulation, more transparency, more standardisation, better control of advertising, and more focus on the particular ethical sensitivities in a country like Bangladesh.

Regular readers of the Asian Bioethics Review know only too well about our continued commitment to publishing on all aspects of the COVID pandemic. We are supported in this by our publishers, Springer Nature, who have undertaken an ongoing responsibility to give free access to all such papers. In this vein, we end with two COVID-related papers on quite diverse themes. First, we have the article by Chan which explores the options, opportunities and obstacles presented by wearable devices worn by citizens experiencing long COVID [<https://link.springer.com/article/10.1007/s41649-023-00272-3>]. Even the concept of “long COVID” is contested as to its meaning, and as a minimum we can perhaps at best agree that it is a complex phenomenon that encompasses heterogeneous groups with incredibly diverse symptoms and health challenges. This in itself raises the important question of how do we build and maintain a robust evidence base in order to study the phenomenon meaningfully and productively? In this paper, Chan examines the potential role of wearables in this regard. It highlights both opportunities and risks, culminating in recommendations designed to support use to gather more data in the public interest and towards better care for COVID patients more generally.

COVID threw many existing approaches to healthcare, research, resource prioritisation and patient management into turmoil. It exposed vulnerabilities for citizens, institutions, systems and entire societies. There are so many lessons that await our attention and the complexities are overwhelming. But this is not a reason not to tackle them. In this regard, the paper by Dung and Vy is revealing in many respects for its account of how the COVID pandemic provoked a shift in Vietnam from its historical reliance on a public system of healthcare provision towards public–private cooperation in dealing with the pandemic [<https://link.springer.com/article/10.1007/s41649-023-00276-z>]. Using the concept of path dependency and associated literatures, the authors examine the Vietnamese experience and lessons learned, particularly with respect to the role of law within the rapidly shifting socio-political landscape. Key take-home messages focus on ways in which this kind of shift in the provision of healthcare, especially arising in an emergency context, can capitalize on the kinds of benefits that can arise from public–private collaboration so long as questions of access to suitable healthcare remain a top priority.

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