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EDITORIAL

INFORMATION AND PROGRESS IN PHILOSOPHY OF MEDICINE

The Bulletin's third issue of last year, which you have recently received, is unique in several respects. First of all, it is a symptom of progress, because scientific information is made available in an efficient way on CD-ROM. When the extent of information as well as the number of papers produced is extremely large, as in this case, publication will require several book volumes; now, all members have the same information available in a more convenient manner. However, these technological innovations require a particular infrastructure. In France, CD-ROM players are more or less common good, in the Netherlands not many scientists possess such players. Without hard-ware equipment the most sophisticated technology cannot be made to work. Nonetheless, it will be a matter of time since the distribution and availability of new information technology will penetrate into various communities. Even in philosophy most scholars now will regard writing on a typewriter as old-fashioned; most of them work with PCs, although they will perhaps be the last academic discipline to have changed their working procedures.

Another unique aspect of the latest issue of the Bulletin is the short time span within which the information of the World Congress of Paris is available for scholarly use. Although ESPMH conferences usually do not have published proceedings afterwards, the development of books from the conference papers has proved to be a laborious and often unsuccessful process. The rapid production of a large selection of the presented papers at the Paris conference, only one and a half years after the close of the conference is a milestone indeed. We all should congratulate Christian Legrand and Patricia Monod for their efforts, and professor Anne Fagot-Largeault and Gerard Huber for the editorial guidance.

The CD-ROM issue of the Bulletin could also indicate a transformation in the nature of bioethics and philosophy of medicine. Contrary to other sciences, in philosophy, history never belongs to the past. Philosophy in a
sense is 'footnotes to Plato'; the fundamental queries are puzzling for philosophers whatever the cultural, historical and social contexts they are working in. Really great philosophers always prove their preeminence since reading their work is never an exercise in repetition or imitation, but requires continuous re-interpretation and re-actualisation in the light of present circumstances. In bioethics and philosophy of medicine, we are confronted with an intermediate situation. As philosophical endeavour, these sciences do not require a rapid flow of information, but on the contrary, the tranquil environment of old academia to reflect on the human condition. As practical ethics, however, they are involved in the hectic business of health care, running from one exceptional case to another, without any time to identify basic alterations in human self-understanding. Although this positioning between academia and business is somewhat unnuanced, it is obvious that the status, meaning and use of information will differ according to the location we grant to bioethics and philosophy of medicine within these two extremes. As a practical endeavour, rapid availability of the latest information is crucial; at the same time information is inherently volatile.

In this issue of the Bulletin it is a pleasure to publish a contribution of Tristram Engelhardt and Mark Cherry. Engelhardt's work will probably be familiar to many readers. His *Foundations of Bioethics* is now available in a new and revised edition. In his philosophical system, a delicate balance is required between the rapid, volatile information about present-day developments, and the longer term intransient wisdom of past traditions. The development of bioethics in Germany, described by Vollmann in another contribution to this issue, is perhaps another manifestation of the same phenomenon. It is too naive to simply oppose Anglo-American bioethics and Continental traditions, although it is common phraseology to interpret the Continental status of ethics and philosophy of medicine in terms of delay compared to the American scene. What is involved, is not only a matter of different structures and mores in health care professions, so elegantly described by Vollmann. What is at stake, also is a different conception of ethics itself. Why should we regard Anglo-American bioethics as progress and not as retrogression?

Henk ten Have