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## Słowo wstępne redakcji

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Artykuł został opracowany do udostępnienia w internecie przez Muzeum Historii Polski w ramach prac podejmowanych na rzecz zapewnienia otwartego, powszechnego i trwałego dostępu do polskiego dorobku naukowego i kulturalnego. Artykuł jest umieszczony w kolekcji cyfrowej [bazhum.muzhp.pl](http://bazhum.muzhp.pl), gromadzącej zawartość polskich czasopism humanistycznych i społecznych.

Tekst jest udostępniony do wykorzystania w ramach dozwolonego użytku.

## Foreword from the Editor

The current issue of the Polish philosophical journal *Diametros* is devoted in large measure to an entity which currently tends not to exist in Poland. The special focus of this issue is upon institutional entities known as Clinical Ethics Committees – CECs. This peculiar form of ethical counseling in health care already exists in various places in the world, but its *raison d'être* is questionable. It is difficult to give anything but full approval to the declared objective of the appointment of clinical ethics committees – improving patient care by enhancing the ethical quality of clinical decisions, but the actual implementation of this goal by the appointment of concrete committees is not as uncontroversial. Therefore one is all the more justified in asking whether these new structures in an (already quite complex) health care system should also be encouraged and implemented in those places in the world where they do not yet exist.

It is precisely this question – do we need clinical ethics committees? – that was the subject of the Polish Bioethics Society conference held in Krakow toward the end of September 2009 and connected with its annual general assembly. During this conference several lectures were presented – two of them appear in Polish in the current issue – and a preliminary discussion was conducted on the possible place of ethics committees in Polish hospitals. The conclusion of this discussion was an appeal of the General Assembly of the PBS to various persons and institutions that are, or should be, interested in the issue of ethical guidance in the Polish health care system. The signers of this appeal do not call (as one might expect) for immediate administrative steps towards the introduction of clinical ethics committees; rather they encourage a general debate on the optimal form and possible functions of such committees, a debate whose absence would probably make their administrative implementation premature. The “Special” section of the current issue of *Diametros* can be regarded as a response to the invitation of the Polish Bioethics Society.

Fortunately Polish bioethicists do not have to begin this indispensable discussion on clinical ethics committees *ab ovo*. It has already been taking place for some time in various other countries in which clinical ethics committees have commenced their (more or less intensive and effective) activities. The Editorial Board of *Diametros* therefore asked several authors from four of these countries – the United States, Great Britain, Germany, and Switzerland – to share their experiences and thoughts on the subject. The authors, who graciously accepted our invitation – some of them philosophers, and some physicians – are prominent special-

ists in the field of clinical ethics, particularly hospital ethics committees; however, they are far from being unwavering enthusiasts.

In particular, they do not conceal the fact that “clinical ethics committees remain the subject of vivid and numerous controversies” (Jean-Claude Chevrolet and Bara Ricou), that empirical studies on the actual functioning of many formally established CECs “revealed rather sobering results” (Alfred Simon), and that “[h]uge problems will remain for even a well-functioning CEC” (Eleanor Updale). However, they seem to share the reassuring conviction that steps towards establishment of a more satisfying system of ethical reflection and consultation in health care “are difficult, but nonetheless worthwhile, endeavours” (Sheila A.M. McLean).

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