

## From the Editors

We explained in our first editorial that *Cambridge Quarterly* would be interdisciplinary, international, and practical as well as theoretical. Keeping each of these commitments in good balance is our greatest challenge.

One of the ways to stimulate this specific scope of the journal is inaugurated in this issue with *CQ's "Bioethics Common Market: An International Exchange."* In this section, practical aid for centers and scholars around the world can be promoted. Through Bioethics Common Market, those having need for materials, resources, or scholars in bioethics will be put in touch with those of us who can share or give resource material such as books, journals, monographs, films, and tapes or who would like to offer foreign travel and assistance. Announcements of international meetings appear elsewhere in the journal. In our first Bioethics Common Market, scholars in Russia and Hungary ask for increased access to healthcare information and research opportunities in the United States.

The infant and adolescent years of growth in healthcare ethics understandably and inevitably were marked by self-absorption typical of those periods of life. Now, however, it is vital to build an international community of healthcare professionals who are devoted to mutual responsibility for the maturity of the discipline throughout the world and who would support one another in mutual aid. *Cambridge Quarterly* welcomes your additions to Bioethics Common Market, either in the form of reserves needed or reserves you can share.

Another new feature, the interview with Democratic vice-presidential nominee Senator Al Gore, represents the first of our efforts to present the ideas and concerns of prominent public figures whose commentaries would not ordinarily be found in the literature.

Forging international bonds through scholarship also continues in this issue, in the form of Edmund D. Pellegrino's paper, "Intersections of Western Biomedical Ethics and World Culture: Problematic and Possibility," exploring the international character of healthcare ethics. We will publish additional papers in this series in forthcoming issues. Eventually they will be published with other papers in a book to be called *Transcultural Dimensions in Medical Ethics* (University Publishing Group), to be coedited by Edmund D. Pellegrino, Patricia Mazzarella, and Pietro Corsi.

Also in this issue, we raise the question of whether there might be a distinctive "hospital ethics" compared with "bioethics," "medical ethics," and "clinical ethics." This comparison takes the form of a paper and several responses—a mini-debate—about the issue. In keeping with our dual focus of theoretical and practical approaches to healthcare ethics, we include short pieces about calling ethics consults in a university hospital setting, resource allocations for end-of-life decisions, and the obligation and limit on that obligation for surgeons to treat patients in the face of their occupational risk for nosocomial HIV infection.

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In our ongoing discussions of networking, "Network News" reports how the Medical Ethics Resource Network (MERN) of Michigan has, over the past 5 years, become an effective organization providing useful services to members of institutional ethics committees and other constituencies. Besides its current educational role, MERN is moving toward an expanded involvement in policy issues by promoting a forum for effective state-wide community dialogue. Several features of MERN's history and organization may be informative for those planning similar network activities in other states.

We hope this third issue of *CQ* proves stimulating and useful to you, and we invite your comments and suggestions.