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Editorial

Medical Philosophy and Medical Ethics in the Nordic and the Baltic Countries: Some Pressing Issues

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Philosophy of medicine and medical ethics constitute some of the most vibrant areas within practical philosophy and philosophy of science. While developments in medicine and related fields continue to provide ever new issues for philosophical investigations, many of the traditional questions—the doctor-patient relationship, the meaning of autonomy, the value and practice of truth in medicine—have remained as meaningful as ever. These fields are also fertile grounds for interdisciplinary research where philosophers provide only part of the story/ies and where the contributions of sociologists, lawyers and medical practitioners are indispensable.

This special issue of *Studia Philosophica Estonica* is dedicated to the *Nordic Network for the Philosophy of Medicine and Medical Ethics* (NNPMME) funded by Nordforsk during 2009–2011. The name of the network is somewhat misleading because all Baltic countries have also been contributing members of the network from the very beginning. The theme of this issue—*Medical Philosophy and Medical Ethics in the Nordic and the Baltic Countries: Some Pressing Issues*—originates from the title of the latest, sixth, meeting of the network held in Tartu, Estonia in June 2012. This journal issue offers a glimpse at some of the recent work being done in the Nordic and Baltic countries as most contributions originate from the very last workshop.

The Nordic Network for the Philosophy of Medicine and Medical Ethics has not been the first attempt to bring together the area specialists in the region. The First Nordic Symposium on Philosophy of Medicine was arranged

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already in 1982 (Nordenfelt 2000). Here we are unable to provide a full history of the development of philosophy of medicine or medical ethics in the area but some earlier attempts to map this exist for the Nordic area (see for example Airaksinen and Vuorio 1988, Lindahl 1985, 1988, Nikku 2000, Nordenfelt 2000, Tranøy 1988) and more recent ones for the Baltic area (Dranseika et al. 2011, Tikk 2011).

The opening symposium of the NNPMME took place in Linköping, Sweden, March 4–6, 2009, where all participating countries presented the current state within their countries as well as ongoing research projects at the different universities. The foci of the four sessions were general philosophy of medicine, research ethics, medicine and the welfare state, and biotechnology. The second meeting was a workshop titled *Experimental philosophy and experimental medical philosophy*, in Copenhagen, June 4–6, 2010. The third meeting—a combination of a workshop and a graduate course—was dedicated to research ethics and was held at Skalholt, Iceland, in September 19–22, 2010. The fourth meeting *Knowledge in medicine—questions in medical epistemology*, that was held in Helsinki, Finland, June 9–11, 2011 was also a combined workshop and graduate course. The fifth meeting for the Nordforsk grant was held in Vilnius, Lithuania, October 5–7, 2011, and was a summation of the first three years. The following universities have collaborated within the network:

Linköping University, Sweden (Network centre)

Karolinska Institute, Sweden

Södertörn University College, Sweden

University of Copenhagen, Denmark

University of Helsinki, Finland

University of Oslo, Norway

University of Iceland, Iceland

University of Tartu, Estonia

Riga Stradins University, Latvia

University of Latvia, Latvia

Vilnius University, Lithuania

Besides official members representatives from other universities have participated in the workshops and courses.

While the funding from Nordforsk has run out, the network continues to function with the help of alternative resources and we are already looking forward to the next meeting in Riga, Latvia, in June 2013. The network continues to update a web page at http://www.imh.liu.se/avd_halsa_samhalle/nnpmme/hem?l=en.

Even though this particular journal issue covers only some aspects of the vibrant field it still provides a rather broad collection of topics. The papers cover philosophy of medicine as well as medical ethics and the methods are both theoretical and empirical.

Lennart Nordenfelt provides a systematic historic glimpse at the philosophically challenging problem of classification of diseases. Starting with some historical examples he shows that modern classifications, such as the internet-based SNOWMED, also present problems that need to be sorted out. Parts of this paper were presented at the fourth meeting in Helsinki and are here further elaborated.

Theda Rehbock discusses one of the most fundamental questions in medical ethics—that of the personal autonomy—and links it to the difficult subject matter of mentally ill persons. She argues for the recognition of the understated and often discarded relevance of the corporeal expressions of the will and thus challenges the prevalent modes of thinking in contemporary medical philosophy and ethics that tend to heavily prioritize the linguistic expressions of will, to the exclusion of others.

Petra Gelhaus investigates truth-telling from the perspective of the doctor and aims to analyze what is the nature of truth in a medical disclosure. She underlines the delicate and complex nature of truth-telling in medicine, arguing for both a correspondence of facts and hermeneutic as well as constructive capacities from all of those involved.

The value of veracity or truth-telling in medical practice has a contentious and rather recent history. In the countries with the Soviet experience the significance of truth-telling has been even more recent. Ivars Neiders, Vija Silis and Vents Silis present the results of an interesting study regarding the truth-telling practices of Latvian doctors and medical students and analyse the reasons behind forms of symmetry and asymmetry in truth-telling practices.

In the article “Risk communication in assisted reproduction in Latvia: from private experience to ethical issues” Signe Mezinska and Ilze Mileiko analyse the process of risk communication in the context of assisted reproduction. They outline that the chosen channels of communication depend heavily on the types of risk communicated—moral and psychosocial issues

tend to be avoided in the doctor's office where risk-benefit calculations and medical risks have the upper hand. For the reflections on moral issues, the patients tended to look elsewhere—to the peers in internet communities and churches.

Henrik Lerner discusses the “one medicine”-approach or the view that veterinary and human medicine could be conceptualized, studied and practiced as one discipline. He investigates some of the philosophical roots of this movement and tries to outline some important issues for such a combined discipline.

We hope that this journal issue will give some insights into what is going on within the Nordic and Baltic states in relation to philosophy of medicine and medical ethics.

Acknowledgments

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