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Late Have I Loved Thee: Reintroducing the Journal of Health Ethics Twenty Years Later

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Late Have I Loved Thee: Reintroducing the *Journal of Health Ethics* Twenty Years Later

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Introduction

In the Fall of 2004, under the visionary leadership of founding editor-in-chief Dr. Sheila P. Davis, the *Online Journal of Health Ethics* (*OJHE*) was born. From humble beginnings, the *OJHE*—housed at the College of Nursing and Health Professions at the University of Southern Mississippi (USM)—quickly garnered international traction and became a target journal for freshly-minted PhDs, physician and nurse leaders, academic and clinical bioethicists, moral philosophers and theologians, public policy makers, clinical social workers, interfaith hospital chaplains, and allied health professionals.

Davis' vision for the *OJHE* was to create a multidisciplinary clearinghouse for cutting-edge scholarship on ethical issues at the intersection of public health, public policy, and healthcare delivery. Davis—a tenured full Professor in the College of Nursing and Health Professions at USM—had a penchant for publishing articles that highlighted cultural inequities, healthcare disparities, and social justice issues—manuscripts that were often overlooked by other journals due to their potentially political implications. Davis' dedication to the healthcare needs of marginalized populations drove her insistence that the *OJHE* eternally remain open-access so that all seekers of wisdom, no matter their ability to pay, could come to its wellspring, drink, and be satisfied. In typical Davisonian fashion, the *OJHE* would accomplish exactly what she did with her advocacy: comforting the disturbed and disturbing the comfortable.

In a conscientious and strategic effort to expand beyond its "small journal" feel, the *OJHE* rebranded itself in the Fall of 2021 by dropping "Online" from its name. The new-and-improved *Journal of Health Ethics* (*JHE*) relaunched with rigorously updated peer-review guidelines, a new style format, refreshed typefacing and manuscript orientation, and an overall modern user interface. As of this writing, the *JHE* has published 236 original papers that have been downloaded over 635,000 times (nearly 60,000 of which in the past twelve months alone), reaching domestic and international scholarly audiences from Raleigh to Rome, Portland to Paris, Buffalo to Barcelona, Topeka to Tokyo, Memphis to Melbourne, and Cape Cod to Cape Town.

Nearly twenty years after the journal's founding, Dr. Davis has handed over the reins of the *JHE* to her executive editor of many years—yours truly. It is a gross understatement to suggest that the international community of healthcare ethicists and public health practitioners is deeply indebted to her. As an expression of profound gratitude for her trailblazing work, winsome spirit, and tireless solicitude of the *JHE*, I am pleased to confer upon her the title of editor-in-chief *emerita*—an honorific unanimously approved by the *JHE* Editorial Advisory Board.

As an homage to my dear friend and colleague, my first order of business is to return the *JHE* to its roots by actively engaging the USM scholarly community—especially, though not exclusively, at the College of Nursing and Health Professions—to contribute to and actively promote the *JHE*'s mission of providing high-quality health ethics scholarship to those least likely to have access to it.

We look forward to continuing to share rich and innovative scholarship on ethical issues at the intersection of public health, public policy, and healthcare delivery. Twenty years in, we are just getting started.

In This Issue

The twentieth volume of *JHE* is ripe with innovative and rigorous scholarship on topics including critical care, biomedical research, machine learning, ethics consultation, and street medicine.

In the first paper, Brian Eclarinal examines the issue of critical care bed shortages during the early surges of the COVID-19 pandemic. Upon reviewing the commonly-invoked ethical principles used by healthcare organizations to navigate the otherwise rare process of scarce resource allocation, the author proposes an original algorithm to assist future decision making related to critical care bed assignment during a pandemic. Eclarinal concludes by suggesting that while achieving true equity during a public health emergency is largely impossible, ensuring and communicating a sense of fairness in triage processes is both morally mandatory and practically feasible.

The second paper, written by Michael Clancy and colleagues, explores the technology acceptance (TA) of twenty-first century biomedical treatments by American adults. To examine this phenomenon, the authors employ a novel TA instrument that involves five distinct levels of measurement: (1) healing and prevention, (2) replacement organs, (3) medical enhancements, (4) discretionary enhancements, and (5) transhumanism. Using an online survey yeilding several hundred responses, Clancy and colleagues highlight distinct patterns that emerge for each of the aforementioned treatment levels. According to the surveys, there was clear support by American adults for Levels 1-3, but very strong opposition to Levels 4-5. The authors conclude that these findings draw definitive lines between human interventions perceived to be acceptable, on the one hand, and prohibitable, on the other.

In the third paper, Dessislava Fessenko proposes ethical requirements for achieving fairness in radiology machine learning (ML). While radiodiagnostics by ML systems is often perceived as objective and fair, in practice they frequently exhibit bias towards certain patient subgroups related to (1) the selection of disease features for ML systems to screen, (2) the fact that ML systems learn from human clinical judgements (which are not infrequently biased), and (3) that fairness in ML is often mistakenly conceptualized as "equality." Upon delineating a set of interventions to rectify these issues, the author concludes by highlighting that ML requirements center the intersectionality and social embeddedness of patients' health (1) by integrating in ML systems adequate measurable medical indicators of the health impact of patients' circumstances; (2) through ethically sourced, diverse, representative, and correct patient data concerning relevant disease features and medical indicators; and (3) by iterative socially sensitive co-exploration and co-design of datasets and ML systems involving all relevant stakeholders.

The fourth paper, written by Daniel Jenkins and colleagues, analyzes the clinical ethics abilities of ChatGPT. In this pilot study, ethics consultation notes from a tertiary academic medical center were deidentified and entered into ChatGPT using three separate "chats" with one, two, or five unique notes. The authors then petitioned the large language model to produce an ethical analysis, discussion, and recommendations to establish its baseline capacity. Jenkins and colleagues then repeated the exercise but fed ChatGPT only the ethical analysis, discussion, and recommendation sections from the training notes it originally self-produced. Two independent raters scored ChatGPT's ethics consultation documentation using the validated Ethics Consult Quality Assessment Tool (ECQAT). When trained with the original (full) notes, ChatGPT's ECQAT overall holistic rating score for each "chat" was 2.5 for one note, 1.5 for two, and 2.5 for five. When trained using only the self-produced ethical analysis, discussion, and recommendation sections, ChatGPT scored 3 for one note, 2 for two, and 1 for five. Based on this data, the authors conclude that ChatGPT's variable performance, influenced by training data, highlights its poor baseline ability and emphasize the importance of human oversight.

In the fifth and final paper, Gordon Wong explores the legal and ethical issues inherent to street medicine. To address the growing problem of homelessness and its profound effects on clinical well-being, both federal and state governments are encouraging the implementation of street medicine programs. However, the unique needs of unhoused populations raise novel and heretofore unexamined issues in healthcare delivery, very few of which have been examined in the scholarly literature. Wong aims to bridge this gap and makes a passionate plea for governmental stakeholders to take seriously

and address these needs to ensure consistent quality, safety, and conscientiousness in healthcare delivery.

On behalf of the editorial team at *JHE,* thank you for your continued support of our work. Please share the contents of this volume widely with colleagues and students alike.

ABOUT THE JOURNAL

JHE is an international, open-access, peer-reviewed publication focused on original research and scholarship on ethical issues at the intersection of public health, health policy, and healthcare delivery. All articles published by *JHE* are made freely and permanently available online, without subscription charges or registration barriers. *JHE* authors are the copyright holders of their published work and are encouraged to disseminate it widely without limitation.

JHE is now accepting submissions for Volume 21. For more information about *JHE,* or to submit an original manuscript, please contact the Editor-in-Chief at JHE@usm.edu.