

FROM THE GUEST EDITOR

Preserving Ethics in a Not So Ethical World

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Ethical principles can be traced as far back as the ancient philosophers, including Plato and Aristotle, who believed in virtue as a guide for ethical action, and Kant, who developed the concept that obligation instructs us how to behave.¹ The terms “professional ethics” and “medical ethics” were created by English physician Thomas Percival in 1803, which led to the adoption of the first code of ethics by the American Medical Association in 1847.²

Today, many corporations and organizations have established a code of ethics for employees and members. These codes provide a guide on what to do, as well as what not to do, in a given situation. Adherence to these values strengthens the company culture, minimizes risk, and helps protect the company’s reputation. In addition to potential damage to image and public trust, the financial consequences of unethical behavior can be extensive. One medical device manufacturer and its subsidiaries have paid more than \$60 million in settlements due to kickback and fraud allegations.³ Even though many organizations have established codes of conduct for their associates, they do not eliminate the potential for misconduct. In 2020, the Harvard Business Review reported the results of a national survey on business practices conducted with more than 14,500 employees across many industries. Nearly 1 in 4 survey respondents felt pressured to do things they knew were wrong.⁴

Two articles in this ethics-themed issue present some ethical challenges for medical communicators. The first article by Blair Hesp and Jonathan Lee discusses how differences in cultural contexts can alter the interpretation and application of ethical publication practices in the Asia-Pacific region. This topic expands on the articles published in the previous themed issue of the *AMWA Journal* on global medical communication. However, addressing cultural differences can be particularly challenging because many of these engagements are conducted virtually. The authors provide recommendations on effective navigation of cultural differences to ensure that contributions are included from all stakeholders and engaging with colleagues in other regions to develop culturally appropriate processes that can strengthen working relationships and expedite project completion.

Continuing medical education (CME) is an essential component of ongoing professional development for health care providers. However, industry support of CME has raised concerns about the integrity of the content. The second article by Eve Wilson explores some of the requirements intended to prevent industry bias in continuing education (CE)/CME. Medical writers may play a key role in the development of CME materials; practical steps are presented for medical writers to ensure that CE/CME content is fair, balanced, unbiased, and accurate.

I wish to thank the authors of these articles for their time and efforts. I also encourage any feedback from AMWA members on any personal ethical challenges they’ve encountered in their everyday interactions.

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