

Original Article

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Abstract

The Editorial Board of *Cardiology in the Young* has recently discussed the need for a Bioethics Forum and has given authorisation to proceed with its creation. Herein, we provide the organisational structure and launch process to introduce properly this interesting and timely endeavour. By this communication, we are establishing this *Bioethics Forum of Cardiology in the Young*. We hope to attract manuscripts concerning timely bioethical subjects and to offer the readership the opportunity to respond to these topics with supporting or opposing views as appropriate. New articles regarding timely topics will be written by the readership, as well as by invited authors, and these articles will be published. We hope to stimulate interactive discussion concerning the published manuscripts, and these manuscripts and the associated discussions will be open to all interested parties.

Background

Quo Vadis?¹

Bioethical controversies have been widely recognised in patients with congenital cardiac disease over the years.^{2–4} These controversies include, but are not limited to^{5–18}:

- Unintended Consequences of Public Reporting,⁵
- Ethics of Databases,⁶
- Surgical Innovation,⁷
- Congenital Heart Surgery in Patients with Syndromic Abnormalities,^{8,10,18}
- Informed Consent,^{9,16}
- Post-Cardiotomy Extracorporeal Membrane Oxygenation (ECMO),¹¹
- Ethics of research in general,^{12,13}
- Ethical issues associated with rare and expensive medical conditions,¹⁴
- Conflict of Interest,
- Recognition of Medical Futility,
- Abortion Rights,
- Fetal Cardiac Surgery,
- Role of Ethics Consultation,
- Consolidation of Congenital Heart Programs,¹⁷ and
- Active/Passive Euthanasia.

These topics are highly controversial and have been debated in multiple domains, including but not limited to:

- scientific meetings,
- State Houses,
- Multiple governmental organisations including the United States Congress,
- Supreme Courts around the world,
- the literature, and
- private conversations.

The role of discussion, debate, and inquiry is to offer informed deliberation that can be processed by the readership and allow a venue for continued thought and debate.

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readership the opportunity to respond to these topics with supporting or opposing views as appropriate. New articles regarding timely topics will be written by the readership, as well as by invited authors, and these articles will be published. We hope to stimulate interactive discussion concerning the published manuscripts, and these manuscripts and the associated discussions will be open to all interested parties. We also plan to have dialogues with established Societies to introduce a Bioethics Forum at their meetings, which could then be published in *Cardiology in the Young*.

So, what are the benefits of such an enterprise and how will success be judged?

Clearly, participation by the readership will be the ultimate marker of acceptance and academic value. Further, interesting pragmatic interchange of established ideas, development of new ideas, thoughtful debate of controversial issues, and increased interest in *Cardiology in the Young* will all extend our readership more broadly. It is anticipated that "Letters to the Editor" with give-and-take positions will serve as the method of debate and further inquiry. A new small group of Reviewers will be recruited to judge and edit the new manuscripts that will be submitted. Fortunately, many candidates exist, both in Surgery and Pediatric Cardiology, to fulfil this role.

So, what are the challenges?

The study of Bioethics is, by its nature, controversial. There are Pro sides and Con sides to almost every topic:

- For instance, the topic of Abortion Rights is clearly in the news and has many opposing advocates.
- Further, Medical Futility has been considered by State Legislatures with some controversy.
- In addition, there has been active discussion of regionalising and combining congenital heart programmes, with the argument that this would strengthen established high-volume programmes and eliminate low-volume programmes.

While the challenges can be defined, an Editorial Board will have the unenviable task of deciding what is appropriate to publish and what is not:

- Will Freedom of Speech prevail when a submitted manuscript has highly controversial messages, which might result in legal actions?
- Will a well-written controversial manuscript be rejected if the topic is over the top?
- While bioethical controversies should be discussed, what will be the role of considered censorship by the Editorial Board?
- At what point will controversy fall into sedition?

These issues have been approached before in medical journals and can be successfully navigated.

So, the question arises, is this all worth the effort?

Since the introduction of philosophy, important and controversial topics have been discussed, mostly to the benefit of Society. Highly consequential discussions about the banning of nuclear weapons in war have resulted in a moratorium, despite the amassing of unused nuclear weapons. The abortion issue has been debated for centuries without a clear-cut understanding of when personhood and life are attained. Global warming, climate change, and racism are debated every day without resolution. Is it worth the effort to make

inquiries into the status of Pediatric Cardiology, and Pediatric Cardiac Surgery? We would submit that the answer is, "Yes!!!"

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Conflicts of interest. None.

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