When the publishing editors at Springer asked us to consider putting together a “Virtual Special Issue” for *Theoretical Medicine and Bioethics*, my co-editor, Lynn Jansen and I were initially dismayed. We publish a wide variety of interesting and rigorously argued scholarly articles in the philosophy of medicine and medical ethics, representing a full spectrum of philosophical approaches and positions, featuring authors from every continent save Antarctica. Topics range from clinical issues such as assisted suicide and reproductive technologies, to issues in the philosophy of medicine such as psychiatric nosology, and causation and mechanism in disease explanation. We already publish two special issues a year on distinctive themes, recently covering topics such as health care as a right, Sub-Saharan African bioethics, the supposed conflict between autonomy and solidarity, and, for almost a decade, the best papers from the international biennial Philosophy of Medicine Roundtable. The scholarly breadth and depth is impressive, but how to choose? How to assemble a collection of our already published articles that hangs together as a theme issue when composed of articles not intended thematically at the time of initial publication?

Ultimately, in looking over the last five years of *TMBE*, we noted that we have published a great deal of impressive scholarship regarding topics in biomedical research ethics. In fact, the body of work we have published on that subject has been so prodigious that our next dilemma was to decide which articles that we have published in that field ought to be included. We adopted a multi-faceted approach, based on impact (as measured by downloads and citations), novelty, and our own editorial assessments of scholarly quality. The result is this virtual special issue: “Research Ethics: Challenging the Status Quo.”

Several topics taken up in the recent pages of *TMBE* are among those that have plagued biomedical research ethics for a long time but have not gone away. For example, Mianna Lotz tackles the question of surgical innovation. Rather than another attempting to define the distinction between research and mere innovation, as most other scholars have done, she presents a new approach. In “Surgical Innovation as Sui Generis Surgical Research,” she argues that all surgical innovation ought to be considered a form of research, and that there are intellectual, moral, and practical “costs” associated with not thinking about innovation as research.

The fact that women have traditionally been excluded from research trials out of fear that the research might be harmful to a fetus should the woman become pregnant has also been discussed critically for years. Toby Schonfeld asks us to consider the harms caused by having considered women a “vulnerable population” in this way. In “The Perils of Protection: Vulnerability and Women in Clinical Research,” she offers fresh arguments against the justifications offered to defend the US Federal rules that had long considered women vulnerable subjects simply because they might become pregnant.
The article, “Challenging Research on Human Subjects: Justice and Uncompensated Harms,” however, turns arguments such as Schonfeld’s upside down. Rather than arguing that we over-utilize the designation “vulnerable,” Steven Napier argues that we under-utilize the concept. He argues that all healthy research subjects enrolled in more than minimal risk research with no prospect of clinical benefit, in justice, ought to be considered as equally vulnerable subjects and subjected to the same protections as those that have classically been considered vulnerable.

David Resnik tries to set a concrete limit on the amount of risk such healthy volunteers ought to be permitted to undertake. He argues, in “Limits on Risk for Healthy Volunteers in Biomedical Research,” that this risk ought not to be greater than a 1% chance of serious harm. He suggests that guideposts such as this, while difficult to quantify precisely, nonetheless put a frame on the question and provide a concrete anchor to aid decision making by investigators and those charged with the oversight of research ethics.

Another old issue has been whether surrogates can authorize the enrollment of patients as subjects in biomedical research when patients cannot speak for themselves. In “Surrogate Consent to Non-Beneficial Research: Erring on the Right Side when Substituted Judgments May Be Inaccurate,” Mats Johansson and Linus Broström offer arguments for why such third party consent ought to be permitted, but then describe significant limits on what protocols can be authorized by surrogates. They argue that in cases of non-therapeutic research, surrogates should err on the side of not authorizing research participation by the surrogate if they are unsure of the patient’s wishes.

Turning our attention to the fact that biomedical research has gone global, Godfrey Tangwa asks, in “Giving Voice to African Thought in Medical Research Ethics,” why research ethics (even that conducted in Africa) is dominated by European and North American perspectives on ethics. He uses the examples of HIV and Ebola virus research to demonstrate his point, and also explicates what a truly African approach might look like, making the case for “de-colonizing” African bioethics.

Also drawing our attention to the global scene, Maya Goldenberg’s “Placebo Orthodoxy and the Double-Standard of Care in Multinational Research” challenges the mainstream bioethical view that placebo-controlled trials in resource poor countries are justified. Most bioethicists have sided with the researchers and those who argue that developing nations need trials with placebo controls because they cannot deliver the standard of care available in developed nations. She argues that this assumption is itself unjust.

Several others of our authors have opened entirely new frontiers in biomedical research ethics. For instance, in, “Autonomy and Chimpanzees,” Tom Beauchamp and Victoria Wobber suggest that since chimpanzees can be said to have a basic capacity for agency and can generate preferences free from controlling influences, they must be said to have a kind of autonomy that ought to command moral respect. They suggest that this sense of autonomy differs from a Kantian sense, which sets the bar too high. The ascription of autonomy to chimpanzees would, they argue, offer arguments for why this would severely limit the kinds of research to which they might otherwise be subjected.
Lastly, Kirstin Borgerson questions yet another dogma of contemporary biomedical research and ethics in her provocative article, “Are Explanatory Trials Ethical? Shifting the Burden of Justification in Clinical Trial Design.” She argues that the only truly ethically justifiable goal of late phase clinical research ought to be effectiveness in the real world, not efficacy in the rarefied, controlled, hypothetical world of the contemporary randomized controlled Phase III trial. This makes the case for more pragmatic trials and fewer RCTs, which challenges the current regulatory structure and the research community’s current standards.

Taken as a whole, these articles demonstrate the best of what bioethics can offer to the world of biomedical research. They offer fresh perspectives on old questions, force us to confront issues raised by the globalization of the biomedical research enterprise, and raise new ethical questions about some long-standing assumptions. This is good reading, first rate scholarship, and work that is fully engaged with the cutting edge of research in biomedicine. Lynn Jansen and I are proud to feature this work and to share it with a wider audience through its designation as a virtual special issue.