Guest Editorial

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One Health (OH) is here to stay. Part social movement and part integrative organising principle, OH has mobilized veterinarians, physicians and natural scientists from various countries to collaborate in attempts to predict and prevent the next influenza outbreak, mitigate the climate catastrophe, and ameliorate drivers of antimicrobial resistance. The positivism implicit within OH means that social scientists have by and large been kept at the periphery of how OH is being articulated in practice (Hinchliffe 2015; Rock et al. 2009). Arguably ethicists are also lagging behind, but for the right reasons. To date OH remains focused primarily on human health, prompting skepticism among ethicists as to the novelty of the whole OH project (Verweij and Bovenkerk 2016; Johnson and Degeling 2019): What does OH add if it is just another holistic approach to human health? More concerning are the potential ethical implications of OH: If it is indeed a novel approach to promoting interspecies health, does it require a novel ethical discussion and a re-alignment and re-consideration of ethical principles and environmental philosophy? While these academic debates make for an interesting normative exercise, their current political impracticality may cause OH practitioners and the wider public to lose interest. Even worse, they might erode the overarching vision of the OH project to benefit humans, animals and the environment. Clearly, however, there is much to be unpacked, argued and questioned in this regard, as several ethicists have already done. The ethics of OH both brings up old discussions in environmental ethics and opens up novel issues, approaches, and concepts—such as culling as a public health measure and ‘shared risk’ and ‘shared benefit’ approaches that challenge more traditional public health approaches (Capps and Lederman 2015; Lederman 2016; Lysaght et al. 2016; van Herten et al. 2019).

For this issue of *Monash Bioethics Review* we have guest edited a mini-symposium on One Health—which we hope will promote discussions that are practical,

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thought-provoking and policy-modifying. Each of the two papers comprising this mini-symposium explicate and then analyse concepts that are particularly relevant to a holistic approach such as OH: the concept of scale and the concept of boundary.

In the first paper, Buse et al. (2019) argue that the concept of scale—already implicitly entailed in holistic approaches such as OH—should be discussed explicitly in ethical discussions of OH policies and practices. They define scale as the “temporal and spatial dimensions of human health-environment interconnections and the forms of environmental public health practice deployed to respond to such dynamics.” Using the example of geoengineering and climate change, they demonstrate how the concept of scale forces us to think more broadly about the effects of our policies and interventions. Such thinking seems to be particularly timely, as gene drive interventions are being considered and applied to reduce human diseases such as malaria and dengue. Obviously, such interventions are bound to have wide temporal and spatial implications across species. Put simply, thinking in terms of ‘scale’ may contribute to our understanding of how change effected in one part of the world has consequences in others.

Buse et al. (2019) then discuss questions concerning two common issues in traditional public and global health: justice and stewardship/governance. From a justice perspective, should we and how can we devise just interventions with the consideration not only of future human generations but also non-human future generations and ecosystems? In terms of stewardship/governance, what would acceptable future survival of both human and non-human species look like, and what ideal governance model might lead us there?

In the second paper, Barak Hermesh et al. (2019) rely on qualitative research on *Brucella* in Israel in their call to expand the discursive and conceptual boundaries in OH research. They focus on four kinds of boundaries: geographical, professional, disciplinary and participatory.

Hermesh et al. (2019) first point to the relevance of the West Bank to *Brucella*—which is endemic in Israel, mainly due to illegal trade. They next challenge claims that the professional and the political can be kept separate, suggesting that this move is an attempt to erase the agency of professional stakeholders who are apolitical. Third, the authors criticize the OH commitment for interdisciplinary collaboration as insufficient in the case of *Brucella* in Israel, and they call for each stakeholder group to better define their responsibility and strengthen the mechanisms and processes through which they maintain accountability. Lastly, Hermesh et al. (2019) criticize a ‘weak’ process of participatory community engagement with mere advisory capabilities. The authors instead call for a stronger community engagement forum where decisions are actually made.

While Hermesh et al. (2019) fail to address perhaps the most crucial boundary of all from a OH perspective—that separating human from non-human species—their discussion certainly enriches our understanding of the potential complexities that OH policies and interventions would have to face in order to be effective and ethically justified.

This mini-symposium is more of a start than an end. It aims to stimulate discussion among the bioethics community regarding the ethics of OH and the potential

benefits and challenges associated with what is rapidly becoming a predominant approach to zoonotic disease management and other wide-ranging health risks.

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