This seminar offers a systematic examination of the way principles and metaphors shape practical and theoretical discourse in biomedical ethics. We will use several principles and metaphors to explore some major problems (such as the authority of professionals, the allocation of health care resources, the procurement and distribution of organs for transplantation, and withholding or withdrawing artificial nutrition and hydration) and to analyze critically some important recent literature in biomedical ethics.

Format, procedures, requirements, and readings will be discussed at the first meeting.

Tentative list of topics for each session:

1. Principles
2. Metaphors
3. Metaphors and Models of Relationships between Health Care Professionals and Patients
4. Professional Paternalism and Patient Autonomy
5. The Significance of Theological Perspectives: The Problem of Suicide
6. Virtues and Vices: Self, Character, and Conduct
7. Moral Distance
8. Withholding or Withdrawing Medical Nutrition and Hydration: The Significance of Symbolic Actions
9. Valuing Lives
10. Justice, Triage, and Rationing
11. The Gift of Life: Justice and Charity in the Procurement and Distribution of Organs for Transplantation
12. Conclusions
Readings

Session #1, “Moral Principles”

Required Readings:

Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 2nd ed. (1983), chaps. 1-2, the first part of chaps. 3-6

Additional Readings

R. M. Hare, “Principles,” *Freedom and Reason* (1963)

Session #2, “Metaphors”

Required Readings:

Virginia Warren, “A Powerful Metaphor: Medicine is War”

Additional Readings:

George Lakoff and Mark Johnson, *Metaphors We Live By* (1980)
Susan Sontag, *Illness as Metaphor* (1979)
Paul Ricoeur, *The Rule of Metaphor* (1977)
Max Black, “Metaphors,” *Models and Metaphors* (1962)
Andrew Ortony, ed., *Metaphor and Thought* (1979)
Philip Wheelwright, *Metaphor and Reality* (1962)

Session #3, “Metaphors and Models of Relationships between Health Care Professionals and Patients”

Required Readings:

“Models for Ethical Medicine in a Revolutionary Age,” *HCR* 2 (1972): 5-7

Additional Readings:

Paul Ramsey, *The Patient as Person* (1970), preface, chap. 1
Leon Kass, “Ethical Dilemmas in the Care of the Ill: I. What is the Physician's Service?” *JAMA* 244 (October 17, 1980)
Bernard Barber, *Informed Consent in Medical Therapy and Research* (1979), chap. 4
Miriam Siegler and Humphry Osmond, *Patienthood: The Art of Being a Responsible Patient* (1979)
P. Lain Entralgo, *Doctor and Patient* (1969)
Roger D. Masters, “Is Contract an Adequate Basis for Medical Care?” *HCR* 5 (December 1975): 24-28
Eric Cassell, *The Healer’s Art* (1976)
Talcott Parsons, “The Sick Role and the Role of the Physician Reconsidered,” *Milbank Memorial Fund Quarterly* (Summer 1975): 257-77
President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Making Health Care Decisions* (1982), report and two appendices
“Autonomy and the Doctor-Patient Relationship”*” Theoretical Medicine* 5, no. 1 (February 1984)

Session #4, “Paternalism and Autonomy”

Required Readings:

Robert Veatch, *A Theory of Medical Ethics*, chaps. 6 & 8
James F. Childress, *Who Should Decide?*, chaps. 1,4 & 5

Additional Readings:

Wade Robison and Michael Pritchard, eds., *Medical Responsibility* (1979)
Richard Sennett, *Authority* (1980), esp. 2 & 3
In some areas of moral disagreement in medicine and health care, theological perspectives are significant, and theologians frequently appeal to perspectives, vision, metaphors, stories, and narratives, as well as to principles, in developing biomedical ethics. Two major areas will be used to explicate some differences between many theological and many (though by no means all) philosophical approaches: suicide and refusal of life-sustaining treatment. Of particular interest is the work of James Gustafson and Stanley Hauerwas—the former offering a theocentric perspective and the latter a narrative-shaped-character—over against the principle of autonomy. General theological convictions undergird or are expressed in several images, metaphors, and analogies (e.g., the body as property, given, loaned or entrusted by God to human beings for thoughtful stewardship) and principles for guiding that stewardship.

Required Readings:

M. Pabst Battin, Ethical Issues in Suicide (1982), excerpts
Stanley Hauerwas, “Rational Suicide and Reasons for Living,” in Rights and Responsibilities in Medicine, ed. Marc Basson (1981)

Additional Readings:

Paul Ramsey, The Patient as Person (1970)
Session #6, “Virtues and Vices: Self, Character, and Conduct”

Is an ethic of virtue or character an alternative to, a supplement to, or an ingredient in an ethic of principle? Proponents of an ethic of virtue or character tend to emphasize stories and narratives as well as images and metaphors. What are the implications of such an ethic for science, medicine, and health care? Can it contribute to an ethos of medicine in ways that an ethic of principle, often structured around dilemmas and quandaries, cannot? Can it obviate the need for procedures? However such an ethic is conceived, which virtues should be emphasized, how do they relate to principles of conduct, and how can they be displayed by both agents and practices in health care?

Required Readings:

Alasdair MacIntyre, After Virtue (1981), excerpts
Leon Kass. “Ethical Dilemmas in the Care of the Ill,” JAMA 244, no. 16 (October 17, 1980); 1811-16 and no. 17 (October 24/31, 1980): 1946-49
Tom Beauchamp and James Childress, Principles of Biomedical Ethics, chap. 8

Additional Readings:

Gregory Pence, Ethical Options in Medicine (1980)
Philippa Foot, Virtues and Vices (1978)
James D. Wallace, Virtues and Vices (1978)
Peter Geach, The Virtues (1977)
Lawrence C. Becker, “The Neglect of Virtue,” Ethics 95 (January 1975)
James M. Gustafson, The Contributions of Theology to Medicine (1975)
Moral distance – as structured by principles and rules and by metaphors and symbols. An examination of several distinctions that are invoked in debates about death and dying. Several of these distinctions establish moral distance often by suggesting temporal, spatial, or causal distance between persons and their acts or between acts and their consequences. Examples include the rule of double effect, which contrasts direct and indirect courses of action, and the distinctions between killing and letting die, withholding and withdrawing treatments, and ordinary and extraordinary means of treatment. We will examine the bases of these categories, the principles and metaphors they reflect, and their adequacy for several cases, emphasizing the danger of self-deception.

Required Readings:

Paul Ramsey, *Ethics at the Edges of Life* (1978), chap. 4
President's Commission, *Deciding to Forego Life-Sustaining Treatment* (1983), intro. and chaps. 1-3

Additional Readings:

Robert Veatch, *Death, Dying and the Biological Revolution* (1976)
Germain Grisez and Joseph Boyle, *Life and Death with Liberty and Justice* (1979)
Tom Beauchamp and Seymour Perlin, eds., *Ethical Issues in Death and Dying* (1978)
Owsei Temkin, William K. Frankena, and Sanford H. Kadish, *Respect for Life in
In the last two years the debate about the care of the terminally ill has focused on medical nutrition and hydration in increasingly dramatic and controversial ways (e.g., the Claire Conroy case in New Jersey). Part of this debate concerns what the distinctions discussed under “Moral Distance” imply for medical nutrition and hydration: are medical nutrition and hydration more similar to other medical treatments, such as a respirator, which may be discontinued, or are they more similar to the normal provision of food and water, which may not be discontinued? Central to the debate is the symbolic significance of food and water, especially in relation to the virtue of benevolence and the duty of beneficence. Images of thirst, hunger and starvation are very powerful. In addition, the metaphor of the wedge or slippery slope is frequently invoked and merits careful examination, rather than uncritical acceptance or unqualified dismissal.

Required Readings:

Joanne Lynn and James F. Childress, “Must Patients Always Be Given Food and Water?” HCR 13 (October 1983): 17-21
Mark Siegler and Alan Weisbard, “Against the Emerging Stream: Should Fluids and Nutritional Support Be Discontinued?” Archives of Internal Medicine 145 (January 1985): 129-31

Additional Readings:

Joanne Lynn, ed., The Choice to Forgo Life-Sustaining Food and Water (1985 or 1986)
D. W. Meyers, “Legal Aspects of Withdrawing Nourishment from an Incurably Ill
There is widespread debate about whether it is possible, appropriate, and desirable to attempt to put a value on human life for purposes of decisions about policies, practices, and actions in health care and elsewhere. This debate usually reflects disagreements about the principle of utility or proportionality and its modern applications through cost-benefit (or cost-effectiveness) analysis and risk-benefit analysis. When it is impossible only to do good and to avoid evil, it is often considered right and even obligatory to weigh benefits and harms and to attempt to bring about a net balance of good effects over bad effects. We will explore the metaphors of “weighing” and “balancing”; the possibilities and limitations of utilitarianism; the possibility of accepting the principle of utility without accepting utilitarianism; other limiting principles, particularly in distribution; and the implications of procedures for valuing life in debates about technology assessment, itself more an “art” (Coates) than a science.

Required Readings:

Steven Rhoads, ed., Valuing Lives (1980), selections
Alasdair MacIntyre, “Utilitarianism and Cost-Benefit Analysis...” and Tom Beauchamp, “...A Reply to MacIntyre,” in Ethical Theory and Business, eds. Tom Beauchamp and Norman Bowie (1979)
Session # 10, “Justice, Rights, and Health Care”

There are two common moral arguments for a political-legal right to health care (or for a societal obligation to provide health care): One argument rests on beneficence, care or compassion; the other on justice or fairness. Both often use the metaphor of the “natural lottery” to explicate the nature of health needs, which are seen as largely the result of a random, impersonal process (the “natural lottery”) and thus as largely undeserved. Such undeserved needs may be construed as unfortunate or as also unfair. If these needs are merely unfortunate (and not also unfair), they may be the object of care or compassion of individuals, groups, or the society itself-- for example, the society may express, symbolize, and convey care and compassion for the victims of the natural lottery by providing medical care. If these needs are also unfair, they become the object of justice and require the provision of funds for their treatment. By contrast, libertarians contend that there is no moral duty, either of compassion or justice, to blunt the effects of the natural lottery. Among those who accept a right to health care, there are debates about whether it should encompass equal access or only a decent minimum (“safety net”). Of particular importance is determining relevant similarities, and different theories of justice emphasize different material criteria for determining relevant similarities (such as need,
merit, effort, money, or status) for the distribution of benefits and burdens.

Required Readings:


Charles Fried, “Equality and Rights in Medical Care,” *HCR* 6 (February 1976): 29-34

Additional Readings:


Tom Beauchamp and James Childress, *Principles of Biomedical Ethics* (1983), chap. 6

*Journal of Medicine and Philosophy* 4 (June 1979)-- Rights to Health Care


Robe Veatch and Roy Branson, eds., *Ethics and Health Policy* (1976)


Session # 11, “Justice, Triage, and Rationing”

Richard Rettig and Kathleen Lohr have noted that “earlier policymakers spoke of the general problem of allocating scarce medical resources, a formulation that implied hard but generally manageable choices of a largely pragmatic nature. Now the discussion increasingly is of rationing scarce medical resources, a harsher term that connotes emergency-- even war-time-- circumstances requiring some societal triage mechanism.” The general language is that of “tragic choices,” and the specific language that of “triage” or “rationing.” We will explore several metaphors of distribution and allocation-- triage (which was first applied to medical care in military settings) and rationing (which also has a wartime or emergency setting)-- in order to determine what they illuminate and
distort about both the situations to which they are applied and the principles they reflect (e.g., the different interpretations of “salvageability” in judgments of medical utility and social utility).

Required Readings:


Additional Readings:

Paul Ramsey, *The Patient as Person* (1970), chap. 6
Guido Calabresi and Philip Bobbitt, *Tragic Choices* (1978)
James F. Childress, “Ensuring Care, Respect, and Fairness for the Elderly,” *HCR* 14 (October 1984): 27-31
For additional readings, see Winslow, *Triage and Justice* and Kilner, “A Moral Allocation...”

Session # 12, “The Gift of Lite: Ethical Problems and Policies in Obtaining and Distributing Organs for Transplantation”

Several years ago two sociologists noted that “the largest and perhaps most enduring significance of organ transplantation and dialysis lies in the ethical and existential questions they raise. Problems of uncertainty, meaning of life and death, scarcity, justice, equity, solidarity, and intervention in the human condition are all evoked by these therapeutic innovations.” Recent developments in organ transplantation (particularly improved immunosuppressive drugs) have highlighted the major problems that limit transplantation: the scarcity of organs and the costs of transplantation. The seminar will examine various proposals to increase the supply of organs— for example, requiring a decision for or against donation, presuming consent, salvaging organs, and the sale of
organs-- in terms of their consistency with various moral principles and their symbolic significance (for example, the symbolism of the body, of giving, of taking, and of commercial transfers).

Required Readings:

Paul Ramsey, *The Patient as Person* (1970), selections
William F. May, “Attitudes Toward the Newly Dead,” *Hastings Center Studies* 1, no. 1 (1973)

Additional Readings:

Lewis Hyde, *The Gift: Imagination and the Erotic Life of Property*
Hearings on Organ Transplants before the-Subcommittee on Investigations and Oversight of the Committee on Science and Technology, U.S. House of Representatives, April 1983
Robert L. Steinbrook, “Unrelated Volunteers as Bone Marrow Donors,” *HCR* 10 (1980): 11-14