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1 December 16,1997. Interview with George J. Annas, JD. Edward R. Utey Professor of Health
2 Law and Chair, Health Law Department, Boston University Schools of Medicine and Public
3 Health; Director, Law, Medicine and Ethics Program, Boston University Schools of Medicine
4 and Public Health. The interview is being conducted by Judith P. Swazey in the Talbot Building,
5 School of Public Health, Boston University.
6

7 SWAZEY: Let me start by asking you how you define or think about bioethics? What is
8 bioethics?

9 ANNAS: I don't think about it much, but when I do think about it, it's doctor-patient
10 relationship issues...period. I think it should be much broader than that, biology
11 and ethics, but it's not. It's doctor-patient relationships.

12 SWAZEY: Why do you think it hasn't gotten beyond that?

13 ANNAS: It has kept the people who look at themselves as bioethicists interested and
14 because they have never solved any of those issues, they've never gone beyond
15 them. Maybe it's unfair to think they're not interested in social justice issues but
16 the field never really has been. It's why, as I've written before, that the economists
17 were able to take over the health care debate in the first Clinton term in
18 Washington. We had a chance for national health insurance and the ethicists had
19 nothing to say because they had never thought about it seriously.

20 SWAZEY: Why do you think bioethics hasn't gotten involved? Is there a deeper reason, due
21 to the fact that they focus on doctor-patient...

22 ANNAS: I think they think of it as a political policy issue rather than an "ethical" issue. All
23 this is totally arbitrary, of course. Bioethicists think it's not their thing, it's really

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24 not. Political issues are outside their self-defined field.

25 SWAZEY: Lots of other groups look at doctor-patient relationships. What do bioethicists do
26 that other types don't do?

27 ANNAS: That's a really good question, is there anything unique about bioethicists? I guess
28 I don't think they necessarily do anything other groups don't do, but they do
29 certainly concentrate more on decisions involving life and death and life altering
30 procedures than others. If you count beginning of life, end of life, and then human
31 experimentation you'd cover 90% of what bioethicists write about and think
32 about. That's a lot and it's real interesting and important. There aren't eternal
33 answers that anyone's been able to figure out and that's one reason medical ethics
34 winds up talking about law. I think bioethics questions have mostly become legal
35 questions in the United States. That's the bottom line when you get all done
36 thinking about it. So what are you going to do about it? The only thing you can do
37 in a pluralistic society is to pass a law or write a professional regulation. You
38 know private professional regulation doesn't work and professional standards are
39 not followed anymore. So ultimately applied bioethics becomes a branch of health
40 law. It provides arguments in favor or against public regulation or legislation in
41 these areas.

42 SWAZEY: Do you consider yourself a bioethicist? You are certainly labeled that.

43 ANNAS: Oh God...I usually use that as my second label. I consider myself a health lawyer

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44 first and probably a bioethicist second. I don't say, "You can't call me that." You
45 probably saw this piece in Nature a couple of weeks ago about bioethics in the
46 United States. The reporter called me just before it went out and she said, "I know
47 we have to call you a health lawyer but can I call you a health lawyer and a
48 bioethicist?" I just said, "If you must." I prefer not to be called that.

49 SWAZEY: Why do you think people who look at these kinds of value issues are called
50 bioethicists whether they are or not? You are. Renée and I are.

51 ANNAS: It's certainly true for lawyers. People hate lawyers, so nobody wants to see a
52 lawyer quoted. Nobody cares what lawyers think. It's definitely true in terms of
53 the press. They don't like to quote lawyers. It's just something about the word
54 "ethics" that makes, at least, reporters think that their readers will believe an
55 ethicist might have something meaningful to say about something. Also lawyers
56 usually speak for their clients; and make arguments they're getting paid to make. I
57 think that's also what it is about. Bioethicist is a nice, neutral, friendly,
58 authoritative title.

59 SWAZEY: Not a self-interest group?

60 ANNAS: Yes, I think that's right. I think that neutrality is what it connotes. I'm not saying
61 bioethicists aren't self interested, but certainly I think that's right. I think that if
62 you're looking for a statement by someone who likely doesn't have a personal
63 stake in the outcome, use the word "ethicist". What does an "ethicist" say? Or

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64 “bioethicist” even better.

65 SWAZEY: I want to come back to the relationship between health law and ethics, but let me
66 switch to your career and your education. Let’s go all the way back to your
67 undergraduate days at Harvard and economics as a major and what attracted you
68 to economics.

69 ANNAS: My original field was economic development, if you can believe that. I was going
70 to go into economic development both in poor areas here in the United States and
71 in Latin America. My specialty area was economic development in Latin America
72 and Argentina. What attracted me was that I thought that was a good way to help
73 people. My first job as an economist was with the federal government for the
74 Economic Development Administration [U.S. Dept. of Commerce], which did
75 work mostly, when I was there, in Appalachia and a number of other poor or
76 “underdeveloped” areas around the country.

77 SWAZEY: When was that?

78 ANNAS: That was in...I graduated in 1967 so I probably started working in the summers of
79 1966, 1967, and 1968. My boss, who ran the Economic Development
80 Administration in those days, was Bill Nagle who co-founded The Hastings
81 Center with Dan Callahan. They also were co-chairmen of Catholics for Kennedy.
82 I knew Dr. Nagle long before I got into bioethics, and long before I knew
83 Callahan. The economic development people were good people trying to do good.

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84 SWAZEY: What then led you to law school?

85 ANNAS: I always wanted to be a lawyer. I did play around with being an economist for a
86 while, but in the late 1960's economics was going econometric. I thought it was
87 just silly; it's gotten even more carried away now trying to put everything in life
88 into a mathematical formula. I just didn't think that was a reasonable thing to do
89 so I went back to my first love, which was law.

90 SWAZEY: What did you see yourself doing?

91 ANNAS: Criminal law. I saw myself doing criminal law, being a criminal defense lawyer.

92 SWAZEY: Did that link with your interest in economic development?

93 ANNAS: No, that was separate. If there is a relationship it has to do with helping people
94 whether they were poor or not. People who wanted to take on the government and
95 people who the government was taking on, I guess. That only lasted a year. After
96 my first year of law school, I was pretty sure I wasn't going to do that anymore.

97 SWAZEY: What turned you off?

98 ANNAS: Well, just the knowledge that most of your clients are guilty is pretty awful. They
99 do pretty bad things! That's not exactly what I wanted to spend my life doing
100 when I found out more about it. Also I found that the cases I was most interested
101 in involved medicine. That was a pretty easy transition.

102 SWAZEY: How much medical-type cases did you study at that point?

103 ANNAS: They were almost all malpractice cases. This was even before Roe vs. Wade, so

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104 there were no big constitutional cases involving medicine. It mostly was in the
105 area of malpractice; that's what health law was at the time. It was malpractice
106 litigation and forensic sciences; psychiatrists and pathologists testifying in court in
107 criminal and civil cases.

108 SWAZEY: So by the time you got out of law school in 1970 you decided to focus on health
109 law?

110 ANNAS: I decided to focus on it in my second year of law school. I took the gross anatomy
111 course at Harvard Medical School in my second year of law school to learn the
112 vocabulary. So I knew by then, in my second year of law school, that I was going
113 to work in this area, somewhere. I wasn't sure where but at that time nobody
114 worried about jobs or anything like that so just pick an area. Definitely medical
115 law was my area by then. And I took Bill Curran's course my third year.

116 SWAZEY: What was he teaching, forensics?

117 ANNAS: No, he was teaching more general law and medicine seminar although forensics
118 was a part of it. We had Henry Beecher talk about brain death. We had Cyril
119 Wecht talk about autopsies and being a coroner. It was a survey course of what
120 was then called "law and medicine," but we call health law now. It was a good
121 course.

122 SWAZEY: Were there many other law schools giving law and medicine types of courses at
123 that time?

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124 ANNAS: No.

125 SWAZEY: Was it because Bill Curran was there?

126 ANNAS: He wasn't at the Law School. He was at the School of Public Health. The Law
127 School let him teach one seminar. Law and Medicine was not seen as a legitimate
128 course. It was still not a legitimate field, it just barely is now. Health law now is
129 just barely a legitimate field but at that time it wasn't at all...at all. The only other
130 course at Harvard Law at the time was taught by Allan Stone, (he is a psychiatrist)
131 and Alan Dershowitz, a course in "law and psychiatry." Those were the only two
132 courses remotely connected with bioethics or health law. That was a pretty good
133 course too.

134 SWAZEY: Why the MPH?

135 ANNAS: After law school I clerked for a year at the Supreme Judicial Court here in
136 Massachusetts for Justice John V. Spalding. Then the question was, if I wanted to
137 work in health law, what would make sense? At that time the Joseph P. Kennedy
138 Jr. Foundation program in medical ethics began at Harvard, and there was money
139 available to go to school for free and work in this area-- medical ethics, health
140 law, or whatever it was. So that's when I went to Harvard to work. Curran was in
141 charge of the program from the legal side; it was Curran, Arthur Dyck and Stanley
142 Reiser's program. So I was the first Kennedy Fellow. Nobody knew what that
143 was. It turned out that I didn't do much related to bioethics either , but I did get

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144 my MPH degree.

145 SWAZEY: So it was money from the Kennedy Foundation in medical ethics that basically let
146 you get your MPH degree?

147 ANNAS: Yes, that's exactly right. Very nice, I appreciated it. For which I had to do nothing
148 except get my MPH, and talk to Bill every once in a while.

149 SWAZEY: So there wasn't a fellowship-funded program of study in medical ethics.

150 ANNAS: There was one course. There was a seminar that Curran, Dyck and Reiser taught.
151 It was pretty good actually. That was it. It was a faculty seminar-type thing.

152 SWAZEY: You were the first Harvard Fellow.

153 ANNAS: Yes, that's right. Karen Lebacqz and Barbara Rosenkrantz were in that same
154 group, that was the first year of the program.

155 SWAZEY: Was that through Bill Curran's contacts with the Kennedy's?

156 ANNAS: That they got the money? Yes, exactly right. That's how they got the money.

157 SWAZEY: Do you know what those contacts were?

158 ANNAS: I don't. I know Eunice Shriver often called him when something about abortion
159 came up. "Bill you gotta do something about this! Bill you gotta do something
160 about that!" He never did anything about anything (that I knew of) but he did have
161 to talk to her, I know that. They knew each other well enough that she felt free to
162 call him whenever she was upset. But that's all I know. It could just be that people
163 like giving money to Harvard, as you know. They are going to give money