June 23, 1998. Interview with Margaret Battin, PhD, Professor, Department of Philosophy, University of Utah, and Adjunct Professor, Division of Medical Ethics, Department of Internal Medicine, LDS Hospital and University of Utah School of Medicine. The interview is being conducted by Judith Swazey at Professor Battin’s office at the University of Utah.

Swazey: Tell me how you would characterize bioethics.

Battin: This a question which I think I would like to be answering during the entire course of the interview. My first characterization would be that it’s a hybrid discipline; it has scholarly elements, it has practical elements, it has policy elements, and all those coexist in a degree of what you might call amicable tension. They are in part in conflict with each other but in part make each other possible. I think it’s not easy to give too straightforward an answer to this question.

Swazey: What makes it a discipline at this point?

Battin: It doesn’t have to be called a discipline. It’s certainly institutionally structured partly that way. It’s housed in many academic departments; there are professors of philosophy, professors of theology, professors of literature. It’s also housed in medical schools and institutions, so there are many MD’s and non-MD’s who have clinical appointments who do bioethics. It’s also housed in law schools, so there are law faculty, and then a great many other people. I actually think the most interesting and stimulating thing about bioethics, and one of the healthiest things, is its extreme
interdisciplinariness. As far as I know, it hasn’t shut any discipline out; that is, there
isn’t any area that it regards as unwelcome at the table. In fact, it has been just the
opposite: it’s quite inclusive and I think it really welcomes contributions and input
from extremely wide ranges of areas, both formally academic and otherwise.

Swazey: Do you want to comment briefly on what you called amicable tensions?

Battin: Here’s an example. This comes from discussions at Summer Camp - the annual
summer retreat - in just the last day or two. There was a presentation given on the
AMA’s ethics committee by its Vice President for Ethics Affairs. The AMA has
issued a series of reports on topics like anencephalic newborns, physician-assisted
suicide, and so on. A comment from the audience asserted that it wasn’t so clear that
when doctors do bioethics, as is the case with the AMA’s ethics activities, that it’s
understood in the same way as when, say, philosophers or others do bioethics.

Doctors are, in general, trained to work towards the “right” answer to a problem:
“we’ve got a patient with this condition and these symptoms and we have these
background studies to provide probabilities, here’s the right thing to do in this case.”

Now when you translate that into bioethics, you have the assumption that, say in a
case of anencephaly, there’s a right thing to do; that’s what the position of the AMA
should articulate. But philosophers wouldn’t see the issue of anencephaly or any
other issue in that way at all. They would tend to see anencephaly as a circumstance
that opens a range of questions for which a number of different practical positions
might be appropriate; there are some clearly wrong answers about what to do, but it is
not clear that there is such a thing as the right answer. So I think that’s a case in
which there is interdisciplinary tension, within bioethics, about how best to do things,
about what bioethics is and how to do it. Is bioethics a discipline that’s aimed at one
answer, where the idea is to try to get the answer and then incorporate that in policy?
Or is it a field of intellectual exploration that really opens a number of larger issues? I
see it as the latter.

Swazey: I think that’s partly reflected in the AMA’s Ethics and Judicial Council’s effort to
issue more realistic statements.

Battin: But it is an effort to try to prescribe norms of ethical behavior to physicians
generally; that’s what the whole point of it is: “this is the way doctors ought to do
things.”

Swazey: Who is a bioethicist? Who can lay claim to that title?

Battin: When bioethics first started, the label “bioethicist” barely existed. There was simply
a field of interest that was coming to be known as bioethics, and one was always
identified as something else: a theologian, a philosopher, a doctor, a lawyer, who was
interested in these topics. It has come to be the case that as bioethicists are doing more and more clinical work and also participating in more structured kinds of situations, academic meetings, publishing in journals, rounding in hospitals and so on, the label “bioethicist” is taking on a little bit of starch, which then raises the question of who is and who isn’t. It’s not sufficient anymore, it seems, to be merely interested in the issues of bioethics, and that indeed would cast a rather wide net since these issues are of interest to a very broad range of people.

So I wouldn’t presume to answer the question: who is a bioethicist? If it were restricted to people who were formally trained in bioethics, that would exclude me and most of the people in my generation. There was no training in bioethics available then. I think it would also wrongly cast it as a disciplinary issue. I actually think that the question of who is a bioethicist is, in a way, uninteresting. I’m not sure why we need to ask that question. If the question really is a cover question for “who ought to make bioethics decisions or be involved in bioethics deliberations?” then it makes a little more difference. I still am uneasy about the notion that bioethicists should be making any decisions at all. Of course, in practice, what bioethicists say is often taken as determinative in some kinds of moral dilemmas, but I don’t find that fully appropriate.

Swazey: Do you see their role as more the educator, advisor, analyst?
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Battin: Explorer of issues. That is, here is a practical issue that is occurring right now with this patient and this hospital. Here's the considered background discussion, the literature and so forth that we bring to bear on this. Here's the experience of other people with similar dilemmas. Here are the parties. Here is our analysis of who has what interest in this case. Here's our legal companion to tell us what the range of possibilities is within the law and where one might want to skirt or challenge the law. All of those things are relevant, but the notion that any bioethicist could render a decision about a case is, to me, quite disturbing. Furthermore, it's perfectly evident that different bioethicists have very different views about what the right answer might be, or indeed whether there is such a thing as the right answer.

Swa.zey: Could you tell me a little bit about your background and what got you into bioethics, including some of your family background?

Battin: Sure. There's a professional answer and a personal answer.

Swa.zey: Sociologically, they're both usually relevant.

Battin: When I came to the University of Utah from the University of California at Irvine where I did my graduate work, I was a new, young appointee. I was just here for a year and I was asked to teach a course in philosophy and literature. I thought to
myself, “I can’t quite understand why anybody would want to teach such a course if you were interested in real philosophy. Surely the only purpose of this is to keep student enrollments high. But, let’s just think about what we can make of this. Let me think about some area in which literary figures, writers, are more sensitive or more alert to things that philosophers aren’t.” So it occurred to me that the issue of death was an issue that literary figures are concerned with extensively and deeply. At that time, in 1975 or ’76, philosophers didn’t talk about it at all and hadn’t (except for the existentialists) practically since the time of Epictetus. So I taught a course on death. The idea was to try to see what the philosophic issues were about death, if we approached it through literature. It was a great course. At the end of that time, it seemed to me and seemed to the whole class that there were two really interesting issues about death. One of them is what can we know about what comes after death, if anything? And that’s really an epistemological question. It’s a question about what we can know, but it’s a question that we always abandon to the churches; philosophy has taken virtually no interest in that question at all, at least not since the time of Socrates and Epictetus. It’s considered a religious question to be answered by faith commitments either for or against, and that’s the end of the story. I didn’t have much interest in that question but it seems to me that it is a genuine philosophic question which philosophers just haven’t addressed. The other question that’s so interesting is the question of what role a person may play in his or her own death. That’s really a moral question, an ethical question. I saw and still see it as the question which is
quintessentially the question of whether a person may cause his or her own death, and
so the issue about suicide. So I got very interested in the issue of suicide as a
philosophic issue and am continuing to work on a project I started 20 years ago,
looking at the background, historical sources, what the major thinkers in both the
western and non western traditions have had to say about the moral issues in suicide.
But over time that issue has come into greater and greater public view in the context
of physician assisted suicide. I've been quite involved in the debate over physician
assisted suicide, though I began with a real interest in the issue of suicide itself.

Swazey: That course was really your entry into what became bioethics.

Battin: Well, it was my entry into what became bioethics. The next year I got one of those
major NEH grants, a year-long fellowship for Independent Study and Research, which
enabled me to write my first book, Ethical Issues in Suicide, and to make use of all
this extensive source material I'd been assembling about classical and current
discussions.

Swazey: Where did your interest in philosophy come from?

Battin: I wasn't quite finished answering the question about how I got interested in bioethics.
So, I was made to teach the Philosophy and Literature course, which initially looked
liked a terrible imposition, but turned out to be the foundation of my later interest in
bioethics. It was in a sense my entry into bioethics, for which of course there was no
field at the time.

The other answer to the question of how I got interested in bioethics
involves personal experience. I do think that most people in most fields, at least fields
that have to do with human activity in any way, are drawn there by virtue of some
personal experience. My mother had died when I was about 21, an extremely
impressionable age, when I was a junior in college. She died a classic cancer death of
the 1960's, about 1962, in which you didn’t talk about it, you didn’t acknowledge that
death was coming. She had excellent medical care for the time but the social
circumstances of dying involved an ongoing fiction. I can remember saying and
hearing the physician saying, “you’ll be well by spring, you’ll be up and about,” and
my take-away sense from this was a sense of the enormous hypocrisy of dying.

Swazey: That generated, as you know, a lot of classic sociological studies....

Battin: Sure, and of course it was before Kubler-Ross’ discussion of the importance of
openness. My mother was a very educated woman with a PhD in mathematical
statistics and economics, but I sensed that this was a person who didn’t have a choice
about how to do this dying, for whom the answer to what role may a person have in
his or her own death was “none”. There was something wrong with that. So that’s
the other ingredient in my interest in these issues. Whether, if physician-assisted
suicide had been available or could have ever been mentioned, she would have
wanted it, I have no idea. I do remember her saying that dying was very difficult and I
think that was the only time that term was ever mentioned.

Swazey: It could have been talked about, at least...

Battin: It could have been talked about but it has always seemed to me that there ought to be
a range of options open to people. So, that’s how I got interested in this. Why I think
my position on this issue has always been quite liberal.

Swazey: Why philosophy?

Battin: I wrote a little piece in a volume Oxford published a while ago, a book by David
Karnos and Robert Shoemaker, called Falling in Love With Wisdom. It’s an account
by a whole variety of people in philosophy of how they came to be philosophers. I
think that the editors of this book thought that most people came to philosophy
through some sort of conversion experience. I didn’t see it that way at all. I see it as
a matter of discovering that one’s temperament is often exploratory and
argumentative, even if my nature is rather quiet and understated, and that you’d like to
just wiggle around a problem and keep pushing at it and keep expanding it out and
drawing out the implications of it and pressing, not taking no for an answer, not being
too easily satisfied. So I see it as a matter of character. These are characteristics that
unfit you for many kinds of occupations, especially occupations in which there are
rigorous but single ways of doing things, but fit you wonderfully for this kind of keep-
pushing-at-something, keep-making-it-more-difficult-rather-than-easier.

Swazey: Did you grow up in any particular religious tradition?

Battin: My mother was a mathematical statistician and economist; so was my father. When
they were young they were graduate students at Cornell. Thereafter, they were a hot
young couple and, for the times, part of what you would call the New York
intelligentsia. When they had a baby (by then my father was teaching at Tulane and I
was born in New Orleans), they thought that as this child began to grow up a little bit,
she ought to have some religion but not too much. So they went “religion shopping.”
This is the way I understand it. They had been sort of middle-of-the-road Protestants.
They would go this week to one church and that week to another church. They
eventually narrowed this choice down to the Unitarians and the Quakers, as these
were the two groups that didn’t make doctrinal requirements of any sort, in which
there wasn’t too much religion but there was a sense of moral sensitivity and a sense
that there was something important about doing good rather than being merely self-
interested. So they picked the Quakers and I was brought up in a light-handed way as
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213 a Quaker. There was not ever very much that was religious about it but I did, I think,  
incorporate the sense that the Quaker peace testimony was somehow important - that  
is, that peace is better than war, that one doesn’t resolve conflict by aggression, and  
that if you can sit down as reasonable beings it’s possible to work things out. These  
are things that are really incorporated in one’s temperament rather than a set of  
doctrinal beliefs. I think my parents got what they wanted, which is just a teensy little  
bit of religion in their child but not too much.

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221 Swazey: What led to the MFA and fiction writing?

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223 Battin: I had gone to school on the east coast at Bryn Mawr and then, through a series of  
personal mishaps, had ended up married and living on the west coast. I had intended  
to go to graduate school in philosophy at Yale; I had a fellowship, a room and a dorm  
all arranged, but for some reason or other I didn’t do that. Then some years later I  
found myself living in Irvine, California with a couple of little kids. I started taking  
fiction classes in the evening just as a way of staying emotionally alive. That was a  
great deal of fun. I liked doing that a lot. I liked writing and I liked the inventiveness  
of fiction writing. To make a long story short, I was standing around at a cocktail  
party in Irvine in 1969 talking to somebody who was on the faculty in the philosophy  
department, and he was asking me about what my long term goals and ambitions  
were. I said, “Well, at one point I really wanted to go to graduate school in
philosophy but somehow I got sidetracked and here I am in southern California with little kids.” That was a long time ago. “Well,” he said, “here it is September, classes start in about 4 days. Could you get your application in?” So I said, “Well, alright.” I’m a very retentive person, I never throw anything away, so naturally I had an old cardboard box that had copies of my graduate school applications to Yale. So I fished them out and gave them to this guy and sure enough, there I was admitted to graduate school.

Swazey: Ready or not!

Battin: Ready or not! And I certainly wasn’t ready. Just as a defense, at the same time I applied to Irvine’s rather sophisticated fiction writing program. So I did a concurrent MFA in fiction writing and PhD in philosophy; it took an extra year because I had to meet all the requirements for both degrees. They weren’t really interlapping fields but doing these two things at the same time really made it possible to survive. There was no bioethics in those days. The philosophy was enormously arid, but on the other hand, fiction writing can be rather irresponsible. Both of these programs were housed in the same building. They regarded each other with some distrust.

Swazey: You must have been viewed as rather a strange character, getting an MFA at the same time as a PhD.
I tried to hide this as much as possible, so I’d slink around the corners in the building where the two programs were housed so as not to be seen by the parties in one going into the offices of the other. But it was great because you could do a lot of philosophy during the day and sort of restore the more human parts of yourself by doing fiction writing in the evening.

What made the philosophy so arid?

It was an extremely analytic department, a very sophisticated department, a hot department, with very able people. But this, of course, was during the heyday of analytic philosophy’s attention to the uses of concepts and language, so that rather than explore a practical problem, much of its discussion, at least in ethics, was discussion about, say, the meaning of the term “good”, or what is it that we’re doing when we make an attribution of value to something. These are very important questions, I don’t want to undercut them, but...

But it sounds like you’re more interested in normative ethics.

Well, I think it’s the case that when I discovered these practical problems, partly through the course I just described that I taught later here at Utah, I was really a sitting duck for interest in these things.
Are there particular people you viewed as particularly influential on your career? I hate to use the overworked term “mentor.”

I’ve always thought that I didn’t have much of a mentor. I was only the second woman in the philosophy department at Irvine, and the first one had graduated, I think, before I got there. There were no female faculty. I guess the person who was most influential was a fellow named Nelson Pike. He taught philosophy of religion and although, as I just said, I hadn’t grown up as a religious person, he managed to make religion intellectually interesting. So that was a major influence. I think in terms of intellectual influences, that was the most pronounced influence, but there was nobody in bioethics to follow. Nobody ever heard of bioethics.

I want to come back to the philosophy of religion, but once you got into bioethics in the mid-’70s were there more senior people in the field who you found particularly influential intellectually or personally?

I’d have to try to recreate those years, but I don’t think that I was as influenced by other people as I was by... My impression is that as far as my education in bioethics, I mostly made it up; that is, you think through a problem from scratch on your own and you try to do that before you read the literature. I of course read a lot of historical and classical sources on the particular issue, suicide, that I had gotten interested in, and so
was exposed to an extremely complex and textured discussion over a period of
centuries, but that’s a little different from being exposed to currently operating
philosophers. I can’t think of anybody who was particularly influential.

Swazey: Good enough. For a new field, that’s not terribly unreasonable.

Battin: Bioethics was so exciting! But that’s why, I think, as we see it become more
institutionalized, it’s a little disheartening. You don’t want it ever to be calcified in a
way that makes it a fixed discipline, a fixed body of knowledge that you have to
“know.” The process of discovering a field, and discovering it for yourself, making it
up, is so heady, so engaging.

Swazey: I certainly have the sense that the younger people coming up in bioethics can’t ever
have that same sense of excitement because it’s much more established.

Battin: I think you’re right. It’s more established. They can’t have the same sense of
excitement. There is excitement in exploring these problems when they are new to
you, but in terms of developing a new field that wasn’t there, it’s like feminism. I
was living in California when I first heard the term “women’s liberation.” This would
be in about 1966, or ‘65, and I remember the sort of bombshell effect of that term:

women’s liberation. Imagine. I had some groups of friends who had these clandestine
meetings once a month in basements of people's houses. We made up feminism for
ourselves. There wasn't any literature, there was no Ms magazine, there was no body
of arcane, intolerably, jargon-ridden feminist literature. It didn't exist. But inventing
feminism for ourselves was very exciting. Bioethics was like that for me also. I don't
think young students today can have that experience in bioethics, but there are plenty
of other areas that haven't been explored or developed yet where you could have that
kind of experience.

I did a book a while ago called Ethics in the Sanctuary which tries to do
the same kind of thing for ethics issues in organized religion. How do religious
groups treat their members? They treat them well in certain ways, and rather badly in
other ways, for example, through behavioral restrictions of various sorts, restrictions
on social contacts, sometimes dietary restrictions, sometimes positive obligations to
do certain kinds of limiting or dangerous things. That's a field that's just ready to
break wide open and a younger person could have a very good time exploring those
issues--creating your future field.

Swazey: I saw this book in your CV and I thought, apart from the bioethics, I'd like to read it.
Did studying religion partly stem from that philosophy of religion course?

Battin: I think so.
Swazey: It looks like that's been another major stream in your work, and I take it you see it as another realm of applied ethics.

Battin: Yes, clearly another realm. Just the way bioethics has spread into business ethics, legal ethics, education ethics, engineering ethics, nursing ethics, you-name-it ethics, ethics for any profession. So it seems to me, if you look at religious practitioners or officials as another profession—as they were traditionally regarded, the clergy was one of the powerful professions—there's a whole range of similar problems: problems about confidentiality, truth telling, paternalism, manipulation, how you collect fees (we call it "contributions" when we're talking in a religious context) and what's fair. Lots of those issues that are so well developed in medical ethics have parallels in situations involving the clergy, in any denomination or religious group.

Swazey: So it's just starting...

Battin: It's just starting.

Swazey: That will be interesting to watch. Talk a little bit about the roles and relationships between the various fields in bioethics. Start with philosophy, since that's your primary identity.
Having been involved in bioethics issues for 20 years, I think this used to be a more open question, but now the answer is becoming apparent. As I saw bioethics, it looked initially like a fad. Here’s something that opened up, bumped up, in philosophy. Here’s a trendy new field. “Bioethics, wow, isn’t this great, we can actually talk about real people and real things as an antidote to metaethics.” But the question was, is this a fad that would then go away pretty soon? Or was this something more substantial, and if so, what is its relationship to the field of philosophy? Like many other disciplines that originate in philosophy - economics or psychology or most of the special sciences - when they are first inchoate questions they’re asked as philosophic questions. Then a field tends to develop and they fission off or split off and become independent fields of study. Psychology is a perfect example. In the time of Hume, there wasn’t any separate field. Hume spends a lot of time looking at what we would now call psychological questions. So here’s the current question. Is this same process that has gone on during the entire history of Western thought happening again, so that a field that started primarily in philosophy is gradually developing an independent status, so that it will fission off or split off
from the parent stem of philosophy and become a field that operates in its own right?

It will always have philosophic roots, but will it become functionally and, for the
most part, intellectually independent, the way fields like economics and psychology
and so on have? It's getting clear to me that the answer is starting to look like yes.

Bioethics is becoming a field, and while it still has close ties to philosophy and many
of its more senior practitioners have background degrees and training in philosophy,
one could be a bioethicist without much background in philosophy and essentially
independent of it. I think that's both a good thing and a bad thing - but I think that is
what's happening. I think bioethics is turning out to be not a fad; I think it is
becoming an independent discipline in its own right. I think it will retain these ties to
other disciplines like law, medicine and philosophy.

There's another reason for it, which connects with your question about
religion. Part of what explains the rise and lightning expansion of bioethics in just a
couple of decades has to do with the role of religious groups. In the 1950s and '60s
and so on, what was going on in religion, at least in this country and in the developed
world generally, the Judeo-Christian world, had a lot to do with ecumenicism. This
was the period in which religious denominations were increasingly eager to talk with
each other, to break down denominational barriers, to engage in various kinds of
rapprochement and dialogue with each other, in general to promote the notion that
religious groups have common interests and common understanding despite their
various denominational trappings. More recently, since we've entered a period of
identity politics, religious groups have become increasingly sectarian. There's been much more emphasis in the past couple of decades on religious differences, stimulated partly by fundamentalism and its impact even on those who aren't fundamentalist. It has seemed more important to emphasize groups' traditions, their distinctive doctrinal and other commitments. As religious groups have become more sectarian, it's much harder for them to talk to each other. So instead of having a religious view of say, anencephaly, or any medical condition, now it is much more likely to be a Catholic view, a Jewish view, a Southern Baptist view. Religious groups no longer create a common arena for the discussion of moral issues. That was much more possible during that period of ecumenicism because things didn't have to be denominationally labeled. I think bioethics is rushing into the void created by the increasingly sectarian character of religion. But I don't think that bioethics is going to leave that role if religion tries to become more ecumenical again. I think that chapter is over.

Swazey: Would you say that spirit of ecumenicism of the 50s and 60s helped make it possible for the very prominent theological voices in the early days of bioethics, the Gustafsons, the McCormicks, the Ramseys, the Joe Fletchers...

Battin: Oh, I think so. I can't think of analogous theological voices that command the same respect or attention today. Maybe I'm forgetting somebody, but I think what we see
in bioethics now, for religious voices, people who are articulating a distinctive
denominational take on religious issues. John Paris for Catholicism, Rabbi Leibowitz
for Judaism, Allen Verhey for Protestantism. I think this is in many ways a loss. At
the same time, bioethics has a hard time being sensitive to certain kinds of spirituality
and religiosity, that are, so to speak, undifferentiated.

Swazey: One of Al Jonsen’s theses, as we were talking about the future of bioethics, is that if
religion comes back more frontally into bioethics, it’s going to be very specific
sectarian groups like Southern Baptists who will primarily talk to Southern Baptists
about their bioethical positions...across the field.

Battin: It’s much like what we were just saying about medicine a while ago - about having
people trained in medicine, physicians and others, do bioethics. I certainly don’t
mean they shouldn’t do bioethics, but the problem of having bioethics done only by
physicians is that they tend to assume that there is a right answer. Now the more
sectarian a religious group becomes, the more likely it is to do the same thing. So
there’s the Southern Baptist answer about surrogate motherhood, or the Roman
Catholic answer about physician assisted suicide, or the Jewish answer about in vitro
fertilization. Those all overlook the fact that among the actual members of or
communicants of a group, there may be a very wide range of attitudes. It suggests,
again, that there’s a right answer; now the competition is only between these religious
groups, each one believing that it is right and all the others are wrong. A philosophic
understanding of bioethics wouldn’t see it that way at all. It would look for the
defensible, the sensitive, interesting components of one view and of another view and
be open to the possibility that there is a range of answers, all of which have something
to be said for them.

Swazey: Has it mattered much to bioethics whether there has been a major theoretical
underpinning coming from philosophy, as opposed to working more at the level of
principles and normative ethics? As you know, Al Jonsen feels strongly that theory
really has been pretty unimportant for bioethics and will continue to be so because of
the way bioethicists work.

Battin: I think there is a little more general theory going on than is sometimes recognized. I
think that it’s increasingly easy to do bioethics without doing the details of Kant’s
categorical imperative, or of all of the various forms of modern utilitarianism. But I
still think that that tension between principle-based reasoning and outcomes-based,
teleological reasoning is very real and will remain real in this field. This is partly
because you can’t answer a principled argument with an outcomes-based answer and
you can’t have an argument that points to the consequences or outcomes by asserting
a principle, I mean you can’t do it effectively, the argument isn’t joined that way.
Many people understand this at an intuitive level; some ignore it. I think it’s true that
we are moving further and further from sophisticated, explicit, philosophic accounts.

I think that it’s part of that fissioning-off business as well. But it doesn’t mean we
don’t use some ethical theory in practice.

Swazey: But not really at the meta level, would you say?

Battin: I think people still sense it. For example, if I say it’s good to operate in this way on
that person... what do I mean by “good”? Do I mean it’s good for the physician, the
hospital, it’s good for the patient, it’s good in a sense that all the other alternatives are
worse? You could still ask that kind of question. You just don’t have to do it in
academic lingo.

Swazey: That’s one difference. What about law and bioethics, particularly in a country of
laws?

Battin: I’m astonished by the degree people to which think ethics questions are answered by
the law. For instance, when we’re teaching medical students and house staff through
our series of medical ethics presentations, the presentations we get the biggest
attendance for and the most evident interest, are the ones in which there is some issue
about law at stake, where a lawyer is part of the faculty. This is a real mistake, to
assume that ethics issues are answered by law. Law isn’t irrelevant but it’s too easily
turned to. There are some things we don’t discuss very much and we ought to discuss more. What about conscientious objection to law, what about evasion of the law? There are some issues where that comes up a lot; the issue of physician assisted suicide is one of them. We know there is an extensive underground practice of assistance in suicide and active euthanasia that isn’t officially permitted by law, although it depends a lot on how you read what’s out there. We don’t stop to think of that as a challenge to law. We assume that the law is entitled to resolve these questions as if the law were the final word, when in fact law is a fairly coarse instrument.

Swazey: So to that extent, bioethics has been influenced by the law. And I hear you say it has dampened the discourse...

Battin: Again, it’s another discipline in which it looks as though there is a right answer. In that way, it’s antithetical to philosophic exploration. Exploration is the way I naturally see bioethics. Of course the reason I naturally see it that way is because my training is in philosophy. But I think, again, it’s the temptation to get the problem fixed: “Here in this state, this is the law we’re going to have about commercial surrogacy and once we’ve got the law fixed, that’s the end of the question.” It’s not the end of the question. It’s not the end of the question at all.
Swazey: But probably not surprising in a country like the United States.

Battin: We're lucky to have a society in which law is generally respected, although certainly not perfectly respected.

Swazey: Len Glantz and I used to co-teach ethics and law seminars for house officers at Boston City Hospital, and our whole point was to get them to realize that ethics and law are not synonymous, especially when you're dealing with topics where there is not a clear legal answer, which Len would keep emphasizing. We would have them so confused by the end of a session that we were absolutely ecstatic and the house staff were beside themselves. They'd say, "We didn't expect an answer from ethics but why doesn't law have one for us?"

Battin: The issue of physician-assisted suicide is like that in Utah. This is a state where there is no clear law on the matter. Anyway, I think the contributions of law to bioethics are dramatic, and the intricacy and carefulness of legal reasoning is a real contribution to this field.

Swazey: What about the flip side. How has bioethics influenced our jurisprudence in this country?
That would be a little harder for me to say since I’m not a lawyer, but I think there are some notions like autonomy which have made their way into health law and into law generally.

Swazey: Why do you think there has been a persisting tension between bioethics and the social sciences, for virtually the 30-odd years of bioethics’ development?

Battin: That’s funny, I wouldn’t have said there was a persisting tension. My perception would be a little different. My perception would be that the social sciences have been comparatively under-represented among the discussions of bioethics. There have been fewer social scientists, especially sociologists, anthropologists, psychologists. I don’t know why they are under-represented and I don’t even know on what basis I would call something under-represented. I think it probably has to do with the perception that accounts of the way people actually do behave and think don’t answer moral questions about how they should behave and think. To be too involved in the social sciences would be to make a logical error: confusing is with ought. Suppose you found that 47% of people disapproved of cloning or surrogacy or some such thing, what does that tell us as normative thinkers? Well, it shouldn’t tell us anything. Maybe 90% of people disapprove of it and still it ought to be permitted, or that only 10% of people approve of it and 90% don’t, but it should be approved. It’s not that the social sciences are irrelevant, it’s that they’re not decisive. I think that bioethics
hasn’t always been sufficiently alert to the way people actually think in stressful situations. The original model of autonomy hasn’t been very well informed by reflection about how people actually do think and make decisions. Feminist thought has recently tried to challenge that model by claiming that we make decisions socially, as part of a community, rather than individually. “I decide to do this because that’s how it’s done in this society or that’s what people ordinarily do.” So I think there’s lots more still happening in bioethics in terms of incursions of other fields.

Swazey: Do you see a current greater emphasis, or renewed emphasis, on the humanities and bioethics? And part of that question is your perspective on the creation of the new “super organization.” For example, what’s your take on narrative ethics and story telling?

Battin: It’s surprising I haven’t paid more attention to narrative ethics and story telling. But I think there’s a real risk in narrative ethics as a form of argument. The risk is that when you tell this person’s story or that person’s story, (and of course the more skillfully and effectively told it is, the more engaging it is, the more involved you become in this story), the risk is that you will generalize from this one story, which is technically an anecdote, to make generalizations about a whole range of cases. I don’t think that folks who do narrative ethics think about this issue very much and those of us who don’t necessarily do it, or do it sort of inadvertently, don’t think about it very
much either. It has become increasingly a part of public discourse these days. Public
discourse in this country has become a discourse of personalities and personal stories.
That’s how magazines like People thrive. But we miss what is really a social science
point: you can’t describe a population by describing one or two of its members.
Social scientists have always known that. And philosophers and logicians know that
you can’t go from a single anecdote to a generalization about a whole class of cases.
But these stories are so powerful that we do it anyway.

Swazey: Why do you think it has gained so much ascendance or popularity within bioethics?

Battin: I don’t know. These stories are extremely engaging and of course they are an antidote
to the comparative aridity that a field develops as it becomes more academic, more
professionalized, more institutionalized. So in a way it’s a return to the sort of origins
of bioethics, worrying about what to do in this case with this patient and this
prognosis and this condition.

Swazey: Much in the way the literature course you taught grabbed you after analytic
philosophy.

Battin: Right. I think that’s exactly right and I think there is a real dilemma here. On the one
hand, narrative ethics looks as though it risks inviting an illegitimate form of
reasoning - that is, to reason from a single case to a broader generalization - but on the 
other hand it’s exactly what motivates interest in these things in the first place.

Swazey: Talk a little bit about the creation of the ASBH.

Battin: The creation of the ASBH in many ways responded to some of these things. 
Philosophers weren’t very at home in the SHHV; they thought of it as shallow, 
lacking rigor, not fully intellectually responsible. They resisted a few efforts by that 
organization to try to include them. They didn’t want to be included. Somewhat 
arrogantly, the philosophers thought they belonged at the top of the pile, not in some 
interest group within it. And so they got together. This is the most elitist account of 
what happened.

Swazey: This is the original philosophers’ group, The American Association of Bioethics?

Battin: Right. A bunch of us got together and said “let’s do this.” We got together here, in 
Salt Lake City. It was Greenwall, I think, that funded the original meeting here.

Swazey: When was that?

Battin: I have a very bad memory for dates. I’m sure I could figure it out. We met once or
twice. It was a small group of just 7 or 8 people who were out here: Ruth Macklin, Norm Daniels, Dan Brock; I can’t remember whether Art Caplan was here. I’m sure there are records somewhere of who was here. Myself, Leslie Francis, Jay Jacobson, Bob Huefner volunteered to use his center as a place. We put together this little tiny group. Now, different people had different takes on this. I’ve described to you a negative view of the way it occurred. Some others of us thought that what was missing in bioethics, because it was clear that this field was becoming larger and larger, was any kind of comprehensive manner of connecting among the various people interested in bioethics. There was the SHHV here and the SBC over there and there was the ASLM, American Society for Law and Medicine, over here. That was before the ASLM got its E (Ethics).

Swazey: Which was a marketing ploy that hasn’t worked terribly well.

Battin: No, it certainly hasn’t. What we really needed was an umbrella organization that wouldn’t be a competitor to any of them, but would serve to coordinate things. For instance, all these groups were still having their annual meeting at different times in different places. As the bioethics world became bigger, it just wasn’t possible to go to all these meetings. You couldn’t go to SBC’s meeting and the SHHV’s meeting and the ASLM’s meeting and also Bioethics Summer Camp. And all these people had other disciplines, their parent discipline, either medicine, law, or philosophy, and
you had to go to all those meetings, too. There was the AAB proposal, this may have
come from me, that one function of this group would be to try to encourage the
component groups to schedule their annual meetings in the same city at the same
time. That way they could be coordinated. That's how the first mega-meeting came
to be. Also there was a proposal that never went very far, to try to develop a dues
structure such that a person could be a member of any of these component
organizations and also of the AAB. The dues structure was designed so that it was
cheaper to remain a member of these component organizations and be a member of
the AAB than it would be to join the AAB directly. The reason for that was to try to
keep these component organizations financially viable so that the AAB wouldn't
threaten their interests. But I think that that proposal just never really got understood
and accepted, and in fact the AAB developed as a competitor organization rather than
as an umbrella organization whose main function was coordination. I really regard
that personally as a tragic misfortune: there was an extended period of institutional
bickering that was absolutely unnecessary. I think that I and others were politically
naive. We invented this organization thinking that, because it was such a good idea,
people would be rationally persuaded and they would embrace it. Real philosopher
behavior! That isn’t the way they saw it at all. They saw it as a threat, as an elitist
move to impose philosophy at the top of the pile. So as you know, there was an
extended period of bickering.
Swazey: Do you know how big the AAB got during its hey day?

Battin: I can't give a definitive figure because I just don't know. I remember seeing, because the headquarters were here, 300, 400, 500 members, but I don't remember accurately the number. It was a thriving organization for awhile. There were various personalities involved, so that as the presidents of each organization changed, some of the presidents of the other organizations, especially SHHV, were more hostile to the AAB than others. So we ended up spending a lot of time on friction among these organizations rather than just going about the business of bioethics. However, in the meantime, other things happened. This was all going on before the Internet or just at the time of the development of the Internet, so communication was more difficult.

Now there are easier ways of extensive communication.

Swazey: Makes it sound like you were back in the stone age!

Battin: We were!! -- with no ease of communication! Now that these organizations have merged, we have in fact the mega meeting, recreated. Among other things, there is going to be a job market. You have to have a meeting at which that happens. It's a place where students and trainees learn the ropes. Where book sellers make their big book push. Basically where it happens.
Swazey: What were the major impetuses for the merger?

Battin: I think it was just folly to have these organizations at such loggerheads. Then there are personal reasons. If the organizations don’t and can’t work together, that means each person is a member of two or three of them. That doubles your dues, your meeting commitments, your committee service time.

Swazey: Was that a top-down impetus to merge or a ground-up from the membership?

Battin: I think it was a function of the success of the first mega meeting. That’s the way I read it. That mega meeting, which was in Pittsburgh, was so much fun because everybody was there. It made it possible to see what it would be like if these organizations actually cooperated. I think they all lost money on it, and there was a little bickering afterward about how to deal with that. But attendees thought it was a great success. And now nobody worries and the only problem with the ASBH is it’s got this cumbersome, silly name. I don’t know anybody who likes the name. I never can remember the initials and I certainly hope it changes its name.

Swazey: Is that partly to make people think they are keeping their identities?

Battin: Right. The AAB clearly had the best name. But of course to use that as the name
would have said to the SHHV that “you’ve just been swallowed up” the way East
Germany was swallowed up by West Germany. That was intolerable to many people
then. Whether there will be another name change down the road and what it would
be, I don’t know.

Swazey: Is it going to hold together?

Battin: I don’t know. I haven’t been on the board of the ASBH. I was on the board of the
AAB for a while. I don’t see any reason why it shouldn’t hold together. I can
imagine little sectarian subgroups. There are some other things, Bioethics Summer
Camp, a functioning subgroup. I don’t think its existence threatens anything else. Of
course Bioethics Summer Camp is completely anarchic.

Swazey: I thought for awhile they were going to try to reduce the size of Summer Camp. It
didn’t work?

Battin: It didn’t work. It swelled up to 100 or whatever it is now, and then it was said that if
anybody didn’t come for two years in a row then they were off the invitation list. I
think that most senior people are less likely to come in the future anyway, unless it’s
very close and very convenient. Of course, that may change.
Swazey: It's been very interesting over the years, in terms of who is defined as a bioethicist by bioethicists, looking at who is and isn't ever invited.

Battin: I think it's a matter of rank and status. It was started by people who took themselves to be most senior and most interesting. I think that's the way Summer Camp was originally thought of, and then as the invitation list expanded, it has expanded in very erratic ways. So for instance, each group that hosted it got to put a few of its own people on the list who wouldn't have gotten on the list otherwise. There was no continuing committee to manage the list. The ideology of this group is that it has no continuing administration, which is one of its most delightful features. The running of the Summer Camp is handed over to a completely new group every year and has been for ten years. All that's left over is a computer disk with the past addresses on it and that's about it. And the weight of tradition.

Swazey: Why did it start, from your perspective?

Battin: I can remember sitting around in a New York coffee shop with Dan Wikler across from a hotel at which some meeting or other was going on, saying to each other, "You know, we see a few people in bioethics at each of the meetings we go to, wouldn't it be fun if we saw them all in one place at one time?" We had a little cocktail napkin on which we made a list of the people we'd really like to see all at the same time.
There must have been 30 or 35 of them. That was, as far as I know, the original core list. I think we gave the cocktail napkin to Art Caplan who said, “Oh, I’ll run it.” And somebody picked out Lutsen (Minnesota), so it was all done quite casually. We said, “let’s all just show up at Lutsen for these dates.” There was nothing formal about it. And it was terrific, it was a lot of fun.

Swazey: More conversation, but it’s gotten more formalized or programmatic.

Battin: Actually, there were sessions. The structure actually wasn’t so different. The main feature of Summer Camp is that there are comparatively few sessions and quite a lot of play time. Of course, most of the interesting work in bioethics goes on during the play sessions. So you go canoeing for six hours with a bunch of people with common interests and of course there’s lots of work that goes on there. Bioethics Summer Camp has always had a minimum of scheduled time, just enough to allow people to get their way paid. Lots of social time, and I think it works quite well that way.

Swazey: Would you see the creation of the ASBH as a major step in the institutionalization of bioethics?

Battin: I think that’s right. That’s now a pretty big tent and would include nearly anybody who might fancy themselves a bioethicist. The only institutional holdout is the
ASLME and I haven’t been keeping track of what they are up to these days. I don’t
know how they are functioning.

Swazey: You’ve talked a little bit about bioethics not having taken root as deeply on the west
coast in terms of centers and programs. What makes a “successful”
institute/center/program? When you think of bioethics institutes or centers, what
names pop into your head?

Battin: We were just talking about this at Summer Camp recently, a little group of us. The
best centers have a number of features, and need various things. They need an
academic institution. They need a medical school. They need a law school. This is a
way of preserving interdisciplinarity. They need to do teaching and outreach.
Teaching of both medical students and house staff, but also community physicians.
They need some way of being in touch with people who are patients, and to do
various kinds of outreach or public programming. They should have a research
program. They need a faculty or staff that is interdisciplinary. They need some kind
of stable financial structure; some of them live on grants alone and that is a tough way
to do things. If you have all those things, you have the ingredients for a well-
functioning center. I think part of the difference in centers has to do with whether
they survive primarily on doing grant work for somebody else, or whether they are
solid enough to be able to maintain their own identity. It’s also a function of who’s
Swazey: What does the whole academic institutional base you talked about say about a Hastings? It has no medical school, law school, etc.

Battin: It is a free standing center and it’s 50 miles away from New York. But the Hastings Center has always survived on grants and doing grant-based projects for whoever might want them done. I do think it’s true that the Hastings Center has moved from being the center of the bioethics world, because it was after all the first, to being far more marginalized. I think that partly happened because it became more overtly religious and I think that’s part of that same increasing sectarianism. Not that the Hastings Center is identified with any particular denomination, but it is part of that move in which religious sensitivities became more explicitly identified as religious. It’s been comparatively marginalized in that way.

Swazey: Is that a widespread perception?

Battin: I think so. I don’t think anybody thinks the Hastings Center is center of the world anymore.

Swazey: No, but the role of the more explicitly religious...because I haven’t heard that before.
Battin: It might be my own sense.

Swazey: What about Kennedy?

Battin: Kennedy, of course, moved in as a competitor. Each of the centers can be characterized in different ways. I think there also are a great deal more centers than any of us realize.

Swazey: Yes, I've been trying to get a handle on how many there are. Nobody, unfortunately, has a master list.

Battin: Well if anybody does, Art should.

Swazey: No, he admits he doesn't.

Battin: The AAB used to have one, I think. The ASBH might.

Swazey: Which do you see as the outstanding centers/institutes/programs? What attributes are important?

Battin: This is a very hard question to answer. I might be tempted to say that... I'm not sure
there is an outstanding center. Art’s operations have always been very lively, so
certainly Art’s shop would be on the list. Kennedy would be on the list. Then there
are places that are interesting because of an individual who is there. Brown with Dan
Brock or Tufts with Norm Daniels or hospitals where there is an interesting person. I
think Ruth Macklin is interesting at Albert Einstein. There are some little operations
that are not adequately supported. Virginia has been getting a lot of good notice
recently. There was a lot of conversing at the recent Summer Camp about the amount
of moving around that is suddenly going on...moves to Virginia, many other places
where it seems to me senior people are far more mobile, there is far more activity
going on. I think when you find a place that is stimulating and comfortable to live in
and where you can work well, that’s the way I perceive Utah. I don’t see any reason
to move to centers, and some of them either have internal strife or not much
interaction among the faculty. So what you want is a center where there’s a group
that really works together. When you find that in a decent place, why leave it?

Swazey: Where are junior people going?

Battin: This is hard to say, also. Some of them get teaching jobs, some of them get clinical
positions in hospitals, some of them end up going to law school, a fair number of
them. I wouldn’t be the best person to ask for a synoptic view of the whole
profession.
Swazey: We also should define what we mean by junior people as I lightly throw the term around.

Battin: Well, people just leaving graduate programs.

Swazey: But a newly minted masters is different from a PhD.

Battin: We produce some of those here at Utah and some of them have had quite good luck.

Swazey: Masters or PhD in bioethics?

Battin: It's a PhD in philosophy with a specialization or concentration in bioethics. There's another difference. Utah's program, for instance, is still a program in philosophy and you have to do all the work for a regular PhD in philosophy. There's a lot of work. Some other programs are just programs in bioethics alone; there's some difference of view of what's desirable. The Utah program assumes that bioethics isn't fissioning off from philosophy, and it trains people in philosophy who are able to teach both philosophy and bioethics. Other people do just bioethics.

Swazey: What's your sense of the masters programs in bioethics? What are those people equipped to do when they come out with their diploma?
What is anybody trained in bioethics at all equipped to do? I don’t actually know the
answer to that. Certainly they are more conversant with the background and
literature. Somebody at Summer Camp has assembled a list or chronology of the
main events in bioethics, or issues that bioethics talks about; it’s very interesting, as a
common body of discussion. So somebody trained in bioethics would be familiar
with at least much of that, and familiar with the group of basic texts and articles.
What does that equip them to do? Well, it’s a little bit like psychologists. You could
be trained as a psychologist, but some people are much more capable of doing
counseling or therapy, largely as a function of the nature of their personalities, than
other people with the same training.

Swazey: They’re certainly not automatically qualified to be a clinical bioethicist, especially if
they don’t know anything about hospitals or patients or anything else.

Battin: That’s true of sociologists, too. Some sociologists are better able to do fieldwork than
others with the same training.

Swazey: Absolutely. I think you certainly can learn how to do it, which is true in any field, but
you either have the instincts or you don’t. If you can look down the pike, where do
you see bioethics going over the next decade or two?
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Battin: There are the rosy pictures and the unrosy pictures. The unrosy picture is that bioethics becomes a completely independent discipline, with a distinctive pattern of training, that understands itself as commissioned to make bioethics decisions, that is, clinical decisions about what ought to happen in specific cases, as well perhaps as formulating policy. Some of this is happening already, but I think if it did only that, you'd get a new kind of secular bioethics clergy. (I'm using this term in a not particularly respectful way.) And I think that would be unfortunate. The rosy picture is one in which bioethics succeeds in enhancing the capacities of both the public at large and professionals and policy makers to engage in reflective, reasoned discussion and dialogue about difficult issues in medicine and biomedical sciences, so that it is actually capable of raising the level of public discussion and attention; that is, enhancing the climate within which decisions are reached, policy is formulated, laws are put together. I think that's also happening.

Here's an example. I find that when I teach beginning bioethics, the conversance of the students with these issues is much greater now than it used to be, before they've ever had a course. It used to be that 15 or 20 years ago, you'd say, "Well, we're going to talk about distributive problems like suppose you have one respirator and two patients who would die without it, how do you decide which one?" And they'd go, "Wow! There are problems like that?" Now, students are very conversant with that kind of problem. They've seen it on ER. They've seen it in many media situations. They've talked about it. They've done stuff like this in high
school. The range of issues that bioethics discusses is much more familiar to a broader general public. I think that’s good.

Swazey: I do too. One question I find interesting is how you raise that public knowledge apart from shows like ER. Probably a little like the Public Understanding of Science efforts over the years, but a lot of scientists have been denigrated by their scientific communities for working very hard to educate the public. It seems to me, that in any academic discipline, it’s not seen as real scholarship to go talk to the “great unwashed”. So I see the public education efforts as another sign of bioethics becoming more than an academic discipline in many ways. Have you made efforts to educate the public or the community?

Battin: We have a number of programs. We have evening discussion groups for local physicians. We have conferences. We have a program here through the Division of Medical Ethics called Dialogue to Action that holds discussions groups for family members of someone who’s died in a hospital. Those are just compellingly interesting and important to do. We have all kinds of programs that go on. I also think talking to the press is important. If you’re going to ask me, “How do you see your own interests and concerns going out to a broader public?” I would say, “I like to write stuff.” What I like to do, when I have an idea, is to write a book. That’s seems to me to be the most effective way of communicating. But I also like to talk to
reporters at length where there’s time enough, not just for a sound bite, but to really
explore with them their understanding of an issue so that you can chew over these
problems back and forth. And I believe lots of people actually do that.

When I’m describing my course load or service to this university, there are
times when I’ve thought, “Wait a minute, I really ought to include the amount of time
I spend talking to reporters,” especially to reporters who are new to an issue because
the impact of that kind of educational effort is far broader than classroom teaching.

When the controversies over physician assisted suicide were getting so much press
attention I did a lot of this. It has tailed off a bit; maybe Art’s Rolodex is pointing in
another direction now, or maybe the issue is, after the Supreme Court case, less
controversial.

Swazey: I think it’s going to come back as a hot public topic.

Battin: Well, I think a lot of the public has its mind made up about this. It’s in favor and it’s
provoked by figures like Kevorkian. There have been periods when I’ve spent many
hours a week talking to reporters, just trying to make sure they see both sides of the
story, that they see there are some difficult issues, that they don’t rush to some kind of
judgment in the piece they’re writing, that they have a sense of how big an issue this
is and what the implications of it are. The reward is a one-and-a-half sentence sound
bite. But that’s fine. And that’s the way it is for everybody else. So when you see a
story that quotes eight different people with one sentence apiece, you know that that reporter has spent an extensive amount of time talking to these eight people. I think that's a really important educative function of bioethics. It's possible because bioethics is such good news stuff. If you are working in 17th century British literature, you don't have the same kind of outlet for your work because the news media isn't available to disseminate it for you. In bioethics, you really do get that. I think the attention to ethics and bioethics is related to that business about religious groups becoming more sectarian. Religious groups used to be the arbiters of morality, or claimed they were, and they've lost it; the media is coming around to where the action is, in bioethics.

Swazey: You've worked some on health care delivery issues such as those involving elder rationing by age and national health care. One thing that has struck us, looking at the bioethics literature over the years, is the extent to which bioethics has not paid much attention to social justice issues, with the obvious exception of people like Norm Daniels. Dan Callahan would say it was "deselected".

Battin: I would have described it differently. I would have said this: bioethics began with issues primarily having to do with physicians and patients. What about telling the truth about terminal illness? What about confidentiality? What about paternalism, in particular? What about over-treatment? Those were the core issues and they were
addressed to the situation of the individual patient in a health care setting, with his or her own physician. Those central issues have now been pretty thoroughly explored and exploited. The interest now has moved out to a more generalized concern with the situation of patients generally, not just individually. That’s where social issues come into play, issues of distributive justice. There are also conflicts between this group of patients and that group of patients, and then the issues of social justice generally. It’s true that I have been interested in issues of social justice, but my perception of bioethics is that it has been extremely concerned with specific issues like national health care and the absence of adequate insurance coverage for many people. In fact, there was a session at the recent Summer Camp in which part of the project was to try to identify how bioethics understands its role vis a vis the failure of the Clinton health care plan. Does it see itself as having failed? Does it see itself as not having really been involved, which isn’t true? There was quite a bit of pressure from bioethics and contribution to the Clinton effort to devise a plan. How does it explain this political event? I actually would have said that these days there is more interest in social issues than in the individual issues.

Swazey: Would you say “these days” is fairly recent?

Battin: Within the last five or six years. Certainly since the Clinton health plan was defeated four years ago, and while we were cooking up to that. I think there has been a period
of despair over these social issues. “Look at all this energy. We thought it was going
to happen.” There have been so many efforts in this country to try to produce national
health care.

Swazey: Since 1929.

Battin: Yes, that’s right. With the Clinton plan, it looked in the bag. Then, poof, it all went
away and we just cannot figure out how that happened. There is both rage and
despair because so many of the issues in bioethics are exacerbated, made worse by the
absence of adequate care.

Swazey: What about yourself? Are you going to be moving into some new areas?

Battin: I’ve just been working on a book on global population growth. This is an example of
an area bioethics hasn’t attended to very much.

Swazey: In the early days, one of the first Hastings Center task forces was population ethics,
but it didn’t take off; it hasn’t been a biggie in bioethics.

Battin: But those early days were in the 1960s weren’t they?
Swazey: Late 60s early 70s.

Battin: You know what has happened to global population since then? It has doubled. There were 3 billion people then and now there are 6 billion. While we’ve quietly stopped talking about that issue, population growth has continued. The rate is dropping a little bit and the perception is, in this country, that the problem is over. But that’s of course naive beyond measurement. So I’ve been working a lot on issues of population growth and related issues about the consequences of sex, like teen pregnancy and abortion and so on. This is a new area for me but it’s so much fun.

Swazey: Are you going to keep working on physician assisted suicide?

Battin: Of course, although I like to take little vacations from that topic because I’ve done so much of it. And I was taking a vacation, working on my population book, when the Supreme Court announced that it would hear those two cases, Glucksberg and Quill. So that meant all - out work on physician-assisted suicide again for awhile, but I think those issues are tremendously interesting in any case. This is in part because they have a personal basis.

Swazey: Why has it been called physician assisted suicide, as opposed to dying?
Battin: I don’t know the answer to that question. In one straightforward sense, it is suicide. If you swallow the pills that your physician provides for you, there’s a sense in which you are deliberately ending your own life. In that sense it seems appropriate to call it suicide - if you could use that term without the negative connotations.

Swazey: I think that is what bothers me so much.

Battin: The pro-groups have tried to use alternative terms, such as “self-deliverance”, “assisted dying”, “hastened dying”... There’s a whole row of those terms. I think opponents worked to keep that label, “suicide”, because it has such negative connotations. Now it’s gotten into the legal system; that’s the term the Supreme Court used. However, the legislative proposals still all explicitly say this shall not constitute a suicide.

Swazey: It’s interesting because suicide itself is not illegal now. But helping someone commit suicide...

Battin: ...is illegal in most states by statute, by case law in some states, and by common law in a few states. This is a state, Utah, in which there is no specific legal prohibition at all, although there are homicide statutes which might be invoked.
When you first came here to Utah in the mid-70s, was there any particular, overt influence of Mormonism, as you were starting your work in philosophy and religion?

The way I perceive this university is as a secular institution which has had to make certain curtseys to Mormons. It, for instance, always had a Mormon president. It doesn’t now. The philosophy department has 16 or 17 people and no active Mormons. This seems to me to be a mistake but quite understandable. The university has no Department of Religion because the fear always was that it would be taken over and run as a Department of Mormon Studies if there were such a thing. This goes through waves and cycles all the time. I’ve never seen the Mormon presence as threatening to me. It’s true that I have tenure and I’ve seen it as less threatening since I got tenure. My book Ethics in the Sanctuary has whole sections on Mormon stuff as well as many other religious groups. I probably wouldn’t have written the book if I hadn’t had tenure, or I might have been a little more charitable about this group. And I would have done fewer things like try to get my underground source to get materials to me that might actually have been a little risky, but I don’t see the Mormons as a big threat. It’s partly because I’m in a philosophy department. Most Mormon students don’t take philosophy, but also the really religious students don’t come here. They go to BYU. So it hasn’t been much of an issue for me.