December 17, 1998. Interview with K. Danner Clouser, PhD, University Professor of Humanities Emeritus, The Pennsylvania State University College of Medicine. The interview is being conducted by Judith Swazey and Carla Messikomer at Professor Clouser’s home in Middleton, Pennsylvania.

Swazey: Can we start by you giving us a little of your family background, where you were raised?

Clouser: Oh my God, you really are catching me off guard. I wasn’t raised, I was issued by the government. I was born in a little farming community in Carey, Ohio. My father was a Lutheran pastor in that town and we lived there for 11 years. At the age of 11 we moved to this town that you're in right now. I used to come out to this very piece of ground to play football against the orphans. There was a big orphanage here.

Swazey: What moved you here? Did your father get a church here?

Clouser: Yes, in this town.

Swazey: What about your mother?

Clouser: She came along.

Swazey: There’s a clown in every interview!
Well, I didn’t know what you meant!

Did she work when you were growing up?

Oh, no. Well, I’ve been reading her diaries to her. She has a daily diary from 1930 to about 1990 and I’ve been reading that to her. We’ve been reviewing our past. Boy, did she work, but not at a paying job. She was a pastor’s wife.

That’s a full time job.

In those days, one of the things that amazed me about reading this, she cleaned the house from attic to basement every week. The washing, of course, you had to do it all by hand; eventually we got a washing machine, but not an electric one, one where you had to then wring it out by hand and hang it out to dry. If it was a rainy day, you had to hang it down in the basement which is probably why the basement had to be cleaned every week. It just was incredible, the amount of work. And then, in this little town in Ohio, they had lots of clubs where they would give reports and papers; they would do some research. Come to the group to tell about meals in Sweden, a lot of different topics, a lot of things. People would drop by. Whole families would drop by around meal time. You didn’t know they were coming. They just dropped in. It was part of
That's wonderful that she wrote about those and saved them.

It's hard to believe. We don't do that anymore. I wouldn't think of stopping in around noon time, although you folks didn't hesitate! Now I'll have to go out and prepare...

No, we're departing for lunch! Do you have brothers and sisters?

Yes, I had one brother who was older than I and one sister who is younger. My brother is four years older and my sister is six years younger. My brother died of the same disease I now have, pancreatic cancer. He died at the same age, too. He died at 64, diagnosed at 63. My mother had a baby who died in the first year of life and that was the first child so I never knew that one.

I take it then you obviously grew up in an active, religious community.

Yes, I did. The town, I think, was noted in respect to religion, had a large Roman Catholic community. Not particularly the people there, but there was a... I can remember going down and seeing all the crutches and what-not that
were hung on the altar, or near there. This was a place, I can’t remember the
details of it, but every summer the pilgrims came in. That’s the way we called
it. We’d say, “time for the pilgrimage.” And they’d come in from Detroit,
Michigan, particularly. I believe they were Syrian Roman Catholics. I
remember Danny Thomas was among them. He would come down there. And
his brother...

Messikomer: He was Lebanese. He used to talk about that and write about it.

Clouser: They would come down to this little town of Carey because there was a shrine
there and it was a big event. They would just live out in the city park and have
great times. That was the biggest religious thing, otherwise I was just a
Lutheran pastor’s kid. And in those days, almost everyone seemed to belong to
a church and so you didn’t question it like you do when you go to college and
you dump it all over.

Swazey: You went on to get a Bachelor’s in Divinity.

Clouser: Yes. We moved to Middletown and then I... With respect to the family, I was
offered a scholarship to Andover. I had totally forgotten this until a childhood
friend of mine, who has taught all these years at Phillips Exeter, reminded me
of this. He said, “don’t you remember when you were offered that

scholarship?” And I don’t remember and I said, “why didn’t I do it?” I mean

that’s nuts that I didn’t do that. And he said, “well, your parents said you

shouldn’t leave home. They needed you at home.” I have no recollection of

that. I was probably glad to stay home because it was a great home to be raised

in. My parents were fantastic folks and everyone loved them and I did, too.

They were just wonderful. So I finished high school right here in Middletown

where point 5 percent of us went off to college. I went to Gettysburg College

which was the school my dad had gone to and my brother was going to and

my sister ended up going to and graduating from.

Swazey: What did you major in?

Clouser: I majored in philosophy. I was intending, at the time, to go into the ministry

after college; then I went to the Lutheran seminary which is also at Gettysburg,

although it’s not connected with the college at all.

Swazey: What kind of philosophy were you exposed to in college?

Clouser: Well, this was a little department. There was basically one person teaching. I
don’t think we ever made it up to the 1800’s, 19th century. My teacher,
Norman Richardson, was a type that was characteristic in those days, who had
gone to divinity school and gotten his PhD at Yale. I don’t quite know what it
was that was characteristic of them, but they were well educated, had lots of
broad, philosophical ideas, and probably a kind of humanism that resulted in...
but not rigorous philosophy. I remember doing my senior paper on A.J. Ayres’
*Language, Truth, and Logic*, much to the shock of all of them because they
had never done anything like this and I kind of got hooked on it. But I was real
interested in logical positivism, as it was called in those days and, quite the
opposite, also in Kierkegaard.

This was your undergraduate thesis?

Yes. Or senior paper. It was a seminar; I wouldn’t want to call it a thesis.
Those two things really interested me, but in seminary I had very little chance
to pursue logical positivism at all. I did continue to be interested in
Kierkegaard, but it wasn’t real study. It was sort of bits and pieces. Then,
ironically enough, after seminary when I wanted to go to graduate school, I
really wanted to go off to study Kierkegaard. But I didn’t know anything about
schools. No one advised me. I figured, “well, I can’t go wrong going to
Harvard,” and so I went to Harvard. As anyone who knew anything about
philosophy would have known, Kierkegaard is dead meat, he was nothing, he
was a joke at Harvard, which was loaded with linguistic analysis, formal logic, ordinary language; everything except existentialism and Kierkegaard. There was one professor there who was interested in existentialism, John Wilde, who was well known at the time. This was 1955 to 1960 and he was quite well known, but he was not well liked by the philosophy department. He couldn’t even have an office in the philosophy building there. They put him over at the seminary, in the Semitic museum.

Swazey: So you had a fairly, for the time, characteristic analytic philosophy training.

Clouser: Well, it wasn’t characteristic at the time. It was rather unusual. Harvard was a little different. Yale would have been the place where my thinking... where I should have gone. As I recall, I was turned down by Yale. I think I probably applied. Harvard was anti-religious; well, all philosophy departments are anti-religious, really. Some might be a little more congenial than others and I think Yale probably would have been. But most of the people I came to know after that who had gone to Yale wished they had gone to Harvard because of the rigor of the thinking that was going on; whether or not you like philosophical analysis of that sort, it certainly is a good training ground for making meaningless distinctions seem important.
Had you decided by the time you went to Harvard that you weren’t going to go into the ministry.

No, I don’t think so. I had a fellowship from seminary, that’s why I went off to school right away, but I really realized that I was sort of more interested in the world of ideas. I didn’t know what philosophy had to offer; as I said, my undergraduate training was not characteristic of what I came to see as philosophy. It was just the world of ideas, it could be from any place, in the philosophy that I had as an undergraduate. I wonder if you remember. What was the contemporary civilization? There was a bunch of books that Columbia put out, contemporary civilization. That was sort of what our philosophy was like. That course was required for everybody. Majoring in philosophy amounted to something like that. Anyway, once I got to Harvard and got involved in that heavy analytic philosophy, I loved the rigor. It was such a change from seminary that I really did like it and responded to it.

So it was really when you hit the analytic philosophy rigor that you...

I liked it, I responded to it and decided I’d like to stay in the field. After you spend 5 or 6 years on a PhD, you’re into it, and I went off to teach. I had an offer from Dartmouth and it seemed like a good idea at the time, so I just
continued. I didn’t give up the religion while I was at Harvard. I was fairly
active in the University Lutheran Church right off Harvard Square. I was
tolerated by the others. It’s not a point I made with any professors. In fact, I
wouldn’t doubt that I hid my seminary background to get into Harvard. But I
wrote my dissertation on Ernst Cassirer’s symbolic forms, which kind of grew
out of an interest related to religion, and it was a kind of strategic one because
you try to find something your professors are not intensely interested in,
because if they are intensely interested, they’re going to fight you every step of
the way. They have different ideas about it.

I have to add, the course I liked least and took less seriously than any other
was ethics. I did not care for ethics at all. It just seemed like a toss-up kind of
ting. I much preferred philosophy of science and I taught in a course, as a
teaching fellow, that was a sort of history of science course. It took place in
their general education at Harvard. It was taught by a Leonard Nash. He was
my idol. I loved working with him. It was a full year course and it was always
rated in the Harvard Confidential Guide as the toughest but the most
rewarding course, and I loved teaching in that. It was called NatSci 4 and I
was a teaching assistant and it was sort of a history of science course. You
looked at science from the point of view of what they knew at the time and
you would do these experiments, demonstrations, given the knowledge you
had at the time, that those people would have had. So it was a very challenging
thing and Nash was a genius at teaching. He was a professor in the chemistry
department. I remember how depressed he was because he felt he wasn’t
respected. He was a full professor by the age of 40 at Harvard and you would
have thought that would be enough, but not at Harvard. They thought of this
course that he taught as a kind of Mickey Mouse thing. Gerry Holton did the
same thing for physics at Harvard, and I would have been happy to teach in
that. I loved that kind of stuff and I found it wonderful and far more
informative than what they were doing at Harvard in philosophy of science.
This was really good stuff and I thought this was the real philosophy of
science; it should be going on where you were dealing with actual science and
not just going off in some abstract logic connection.

Swazey: Having gotten my PhD in the history of science at Harvard!

Clouser: Did you really? I guess I’d forgotten that. I.B. Cohen was there...

Swazey: I was I.B.’s research assistant for two years, which was an experience. He’d
pull a slip of paper out of his drawer which would be a one sentence quote,
and he’d say, “I don’t remember who said this, find the citation.”

Clouser: And that was before computers, too. I knew a lot of people in that department.
Swazey: What year were you there?

I went in ‘61 and finished in ‘66.

You came the year I left. Isn’t that interesting.

See, it’s not only Vermont; we have Harvard in common.

I tell you, I really admired Len Nash, he was a great showman, but a great thinker, and a careful thinker. I helped him a good bit; I read many versions of his book called *The Nature of the Natural Sciences*, which didn’t go anyplace, but not because it wasn’t a book of enormous merit, it just didn’t go and I don’t know why. I think it was a great book.

Who else would you say, in graduate school, was particularly influential for you in terms of how they thought or taught?

I’m not sure there is... I liked them all. I liked these courses. The people who were there then, of course, included Willard Van Orman Quine, whom I talked to because my uncle had sold him a painting down in Mexico and one time my uncle said to me, “You’re at Harvard, do you know the name Quine? He was
some guy I sold a painting to.” I saw Quine about 3 years ago when I was teaching out in Ohio and there was a big colloquium. At that point, he was about 84, and I went up to him and I knew he wouldn’t remember me because I wasn’t one of the geniuses that he trained. I mean, I was not one of the geniuses and he trained only geniuses. But I said, “I’m trying to do a book on my uncle’s art which is all over the country and he never kept track of it, and I’m trying to trace them down and take photographs of them and do something.” I said, “Do you, by any chance, still have that painting? I’d like a photograph of it. I need it for something I’m writing.” They’d moved to Boston, or something. He said, “It’s hanging over our mantle.” He bought it in 1952. He said, “Oh yes, that’s still our favorite painting.” Anyway, I liked all these teachers. Rod Firth was there then. He taught epistemology, but I imagine he was a Quaker. He was probably the only religious person on the faculty. He had come from teaching at Swarthmore. Henry Aiken, who was a dramatic teacher and an effective teacher. There was someone no one seems to know anymore, D.C. Williams was his name; he taught metaphysics and inductive logic. Again, I liked the logic courses. I don’t know if it was a kind of a rebound from theology or what. I remember even as an undergraduate, I had a logic course or two and I kind of responded to those.

Swazey: Why didn’t you like the ethics course?
It wasn’t the teaching of the ethics. It was that I thought that ethics was something you really couldn’t reason much about. You either had it or not, or something like that. I know I had definite views at the time, I just can’t remember what they were. Interestingly enough, they didn’t teach ethics at seminary either. At that time, anyway, religious ethics was not worked on at all. No one did it. Even in seminary, there was no course on ethics. I imagine whatever the attitude was that gave that line of reasoning must have persisted in me because I might have thought that goes along with what world view you hold, so you can’t really reason about it. If you have that world view, then you’re going to have the ethics. It might also have been that, in philosophy, I was looking for things that enriched me. I felt my ethics were in shape and I didn’t need it. By golly, I still think that!

I think most of the people we’ve talked to who went to seminary, and an amazing number of people, in bioethics, as you know, went to seminary, but they’ve all said that religious studies programs really didn’t have ethics.

Is that right? Even as undergraduates. That’s right. They’re still struggling with it in seminaries. But often now, they’ll have a special course like New Testament Ethics. In other words they’ll locate it in certain places. Old Testament Ethics. That covers so many years and cultures, I don’t know how
they do it. But there was nothing explicitly discussed.

Given your predilection for logic courses, your teaching at Dartmouth and then at Carleton, what got you into medical humanities at Hershey? Seems like a big jump.

Yes, it is and it's not going to be interesting. It isn't pretty. At Dartmouth, I taught what every new hire had to teach, that everyone hated, and that was 19th century philosophy. I called it the era of madmen, when Nietzsche was in there, and Kierkegaard and so on. This time I...

You had given up on existentialism by now?

I think I still treasured it to some extent, but I wasn't sure what it was anymore, or what went by that name. But you're also allowed to teach some seminars occasionally at Dartmouth, and I think I taught a Cassirer seminar. It was kind of funny, I'm trying to think of the lawyer down in Texas who does a lot of stuff in bioethics. He's quite well known. He came up to me one day, he's in Austin, John Robertson, and said, "You don't know me, but I know you. My best friend took your seminars and your courses and I would always come along with him and sit there." At Dartmouth. And he remembered the
course on Cassirer. Practically nobody even knows the name of Cassirer, so
the fact that this young lawyer comes up to me and says “I know you, you
 taught about Cassirer,” it’s kind of scary, you know he knows something about
you that almost nobody else knows. You think, “what else does he know?”
When I went to Carleton, I started teaching ethics because that was the... I
should say, at Dartmouth, I became good friends with one of my colleagues
there who was younger than me, Bernard Gert, and I respect his work a good
bit. I thought that he was a really outstanding philosophical mind and I paid a
lot of attention to him. When I went to Carleton, it turned out I had to teach
ethics because that is the way they did an introduction to philosophy. They
didn’t have one of these generalized introductions to philosophy. At
Dartmouth I also taught, as I recall, some philosophy of religion. Anyway, I
now had to teach it as an introductory course. All of us in the philosophy
department at Carleton, and it was a good department, had to do an
introductory course because we taught everything by seminar. We didn’t have
any big courses. We wouldn’t allow more than 15 or 20 in a course and so we
all had to teach a lot. And ethics was a way... in fact they had to take two
courses in ethics. That was their introduction. Well, I got interested in ethics
and Bernie Gert was just writing his Moral Rules as it came to be called, and
he had it in just sort of mimeographed form, and I began using that. I would
look at that and I’d have comments to make about it. Then I would go back to
Vermont every summer. Just hours before we left to go to Northfield, Minnesota, we bought an old deserted farmhouse out in the woods.

Bernie usually had good replies to my objections; sometimes he’d revise, though he’d never admit it, but we kept working and it would go through one revision after another and finally it was published by Harper-Row first and the soft cover went to Harper Torch. But it was continually revised, and the last revision was this year. And I think it is, for philosophical ethics, the best ever written. And that includes Rawls, anyone. And Bernie and I have continued to work together and write together. That began changing my attitude towards ethics. That was the role Carleton served. Now, what would have led me from that to going to Hershey? I loved Carleton. I’ve never been in such an exciting intellectual place in my life. I loved the students, I loved my colleagues. I would have been happy to spend my life there, I loved the administration; John Nason was president then. He had been president at Swarthmore prior to that. I couldn’t have been happier. I don’t quite remember the sequence of events. I’m tempted to say I got this call asking me if I’d be interested in teaching at a medical school. I did get such a call and thought it was a joke. I thought it was someone playing with me, one of my old friends. I kept saying, “Who is this? Come on, tell me, who is this, what are you up to?” Well, it turned out to be Al Vastyan, who I didn’t even know at the time. The reason I’m hesitating is he must have gotten my name from somebody or someplace
who said maybe Clouser would come out. Now how would they know that?

Only if I'd expressed some kind of dissatisfaction, but to tell the truth, I can't
remember being dissatisfied or looking for work anywhere. I was happy at
Carleton and I knew I was going to get tenure there. Well anyway, I thought it
was ridiculous but I said, "Well look, my parents live very near Hershey and I
only get to see them once a year. I can't afford to travel back and forth. I come
out for the Eastern Division meetings and stop in to see them around
Christmas time." And I said, "If you're willing to fly me out, I will come out
and look at what you're talking about, but I have to tell you honestly, there's
no chance that I would take that job. I just can't imagine. Why would I go to a
trade school? What would a philosopher do there?" This man Vastyan said,
"Okay, we'd be willing to pay your way and you can stay with your parents
and spend a few days with us." Now this was in 1967, so the school had just
taken its first year of students. They had started doing something in 1964,
building something. They built the animal facilities first. Our dean, George
Harrell, the founding dean, had very specific ideas of how to do a medical
school. He had built one in Florida at the University of Florida. Now, as we
used to say, he was going to do it right. I came out and was so fascinated,
ideas were popping in my head like I hadn't had for a long time. My mind set
was, "how can philosophy relate with medicine?" We didn't even have any
clinicians at Hershey at the time. We were just in the basic sciences, and even
all those chairs of the basic sciences were not yet filled. But I saw a chairman
of physiology, a chairman of biochemistry, chairman of anatomy, I remember
all those visits specifically. And I was so excited about possibilities for how
philosophy could interrelate in an educational way with these people. And of
course, I was still real interested in philosophy of science and I taught it at
Carleton. The kind of philosophy of science, in a sense, that I had picked up
from Len Nash, is based on real science as it was done and following it, and
the thought of working with these people in some detail really fascinated me.
The ethics was not as important, though that was there. What I was doing was
thinking of all the areas of philosophy that could interrelate with these medical
disciplines.

Now, emotionally there was another factor; and that is that we had been, I
thought, very inhumanely treated back in Minnesota by doctors with respect to
my son whom we were told because of a few clues, he would probably... he
was 2 or 3 at the time, a beautiful child, very bright...would turn into a
vegetable. We were told in such a crass way that that was weighing heavily on
my mind at the time this was going on. And I was told he would... there was a
disagreement among our family doctor who said, “Look, I’ve seen lots of kids
and they just go through this.” My son had a shudder, every now and then he
would just tremble all over and I said to the pediatrician something like... and
then he said, “But if you want to see a specialist, go ahead.” And we did and
we put him in the hospital out in the twin cities and went through the routines.

The pediatrician said, “Well, one of my colleagues says this and my other colleague says this, and if it turns out that your son becomes a vegetable then I’ll probably lose and he’ll have to take me on a fishing trip,” or something like that. That was what he said. He was more interested in his bet than he was in my son. I didn’t complain. I didn’t do anything about it. But that was on my mind right at the time when I was thinking I was being presented with this thing from Hershey. This was going to be the first job ever in philosophy that anyone knew about at a medical school and I was intrigued by it. Then I felt this extra emotional push. And I thought, you know how we like to make sense out of our lives, that it’s leading up to this moment, “Well, maybe I’m being led in this direction by this occurrence of our son’s condition.” I have to tell you our son did not become a vegetable unless you want to regard what he does now as...

Swazey: He graduated from the University of Vermont, didn’t he?

Clouser: No, that was my daughter. My son went to Hampshire. He’s now a rock star, so I think the pediatrician was right. He became a vegetable! I got an album a little while ago because the woman who was here helping us, it’s one of her son’s favorite bands. It’s called Nine Inch Nails and they’re a big group. She
wanted to get a picture... all the kids want autographs. When Charlie’s here, I
have a lineup outside, all the kids wanting autographs. Anyway...

Swazey: All those early shudders...

Clouser: That’s right, it was the rhythm! Then it came down to, the President, John
Nason, wanted me to... It came out, I didn’t want to tell anyone that this was
on my mind, it was really bothering me. Then we had a planning meeting in
the department of philosophy. We were planning next year and there was a big
decision whether to hire someone or not or whether we should make room for
this other person we wanted to hire. And so this decision forced it out of me. I
then said, “Look, I’ve been holding back on something that may change the
way we go on this issue. I am considering a position elsewhere.” They didn’t
know that. Nobody knew about this. Well, word went around very fast and the
next thing I knew... I wasn’t going to make a decision for awhile, but I was
being forced to because I’d put the department at a real handicap if I didn’t
decide. I didn’t have to make a decision until the end of the year but the
department had to know much earlier in order to hire someone. So I didn’t
know how I was going to make this decision. Then one day, the president,
John Nason, called and said, “Elizabeth,” his wife, “and I want to take you and
Mel up to the twin cities for dinner. I thought we needed to talk.” He had
never invited me to dinner.

Swazey: There’s an underlying message here.

Clouser: I’d been to his house many times. He and I played tennis. We were tennis partners so it wasn’t completely unusual that he might do that except, you know, inviting me to the twin cities; we never went to the twin cities together. And I just felt that would be an awful evening if we were discussing... I was never able to bargain. If I was going to go someplace, I wanted it to be because I wanted the place. Money was never that important. Mel would often point out to people I accepted the job with Dartmouth without even knowing what they were going to pay me. I never asked. That wasn’t important. What would I teach? How many hours would I teach? What are my colleagues like? I didn’t want to bargain about this at all. That was not relevant to me. And I just felt I had to make my decision that day before we went to dinner. This was in about February of 1967. I couldn’t, I would try to weigh this, I’m a terrible decision maker anyway. I not only struggle over the decision, but once I’ve made it, I still struggle over it.

Messikomer: You’re my kind of person. I’m the same way.
I keep going over it and over it. I drive everyone nuts.

Likewise.

Two of a kind.

I always make the wrong decision, even if I make the right one.

The only thing I can say is, I’m so happy to hear you say that. I feel like I’m in good company.

No, you are in terrible company! Shape up Carla! Maybe it goes with the Karl and Carla.

That could be it.

You obviously decided on Hershey.

I decided yes. It’s funny, I always think of it as a mental flip of a coin. To tell the truth, I couldn’t make lists, I didn’t see any heavy balancing. I saw none of that. I just said, “We’re going, that’s it. I’ve got to make a decision. I’ve got to
do it in the next hour. I have no basis for the decision. I’m going.” I mean, I
had a lot of basis for that decision, but I had a lot of basis for staying, too.

George Harrell, our founding dean, often points to this; to the annoyance of a
lot of people, I think, he’ll say, “Dan Clouser was the only one who risked
anything in coming here.” Because I didn’t know if it would succeed. They
had already told me I would have tenure. I didn’t have it at that time, but I was
to get it the next year.

Swazey: And didn’t really know what a medical school was.

Clouser: No, I didn’t know anything about it. I was in the middle of a cornfield here. To
tell the truth, I think a lot of it had to do with the fact that I would no longer be
in an academic community and where we like raising our kids, and the little
town of Northfield that had St. Olaf College in the same town, and being a
Lutheran, I was over there a lot of the time. I liked the people there. I’m still
not sure of the decision I made. I’m really not. I think I did my wife and
children a real disservice. On the other hand, I moved back to this town where
they have grandparents and they have an uncle, an aunt and cousins. My
brother was living here. He was a lawyer in Harrisburg and in Middletown.
We lived a half a block apart when we moved here. So there was that side of
it. And I must say, I love the work at the school. I love teaching. One of the
reasons I wanted to teach at the medical school was because I thought, “Look, I’ve been teaching students at Carleton and at Dartmouth, that’s easy.” I mean these people, particularly at Carleton, this wasn’t as true at Dartmouth as at Carleton, they were so good. You were teaching kids you knew were better than you yourself were. But you just tried to do the best you could until they surpassed you, which was after about the second course. I must say, I was kind of burned out at Carleton. That might also have been one of the reasons when I flipped my mental coin, I came here. Those students would be reading more journals than I ever had time to do. They wrote wonderful papers and we required a lot of papers. And I was reading papers and exams and I had a heavy teaching load. I taught three courses, as I recall, each of three terms. They were so good, the students, I was just burned out. I was just going all the time. The course that they were envisioning at the medical school sounded pretty casual. That is, they weren’t sure if I would have my own course or only what I came to call jack-in-the-box performances in the medical courses.

Swazey: Parachute in.

Clouser: I’d parachute into an anatomy course and tell them how other cultures disposed of corpses. Needless to say, I objected to that enormously and refused ever to do it. I changed my mind when it came to doing Grand Rounds
in other areas. I did a lot of those. I was real excited. Conceptually, I thought this was just great fun. I loved teaching the courses... Oh, I started to say, the teaching was so easy at these other places, I thought I would love to try to teach at a place where they would reject me. Out and out reject me and I would have to fight my way in and boy I had better be a good teacher or I would never survive. Well, I do think you have to be a good teacher at a medical school, if you’re teaching something that they don’t see as central to their education. However, they were so receptive that I was bowled over. They really seemed to respond so vigorously. I came in 1968 and started in September. But now we’re coming on to all the hippies and so on. Then I had courses where people thought that pathology was irrelevant and philosophy was... That’s literally true, that they said that. “Pathology is irrelevant. It’s philosophy that is important.” Well, that scared me. And I found myself spending a lot of time defending medicine, which was totally unlike anything I expected. I thought I’d have to defend that philosophy had something here and there to contribute, but here I was, defending medicine. One of the jokes in my philosophy of medicine course was that I had them reading more in medical journals than the other courses did. And that was probably true. I did my philosophy of medicine course like I did the philosophy of science course. I would make my points by having them read the medical literature; my thought was that if they didn’t get the philosophical point, at least they would be
getting some medical points. But I found it fascinating, and I didn’t tire of it at all. I have to say, do you know in my 35 years of teaching, I only had a year and a half sabbatical? For that sabbatical, I was a Robert Wood Johnson fellow who did nothing but busy work down in Congress. I was Al Gore’s health policy person. I chose that office because he was the only one at the time concerned with bioethics. At that time, they were setting up this Commission on Bioethics, which ended up fumbling and failing because there was so much fighting going on in Congress over abortion.

Swazey: That was a non-starter.

Clouser: There was a lot of work getting it set up, but it was a sure non-starter. I think they met once. I still have notes that I took at a meeting in August of 1987 that some day will be interesting to historians. Maybe you’ll want to look at them because this was a meeting where we were trying to get the final list to set up this board. We would hear all kinds of misstatements made by the Senators. I remember Dale Bumpers, Senator Gore, Senator Kennedy all around this table. Of course, their health policy assistants sit in a circle outside that inner circle of people, and they were talking about, “Well, we’ve got to have Jim Childress, he was the editor of the Encyclopedia of Bioethics.” Well, that’s not true. Then someone else said, “look, this is a 3 page CV, this guy is the
greatest...” They’d have it all wrong. That wasn’t the most interesting aspect, but it was for me. I couldn’t believe it.

Swazey: I know they were trying to recruit Barbara Mishkin to direct it but I think she’s profoundly grateful it never happened.

Clouser: We’re getting ahead of the story there, but those were the things going through my mind when I went to Hershey. Those days I spent interviewing out here were...I guess everyone has had days like that, where ideas are popping so fast in your head, you’re suddenly seeing things from a different point of view. There was some ethics that came into it, but I was only talking to the basic science people, there were no clinicians here. So I was thinking in terms of the philosophy of science and the value issues that come in and around those. Which areas they chose to do research in. There’s always this discussion whether values are sort of extrinsic or intrinsic to the doing of science. Are there value decisions in science as you’re making a scientific decision. And this led me, in many ways, into courses I ended up developing, I just found it exciting. I must have spent three days here going around talking in depth with all of them and boy, I was so excited that otherwise I never would have considered it. I was quite right in telling Al Vastyan there was no way in the world I would take that job, but I wanted to visit my parents and if you want to
try to convince me, I’m up for it. But once I got here, boy, that was an exciting
three days. Philosophy suddenly took on a whole new look to me by seeing it
in a new area. One that hadn’t been droned over for centuries. Maybe it had
been, but I wasn’t aware of it. And that made all the difference. I began using
those things. One example is being able to point out to people how much
value issues enter into the clinical labs. When you establish tests where you’re
going to establish a false positive and a false negative, those are value issues
that enter into what we thought, or the ordinary person thinks, is just hard
science.

Swazey: Plus the fact we were all, in our education, trying to be convinced that science
is value-free; you didn’t have to be a rocket scientist to see there’s something
wrong with that claim.

Clouser: Yes, that’s right. I grew up, certainly, thinking science was value-free.

Swazey: That’s how it was presented to us in our books.

Clouser: That’s right. This is one thing I learned from Nash: he was presenting science
as it was being discovered, not as it was being taught after the fact. There’s an
expression for that and it’s not coming to me. But we usually don’t end up
teaching science, by showing them the history of science as the discoveries were made, the natural unfolding, which is the exciting way. Even in teaching science to people who are becoming scientists, that’s wrong because we teach it as it became packaged later on; it’s not exciting, they don’t see the cutting edge of science until they’re in their own laboratories working. We should be teaching science as a historian of science would know it. That would convince so many more people to become scientists because it’s so exciting. It’s real detective work and you see lots of things that you don’t see after it’s drawn and quartered and packaged.

Swazey: When did Hershey develop its program on medical humanities? That obviously grew out of your work there, but you initially were the solo philosopher.

Clouser: Al Vastyan was there, too. He was from the field of religion. The founding dean had met Al. I don’t know how much to go into this.... Every year, at the meeting of the AAMC, the Association of American Medical Colleges, there was a group of chaplains that met, that was the growth of the Society for Health and Human Values, and Al Vastyan was one of that group. Deans of medical schools often came to the sessions they had. They were talking about these issues. Al was in Texas at the time, at the Medical Branch at Galveston.
George Harrell, when he was getting Hershey established, called Al in as a consultant. Al came up and told him what he would do, and so on, and George ended up hiring him to start a department, and it was to be a department, right from the beginning. They wanted a separate department. Al had never taught before. He had been a priest in an Episcopal church. He’s since left the Episcopal church and become a Roman Catholic, but that’s neither here nor there. So he hadn’t taught, and I came out and I had had a good bit of teaching experience by that time, and loved to teach. We also hired, that same year, a historian, and I’ll not say more on that subject while you have the microphone on! He didn’t last very long, but he came in as a full professor because he was, presumably, an acclaimed professor who taught at Wayne State prior to that, and had written a book on Louis Agassiz.

We were just called the department of humanities, not of medical humanities, just of humanities, and we got great reviews. That was extremely important. We worried a little bit about being the brainchild of the founding dean, so everyone would be honorable to us because they didn’t want to offend the dean. When we got a new dean, when our dean retired, he was a hard-headed dean and we were told we would never survive his scrutiny. This was Dean Prystowsky, and he had come from Florida where he was chairman of an OB/Gyn department. Upon arrival, he demanded that in two weeks Al was to present any details or statistics we had about our department to him.
And Al did it. I don’t know if he did it immediately upon arrival, but he did it soon afterwards. We had a lot of people on our side by that time. We had the faculty, who really liked our department. We weren’t pushy, we didn’t come in and you know... We attended to teaching. I have to say about teaching methods, we resisted, because of me. I resisted. This historian we hired wanted to have big lecture course. I said, “No way.” I couldn’t object to him, he was a full professor, but my courses were going to be done seminar style. I kept insisting the only way to teach this foreign subject matter, in this context, is to get inside their heads, to have real dialogue and show them that something comes of this, if only clarification. Our teaching was very sound and we were competing against large medical classes. Of course, in those days, there were only 40 in a medical class, then the next year it was 50 then 60 and it gradually grew to 120. The school was designed to have no more than 60 in a class, that’s the way George Harrell designed it, the building, the study areas and so on. Our teaching, compared to the medical teaching, was so much better because the students were having a chance to talk, to converse, to argue back and forth.

Swazey: And even think.

Clouser: And think, yes.
I’m going to switch gears a little bit and get you to talk about how you would characterize or define medical humanities and how you see that relating with bioethics, which will also involve getting you to say what you think bioethics is.

We were definitely committed to humanities. We aimed for and ended up with the disciplines. I had argued all along we should have literature as a discipline, and in fact, even when I was here for an interview, I kept arguing with this man, Vastyan, that you really need someone in literature first, not philosophy. You need someone in literature because literature is a wonderfully rich subject that can be read at all different levels. Philosophy can only be read at the pathology level, that is, slow and plodding, and why would any of these medical people, including faculty—we saw ourselves as coming to the faculty as well as to the students—why would they want to read philosophy? That’s such a drudge subject. Get someone in literature, get them inspired, and then maybe philosophy would find its place among a subset of that group. Well, Al didn’t want to do it. If he didn’t hire me, he was going to hire another philosopher, so that was one of my incentives for taking it, to make sure they hired a literature person next. That’s when we got Jo Bags, who was Jo Troutman when we hired her. Of course Sam Banks was the one who was
doing this kind of stuff down in Florida even before we got started here. He
was active in that ministers’ group we talked about, Ministers in Medical
Education that became the Society for Health and Human Values, which is
now the American Association of Bioethics and Humanities. We were
committed to the humanities, and ethics, medical ethics we called it, was only
one of those disciplines, and that was a subdiscipline of philosophy. So we
were committed to having literature and we got that next. We had history,
religion, philosophy. In the last few years, we’ve added another one, namely
David Hufford in anthropology; he was in our behavioral science department
here. They more and more switched, became different from what they had set
out to be in, so David was more suited to our department and we were
delighted to have him.

So those were the disciplines that we had. This was not a little finishing
school we put down in the middle of medical education. This was an attempt
for people who understood their discipline well enough to see what aspects of
it could be used in medical education. You couldn’t come in and teach what
would go for a usual course in your discipline at an ordinary undergraduate or
graduate school. You had to fashion those ideas that would be a help to
medicine, as you understood medicine. All these courses had to be creative in
making a new discipline, in effect. I don’t know why we didn’t call it medical
humanities, I think that’s a much more descriptive term for what we were
doing, but we just never called it medical humanities. They did at Galveston
and we should have picked up on that, I guess. We saw some places fail. I
think the Stonybrook experiments failed, where Pellegrino was at the time,
because they went for the big lecture courses. I don’t know in detail, so I
shouldn’t speak out on that, but that’s my impression. There was this mind set
among people, and I saw a lot of people beginning this, that we might have
been the first. They would always come to us to see what we were doing
before they would start their own program. They would go for the big lecture
course for two reasons: one was, “By God, we’re going to be the big lecture
professors, too, and we’re going to be just as tough as the medical sciences
and we’re going to lecture to them, we’re going to give tough exams and by
golly, they better shape up.” And the second reason was, that would leave
them a lot more time for writing. You put them all in one big classroom, then
you don’t have to meet them as often. Well, I thought both those reasons were
lousy. I didn’t particularly care to emulate the big doc lecturing to a big class
of students. I didn’t want to give exams. I always did before, in philosophy
departments, but that was different. I’m a stranger in this place, I have a
different agenda, different objective, and that wasn’t my goal. I wanted, as I
said earlier, to have this kind of discussion with them whereby the subject
matter would really get inside them because they will have been talking,
they’d get immediate answers, we’d go back and forth on the issue, and they
would learn how to do it. Sometimes I would be teaching six courses at once. I was meeting all over, because I would have no more than 10 or 12, at that time, in a class. Now I had to meet all the needs of those who wanted to take a course in ethics. I would have to get them all together and we would decide. Some of us met Sunday morning, Wednesday night; I met three times a week, so I was meeting all over the schedule. It was a madhouse, but that’s what I thought was crucial. I didn’t care about writing, I mean I cared about it, I thought I should care about it, but what I wanted to do was be a teacher. I wanted this stuff to be important to them, and that’s the only way to do it. Now, these other places that had the big lecture courses, I swear that’s why they failed.

So you see medical ethics clearly as one area of humanities. Is bioethics the same as medical ethics?

Before I get to that, which I don’t have a good answer for, I began to be embarrassed a little bit about having medical ethics as just one of the humanistic disciplines. The way this happened was we began having conferences to determine what an ideal curriculum would look like. One that I helped organize, the Decant Conference, took place up at Dartmouth. Chuck Culver, Bernie Gert, and I organized it. It was written up in the New England
Journal subsequently. Some places were saying, “Shouldn’t medical ethics be a required course?” Now, in our department, we required two courses in humanities before anyone graduated. And, by the way, we had a lot more taking courses than what were required. But then the question came up to me, “Don’t you think medical ethics should be required, in a way a literature course or a history course would not be required?” I maintained my ground.

No, I didn’t think so, because I was defending the way we did it at Hershey. I didn’t like that answer but it seemed, why should I give this more importance than a history course or something else? I ended up modifying it a little bit because when it came to the clinical years, I did think ethics should be taught in the context of their clinical training. But I’m still not sure whether or not...

I guess I lean more towards saying ethics should be a required course, but I didn’t want to put it out over and above all these other courses. I thought all the courses we were teaching were important. I ended up compromising a little bit on it. In an article that David Barnard, our current chairman, and I wrote, we were trying to say why we think all the humanities are important; and it ends up that all these considerations of history and literature and so on enter into ethical decisions, moral decisions, and contribute some of the facts with which you must deal in arriving at a moral decision. That’s a little idealistic because not everyone is going to take all those courses, but we thought we’d achieve the same end by broadening their thinking, taking them out of what I
used to call the conceptual ghetto of medicine. In the context in which I say that, I always say any discipline has its conceptual ghetto that you can get locked into and I usually point to examples in philosophy where you can only see the world in one way and you have to break that up. It's like the paradigms of Tom Kuhn, who was a good friend of Len Nash, by the way. Nash presumably inspired Kuhn's first book, *The Copernican Revolution*. That's what I wanted to do, the conceptual scheme, and I thought any of the disciplines ought to do that. That's why I went on justifying any two courses and I'd rather have them choosing a course that they wanted to take than to just say this is the required course. So that's why I ended up continuing, on balance, to say "No, ethics shouldn't be required, just any two of those humanistic disciplines should be required."

Now, how does bioethics and medical ethics... We always called it medical ethics, and as you know, there's a big history as to where the term bioethics came from; Warren Reich will give you all the final answers on that. Let me just tell you as a footnote, Hershey is no place, except the birthplace of Carla, that's the only place it will ever be remembered for. (Laughter)
a kick out of this. I went to an early meeting of the Society for Bioethics Consultation that John Fletcher had organized, and Stan Reiser was the after-dinner speaker. He was going to give a history of the humanities movement. Of course, he dealt only with the schools he knew about it. Harvard, of course, did the earliest stuff and Houston the next. This was only an after-dinner talk and I didn’t want to embarrass him. I’ve known Stanley for a number of years, and I know he was an I.B. Cohen fan. But he never mentioned Hershey. I couldn’t understand. He did mention Stonybrook, but of course they had failed pretty early on. They’ve reconstituted themselves and I think Peter Williams is doing a brilliant job over there now. I was going to raise my hand in the discussion period after Stan’s talk and say, “Have you left something out?” But I didn’t. I didn’t say anything. I thought, “It’s an after-dinner talk and I don’t want to embarrass him” because it was such an obvious overlook; it sort of constituted what we used to call in philosophy, a “howler”. One of those things, “My god, I should never have forgotten that.” So I didn’t say anything and I didn’t get a chance to talk to him afterwards. Then about two years later, we were having, in fact you were at that meeting here in Hershey, where the SHHV was having their springtime meeting, and we were standing in the back of the room together and I said, “Oh, by the way Stanley, I meant to say something one time. I just wanted to correct your views about it. You know, Hershey was established with the intention of having a
department of humanities in 1964; they hired their first person in the
department in 1966. I just thought you ought to know that. You gave that
talk.” And he said, “Oh my god, that’s on it’s way to press now, just now.” I
said, “you mean you’re going to publish that!” And he said, “Yes, it’s on its
way! I just sent off the galleys, it’s that close.” I said, “well, you better change
it because it really is wrong.”

Well now, what led into this was my mentioning Warren Reich. At the
meetings at the bioethics summer camp on Cape Cod, they asked Warren to
come and give a little bit of history. Well, he outlines everything. He’ll talk
about, I don’t know, a toe infection that one of the their leaders had down
there at Kennedy, but he never mentions Hershey. Lots of major events, and
every insignificant event also, but he never mentions Hershey.

Messikomer: Why do you think that is?

Clouser: Because it was a new school, I suspect. It wasn’t a major school. But actually,
both schools George Harrell had established, the University of Florida at
Gainesville, and then up here, had those elements. Gainsville didn’t have a
full department at the time he founded it, but George Harrell’s idea was to
integrate it more so it would become part and parcel of other courses. There it
was part of family medicine and Sam Banks, who was a man from a religious
discipline, was there.

Swazey: Do you think it may also be that when someone like Warren is talking, factoring out Stanley, Warren really is focusing on bioethics and he sees the medical humanities as something...

Clouser: No, I don’t think that’s it because all the other events he points to, he’s not even talking about just bioethics. He’s talking about every major thing that happened in medicine as well that might have led us to... A little like Al Jonsen using dialysis, so Warren would mention dialysis. So it isn’t just bioethics.

Swazey: Warren must know about the Society for Health and Human Values.

Clouser: Oh yes, he knows about it, but.... Later on during that same session when I was saying goodbye to LeRoy Walters, who certainly is one of the sweetest people you could ever meet, I just said, “by the way, if you’re talking to Warren, will you tell him to include Hershey?” And LeRoy just laughed. In cleaning out, I came across Warren’s list and you would probably be interested in seeing it. He passed it out at this meeting. There must be 10 pages of items. It’s not a discussion at all, just a list of items.
Swazey: Didn’t somebody give it to us... 497 most important events...

Clouser: That’s the sort of thing it is. Anyway, I don’t know what role we’ve played, or why we haven’t played a major role. It could be that our graduates... well, they are in some of the major places now. I read about them in the Alum magazines and so on, and see that they are doing some of the major work. Probably nobody knows they’re from Hershey. Maybe they hide it. I don’t know. I don’t take it real seriously because people in the field know it’s there. Clearly, we weren’t established. In fact, I think the year our school was founded, some 11 other medical schools in the country were being founded at the same time.

Swazey: The 60's were busy times for new medical schools.

Clouser: I think we got a lot of excellent faculty that other schools didn’t get because of our location being near New York and Washington. Everyone who came to visit said, “what a great place Hershey is to raise children.” So we got a lot of really first rate people here, in basic sciences and in the clinic, too.

Swazey: The next question, Dan, is how you would characterize bioethics?
I had always used the term medical ethics to talk about certain issues. My big play all along, from the very beginning, has always been that ethics is just one field and there are particular areas you might want to focus on. I remember an early article I wrote, I don’t know if it was in the first Encyclopedia of Bioethics or not, where I just said you could have ethics of anything. I talked about the baker, the candlestick maker, the barber. I said I liked the field of bioethics because it was one of those fields you could catch up on all the extant literature one weekend, and contribute to it the next. And I commented that things were now beginning to get so busy it looked like I was going to have to go to barber ethics. I was doing the B’s and I was going to have to move on to the C’s. But I really think that’s fairly important because that had been overlooked. Many people thought, I think incorrectly, that medical ethics is a special ethics so that when we do medical ethics, we’re doing something very different from, say, legal ethics or something else. This would mean ethics is something different in each area. I think that would make total nonsense of ethics, if you made up rules for whatever little discipline you had. This is all by way of leading up to what is bioethics. I think it’s defined not intensively but extensively. That is, you define it in terms of what issues it applies to rather than giving some definition. For example, if you said bios means life so this has to do with ethics and life issues. Well, that’s strange, I mean, Clinton’s ethics had to do with life issues. That deals with life. All of
ethics has to do with life. So I’m not sure you can define it out that way. But if you want to say, “I mean new issues that arise as a result of our increasing knowledge in biology,” then I understand; you can include cloning and other reproductive technologies and so on. So, I think it gets defined in terms of what issues are being used to apply to it. When the current governmental ethics commission, The National Bioethics Advisory Commission, was getting formed, someone from that group who was forming it sent me what their plans were. I looked at the issues and wrote back and said, among many other things, “I don’t know why you’re calling this bioethics. Why don’t you just call it ethics? Because that’s what you’re talking about, just ethics.” They obviously thought about it for awhile and wrote back and said, “Well, to tell the truth, ‘bioethics’ is a sexier title.” So I think that they are afraid if they say ethics, they’ll get a big yawn. But bioethics, we have specialists in bioethics and there are people who... this is the modern ethics. That’s all I think it is. I would be happy to say I’m in a medical school, I’m teaching ethics that have to do with medical issues doctors will be facing. I think it’s all one. Now, I do go to a lot of conceptual effort to show how they are all one. We do that in our book called Bioethics. We called it that because those were the issues we were dealing with that have been labeled bioethics, not because we had some definition for bioethics. But there, I try to show in some detail just how these other issues... It’s all one. Ethics is one, but you have all these different
outcroppings and I try to show how it is all one. Even though there are very
different areas, the concerns that are basic are ethics. Unfortunately, I gave the
it was underway that the abbreviation, if any college course would use it,
would be BARF. I damn near phoned and said, “Stop the presses! We’ll
become the laughing stock, if not for any other reason, the abbreviation. “Did
you read Chapter 2 of BARF?” “Yea, and I really did.”

Swazey: So, in terms of your feeling that bioethics is really ethics applied to certain
constellations of issues, and you said the same applied to medical ethics-- it’s
ethics dealing with certain issues-- do you see bioethics as something that has
become a discipline or a profession? People we’ve been talking to so far are
having a lot of trouble articulating what they think this entity called bioethics
is. Some people will say it’s now a discipline, it’s now a profession, it’s a field
that’s becoming a profession. Howard Brody said it was a 30 year
conversation. We’ve had a spectrum. What is bioethics?

Clouser: Until the three of us starting talking today, I hadn’t thought about this. But it
seems to me it’s more of something you define extensively instead of
intensively. That is not a definition but by itemization, and the more I think
about that--which was off the top of my head--the more I think that’s exactly
what’s going on. It may have to do with what one presupposes ethics is, and
that may just be the view of one who thinks that ethics is ethics, all the same
every place, but it takes on a character as it deals with certain content, it
changes with the content. That’s why I have always maintained that medical
ethics or bioethics does not go deep, but it goes broad. That is, you have to
know a lot of facts about the field but not a whole lot about ethics because it
doesn’t go that deep into the field of ethics. I don’t think this changes the
character of what ethics is. I think what it does is that you need other facts to
deal with to see what leads to what, what causes what. For example, basically
ethics has to do with harming someone. Well, what is harm and how does it
change from one context to another? What is it that signals a harm is about to
come if you take this step? So you have to know a lot of the connections of the
field, a lot of facts, but you don’t have to know a whole lot of ethics or moral
theory, for example. I used this example to point out that I could have class
with medical students. This was another pet peeve of mine, by the way: a lot
of people who were beginning in the field felt we had to bring in philosophers
to lecture about the theory of history and the theory of ethics before they
actually got under way with clinical ethics, and I would always argue, “That’s
only so they could have something to say, that is, the philosophers.” Because
there is a big gap. After they did all their presentations about the history and
philosophy of ethics, then there’s a big gap and you go off and start solving
some problem. But never did you ever have to hark back to anything about the theory of ethics. I would always begin with the problem. First of all, I knew medical students were problem oriented. They liked to solve problems. I would start with the problem and then we’d go to another problem and then another problem. They didn’t need a lecture on the theory of ethics, moral theory. They came to very good conclusions without ever knowing any moral theory. Why is that? That, I think, is because moral theory really has to be formularized as a result of very careful observation of people. I’m reluctant to call them presuppositions because I think I can defend my view, but what I’m saying about bioethics may have to do with my view of ethics. I’ll just leave it at that: a view which I think can be defended and without that view, all this ethics turns into bologna. Maybe that’s an acceptable conclusion to some, but it would suggest that whatever field of ethics you were in, it’s different from many other ethics so we’re not even talking the same language. You could say legal ethics and have no idea what that meant with respect to medical ethics. You’d say, “Oh wow, I had no idea. How should I behave as a physician?” So I think bioethics is just a word that’s caught on that suggests some area of concerns, and they are new enough and sexy enough because that’s what people are now talking about and worried about. It’s sexy because it’s become relevant. These are ethics concerning issues that are very relevant to all of us. Whereas we didn’t think that way before. That’s what’s made it exciting and
now we have these people, and we see them on TV and all those things, who
do bioethics. We could have had anyone talking about ethics, but it was
boring before we had all these new issues that we didn’t quite know how to
deal with.

Swazey: George Annas has said much the same thing because we’ve talked, as Renée
and I have, about how many of us are labeled as bioethicists. It drives George
nuts because he’s a health lawyer but says nobody wants to quote him as a
health lawyer. Bioethicist is much more sexy. From what you’re saying...

Clouser: Law is boring. Ethics is boring. But bioethics, that means it’s a new, hot issue
and there must be a new way to think about it.

Swazey: To say nothing of sociology.

Clouser: Oh, yeah.

Messikomer: Let’s not get into that!

Swazey: But what you’re saying, I think, is that bioethics is not a discipline or a
profession, it’s just people working on a certain constellation of ethical issues.
I think so, and that’s why it isn’t philosophers who take the lead, or should take the lead. That’s why... I have to say this, ethics does seem to be a philosophical concern and you can’t just make up your own rules of ethics. This is what I find some of the literature people doing. They just say, “well I think it would be nice if ethics were...” Well, you just can’t go around making this up. Ethics has a meaning. You can go around and insist you’re going to call tables chairs, and eventually people know what you mean, but you do it at your own risk, calling something by a different name. And it would cut no ice if you were just making up your own rules. So in that sense, philosophy has sort of set what ethics is, but the relevance of all these other disciplines is, they are bringing facts to bear and without the facts of this area, then you have nothing. You can’t reason about it. The journalists, the lawyers, anthropologists, all of them have relevant points to make, including the people in literature. But now, who determines whether this is relevant to the ethical issue? Facts are endless. You’ve got to choose which facts are relevant. It might be a philosopher who rigorously defines what would be morally relevant and that takes a lot of conceptual work. But by and large, we know instinctively what is morally relevant because we want to be able to generalize this case that’s before us. That’s why I think students are very good. You give them a problem and they’ll deal with it morally. Don’t give them a lecture
about the nature of morality or all the different views. Eventually they were
talking, “Are you a deontologist, a teleologist?” I think that’s just nuts. First of
all, both those are inadequate positions. To give them a choice just to hear a
debate is not the point. Just say, “What do you think ought to be done in this
case and why?” And they come up with very good reasons. They know what’s
relevant. They know a picture on the wall is not relevant to this case, unless of
course it is relevant. I played a little game in my ethics class with medical
students. And that is, we would solve a lot of these problems, I never talked
about the nature of ethics, I used to be kidded about always holding to my
theory that I never do philosophy until I’m forced to. I don’t do any
philosophy and that always worked beautifully because I wasn’t going to come
in there and tell these medical students, “Now we’re going to do philosophy.”
I’d just come in and say, “Here’s a problem.” Then, pretty soon, it’s
interesting, they’re making distinctions and arguing for these distinctions and
the relevance of the distinctions. Then I would just gently point out, “Notice
that you’re doing philosophy now. I didn’t do it. I didn’t suggest it.” But then,
at the end of the course, after we had talked about abortion, and even in the
early days we talked about cloning...

Swazey: That was on the table a long time ago.
Yes, a long time ago, right. And reproductive technologies, informed consent, and so on. Then, about the last 2 weeks of the course, I’d say, “Now let’s talk a little bit about moral theory.” [Groan] The students would start groaning. And I’d say, “Remember when you made this move or that move? Notice how we all came to agreement on that? And how we didn’t come to an agreement on abortion, and why didn’t we? Could that ever be solved, and why couldn’t it?” And what we were doing is looking back at all the moves we had made and then seeing if we could formulate that in some way, and notice that we could agree on this but not on this, in order to give them an overall picture. I wanted them to see it as a series of problems that we solved, and now how could we generalized about how we solved those problems? And that would be all the moral theory.

It would be great to be in one of your classes.

I’d say.

We had a lot of fun. It sort of went between a Johnny Carson show and a...

Your classes were more than fun, though.
It seemed to me the only reasonable way to do it. And I saw all these other people giving these lectures on philosophy.

It certainly brings brain death instantly to a group of medical students.

That’s right. Brain death, incidentally, was an interesting topic in those early years because we would look at the so-call Harvard definition, which was formulated around 1967, wasn’t it? That was a year before I started here, so it was a real recent thing that we were dealing with. But anyway, I thought that was the best way to teach.

One of the things that bioethics claims, or that most bioethicists claim, is that it is truly interdisciplinary. Others say it is really more multi-disciplinary.

What are the distinctions?

Interdisciplinary, to me at least, means people learning enough of each others’ language and perspectives to really work together. In multi-disciplinary areas, you have people working on the same topic out of their own disciplinary boxes, but they never really converge. Now I think I hear you saying, and correct me if I’m wrong, that medical humanities is more interdisciplinary.
because you are bringing together people from all these different fields,
looking at the problems together.

Clouser: I hadn’t thought about that distinction. It seems like we switch from one to the
other. We certainly are talking about the same problems and a lot of the same
evidences and facts; and these other disciplines might bring a different slant to
it. The literature people, some of them, certainly want to make every situation
so unique that, in a sense, you can’t do ethics in a totally unique situation.

Naturally, all the facts are never all the same. They like to try to sort of
mystify you with that, but if you then bring in the relevant facts, they’ve got to
be the same from one situation to the other or you have no ethics. If you can’t
generalize over one situation, then you’re just doing whatever you want in any
situation. Even Kierkegaard knew that. I don’t know why I say even
Kierkegaard knew that, but he pointed it out long ago.

Swazey: It’s because you became an analytic philosopher, that’s why, Dan.

Clouser: Yea, but that was important to his spheres of existence. He called that the
aesthetic stage, where you just appreciate each one, but you can’t group it, you
can’t learn from it. This is just for the moment, but you don’t generalize then
and have some rules develop. Well, interdisciplinary or multi-disciplinary?
When I would teach it, and even doing it on Rounds and so on, it really
seemed to me I was doing it alone. I was getting a lot of facts from
interdisciplinary science or medical disciplines, the pediatrician commenting,
and so on, and they would be talking back and forth, maybe a surgeon, the
pediatrician, the pediatric neurologist, but again it was to elicit facts that they
might particularly know about. But would I have needed someone from
literature there? No.

Swazey: Or social science...

Clouser: A historian could contribute, certainly, a perspective. I think that Marty
Pernick did when he used to point out things about the iron lung as a paradigm
for limited resources, and so on. You continue in life with a lot of the same
problems, but not part of our recent renaissance in bioethics. That was helpful,
now whether it solved a particular problem...

Swazey: You can ponder that one. Again, I think I do hear you saying that, from your
perspective, which is certainly not shared by all philosophers who’ve worked
in medical ethics, the philosopher is not and should not be the king.

Clouser: I don’t think so. It’s just that traditionally, and not just traditionally, they’ve
been the ones who cared most about looking at the way ethics works and the
contceptual moves involved. But it really turns on facts of the case. It was
always kind of a game with me when I would be called over to the floors to
work on an ethical issue, I always regard myself as a teacher and not as an
ethics consultant, so that when I was called over to the hospital for a clinical
case currently going on they were going to make a decision about, I would
turn it into a seminar. I didn’t just go over and consult with the doctors
involved. I would say, “Well, let’s get all the relevant people together,” and
we would meet in the seminar room and I would conduct a seminar. What I
thought I was discovering was, when we ended up agreeing on all the facts,
there was no question about the ethics. That doesn’t always hold. That is, that
isn’t always true. You can agree on all the facts and still disagree and I’ve got
to give an account of that disagreement in my moral theory. It was interesting
because it looked like all these issues were really turning on facts, not on
morality. So once again I thought, pretty much, the moral theory didn’t matter.
But when someone would come along, “And oh, by the way, did you notice
such and such?” Well, that changed all our views. In theory, I do say that what
all these others—the anthropologists, the historians—bring to us, all help with
facts and for my account of ethics, facts are extremely important. You can’t do
it without all that. And it’s the empirical disciplines that bring those facts to
bear. But in my own experience, I’ve not had those people around me and yet
I’ve led them to solve a problem that was before us. It might be that we
happened to know what the anthropologist’s observation was because it was
standard in this particular case. Or I might say, we could have done a better
job of solving it if we’d had such a person there who could have helped us
clarify some of the facts with respect to...

Swazey: But the way you’re using facts, I think is more than in a narrow empirical way,
like a medical reading or some sort of test result. I hear you saying you’re
using facts to include thinking socially about the people involved in the case
and so forth.

Clouser: I would regard that as a factual matter. It might turn out that it wasn’t a fact,
but we had to base our view on assuming that observation is true and that it
was relevant. So often in these cases, all kinds of things are brought forward
that aren’t relevant and you know they’re not. Often pointing out a relative of
this patient, or sometimes the social history of the patient, is not relevant to
the problem in front of us, but everyone had their say and then it was up to
someone organizing this to disregard or regard. Now what was interesting
about these groups is, they seemed to zero in on what was relevant even
though someone might have reported a whole bunch of things about this
patient that wasn’t relevant to this moral issue. And the people, as we focus on
it, just disregard it. No one stands up and says, “But that isn’t relevant.” It just
doesn’t enter the conversation.

Messikomer: It’s just context, that’s all.

Clouser: And in a way, that’s good because what we’re doing is throwing a whole
barrage of things out there in case it is relevant. We don’t know. And now
we’ll go to work on it.

Swazey: If you don’t get it out there, you don’t know if it’s...

Clouser: That’s right. And sometimes, a relevant fact did not come up in this discussion
and we learn about it later. Then we realize our decision was wrong because
we didn’t know that piece at the time.

Messikomer: I have a question about the comment you made, Dan, about the philosophers at
least can choose the relevant facts, but you said also that you think we
instinctively know what those facts are. If that’s the case, do you think that’s
in any way at least partially responsible for the publicness of bioethics, that
people can participate in it outside the narrow academic setting?
They can certainly participate in it and do because it seems to be relevant to their lives. That's why it's a sexy topic, as I said, because these are issues that are relevant. And ethics has a connotation of how to behave as a teenager, or something like that. It just seems to be different.

That's one of the points the Pope made in his recent Encyclical: basically we are all philosopher/ethicists, we deal with these things every day.

That's right. Did he, really? I didn't realize that. This is something I've been wanting to get a hold of, this recent statement. I read the earlier one on reproductive technology very carefully because I had to brief Senator Gore on it; he was going to be on TV, on one of those Sunday morning talk shows, discussing this with some people from the Council of Bishops. I enjoyed reading it so carefully. It became part of my courses later on, but I hadn't seen this other one. The full text had been published in the New York Times.

Carla, what you say I agree to, but realize I talked a little sloppily. When I say that we can do things intuitively, I think that's exactly what we do, but when push comes to shove, you need some fairly rigorous conceptual analysis. And that we might not do intuitively. There's where you really have to get down to work and make all the distinctions and the arguments and so on because, to tell the truth, I don't think most philosophers make this distinction.
about choosing the relevant facts and then give a criteria for relevance. As you
may or may not know, Bernie and I have taken on Beauchamp and Childress
on principlism. We labeled it principlism, they had never given a name to it.
And we’ve had lots of arguments since then, papers going back and forth. I
dearly love Jim Childress and Tom Beauchamp, but this was just what I
thought was a little academic infighting and it wouldn’t be of particular
interest to anybody except the four of us. But it’s turned into a really big thing
and one of the matters is this matter of relevance. So I’d have to say, I don’t
think at all that even Beauchamp and Childress realized this issue of defining
carefully what makes something morally relevant, whereas we do. We have a
total system that can resolve these things and they have their principles; when
they conflict, Beauchamp and Childress don’t have any way of resolving that
conflict. We do and we also have an account of why, on many difficult issues,
there can be no moral agreement. At that point you’ve got to realize you’ve
reached the end of moral argument and now you’ve gone into something else
where you take the politically most popular or simply the most popular or the
most aesthetically pleasing, but you should realize you’ve shifted criteria.
Most people don’t realize that. They think that ethics has to give one unique
answer, that morality will. And that’s the position of Kant, Rawls, and a lot of
others, at least by implication. There is only one right answer. Well, then in all
of our struggles to achieve one right answer, we begin dragging in all kinds of
things and claiming they are morally relevant. And I think they aren’t. So this
business of moral relevancy is extremely important and I think not talked
about by most philosophers. I don’t think they’re aware of it. I have seen a lot
of people who say, “You’ve got to choose the morally relevant ones,” but
never define what it is that makes something morally relevant. Again, I think
it’s an itemized list that one has to have. But we’re getting into moral theory
now.

Swazey: Do you think of yourself as a bioethicist?

Clouser: I accept the label because I could hardly avoid it. You know, I’ve never
introduced myself as a bioethicist. I’ve never introduced myself as Dr. Clouser
and yet I’m called Dr. Clouser all the time. I’ve never said, “My name is Dr.
Clouser” or “I am Dr. Clouser.” Never in my life have I said that. I always say,
“I am Dan Clouser” and let them call me whatever they want. And believe me
they do. But that’s the same with bioethicists. I realize that if they were to say
it, I wouldn’t say, “Who are they talking about?” But I don’t regard it either as
a plus or a minus. It’s just a description. I would probably describe myself as
just someone in medical humanities, or maybe more broadly, philosophy, the
intersection of philosophy and medicine, but I don’t mind being labeled a
bioethicist. Even in my writing I seldom got on board with a specific hot issue,
threw my hat into the ring or put my oar into the waters. I don’t usually jump on an issue when it’s hot like that and say, “Well, here’s the way we should deal with it.” I tend to think more as a philosopher. I imagine philosophers would reject me so I’d probably be rejected by all camps. Bioethicists had been cast out by the philosophy community, but interestingly enough, as they saw more and more that that’s the only thing students were interested in, they began to give in. But they still like to sort of look down their noses at them. In recent years, I’ve come up for air and looked around at what philosophers are talking about and it’s so ridiculous that I’m surprised they haven’t gone the way of the sociologist, of being deleted from the university. I would rather be described as just a philosopher. I started to say, in issues I deal with, I’m always looking for those philosophical aspects that are philosophically interesting. I somehow have not wanted, particularly, to jump into say, the argument on cloning and have something to say on that and then jump into the issue of physician assisted suicide. I have said things about those, but most of the things I’ve said about them were years ago before they were hot issues and I would use them as an example. But I was always asking, “What is the philosophical issue?” in the business of withdrawing treatment or injecting with a death dealing blow. I would look at the logic of that. Is this equivalent to that, can we make the case that withdrawing treatment is killing? Then I would point out, only if you have an obligation to save in the first place could
it even possibly be... There are lots of people I'm not saving right now. There
are people dying in Africa. Am I causing them to die? That's withholding. But
those were the issues that interested me. I thought I only should speak as a
philosopher and do that job, but a lot of people have jumped into this.
Remember when neonates was the big problem and whether to initiate saving
treatment for neonates? And economists even had a lot to say about what this
would do, and policies. You know, most of our moral problems in medicine
could be solved if we had good policies. Most of our dilemmas arise because a
situation came up that we don't have an explicit way of dealing with. If a
policy would be in place, in this situation we'd do this or we don't do this and
you knew it in advance and you still went ahead, particularly in those areas
where there is no clear answer.

Swazey: How do you feel about credentialing or certification for bioethics consultants?

Clouser: I've avoided that issue because I've wanted no part of it. But on the other
hand, I have to admit, is there any reason they should stay above this? When
people pointed out at meetings, "Here's a case that should never have existed"
and someone said some perfectly stupid things to a patient or to a doctor and
drew some terrible conclusions. And you just think, "Oh my gosh!" But every
occupation seems to have to have some criteria. At one time I sort of felt we in
ethics and medicine are too lowly to have credentials. But maybe that makes us seem like we’re above credentialing. I haven’t read the big report that came out of the new society.

1291  Swazey:  It’s fascinating.

1292  Clouser:  I received it and I wanted to read it.

1295  Swazey:  What’s fascinating about it is, if you take their pages and pages and lists and lists of competencies seriously, you would say if you went to school until you’re 90 you might possibly muster enough competency.

1299  Clouser:  Then you wouldn’t remember!

1301  Swazey:  People have told us the competencies were put in there but not to be taken that seriously. So you wonder why all the effort? And they, for now, are not coming down on the side of certification.

1305  Clouser:  Is that right?

1307  Swazey:  Yes; that was a big internal debate among the task force. They avoided it for
now, but they are saying if you are an individual consultant or a member of an
ethics committee or a team, you should have competency in these various
areas. Then the areas are so all inclusive that you look at it and sort of laugh.

Messikomer: There’s nobody who has all those competencies, in- or outside of bioethics.

Swazey: Right. I think it’s partly because they really can’t figure out what you would
certify or what criteria you would use, so they came up with everything.

Clouser: I wonder, if we were now just thinking should we credential doctors, if the
same thing wouldn’t happen. I mean, your ideal doctor wouldn’t know
everything. Sociologists, anthropologists, psychiatrists, psychologists,
philosophers, and all...

Clouser: I had the feeling that in hiring someone to do this, you would just look at the
reasonableness of the person. Did they read the literature? I would rather have
informal criteria of a committee or a faculty or whoever hires these people to
simply look at the intelligent people because some are going to be real good at
one aspect or good at something else and they’ve got to be a team player in
this. We seem to have discovered this. You don’t just have one person looking
at a case and deciding. There is a discussion among people. That’s why

Howard Brody said it’s been an ongoing discussion for 30 years. And I know

there are those who define what they do, they didn’t like being called an ethics

consultant, so they say, “I’m a conversationalist.” And I always thought that

was a crazy thing to say, probably because it includes too much. I would like

to specify what do you converse about. Credentialing really worries me. I

don’t mind people being examined to be hired. I mean, I don’t want to just

draw a name out of a hat. I would want to talk to them and ask, “What would

you be looking for?” I’m mentioning the kinds of things I’d be looking for:

ability to reason, to think clearly about issues, do they have a nice personal

style—the reason that’s important is because you’ve got to elicit a lot of

information and you’re not going to elicit it if you’re an unpleasant person and

not a good listener. So I’d have a number of things I’d be looking for, but I’d

also have in mind the current strengths of the people we have, the current

problems we have.

Swazey: What about graduate degrees? There is debate in some places about starting a

PhD in bioethics as opposed to becoming a philosopher and then...

Clouser: There are those who have been doing that, I think.
No, there aren’t any PhD programs yet but there are a lot of masters programs. There are PhDs in philosophy with a concentration or a minor in bioethics. But so far not a PhD in bioethics per se.

The PhD at Galveston is bioethics.

It’s medical humanities.

In medical humanities, but they might specialize in bioethics. I know of the masters program, which really made more sense. It’s funny, I’ve evaluated a few of those programs, as their official evaluator, and once again it was always funny to see how much they wanted to require of students because a philosopher wanted to make them a logician, spend a long time on metaphysics. If it’s a doctor who just got real interested in ethics and goes off thinking it’s like medicine, you can take a course in it and then you know how to deal with it, and they find themselves studying epistemology and metaphysics, you think, “Boy, this program should just be focused on clinical issues” and give them a sort of scheme for doing it. Let me tell you, first of all, an experience we’ve had in hiring people. We look for someone to do medical ethics, but we want to hire a philosopher. The reason we want a philosopher is so they will be inventive in finding other ways in which
philosophy can be instructive to medicine, helpful to medicine. And we
discovered, in interviewing, a lot of people who had their PhDs in bioethics;
sometimes they got it as a sub-specialty within a religion program or in a
philosophy program, but they didn’t really know any philosophy. They knew
an awful lot about case histories and so on, and medical ethics. They knew
some of the classic cases and the legal settlements and so on, but they really
couldn’t even conceive of broader philosophical issues and we couldn’t hire
them. They just seemed to be not educated in the way that we needed for our
team. Now if we had credentialism, they probably would have met the
credential criteria, which I realize is supposed to be a minimum, but we didn’t
hire them. Maybe we ended up making a mistake in the other direction, but
someone who didn’t know much about bioethics but knew an awful lot about
philosophy, and he did indeed create some interesting courses on cognition
and philosophy of mind. Actually, this guy specialized in philosophy of
neurobiology and that was a big help. I mean, he was a real philosopher, but it
took a little training. My position was, I can take a real philosopher and train
them to do ethics much easier than to get someone trained in ethics and teach
them to be a philosopher. But that’s what would worry me. If all they’re going
to do is go out and do ethics, I don’t know why anyone would want to spend
that many years to go out and do clinical ethics. It just seems like it’s over-
training, to me. Unless, I guess, if they were learning a lot of facts in the field.
Suppose they were doing something about cloning and they spent most of their
time in laboratory or really learning the science, well then it might be justified,
it might be alright.

Swazey: Assuming they’re not going to work on anything but that narrow band of
issues?

Clouser: That’s right. Other than training you to be rigorous and observant and so on. If
I don’t know how to credential someone, I guess I wouldn’t know what sort of
degree would make them best at this. I like the reasoning of philosophers
better and wish they could be trained that way, but I’ll tell you, unless a
philosopher learns the ambiance of the medical school or the clinic, I can’t
think of anyone more irrelevant. In the early days of this field, I used to think I
was here because I was a hack and no real philosopher would touch this. I
began campaigning, why can’t we get real philosophers involved in this?
Well, then there were some medical gatherings where real philosophers were
invited. And they were ridiculous, just off the wall. I mean, I had forgotten
what real philosophy was like. They didn’t know from anything and they
create all these...

Swazey: Armchair philosophy?
Yea. Now, I’m great on hypotheticals. This is the philosophers’ laboratory. They try out ideas and sort through things by trying hypotheticals. How would you respond if this were the case? No matter how ridiculous the hypotheticals. But these guys, it really is a game with them and it’s more of a one-ups-manship than solving a problem; and it’s very hard for them to change on this. They love this. They were off the wall and not dealing with the issues, not making sense at all. I remember one in particular, a very good philosopher, but he was talking about informed consent, which you would have thought would be right in there, but he was just crazy. I saw this time and again, so then I stopped wishing for real philosophers. I like the training of a philosopher but they’ve got to know the situation they were in was serious people solving serious problems. It’s just a different atmosphere. That’s all I can say. They were acting sort of inappropriately. And you realized how you have changed being in this atmosphere. The goals are different. They’re not interested in clever phrases or literary allusions or anything else. That’s nothing to them. That’s what I like about medical students. In a way, their goals were sort of immediate. “I want something that will help me now. I have lots of problems. I don’t have much time, I’m spending too much time in class, anyway.” So it’s just a different mood and it orients you in a different way. It’s hard to put your finger on, but boy, I sensed it early on. I really don’t like to make an ass
of myself. We did have professors that did make an ass of themselves.

I remember when I was a graduate student going to a conference at Asilomar on the philosophy of biology and it was just like a 7th grade mixer in junior high. The philosophers were there, the biologists and historians were here and the Grand Canyon was between them. There was no dialogue. It was different worlds. The philosophers probably thought we were totally uninteresting and we didn’t understand a word they were saying. It didn’t seem to have any relevance.

I really can understand that. That’s another reason I always insisted on a seminar. If you’re right around a table together and you’re talking back and forth and you say, “I didn’t quite get that point,” you get a response right away. You can’t get away with... You don’t give a piece and then disappear. You’re right there and they question you about it and you get a lot better understanding.

One of the other major things we’re trying to disentangle, Dan, is the relationships or lack of relationships, as bioethics has developed, between religion, moral theology/philosophy/bioethics. You certainly knew the preeminent religionists in the early days in the field. Why has religion at least
gone underground? I certainly don't think it's disappeared, but I think it's an underground river.

Clouser: I think you're right. Paul Ramsey and Jim Gustafson. And, as you probably know, a number of people in the field who were religious have dropped their religious affiliation, including old Joe Fletcher and young John Fletcher, Dan Callahan...

Swazey: Ron Carson.

Clouser: Has Ron, too?

Swazey: He describes himself as a secular Christian. He's written a wonderful paper that's in a forthcoming book. He clearly shows the imprint of his divinity school training, but he views himself as a person in medical humanities now, not as a religionist.

Clouser: It has struck me that I may be the only one remaining who is still religious; and it could be because my mind is weaker than the others. I don't know about Bob Veatch. He started out in religion. I assume, in fact I know, LeRoy Walters remains religious and so does Pellegrino. But I have reflected a lot on
that because it has bothered me to some extent. I’m enough of a philosopher to
know that this is not a rational position, in the sense that you can defend it
with argument. I never thought I could and never tried. In fact, everything I
would say about religion, I can think of very good naturalistic replies to. I’m
not dumb about these issues. I know all the arguments against it. My guess is,
those that have given up religion were never in philosophy. They would have
given it up long ago. This is just a guess. The way I’ve answered myself as
I’ve pondered it is that I think, in most cases, these are people who came up in
religion, or got a degree in religion, and they’ve been mixed in with a lot of
philosophers in this field of bioethics. And they have never met up with such
rigor as they have met up with in philosophers. Now they don’t feel confident
and they feel silly in believing in religion. It’s just a guess. I’ve never asked
them, but you’re able if you have a chance to ask them. I don’t know if they’d
say it that way, but they’ve been in lots of arguments. It might also be that
they’ve seen such terrible suffering as a result of clinical involvement. Paul
Ramsey never gave up the religious aspect, but he certainly was aware of all
that went on. I think Dan Callahan has given it up, but I don’t think Sidney
has. Dan was in philosophy but he never was deeply into philosophy. He
didn’t like Harvard philosophy and he left after 2 years, just to complete the
graduate work.
But I think people like Dan and Al Jonsen have had, and still have, enormous struggles internally. And in a sense, you can never un-become a Jesuit, no matter how secular you try to sound.

I think Al is still religious and I think Charlie McCarthy is still religious.

But Al, I think, would be the first to argue that in his writings, when he is being a bioethicist, it’s a secular voice, no matter what his personal religion is.

Oh, and that would be the same for me.

And that’s part of the issue we’re trying to get at—whether someone is personally religious is not the same as saying when they speak or write as a bioethicist, they have a determinedly secular voice.

It is true that in my doing bioethics, religion cannot enter into it except if a patient happens to be religious, that’s a relevant consideration in how we deal with the issue. But in my framing religion, I actually give an account of why that it can’t enter into bioethics. That is why, in framing morality, it can’t be based on any metaphysical assumption that not all rational people have to accept by virtue of their rationality alone. Now that’s a long statement...
Can you repeat that for me?

I'm not sure I can. I think you cannot have morality based on any belief that
not all rational people have to accept by virtue of rationality alone. That is, to
put it in a positive way, morality can be built only on beliefs that you are
required, by rationality, to accept. For example, that people hurt, that people
die, that people don't like to hurt, and so on. But on some metaphysical belief
upon which there is not some universal agreement, no you can't base it on
that. That ends up being a personal philosophy. A lot of people say that ethics
is just living up to your principles. And then we take the usual example of
Hitler lived up to his principles, the superiority of the Aryan race, and based
everything on that. That is not ethics. That is immoral. So your personal
philosophy may or may not be moral, but you can't claim because it's your
philosophy it's your ethics because it might be immoral. Morality must be
judged by something external to your personal philosophy. Now for the
religious aspects, I would say this much, that as long as your religious ethics
conform to this universal ethics, that's alright. Usually religious ethics go
above and beyond. In other words, if by virtue of my religion, I place on
myself more duties and require more things of myself, then that's alright.
That's my acceptance but I can't require that of everybody. Lots of things that
we generally call “superogatory” and Bernie and I call “moral ideals,” which
are part of ethics but not required of everyone. You aren’t required to give to
charities. We don’t consider you immoral if you don’t. We have our basic
morality, for which the guide is the moral rules you would follow. The moral
ideals are wonderful if you can do them. One criteria we use is, you wouldn’t
be punished for not giving but you would be punished for killing someone or
depriving them of liberty or freedom. But we wouldn’t punish you for not
giving to some charity. Well, the same for my religious things. I may place on
myself a superogatory duty to go out of my way for people and to do this and
that, to make myself available to people, but I don’t require that of everybody.
I do it on myself as a result of my religion. I think a lot of these folks were
motivated to go into bioethics because of their religion; that was their
motivation. But that became lost and they got involved in the philosophy of
arguing about the cases and religion seemed no longer to be relevant to them.
Now my religion was tested all the way through graduate school. In a sense,
tested. I wasn’t made to walk through balls of fire, but I was aware of all these
arguments and people knocking down religion and making fun of it and so on.
So it was no surprise to me in bioethics that people would actually fade away.
I don’t think I ever will. I think through my illness and all these other things
I’ve actually been strengthened in faith and I know it seems nuts. In the face
of being told I’d probably be dead in 5 months, I just had this wave that comes
over me of strength and peacefulness and harmony. It’s an experiential thing. I
couldn't argue it myself on the basis of evidences. It's an experience thing. If you're just so strongly moved by this or that, I realize that emotions are strong, etc., etc. It's just captivating and I accept it.

I think there's another cohort in bioethics and I would put you among them from what you've said. It's not that they've lost their religion, or think it's silly, but they feel that to be effective as a bioethicist, they have to speak in a secular voice because of the pluralism of our society.

That could be. I guess that's roughly my reason, but I had a more reasoned way of dealing with that. I knew, of course, I could never do that because my students would come from all different backgrounds, and the patients would be from different backgrounds, and doctors. But I knew that ethics had to be independent of religion.

We've talked to people who are deeply religious and write in a very secular bioethics voice for the Hastings Center or the Kennedy journal and write in their religious bioethics voice for religion journals, which we find extremely interesting.

Yea, I'd like to see some of that because it would be interesting to me.
I think they feel they don’t have any legitimacy in say, The Hastings Center Report writing as a religious bioethicist. We want to get hold of Tris’ new journal and look at the contents and who’s writing and what they are saying.

And it wouldn’t necessarily, nor would you expect it to, conflict. Through the years I’ve spoken to many pastors’ groups, chaplains’ groups, and so on, and always are giving them challenges to learn about bioethical issues to help their parishioners think through what their religion commits them to. For example, suppose you are refusing treatment. Is that giving up too soon? Do you have an obligation to continue further? How much of an obligation, how much pain are you required to go through and so on? They should be up on that. The trouble is, I have found that the people least informed about these issues and least able to think through them are the chaplains and the ministers. This might have changed in recent years because I haven’t been in any groups, but they really are ill prepared for this. Now I’ve often thought, is that because there is just no ethics taught in seminary? They don’t even know how to talk about these issues.

I think that’s been the strength of Jewish bioethics. They haven’t had a major impact on bioethics but they have been talking to their faith communities.
I think that’s true of the Roman Catholics also. They have a long tradition of ethics based on Aristotelian and then Thomist ethics. They are very good, as are Jewish ethicists, at the keen distinctions they make and they think through it very thoroughly. I think it’s mostly Protestants that have failed in this. That’s not all of them, but I’ve seen them in many settings and I think, “My gosh, how did they get to this place that they don’t know anything about this?” And then remember that probably if I had gone on in the ministry, because I was the same way; I got to graduate school in philosophy and I didn’t like ethics. It wasn’t highly thought of, it wasn’t a big field in those days.

Well, you said there wasn’t an ethics course in seminary school.

No, there wasn’t. I would be just as ignorant and uniformed of the issues as they are, if I hadn’t done...

What’s the future of bioethics going to be like?

Or is there one?

I used to joke, and I think I said it in an article someplace, in The New
England Journal, I’m accustomed to everything sort of peaking at and drifting off... If it’s a one day meeting, people think about going home about noon. Everything’s been said that needs to be said and it kind of peters off. And if it’s a week conference, it’s Wednesday. And I felt sure that this whole field would probably collapse, even though I’d given up my job at Carleton and so on, this was just one of those fads that come and go that one my age sees so often, they come and go. This might have been a 10 year thing and at 5 years, I expected to see it going downhill pretty fast; and boy, it just grew and grew and grew. Now I don’t know what to make of it. I think it’s going to lose a lot of its sexiness because it’s going to be so ingrained. One of exciting things and one of the things that kept it going is, it was new. People like myself, who were locked into a field like philosophy, just saw it as new and exciting, and to be a sort of pioneer in this, there is so much to do, everywhere you turn, there is something to do. Whereas in doing my dissertation, and anyone doing their dissertation in philosophy, it takes some years even to find what’s left to write on. Here, wherever you turn, there’s something to say. And the rules seemed to change a lot. I used to think, in philosophy, if it were said once by anyone at anytime, anyplace, you never said it again because it’s been done. Here, my gosh, I couldn’t believe it got said over and over and over and pretty soon, you yourself found yourself giving the same lecture someplace else, which I tried to avoid. As I look back over the things, I thought I was making
the same points in different contexts. And I'm not happy about that. Now, you say, what is the future of bioethics? These problems are going to continue, that is, moral problems, because we're discovering more and more things that we can do and the old issue of should we do them will keep coming up. I find it hard that we can maintain this amount of curiosity about this one field. I would suspect that now that they see ethics and the richness of doing ethics, let's say the biologically related disciplines, I would think it would branch out, as we have seen it doing in engineering ethics, probably get more specialized, like architectural ethics. It's always been in legal ethics but it certainly has received new emphasis. Certainly environmental ethics, whether that will be called bioethics or not, I'm not sure. I think it will be big enough unto itself, it will be called environmental ethics and not bioethics. I'll bet in the Bioethics Encyclopedia they have a lot of articles on environment. I don't know, I haven't seen a copy of the new Encyclopedia.

I think some people in bioethics are saying we need to bring environmental ethics into the fold, but there's already pretty well developed field in environmental ethics, and I'm not sure they would want to be dragged into bioethics.

It will be interesting because at Hastings they're turning their emphasis to
environmental ethics. That’s where Strachan Donnelly is going to be heading up... seeing themselves as the headquarters of all environmental ethics work.

Messikomer: And organizational ethics is another new area.

Swazey: Engineering ethics is now a big field in its own right.

Clouser: Oh sure. We used to deal with this... When I was running summer workshops for Hastings, we would have a lot of them on what we called medical ethics at the time. Then we’d have professional ethics and of course engineering was always there. And police ethics were there, law enforcement. The military was often there, not just doing the medical ethics, we would have chaplains and doctors from the armed forces, but we also had military ethics workshops. I think this is going to spread out. What the big future is, is not bioethics, but just practical ethics, let’s call it. In all these different fields, it’s going to get exciting. And just like we found a certain number of the doctors really caught on to this stuff and wanted to specialize in ethics, I think you’re going to find that among police and lawyers and all these other professionals, there will be that subset of them that want to specialize in that aspect. I don’t know what brings that on, whether it’s the desire to correct your colleagues or just that you are motivated. My bet is, a lot of this motivation will be, ultimately,
religious because they're concerned about these issues and the way it's going. But I think that's the way practical ethics is going to be the big boom industry. We're getting pretty finely honed in bioethics, it's losing some of it's excitement because of that. You know, when we started bioethics it was so much fun. I didn't agree with many of the early people on what they were saying about ethics, but I never criticized them because I was so glad to have someone dealing in medical ethics who were willing to do it. I didn't want to chase anyone out of the field by saying, "Well, you don't know what you're talking about" or "You're not right." I didn't criticize them on theoretical issues. The first order of ethics was to solve problems and we liked that, and as I've said before, we were all good at that. Students were good at it. In fact, all they needed was some leadership to get them thinking about it. They could solve the problems, they didn't need us.

Swazey: They weren't going to fight about metaphysics.

Clouser: That's right. And my prediction was always that my job was to do myself out of a job because I was there to get the thing underway and I and my like would disappear from the scene and doctors would do it. There was no reason doctors couldn't do this. Not as a profession, but it should be so integrated into medicine that they wouldn't need the likes of me coming in anymore and
doing it. Now it's become such a specialty, I wonder about it.

Swazey: So in a sense you're saying it's become too specialized.

Clouser: Yes...

...but only in a sense...

Clouser: I worry about that. I said this when we first started criticizing principlism, that is the principles of bioethics. A lot of people were talking about the principles of bioethics. You would see it every place. We took on Beauchamp and Childress just because we thought they represented the very best of those talking about principles. And if we're going to criticize it, we should try to criticize the best we know. I would see articles in medical journals where they would just, what we used to call in bible studies, proof-texting. You make a statement and you prove it by citing a bit of scripture. A pretty shoddy way to do it, I think. But it looked like they were proof-texting. They would make a point in this medical journal and then they say, "principle of justice, principle of autonomy," and that was enough to prove the whole point. And it was as though they were giving us a theoretical article, or they thought they were, on ethics and this problem. And all they were doing was citing the four
principles. Some of them had 5 or 6 principles. It seemed to me they were just
doing it without understanding and that’s what got me involved in this: that
there were those who were just citing these things and they weren’t doing any
work. That is, these principles weren’t doing any work. They could say
whatever they wanted to and cite these principles. That’s what began worrying
me. And then realizing that they were going to workshops and what people
were getting out of workshops were simply the lingo of the bioethicist. Then
they would come back to their campuses, hospitals, whatever, and they were
now the morals experts. Why? Because they were using a specialized lingo.

Swazey: They could use the mantra.

Clouser: The mantra, yea, that’s right. My worry at that point was that now we were
screwing up our intuitions of dealing with these issues and we were all turning
to the experts who had the mantra and saying, “Well you’ve been to this thing,
now” and they would frame the problem in their language. And that ruins our
intuitions because now people are sort of afraid to speak up. They don’t know
that lingo and so on. And we weren’t dealing with it with our natural ethical
instinct. I don’t want to read too much into natural ethical instinct, but just
with our sense of morality as developed in us. The lingo was screwing us up. I
worry about that. I realize that some problems require a lot of analysis but it
seems to me that this was too quick and dirty, in a way; it wasn’t nearly adequate. I like us to talk in as ordinary language as we can. When I talk about morality, if I’m writing for an audience of other philosophers, naturally I use... it’s just a shortcut. But I really had worried about this specialized lingo. This goes to this business of specialization. My point is, I wonder how much of the specialization is just because we’ve instituted our own language in which to talk about things to justify our own existence as specialists. This sets us apart. And I wonder if what is setting us apart is the language we’ve created.

Messikomer: Language, for many disciplines, performs an exclusionary function where you can’t come to the table and discuss things if you don’t know the language.

Clouser: That’s right.

Swazey: Carla and I can’t stand reading sociology because they’re writing for each other with all the jargon they can employ. Since I’m not a sociologist, it’s mostly impenetrable.

Clouser: Philosophers are doing that pretty much now.

Messikomer: When sociologists speak like that, I tell them straight out, “I don’t know what
Clouser: You shouldn’t say that until you’ve learned what they’re talking about! I worry about that aspect of specialization. There obviously I was wrong in my guess that all you ever need is a skeleton crew on duty in case there were really difficult problems, because now it’s infiltrated. Fortunately, more of them are physicians and that may be a good model.

Swazey: That may be one virtue of the masters programs.

Clouser: Yes, I think so too. Now we’re hiring at Hershey. We have one who is a doctor who’s doing ethics and now we’re looking for another one. I can imagine in time we’ll replace our historian and literature person with doctors. It doesn’t seem as crucial as it does in clinical ethics to have a medical person.

Swazey: One thing we’re trying to follow, with fascination and alarm, I guess, is a real push now for the clinical bioethicist to move into organizational ethics. We talked a lot to Stuart Youngner about this, who also is worried, because he too thinks they don’t seem to feel any great need for any competence and knowledge about organizations or organizational ethics. They can somehow leap from the bedside to the organizational level.
That was going to be one of my examples of where I predicted the next moves will be. I used to try to have rounds on what we called administrative ethics, to have them raise problems and we would discuss them. We had a few but not enough. I was hoping this would become a big thing, but no one likes to be examined. I thought doctors were amazingly, by and large, open to being examined on moral grounds. My bet is, the administrators would not be nearly as open, but maybe all the more reason it ought to be done.

There's a vast, well developed literature on business ethics and organizational change. I hope the bioethics consultants realize they need to know some of that before they leap in.

You would think they would realize that because they had to know a lot about medicine before they could do medical ethics.

We haven't heard much notice of it. It was interesting going to the session on organizational ethics at the Houston meetings 2 weeks ago, which was an underwhelming session, to say the least.

That was one of the reasons I wanted to go to Houston, but couldn't.
Pat Werhane, who is a friend of mine at the Darden School at the University of Virginia, gave a superb talk using stakeholder theory to discuss how you work on organizational ethics. But the other speakers really didn’t know squat. What fascinated me was, if you think back 30 years ago, when we were starting to wander around, you with real expertise and me as a mongrel, the doctors were the “bad guys”. They were seen as paternalistic, manipulative, and we had to save the patients. Well, the whole discussion, except for Pat, at the organizational ethics session, which you also see in the literature, is that the doctors and nurses are the white knights and have to be saved from the evil empire of the organizational people. So it’s an absolute flip. It’s fascinating.

It’s interesting that you should mention about doctors and so on being evil. I never, never took that position. I never felt that. I used to argue because I would often be introduced, “Here’s a philosopher who has come to save us.” And I would say, “Look, you physicians know more about compassion and ethics than the philosophers will ever know. Let me tell you that right from the start. If you want to see what philosophers are like, come to an Eastern Division meeting around Christmas time, to our dog-eat-dog sessions of not only rebuttal of papers, but in hiring and hiring practices.” I said, and I really believed this, this was not just a ploy, the only reason I was there was to help
them in particularly difficult issues, to help them think through the issues. I
even would often cite cases where I felt maybe my only job was to show them
how right they were. Doctors, in my experience, were always bothered by
inconsistency. They would go from one room to the other and make a decision
and worry because, in the next room, they would make a decision and they
thought they were conflicting. And my job was to show them why their
instincts were right and there was no basic conflict, to resolve their feeling of
ill-ease about this. I thought they were fine. Now there was paternalism that
had come along with the practice. In a way, you couldn’t fault them for it.
They grew into it. People accepted it. That was just the way it was.

Swazey: Hundreds and hundreds of years of doing it that way.

Clouser: That’s right. That was one of my favorite issues to work with. We came up
with a very rigorous definition of paternalism and was able to show them that
often when they thought they were being paternalistic, they weren’t, and that
should relieve them. Sometimes, when they didn’t think they were being
paternalistic, they were. But it was more frequently the other, where they
thought they were being paternalistic. And we’d point out to them why that
was not paternalism and thus did not have to be justified.
I think you were one of the most articulate people very early on to state that the job of the bioethicist is not to hand down the Mosaic tablets, but to help the people in the trenches who have to make the decisions understand how they're making them.

I think that's exactly what our role, certainly my role, was and what it should have been. These were wonderful people I was privileged to work with. I really admired them. You would hear about outrageous examples of big doctors making really paternalistic decisions about people, but there weren't many of those.

No, but there's always going to be some small faction.

I always admired them and maybe didn't speak out enough. I was criticized, or have been criticized, for not being enough of a reformer. My only reply is that I didn't see that as my job. I tried to bring about reform by teaching them differently, but I wouldn't have... it was a betrayal of trust of physicians... if I were making rounds and I saw them make a bad decision, to make this public, that would be a real betrayal of trust. I would go to the doctor and say, “I don’t think this is a good idea.” But I wasn’t campaigning for this or that. For one thing, I would lose their trust. I wouldn’t be invited to anything anymore. I
would be ineffective as a teacher. There wasn’t anything that I saw that was
that outrageous. There was an occasional bad decision, but not an outrageous
trend or something like that, that I felt had to be stopped. Some of my students
criticized me for not being out carrying signs about abortion, anti-abortion.
This was years ago. And I’ve pondered that a good bit. I had not taken a stand
on abortion. I thought it was alright, on balance. Then in later years, as I
rethought it, I felt that it was immoral but nevertheless should be an allowable
public policy. But I wouldn’t myself do it, not that I’ll ever have a need to
have an abortion, which might have made it safe for me to say. That’s one
public position I’ve wondered about through the years; was I wrong? I had a
very earnest student who was always out there and was well known for being
arrested and being on television all the time, and I really felt like, the old
conversation, what was it, between Henry David Thoreau—and who was the
idealist up there, his friend— and he said, “What are you doing in jail, David?”
And he said, “What are you doing out there?” I felt that way if I went to see
my student. “What are you doing in there?” And he’d say, “Clouser, you
should be in here with me.” But even in class I would simply explore the
various arguments. I thought it was an irresolvable issue and that ethics cannot
resolve the issue because it involves a metaphysical belief that not everyone
can accept.
That’s right. I think abortion is a non-winner.

You just can’t go anyplace with it except understanding the real complication of how deep it is. It isn’t just an emotional issue but I would take it as far both ways as you could go and then show them why it’s a deadlocked issue because that’s instructive. I didn’t try to take a position on it.

I think on that note, Dan, we’ve taken enough of your day.

It’s been fun talking with you.

END OF INTERVIEW