June 14, 1999. Interview with H. Tristram Engelhardt, Jr., MD, PhD. Center for Medical Ethics and Health Policy, Baylor College of Medicine; Professor, Departments of Medicine, Community Medicine, Obstetrics and Gynecology, and Professor of Medical Ethics, Baylor College of Medicine, and Professor, Department of Philosophy, Rice University.

Fox: We have found it illuminating to start by talking to people about their professional biographies as it may relate to how they got into this world of considering bioethical issues. We have your CV and we’ve read it. Can you tell us a little bit about the kind of family into which you were born and how you were raised in ways that might be pertinent to our understanding of how you got to where we find you at this point.

Engelhardt: There are probably some resonances with what you’d find in a description out of Walter Percy. I was raised in a very Southern family of the sort where debates about ideas and the intellectual foundation of medicine were taken for granted. My father is 87 years old, a retired internist. The men and women he knew in practice were people who lived in the history of medicine and ideas. My father and his colleagues were as much interested in ideas and history as in the contemporary medicine of their time. My father was engaged in different areas of research over my youth, doing some work in allergies to begin with and then in diabetes. A great proportion of the people with whom he spent his professional life had a sense of the excitement of ideas that frame medicine. So the interplay
between ideas and medicine seemed only natural.

Fox: What kind of a town was it? Walker Percy developed a very special place, didn’t he?

Engelhardt: Yes, that’s right, especially if you read the *Confederacy of Dunces*, to which Walker Percy gives a preface. My father taught at Tulane, the scene of that novel. A lot of the men and women he esteemed were on the faculty and he had known them from the time he taught there. But I grew up for the most part in Houston. I am a peculiar academic, in that I have come back to live almost in the same neighborhood in which I grew up. The Houston of my youth had resonances with that South of which Percy talks and of which the *Confederacy of Dunces* gives an aesthetic picture.

Fox: Did that interplay between medicine and ideas include religious issues as well?

Engelhardt: Religious issues to some extent, but the focus was much more on concepts of explanation, and broad views of the development of Western thought. When I was a child, my grandmother would read to me from Kant and discuss Liebniz with me. By the time I was 8 years old, I took Liebniz and Goethe as sort of
axiomatic companions. My grandmother had a genre of cards on her various
mirrors, like secular holy cards of Goethe and Schiller with a phrase or two under
them. When one would go to the mirror, one would think of Goethe and Schiller
and their wise reflections.

Fox: Where did those cards come from?

Engelhardt: She probably bought them on her trips to Europe and kept them, figuring they
were good propaganda to have.

Fox: I’ve seen those in Catholic book shops. Was the tradition out of which your
grandmother came more explicitly German...?

Engelhardt: I’m sixth generation Texan, but my ancestors maintained a German culture and
went back to Europe often over the last 165 years. There was a sense of the
humanism of Europe being the larger context within which one should understand
the sciences and technologies. European culture provided the nesting content for
humanistic reflections. So I grew up wandering through large libraries with books
in various languages.
I think that’s very different from most people in the field; I’m sure you’re aware of that.

Sure, but it has a resonance with Walker Percy’s South; when I read him, I sensed a kinship with his perspective, his experience.

You could end up being converted to Catholicism.

No, I’ve converted away from Catholicism.

Were you born in the Catholic faith?

I was raised Roman Catholic due to the dominant character of Roman Catholicism socially, in my family’s history at the time. My mother’s side of the family was Protestant. Part of my father’s side of the family was Republican, sensu stricto; that is, they went to Paris to decapitate nobles and hang priests and were 18th and 19th century Republicans in that very strong sense. So their books gave me a vivid connection with that history.

With that as a background, why were you raised Catholic?
Engelhardt: Generally, Roman Catholics convert others socially when they get married. That’s what I meant by its dominant character. It tends to be a dominant social gene with partial penetrance, I guess. Even as a child, some of the fun discussions came from provoking a debate between those who were Republican and those who weren’t; it was very interesting. I had a lot of relatives who lived into their late 90’s, so in a sense they bridged the cultural distance with the 19th century.

Fox: So in the milieu in which you grew up, what were your peers like, apart from your family?

Engelhardt: Some of the people I knew were children of my father’s friends who tended to have the same view of the world. I went to a Roman Catholic grammar school in Houston where I learned Latin and a little bit of Greek. Again, there was a constellation of people who would probably have found some kinship in Walker Percy’s pictures of the South.

Fox: Who ran the school that you went to?

Engelhardt: It was run by the Dominican Sisters. They were wonderful!! My debt to them is immense. I learned a fair amount of Latin in grammar school. My grandmother
had a great prejudice in favor of the Dominicans, and a great distrust of the Jesuits. She remarked that if one wanted to go to confession with pillows under one’s elbows, go to a Jesuit. This sense of the importance of Latin and the classics remains in my youngest daughter, who started Latin here in the fifth grade. That sense of a bond to the humanism of the West remained integral to the traditional Southern education. So my youngest daughter, when I was at the Institute for Advanced Study in West Berlin, was able to go to the German gymnasium and pick up Latin where they were and she wasn’t at all out of step with them. This connection was in a sense a kind of European turn of the South.

Fox: That is a lovely way to put it.

Engelhardt: Many of the nuns were from Europe and had a sense of education in France and Germany. I think that is a bond that tied some of the educational elements in my generation to the classics, and as I said it even echoed into my youngest daughter’s education. It surely was part of the envelope of my father’s view of his education.

Swazey: Do you have siblings?
Engelhardt: I have one brother. He went bad, he became a lawyer. We had no idea we had those recessive genes. We had gone for generations without anything like that.

Fox: We assume that this family background had something to do with your going to medical school.

Engelhardt: I just loved medicine. I grew up with the joy of being engaged with people that medicine offered.

Fox: So you never considered any other possible routes when you decided to undertake medical studies?

Engelhardt: It was something that I always enjoyed. I enjoyed the life sciences even in high school.

Fox: What was the experience like for you, being in medical school? You went into it with a very unusual relationship to medicine, given your family background and this Walker Percy-like intellectual milieu in which you grew up. Medical school certainly could not have been like that, could it?
During my undergraduate studies, I had become a logical positivist. If you’re going to be a logical positivist, you have to be a scientist! So I graduated early and began some graduate work in biochemical genetics; I had the view that I would pursue an MD and a PhD in biochemical genetics and do what any logical positivist ought to do... hard-core science. I do remember the excitement of the sixties when Kornberg and others were just laying out the possibilities. I was involved in some bench science and all of that was very exciting. I went to Tulane because I had a sense that the school resonated with my interests, and it did. When I took anatomy, there were four of us dissecting one cadaver and the assistant professor had us choose a novel to discuss as we went through. I think the first one he assigned was Durell’s *Alexandria Quartet*, so we read that. It was just marvelous!

A very unusual anatomy course, though!

But it was wonderful! I enjoyed medical school as much as I had anticipated.

Can we ask you a rather impertinent question?

Sure.
Fox: It’s difficult to see in your intellectual writings any imprint of the fact that you are a physician. So what I’m wondering is where can you find this deep relationship to medicine and joy in it and so forth in the nature of your work? Let’s put it this way -- if somebody didn’t know you went to medical school, that you were a physician and the son of a physician and you grew up in a world of medically effervescent ideas, I’m not sure they would be able to guess that about your biography, or am I wrong and we have not seen it?

Engelhardt: It is generally taken for granted in Europe that those who take the history of medicine courses will be physicians. History of medicine is part of the regular education of physicians and I’m convinced that my ability to do work in the epistemology and the history of medicine would have been very impoverished, had I not drawn from the concerns ignited in me by my encounters in medicine. I’m probably one of the few people working in bioethics who publishes on models of explanation in medicine, and in the history of medicine. These publications are an intellectual expression of the puzzles I encountered as I tried to explain the problems patients confronted. So your remark is puzzling to me. The natural response to the experience of medicine is interest in the history and philosophy of medicine.... In fact, my first appointment was in a department that was titled at the time the department of the history and philosophy of medicine; the only other
person was Chester Burns, who had an MD, and a PhD in the history of medicine from Johns Hopkins. The department had an appreciation of a conceptual challenge in medicine. I found this congenial, for it was one of the ancient ways in which physicians lived with their profession. Many contributors to the conceptual understanding of medicine in Germany have been physician-historian-philosophers.

Engelhardt: That's correct. But it's vividly central European. It is still the case in Crakow, still the case in Germany, to some extent in France, surely in Holland, but also in Spain. That was the natural genre of this interaction between my being a physician and being interested in the history of ideas.

Engelhardt: The taken-for-granted response is: that's how I lived it. When I was in high school, my father was translating medieval texts from Latin into English. One of his friends wrote a history of cardiology. The idea was that out of one's practice
of medicine, one could gain an intellectual perspective. This perspective could then be nurtured through the history and philosophy of medicine. The intellectual life was integral to the full life of the physician. It was central to realizing the self-conscious character of the profession one had entered. Again, this may be a more European assumption.

Swazey: When you went to medical school, did you see yourself as doing clinical practice like your father did?

Engelhardt: Sure.

Swazey: When did you veer into a more strictly academic path?

Engelhardt: Well, I continued to read philosophy and some time after the second year of medical school, I ceased to be a logical positivist. I began to look at other issues, at which point I said, “You know, maybe I should get a PhD in philosophy rather than a PhD in genetics.” So I called up John Silber and John Silber said, “Why don’t you take a leave of absence and get a PhD and then finish your MD?” I said, “No one’s ever done that.” And in somewhat blunt and forthright terms he asked me, didn’t I have the courage to do that? I said, “Yes, I guess I do!” At
which point I went and asked the dean of student affairs to give me a leave of absence. I presume the dean never thought I would be gone more than a semester because I was doing well in medical school and he couldn’t imagine that I would spend an extended time away. I was given an unlimited leave of absence, so I then went to the University of Texas at Austin. In my graduate work in philosophy at Austin and at Bonn University, I was engaged in the history of ideas, especially 18th and 19th century, and became quite influenced by a Hegel scholar, Klaus Hartmann, who was at that time at Bonn, and another Hegel scholar, John Findlay, and Marjorie Grene. I also studied with Gottfried Martin, who was the editor of *Kantstudien* in Germany.

**Fox:** What was the nature of the department? One of the things we’ve discovered is that a great, if not overwhelming, majority of philosophers one finds in bioethics studied in departments strictly oriented to Anglo-American analytic philosophy.

**Engelhardt:** This was not. This was a very small, catholic department. Some people did work in analytic philosophy; there were also those who were very concerned about the history of ideas and those who had a fine appreciation of the history of ideas. I was very focused on the Enlightenment, but especially its high point in Kant and then the beginning of the post-Enlightenment period, trying to understand this
period in both the history of philosophy and the history of medicine. Like
anything in the history of ideas, sometimes the points of resonance were less than
obvious, but that was a source of challenge.

This may seem like digression, but we have not been able to get very far in trying
to understand not why most academic departments of philosophy in the United
States were so oriented to analytic philosophy, but why many of these departments
seem to have had this sort of built-in aversion to Continental European
philosophy. We understand the historical origins of the analytic philosophy
orientation, and I think we understand how that kind of conceptual framework can
be quite compatible with some of the other attributes of bioethics and so forth.
What we haven’t been able to quite grasp is what it is that is so off-putting about
Continental European philosophy to people who are committed to an analytic
perspective. When we try to discuss why American bioethics hasn’t drawn upon
certain Continental European thinkers as well as the narrow orbit of thinkers that
seem to be the bedrock of the philosophy that bioethics is using, we get only
vague answers like, “Well, Continental European philosophy is sort of fuzzy and
imprecise and it doesn’t contribute to clear thinking.” That’s about as far as we
get with people who are nevertheless persons of considerable intellectual stature,
who don’t seem to be able to say anything more about it than that. What are we
I think you are encountering many things. One, as you already know, is that we are prisoners of our education and most people within the analytic tradition have not much of a historical depth to their education. They often have a wonderful appreciation of conceptual analysis but not much understanding of the history of the development of ideas. So I think for many the concerns of Continental philosophers engender a kind of disorientation. Given a disparity of methods, it is not quite clear what to discount and what to pick out as important. Also, analytic philosophy developed in reaction to Continental philosophy, and like all reactions it carries with it, as you know better than I, an emotive concern to define itself over against that from which it came.

Yes, so it has an ideological component in it.

Sure, it has an ideological one, but also often a not-that-deep, shallow appreciation for the history of ideas, so that people will at times say remarkable things about the history of medical ethics, which could only be entertained with an ignorance of the general elements of the history of medicine.
What else do you think goes into this? There are certain issues that Continental European philosophy deals with, such as the ones that are of very special interest to you, things as you say that are very difficult to deal with within the bioethics framework, like questions of meaning, questions of suffering, questions of mortality and so forth. I don’t think an Anglo-American analytic philosophical framework can embrace those, whereas certain traditions of Continental European philosophy can. Is that one of the things that caused this sort of standoff?

Yes. I’m not sure of the extent to which that can’t be assimilated to one of the first two. There is a narrower appreciation of the history of thought and the role of the humanities. This has led to a continued ill-defined rivalry between those who work vaguely in the medical humanities and those who are concerned with issues of bioethics.

When you say ‘ill-defined’, is it because you think people working in humanities are not necessarily that aware of the history of ideas, either?

They have a sense, often not fully articulated, of a difference in the breadth of concern that separates them from more analytic approaches.
Apart from just navigating by following your own views and doing the kind of work you are committed to and so forth, how do you negotiate your relationships with these people?

I never, at least from my perspective, sense any difficulty. There are a lot of elements of my concern which are truly analytic, and so with people who have interests in conceptual analysis I have a lot that I hope to learn from them and take joy in discussing issues with them. And the same, mutatis mutandis, for the medical humanities as well as for those who in Europe have maintained more of a bond to the role of the history and philosophy of medicine.

But how do you view yourself with regard to this still difficult-to-define area of bioethics? For example, do you define yourself as a bioethicist?

Since I’m not quite sure who gets to define who is a bioethicist or what it subtends, I address the issues that have interest for me. I have no disinclination to use the word ‘bioethics’ and obviously I have journals I publish using the word ‘bioethics’. I think the term has helped to identify the emergence of an important cluster of concerns. I can pick up that cluster and make the weaker claim that it’s bound together by many family resemblances. But the answer is that I’ve had no
difficulty and never found myself estranged from any of the groups.

Fox: We’re jumping ahead of your biography, but how would you characterize what is institutionally defined as bioethics at this point and what they are working on and not working on? How does that still questionable field approach this cluster of issues you say are of interest to you, as compared with, let’s say, the way you approach them?

Engelhardt: Well, that really recasts the way I would put things. I look at problems as individual problems and I address the problems in which I have interest. They probably fall in more than one field if one wants to be picky and narrow about how to define “field,” which is why I chose the metaphor of family resemblance. I think whatever bioethics is, it developed as a final common pathway of a number of quite different forces. One would be ill-served to look for some neat conceptual background. Part of what gave force to the emergence of bioethics was a concern with the humanities that had begun to surface at the end of the 19th and the beginning of the 20th century. However you want to use the terms “third humanism” or the “new humanism,” this rebirth of interest in humanism contrasted to the second humanism at the end of the 18th and the beginning of the 19th century. This third or new humanism was concerned to understand and
maintain the values that mark us as human in the face of technological, economic, and scientific changes; this humanism attended not only to those values, but also to the marks of grace and appropriate sensitivity to what is deeply us. Abraham Flexner wrote on these issues. These concerns with a broader, humanistic vision were very salient at the end of the 19th and beginning of the 20th century, and they became resurgent again in the 1960's. Bioethics is part of a general cultural attempt to resituate technology, science, and the social changes they evoke in terms of what we understand as fundamental human values. I think these concerns gave energy to “bioethics.” The second is that bioethics is, in a sense, a symptom of the post-professional character of medicine. Medicine, as you know better than I, from the beginning of the century until now was moving away from being a guild. The various Supreme Court decisions in the United States, which held that medicine was a trade and therefore was restricted by anti-trust laws that bear on the restraint of trade, deprofessionalized medicine as a guild independent to itself. The move from the use of the words “medical ethics” to the less professionally appropriated term “bioethics” was a symptom of the post-professional character of medicine. These changes were tied to rights movements which brought into question traditional social structures. Bioethics is part of the post-traditional character of many societies.
Fox: In passing, one of the things we’ve found in talking to people about their biographies is that a very interesting number were very active in the rights movements in the 1960's, in the civil rights movement particularly. That seems to have been one of the catalytic forces in getting them into bioethics; there are steps in between obviously.

Engelhardt: It also made medical ethics as a professional ideology suspect. I would think that’s why it had to be resituated. I can remember that in the 1970's a very well-known bioethicist remarked how strange he thought it was that, when you ask people to sign their names, physicians always put ‘MD’. Now, first of all, that remark failed to appreciate that most of the times one signs one’s name as a physician is in a professional capacity, so you have to put ‘MD’ on it. If you live in a legally defined milieu where ‘MD’ becomes part of your life 10 hours a day, such a remark fails to appreciate what ‘MD’ means or the ethos in which it is embedded. The remark was integral to the post-professional character of bioethics. Bioethics is, in a way that many didn’t appreciate, a symptom of the post-traditional situation of medicine.

Fox: I never thought about bioethics being a title that took medical ethics away from physicians.
Engelhardt: The interesting element is that few really reflected on these changes. The shift from medical ethics to bioethics resituated moral expertise in medical ethical discussions; it was no longer the physician who was an expert. It’s a point I’m making in a book I’m working on now. This was a remarkable change and few noticed! Few paid attention to it! Yet, I think this new term, bioethics, was fundamental to the significance of bioethics, which was tied in with concerns voiced to place science and technology and the changes in our society within broad concerns with human values, with the humanities. The deprofessionalization of medicine meant not only that medicine was no longer a guild, but its significance was resituated. The post-traditional rights movements often included the sentiment that one could no longer trust physicians to make medical ethical decisions on their own. All of these changes led to the creation of a field that was often not much different in content from what had existed for 400 years. Yet, the locus of discussion had changed. Consequently, there was a sense of a rupture, so that everything appeared new. For example, a lot that was written in the 16th century on limiting treatment is much like the debates concerning fertility today. Many contemporary bioethicists either were ignorant of this literature or, because of the revolutionary feeling of the times, were ill-disposed to appreciate this material, or sometimes it was just a misunderstanding of language.

I think there might have been another factor which I’ve been puzzling over
in the book I’m writing...

Fox: What is the book you’re writing?

Engelhardt: It’s a book on Christian bioethics. Another factor I’ve been puzzling over, in the book, is the force of Vatican II. Much of this reflection concerning limiting treatment existed in Roman Catholicism, it existed in Latin. With Vatican II two things happened: people in the Roman Catholic church experienced a rupture in their commitment and beliefs, so they were very ill-disposed to read anything that happened beforehand and were ill-disposed to look at Latin sources. Yet the reflections about limiting care, and the place of medicine had 400 years of history. So I suspect that the very weight of the Roman Catholic church had an impact that in the past could have been breached if people had just picked up the Latin texts and read them. I can remember a person I know you interviewed saying that the term “ordinary/ extraordinary” was not useful because a lot of the treatment that you would not want to provide as inappropriate was “ordinary.” That person didn’t know what the Latin “ordinarius” meant; it meant appropriate. So a little bit of Latin and a little bit of history would have opened a broader perspective, and an important literature fascinatingly tied to the development of modern Western medicine. So I think the changes associated with Vatican II played a
role. Now it is very hard for many to have access to this literature; all the stuff is in Latin, so it’s very hard for people to go back and read it unless they know Latin. 
I come from the same generation as you do and I grew up speaking Latin and reading Latin...telling jokes in Latin. So I can read the stuff, but to get someone else to look at it now is difficult. What was not an impediment in the 1950's now imposes a real transaction cost; people don’t generally command a facility of Latin.

Fox: Do you think American bioethics is tapping equally, however shallowly, into Protestant and Catholic thought and faith traditions?

Engelhardt: That’s a complex question. In a sense Roman Catholicism fashioned the West, Protestantism didn’t, in terms of discussions on bioethics. The reason for that is that there is a continuity of reflections in Roman Catholicism -- from the 16th century on -- in the manualist tradition which did not really occur in Protestantism. There was no such literature available for people like Harmon Smith and Paul Ramsey. In Roman Catholicism for centuries there were manuals that people produced. These manuals were for pastors and others, which summarized medical ethical issues, such as issues of death and dying in medicine. So there was a four-century tradition for Roman Catholics. The very plurality of
Protestantism denied it that substance. There were Protestants who did speak to medical ethics, but they often were the people who contributed to the emergence of a secular medical ethics -- people like Gregory in Scotland and Percival.

Without being too ad hominem about it, but if you were to identify thinkers in the contemporary field of bioethics who you think at least are tapping into either Catholic or Protestant religious traditions, who would those figures be? They seem to us to be relatively sparse.

Engelhardt: One person is a student of mine, Kevin Wildes, who has begun to publish again concerning this literature from the 16th century and to remind people that this is a body of reflection that's really coterminous with the development of modern medicine.

Fox: What kind of a cut out of their tradition are people like Richard McCormick or Al Jonsen taking?

Engelhardt: Dick McCormick fashioned a great deal of English-speaking medical moral theology for the Roman Catholic church and he is a kind of cardinal figure in the development of contemporary Roman Catholic medical moral theology. In his
philosophical development from the 1960's on, he becomes part of those who
want to revise Roman Catholicism. He situated it in terms of a new research
program. So though he is superbly educated about the history of Roman Catholic
moral theology, I think his sense is less that of a historian and much more of a
person trying to do new and novel things within Roman Catholicism. That’s my
impression.

Fox: That’s interesting and helpful.

Engelhardt: That’s not to say he doesn’t know the history very, very well.

Fox: But he doesn’t utilize it publicly, at any rate.

Engelhardt: That’s right, he did not develop or secure the historical continuity. There’s a kind
of historical sense that some people have, so that they always tie their work to its
historical foundations, so that in looking at the work, one can see an obvious bond
across centuries. That has not been the predominant style of Dick McCormick or,
with some important exceptions, Al Jonsen, because he has situated things more
within secular moral reflections, though his command of the history is exquisite.

He knows it very, very well. While we’re talking about people of the
contemporary generation, a person who also knows the history of medical ethics very well is Stan Hauerwas, who has probably been one of the most important figures, if not the most important, in Protestant bioethics.

Fox: What about James Gustafson?

Engelhardt: James Gustafson, absolutely. He was for Protestantism a revisionist as Dick McCormick was for Roman Catholicism; that is, he was one of those cardinal figures in the reassessment of Christian medical morality in the attempt to resituate Protestant moral thought creatively, though he has a wonderful sense of history.

Fox: We have found, incidentally, that there is a very significant social circle of people who studied with Jim of different religious backgrounds who went forth to become preeminent bioethicists. They are very unlike each other. Hauerwas is one of them, Jonsen is another. There are numerous others like James Childress. They certainly don’t resemble each other in terms of their outlook, but they all have a very strong bond to their teacher still.

Engelhardt: I think Gustafson opened a new perspective. He helped people to look at things in
fresh and different ways, and since there was so much to look at, each person
picked up a different element or reacted against a particular element.

Fox: That’s interesting, because that’s true of the person who was my great teacher,
Talcott Parsons. There was so much there that you could go down the road of --
sociology of medicine, or sociology of religion, or cultural anthropology.

Engelhardt: Such people communicate the excitement of a field, of a project.

Fox: We’ve gotten off your biography....

Engelhardt: The only other point is that my Fulbright post-doctoral was tied to Klaus
Hartmann and to Gottfried Martin, a Hegel and a Kant scholar, both of whom had
immense influence on me in the sense of what it was to be a scholar. When I
returned to finish my MD, the person to whom I came to owe an immense debt
was John Duffy, an American historian of medicine who died about five years
ago, with whom I did my MD thesis on John Hughlings Jackson. It was through
his generosity that I came to have some real appreciation of what it was to engage
the history of medicine.
Fox: To take you back again to your very penetrating analysis of some of the factors that potentiated bioethics, bioethics has some other peculiar characteristics. I would even say in a way that one peculiarity is the preeminence of philosophy in bioethics because...let me take it back a step. One of the distinctive characteristics of bioethics is that it’s in the public domain and not simply in the academy or in the domain of thinkers, and that aspect of it changes, I think, an analysis of it as being just a new intellectual happening that allows us to reflect on certain issues in a more strictly academic way. So what is that phenomenon? Having philosophers be so preeminent in terms of at least shaping its conceptual framework is made for me all the more peculiar by the fact that it isn’t just an academic discipline or interdiscipline, but it is some kind of a societal happening that has to do with values and beliefs. Do you have any reflections on that?

Engelhardt: My prejudice here as a philosopher will be more salient than usual! I think bioethics in many respects is an attempt to recapture the Enlightenment project -- often a very naive attempt. What was going on in American society? America was then a Christian country. If you look at the Supreme Court holdings in the 19th century, even the early 20th century, Christian sensibilities were held to be part of the common law of many states, and by Christian I mean Protestant. So in a sense the 1950’s through the 1960’s saw the disestablishment of Christianity.
Hence, the role of people like Jim Gustafson, Paul Ramsey, and even Joe Fletcher was played out at the end of the Christian era of America. When one came to thinking about framing policy in a post-Christian, secular, post-traditional America -- which was also post-professional in that the profession of medicine was no longer to be accepted as able to order and direct itself -- one found that there was very little moral guidance. One had to recognize that there was a plurality of religious visions. So when one assembled religious ethicists, one ended up with a cacophony of understandings. And then add to this the project of rendering America secular, which doubly brought into question the prospect of having ministers of different faiths expound their views. And so the Enlightenment hope was that one could out of reason do the following: first, give a rational argument to show how one should deport oneself, and thus be able to show that anyone who disagreed was irrational; second, supply moral authority from reason for public policy. You could no longer invoke Christianity but now you could invoke reason. Then you could justify the coercive character of the state, which was particularly a question in a period of civil rights unrest. What would be the authority of force? Authority for the state was derived from reason, in the sense that you had rational arguments and if you disagreed, you were then irrational. You had the authority of reason for the state’s interventions, and if you were subject to rationally directed authority, this coercive authority wasn’t really
alien to you. It was true to your real autonomous self if you only understood your rational autonomous self. Third, you could show that everyone was part of one community whether they recognized it or not! The Enlightenment hope of being able to dismiss those who disagreed as irrational, to have the authority of reason to show that coercion enforcing rational health care policy is not really coercion but congenial to the person coerced, and that everyone involved is really a member of the same community, formed the backdrop of the aspirations of bioethicists. For guidance in such circumstances, one would want a secular priest, and the bioethicists came in as the secular priests. At the risk of sounding Marxist, the phenomenon was part of an ideology: the ruling class needed a way to authorize public policy, and so you now needed new priests. They had to be Enlightenment priests, they had to be philosopher priests to bless secular health care policy. So I think that if one had asked beforehand, if one had the ability to stand out of time in the 1950's and ask what could have solved the problems of the 1970's in health care, one could have seen the need for such secular priests. Bioethicists had to come in and purport to be able to discover a thick moral vision that could guide health care policy. Hence, there was a recurring concern to situate medicine, science, technology, and society in the context of the humanities, given the post-professional, post-traditional character but also now the post-Christian character of America. All of this led to the need to have experts who could declare the
moral truth. The moral truth was to be disclosed by the new secular priesthood.

They have played a role very much like Karl Marx's description of conceptive ideologists. They were able to give an account of which health care policy was appropriate.

Fox: That fits very much, as a matter of fact, with the perspective we have that many of the issues in the public domain are religious issues and not just ethical issues in the narrow sense of the term. They have to be framed and phrased in a certain way because of the constraints that you're talking about.

Engelhardt: For a newly secular society, they would have to be retranslated into secular terms, and the only ones to give the final translation....

Fox: And that this has to do with enormous ferment about ultimate values and beliefs, issues that are more than medical, with medicine being a lingua franca. Then we have the problem of how we can talk about these things and deliberate these things in the public domain in a pluralistic society which is religiously resonant but where there is a separation of church and state, etc. There also is the idea of a universal human ethic, that there is indeed a common morality. The notion of the common morality is being pushed very far and being extended into the arena of
so-called international or global bioethics. Then, for example, you can condemn
female circumcision because, regardless of what its cultural roots may be, it is
irrational and being irrational is wrong. Right and wrong, and rational and non-
rational become synonymous.

Engelhardt: But I think you have to add one other element, which is also an element of the
Enlightenment. There’s not any moral rationality other than a purely paradoxical
one that doesn’t carry a particular moral content with it. When Napoleon went out
to liberate the West through total war, he did it on behalf of a very particular view
of human liberty. Napoleon was in a sense an expression of an Enlightenment
dream. Any sense of moral rationality which is other than a purely procedural one
carries a particular content with it.

Fox: What content does American bioethics rationality carry with it, do you think?

Engelhardt: A number of very particular views of the value and significance of freedom, for
example. If one were to read John Rawls’ article in the Chicago Law Review,
summer 1997, one would have the view that moral rationality is that of a well-
brought-up American social democrat who has a particular view of the priority of
liberty over equality, and equality over prosperity. Whether that’s the view that a
rational person in Singapore would affirm is another issue. There is a very
particular kind of rationality that is always a part of any content-rich moral vision.
So in that sense there’s a cosmopolitan liberalism that turns out to be not that
cosmopolitan, in that it in the end is particular. That means that at the roots of
bioethics is the same problem that undoes the Enlightenment, once one notices, as
Alasdair MacIntyre points out, that there is more than one sense of justice, more
than one sense of moral rationality. Then the next question is, whose justice and
morality should be at the core of bioethics? Once one really thematizes this
question and recognizes the possibility of a plurality of answers, then the
Enlightenment collapses. That’s the move from modernity to post-modernity.

Fox: So how do you deal with, how should one think about, the attempt to forge
something that we already have done, so-called universal human rights?

Engelhardt: Well, I don’t think it’s one attempt. There are numerous competing
understandings of human rights.

Fox: I’m not thinking about bioethics now as much as I’m thinking about the
Declaration.
Some such rights are expressions of how well you’ve resolved controversies among moral strangers who don’t agree about moral rationality or about God. If the three of us went over to the philosophy department and the religious studies department at Rice and assembled, let’s say, two dozen men and women, they may have 36 opinions about most moral issues. Now imagine as we are discussing things we found that the whole world went away except for us, that we were the only humans left, and we had to establish a government. We wouldn’t be able to agree about the content of moral rationality, justice or fairness, or the existence of God. We could probably say, “Look, if we want to resolve controversies, let’s not talk about moral rationality, let’s not talk about God. Let’s just talk about us, us as persons, as the source of authority, and whatever we agree to do together is what we’ll do.” This is the default position. It is not a cosmopolitan liberal view, but a libertarian liberal view. It is a default position in the sense that we need not agree about anything except what we agree to do together.

Is that pragmatism?

No, pragmatism has a complicated history that comes not just with baggage but with steamer trunks! My account is a different one. It begins with the observation
that there are three ways we can resolve moral controversies. We can all agree to
the same religion. We can all agree to the same view of moral rationality. Or,
three, we can recognize that we really disagree about the requirements of morality,
and as far as we want to do things together, we can recognize moral authority as
coming from a common agreement. Now, some of the basic human rights are of
that sort, e.g., you may not touch me without my permission. Such rights are not
content-rich rights. Consider the American Constitution: it contains no material
rights, it is a fully formal-right constitution. There is no content-full sense of
justice or fairness in the American Constitution, it's all procedural. In contrast,
material rights have been inserted into universal declarations of rights, some of
which are very peculiar, like the right to a paid vacation. Consider also the
European concern to recognize a basic right to an unchanged genome. I don’t
know what to make of such claims, because every time I fly I change my genome
because I get more mutations. So I think the bag of universal human rights is
highly heterogeneous. Some rights are integral to the practice of resolving
controversies where we have nothing else in common but ourselves drawing
permission from persons. Others incorporate very content-rich views of how
humans should live, such as preserving an unaltered genome, whatever that might
mean.
I ask you this because one of the things that seems to be happening with this sprouting of international bioethics, now officially labeled “global bioethics,” is that agencies like the World Health Organization, and the UN, and CIOMS, and foundations with the international scope of Ford, are calling in our bioethicists, like Dan Wikler, to create their ethics program for them. I guess to be perfectly frank about it, I’m intrigued by it but both of us are quite worried about that....

Engelhardt: I join you in your concern. What has happened is that some people, some cultures, without changing their own commitments have looked at the meta-level, the level of the interaction between their commitments and that of the cultures around them. As a consequence, there is a growing real reaction to global bioethics. I was at a meeting at the end of May in Hong Kong in 1999 that looked among other things at the plausibility of a global bioethics. And there are surely people who are now very critical of the project of a global bioethics: they come attacking that view from different perspectives, young and older Chinese scholars, young Japanese and older Japanese scholars.

Tell us a little bit about what it’s been like to have this relationship with the Chinese community. You have gone numerous times now to work with them and they have chosen to translate your works into Chinese because obviously it has
resonance for them. What kind of ongoing conversation has that been? What kinds of issues have come up that you’ve discussed with them?

Engelhardt: Here I have to make a disclaimer; I don’t have the scholarly capacity as a sociologist or biologist to reflect on what I’m doing.

Fox: This is like when Judith and I found ourselves going to China with the problem of becoming instant Sinologists. What would it take to master thousands of years of Chinese thought before we got there? You’ll never be able to do that in your lifetime.

Engelhardt: There are different levels at which reflections concerning bioethics are taking place. Some of the reflections are undertaken by people who were imbedded in both the Western tradition as well as in the very reflective Chinese scholarly tradition that existed independently of the West but with cognizance of the West. The family of one of the people I know survived all of the tumult but has connections going back to the Chinese court. These are people who are like Southerners; they understand that ideas in medicine must be placed within a larger sea of ideas and cultures.
Fox: They do have a longer history than even a Southerner, don’t they!

Engelhardt: What I meant is that many would never think of doing bioethics without situating bioethics and medicine in the larger history of human concerns about values. China and the South and China are similar in this sense. Also Walker Percy’s reflections of an embattled culture have a resonance with China’s view as an embattled culture. Walker Percy can be read by Chinese in that spirit; I’ve seen it done. There is a sense of locating what’s taking place in medicine within a tradition unbroken, challenged but unbroken. Some of these people have survived horrible things and are therefore especially committed to seeing bioethics within a Chinese context. Then there are people who nurture an unreflective sense of rectitude which they have not tied into this self-reflective tradition within China, nor have they embedded it yet fully within the West. So these reflections, although often important, may not disclose their full implications, unlike those who work more fully in either of the two reflective perspectives, that of Chinese culture or that of the West. As a consequence, they may not fully appreciate the situation of the practices about which they had a concern, in particular, the challenge of a purported global ethics.

Swazey: The second group, I would predict, would be younger.
Engelhardt: The first group tends to be older than I, but there are important exceptions. Many were educated in the West but also had a very good education in the classics of Chinese culture. The second are people who did not have an education in the West and who were limited by the events after 1949. Though they are people of great sincerity, they are often unable to situate their reflections fully in the self-consciousness of a Chinese tradition or fully in the self-consciousness of the Western, so often their perspective is truncated. Then there are two genre of young people, maybe three. Those who have embraced the West with zeal, thinking that it probably offers them the best perspective on their reflections and the most useful tool for the organization of their questions. The other are people who are trying to recapture the Chinese moral tradition, young people working primarily on the Confucian tradition. One of my students has now established a subseries in the Philosophy and Medicine book series, which will publish some of their work translated into English. These are people trying to recapture the Chinese moral philosophical tradition which was disabled by the events of this century. This second genre of young people is trying to recapture that reflective perspective which was China’s before the events that disabled them. The third class includes a great number of young people hungering for moral perspective, who feel themselves spiritually impoverished. These are younger people, sincere people who don’t want to become...how can I put this in a gentle fashion, I could
almost use the phrase of a young person I talked to... they don’t want to become “empty yuppies” like many in the West have become. I think she correctly diagnosed a concern that has not yet been fully expressed, namely, whether the West is the only or the best road to the future.

Engelhardt: Sometimes they use the term bioethics and sometimes they use medical ethics, in part because medicine in China didn’t quite go through the West’s experience of deprofessionalization.

Fox: Are they defining or calling the conversations they are carrying on with you, the intellectual work they are doing, “bioethics”?

Engelhardt: They called it medical morality when we were there.

Engelhardt: But they will also call it bioethics. The Societies that support it still tend to call it medical ethics, at least in the Shanghai Society. They are really doing bioethics. And they never experienced that same crisis of professionals, in part because the law was different and the experience was different. In that sense, China was not as revolutionary as America was with regard to the standards of professions. Out of that comes a concern on the part of some to give expression to a different voice
and that to understand bioethics that is not part of the cosmopolitan liberal
bioethics, but that a different form of liberal bioethics may have greater
consanguinity with Singapore. Who knows. I think there are lots of people
reflecting in different ways. They have just begun to define themselves, or are
just beginning to.

Fox: They want to be Chinese.

Engelhardt: They want to be Chinese but they are also...it comes from two sources. One, in a
sense they want to be Chinese, but two, a kind of post-modern reflection that the
West’s narrative is one narrative, and the people who actually think this is the
only narrative are really naive.

Swazey: They thought we were barbarians at the gates for a long time.

Engelhardt: Yes, that’s a more systematic criticism.

Fox: So what would happen if rather than your visiting them, Ruth Macklin were to
come? We’ve just had a wonderful long interview with her, and she was kind
enough to give me her new book which expresses, I think, in the most brilliant
and crystalline way this post-Enlightenment/Enlightenment vision that you have
of what the deep structure of American bioethics is. She has had contact with 14
different countries in the years that she’s been doing the work on the Ford
Foundation project, with strong moral conviction and incredible brilliance, and the
embodiment of the kind of bioethics paradigm that you were talking about. As a
kind of personification of that crystallization of that bioethics paradigm, how
would she interact with the people that you would be interacting with in China?

Engelhardt: I don’t know. Again, the Chinese are like Southerners. If you go for dinner to a
Southern family and speak at odds with its culture and commitments, no one may
say anything until the meal is over. Likely, they will never invite you again unless
it were necessary. There’s a sense of how one politely comes to terms with
difference.

Fox: Ruth is so brilliant and so passionate. She makes a very big distinction between
moral absolutes and basic principles, but she is convinced that that is what the
quest is all about, to find those core moralities.

Engelhardt: It’s a markedly Enlightenment crusade: it hopes to offer a universal and concrete
secular moral vision. Like all crusades, it will have different receptions. It will
create a counter-reaction. Such a crusade raises the question of how many recognize the historical and moral particularity of what comes from the West. This is the difficult challenge, given the general inability of the West to see its own particularity. Now China is coming into its own. Shanghai has a skyline that would put Houston to shame. It’s booming! It’s building hospitals as good as any hospital we have here in the Texas Medical Center. They aspire to be world-class hospitals, to provide service for the whole Pacific Rim. They must now take seriously the shape of their own bioethics.

Fox: That’s not the way Shanghai looked in 1985 when I was there for eight weeks, but I can imagine it.

Engelhardt: It’s changed. What happened after 1992 is a transformation. I can’t predict what will happen, but there is a reaction slowly taking shape. I’ve had conversations with some of the young people involved in it. A strong interest in framing a Confucian bioethics is emerging. An ancient cultural view is gathering strength.

Fox: You remember when Judith and I wrote that piece years ago, “Medical Morality Is Not Bioethics,” based on our amateurish trip to China, in which we tried to do a little bit of work on how Chinese were thinking about some of these so-called
medical morality issues. The flip side of it was that we turned to American
bioethics and used our comparative experience to say that wherever in the world
bioethics was being done, it was not necessarily a replica of American bioethics,
and then we tried to do an analysis of some of the value assumptions on which
American bioethics is premised. For a while we were practically ex-
communicated from the bioethics community. I don’t think we were angry about
that reaction, but we talked about the cultural myopia, that was a phrase that we
used, of the inability of the people doing bioethics in the United States to stand
back and look at the culturally specific assumptions they were making. Now it’s
very fashionable to be saying these things, but the way people are going about
doing the bioethics hasn’t changed at all.

Engelhardt: You are right about Western bioethics by and large. An important change has
taken place in China over the 20 years. They now possess a self-reflective
understanding of their predicament. When I first went to China in 1979, they did
not yet have an ability to locate themselves in the geography of the challenges
facing them, so that their views and positions were not yet self-consciously
thematized. Now, they have come to recognize the cultural challenges facing
them. They are now able to ask themselves what they were unable to ask in 1979:
What is it, for us in China, to address the issues of bioethics? Scholars in other
Asian countries have begun to shoulder this task. For example, a book will soon appear by two people working in bioethics in the Philippines. They began to reflect critically on Beauchamp and Childress and concluded that “this is not how we want to do bioethics.” One author is an internist and the other is a family physician who brought together a group of people to reflect on what it is to have a Filipino bioethics. They became able to understand what they themselves were doing, how their moral vision is different, and then how to reflect on their own life.

The fact that something called bioethics is springing up in so many different countries, including third world countries, surely could not have the same roots as American bioethics.

Many cultures are going through changes analogous to ours. They are becoming post-traditional.

Not post-Western Enlightenment necessarily.

No, but the Enlightenment is a general strategy. It is the project of finding through secular reason a bond that will serve us as well as, if not better than,
taking for granted traditional, especially religious, commitments.

So the ferment that’s involved in being a post-traditional society, the deep structural cultural change... why is medicine becoming a focus of it?

Because it touches on birth, copulation and death. It touches on the passages of life that have always in every culture been freighted with meaning. But now medicine promises to touch human life in new ways, so it doubles the concern about those passages. Finally, medicine costs a lot when it does touch us. So for these reasons every culture is concerned with medicine, for the reasons it always was, because medicine’s new technologies have heightened those concerns, and because of the costs it involves. These challenges are confronted across the globe, even in Hong Kong. For example, Hong Kong is a society becoming post-traditional, professions are being brought into question. The question then arises how one should fashion health care policy in a British Crown Colony that was trying to have some sense of democracy yet be fully part of China. The culture is post-religious and post-traditional in the sense that many of the intelligentsia are not sure how to orient themselves to their traditional past. So there are major analogies to be drawn between the cultural challenges of North America, Europe, and Hong Kong. They confront medical interventions in passages of life that were
always important, the new technologies accent them, and they must now come to
terms with the costs they involve. Their problem is like ours: how can a culture
develop health care policy when the traditional resources for resolving moral
controversies are not there? In one sense, one can consider the matter as an issue
in controversy theory. What are the necessary conditions of the possibility of
resolving the moral controversies medicine engenders? When America had an
established Protestant Christianity, it was much clearer how to address the
morality of medicine. When that cultural assumption has passed, one might think
that the profession of medicine could sustain an ethos for health care policy. But
we now live in a post-traditional age. Similar cultural transformations are
occurring all over the world, making bioethics, in that sense, needing to provide a
moral context.

Fox: But there’s a disconnect between what you described, and I hope it’s happening in
other countries as well, this being able to draw upon whatever our bioethics can
offer but being able to tap into one’s own cultural tradition and find a place which
is where....

Engelhardt: I think it is just beginning, that bioethics is just on the cusp of considering the
issue of regional, or local, non-global approaches to bioethics.
Meanwhile, international organizations are busily calling upon bioethicists who
don’t have this cultural background that you’re talking about or this historical
background, to presumably institutionalize conceptions of ethics that are going to
serve on a global basis. Isn’t there a disconnect there?

Engelhardt: Surely there is a significant tension and conflict. I mean, it is one thing to
understand that there is a genre of human predicament that all societies face as
their traditional taken-for-granted ways of approaching the world are brought into
question. The flourishing of Greek philosophy came from the secularization of
Greece that some hold to be rooted in the influence of both the sophists and the
physicians, who framed secular accounts of illness. So, mutatis mutandis, the
same iterates itself as any society has to look at the traditional ways it has resolved
controversies, as well as the traditional ways in which professions were in
authority to resolve controversies. To face similar challenges doesn’t mean you
are committed to the same values in the resolution of those challenges, but you are
committed to asking analogous questions. Recently, the export of the established
American view of the values to guide bioethics has come to be seen as a form of
cultural imperialism. That’s just beginning.

Fox: That’s good.
Engelhardt: I agree. Oh, absolutely! It’s part of cultural maturity to recognize that what seemed to be universal was very particular, very, very, particular.

Swazey: Most bioethicists in this country don’t realize that.

Engelhardt: Of course, it is obvious why it would be difficult for such bioethicists to recognize the particularity of their views: conceptive ideologists have to say “my views are universal”, otherwise the particularity of their views would disestablish the global civil religion they advocate. To admit their particularities would be to be a heretic.

Fox: We walked straight into this naively.

Engelhardt: Against the pretensions of a global bioethics, particularity is heretical.

Fox: As you think about the binds American bioethics is in over cultural and social differences, how do you factor those in? It’s a bind that is impossible to understand when it doesn’t seem necessarily to represent some kind of terrible, irreconcilable thing that one can take social and cultural differences into account, can be respectful of them, and at the same time try to be aware of the deep
universal aspect of certain aspects of the human condition. But they’re completely hung up; they can’t get out of the impasse that they reach on social and cultural differences. The thing that they see immediately is a terrible abyss into which one falls, into terrible moral and cultural relativism which then would lead you to explain the way that the Serbs have behaved in Kosovo as being inherent to Serbianness, and therefore you would then defend that behavior on the grounds that you had to respect cultural differences. This is a kind of “Alice in Wonderland” logic that seems perfectly reasonable to some of the people we’ve been talking to, which seems to me to be not totally rational, rather ironically. But you can explain this easily. Some of them are just very naive. Some of them really believe that the only way that you could ever look at the world is from the moral perspective of a very thick “cosmopolitan” liberalism. That turns out not to be that cosmopolitan. So some of it is just very naive. Again, their assertion of a universal perspective that turns out to be particular is to be understood in terms of Marx’s account of a false consciousness. If one actually recognized the assumptions at work, one would disengage oneself. Think of it: if on most commissions persons show up from a religious perspective, they usually have some sort of uniform on so one can pick out what religious background they come from. The rhetorical advantage to being secular bioethicists is that others do
not know what cult of bioethics they belong to, it looks as if there is only one
universal bioethics. If one examines this state of affairs too closely, it would
disestablish the Enlightenment assumption that one could establish a secular
moral perspective that would not be particular, as religious moral perspectives had
been. That’s the second problem; the first one is just naïveté. The second I think
is a real false consciousness; it is understandable, albeit lamentable. The third is
what you also diagnosed: it is the view that if one does not embrace the view of
cosmopolitan liberals, then one embraces nihilism. So even if it is the case that
the view cannot be justified, don’t tell anyone, because if people find out
civilization will all unravel. That’s the least naïve of the justifications. I think all
three sources contribute to this point of view.

Fox: Well, the false consciousness is interesting from another point of view. We’re
talking about highly educated people whom we have found, for example, with
regard to the social science literature and whatever there is in social science
tradition that seems to us to be potentially pertinent to better thinking on some of
these bioethical issues, that there is a studied, almost motivated ignorance about
literature.

Engelhardt: Sure, they claim to possess the secular equivalent of God’s rational perspective.
If you look at citations, there are almost never any citations from what might be pertinent social science, anthropological, sociological literature.

Engelhardt: If you are explicating the standpoint of reason, then anything like that would be destructive.

It takes seriously the non-rational factors in social life, for one thing.

Engelhardt: If you are explicating the standpoint of reason, which should bind all people independently of history and culture, then it stands to reason you would want to free yourself from any particularity. It is an asceticism of the Enlightenment. Just as religious people fast from food, the Enlightenment philosopher should fast from such distractions in order to see most clearly what reason requires...obviously.

Swazey: Let me ask one other question...actually two. One, are you saying that you really can’t see a rapprochement between social sciences and bioethics?

Engelhardt: I didn’t say that, because I think bioethics is not one field, it’s a constellation of different projects.
Swazey: Except that the philosophers are king at the table, if you will, analytic philosophers.

Engelhardt: What I said was a bit overstated. Their position is often that, sure, the social sciences may be heuristic, they may accidentally allow me to see things that otherwise will not be understood. But the cardinal assumption is that one should frame a moral perspective, and that rational understanding can deliver such a universal content-rich view. And then there are various ways in which people reinforce this point of view. Think about how commissions reinforce the view that bioethics can discover a general rational bioethics for all. If I were to create a bioethics commission and really empanel people with moral difference, consider what would happen. Let's imagine we were going to have an ethics panel consider sex education in New York and I would appoint Jesse Jackson, Jesse Helms, Bill Buckley, and really have a diversity of moral voices. It would be a seminar that would go on forever; we could put it on CNN and it would never come to any conclusion. If I want to have a conclusion, I must pick people who already have a similar ideological perspective. They may use different theoretical ways to reconstruct this perspective, but lo and behold, after talking together they will all agree. Which is to say that there is a constructed character of the consensus achieved by bioethics commissions. Imagine, without mentioning
names, if I were a deontologist and another person was a utilitarian and we both
had the same ideological perspective and we wanted to come up with middle-level
principles, we probably could, despite our theoretical differences. And every time
we use those middle-level principles, we find out how much we agree. But if
someone had a different ideological position, we would find out not how much we
agree but how deeply disagreements separate us. So there are a number of things
that happen that make it seem that deep moral difference really does not exist.
This illusion is strengthened by the manufacture of consensus and by the way in
which people from the same ideological perspective can discover that they can,
through different theoretical mechanisms, reconstruct the same vision. By thus
delivering middle-level principles that seem to disclose a general consanguinity
among perspectives, which really is simply a consanguinity among the ideological
backgrounds of the people collaborating, they create the illusion that we all share
one common morality.

Fox: Doesn’t that make something politically conservative out of bioethics, in the sense
that it basically reinforces the status quo, it seems to me, under those
circumstances?

Engelhardt: That’s true. It’s conservative in the strict sense. It conserves a particular
cosmopolitan liberal agenda. It tries to conserve that particular agenda over
against other cosmopolitan liberal agendas and over against traditional religious
agendas.

1067 Fox: Some of the people we’ve talked to have insisted on there not being great
differences between the way certain religionists think and the way certain
bioethicists think. They seem to have a vested interest in playing down
differences when they’ve discussed this. Where Judith and I have seen great
differences, they have insisted that if we look a little bit more closely at it we
would see that they may be using different vocabularies -- some may be speaking
in a religious voice, some in a more secular voice, etc. etc. -- but when push
comes to shove they are really saying the same thing. We haven’t argued with
them, but we found that to be rather puzzling because we do see big differences.

Engelhardt: It isn’t puzzling to me at some level that people can hold such a view. Yet it is
the outcome of the Enlightenment project to deconstruct such religious
differences. If you want to maintain this perspective, then you have to act as if it
can succeed. Again, one finds the role of a false consciousness: if you ever
thematize that one is occurring, then the whole project collapses.
So it gets into the realm of making public policy which bioethics has, or making clinical decisions. You can’t hamletize forever, either. Now the agenda is not just to have a very stimulating intellectual exchange, you have to “make decisions.” Doesn’t that force you toward a consensus?

Engelhardt: Two things: first of all, the way in which they think we should fashion public policy presupposes that we all should share one moral vision; I can’t imagine why! Imagine how things developed after Constantinople fell on May 28, 1453. Mohammed II won and, rather than impose one religion on all, he created the millet system. If you were Islamic, you had four wives. If you were Roman Catholic, you only had one and there was no divorce. If you were Orthodox, then you got the possibility of three marriages seriatim. Law was in a sense not universal, it was carried by the institutions of particular communities. Think about how Germany has a spiritual welfare system. Were I a Protestant or Roman Catholic in Germany, I would have to fill out my tax form and check my religion. If I were a Roman Catholic, I would have to add an 8% surcharge that would be exacted by the state and it would pay for baptism, marriage, etc. If I were impecunious, somebody else would pay for my religious services; the system is a redistributive endeavor. Each religion does its own thing. You could very well imagine hospitals being religious. Roman Catholics would run theirs the way they
wanted to. Orthodox Jews would run theirs the way they wanted to. We would make space for moral difference. The reigning view is that moral difference offends the cosmopolitan liberal Enlightenment view, and that everyone ought to be much the same whether they are or not.

European society is having trouble with that kind of pluralism, though I’ve spent 30 or 40 years in Belgium. They have a similar system, but incidentally, one of the linking concepts that doesn’t exist in American bioethics is the notion of solidarity, which is Christian, which is socialist, which is Freemason. It’s very difficult to introduce the concept of solidarity into American bioethical discourse. They won’t have it. It would bridge the individualism and the community orientation and they simply won’t latch onto it. I don’t think they understand the history behind it, but somehow or other the concept is totally alien to them.

Again, one might think of how to maintain a great deal of moral difference and even institutionalize it.

That’s interesting, especially on the part of people who profess to believe in the ultimate in pluralism.
Engelhardt: But, in a very domesticated fashion. Their view of difference is like a zoo where everyone is well-caged and kept by the keepers. The keepers being Enlightenment cosmopolitan liberals. Ethnic difference is considered without the variations in moral commitments that different cultures bring. Difference is seen on the model of ethnic restaurants that make aesthetic claims but not moral ones.

Fox: That’s lovely. Judy, you had another question.

Swazey: In the late 1960's, when they needed secular priests, was there any chance in this country that they could have been lawyers working on health issues?

Engelhardt: That’s an empirical question. I think there were two grounds against lawyers having played that role. One, they were an established profession. It was a period that thematized a suspicion against established power elites, and lawyers were surely a major established power elite of the 1960's. So there was, I think, in the background culture a reason to be suspicious of lawyers. Second, the search for an order of secular priests was so deeply an Enlightenment project, it made sense that the philosophers would be the ones who could give a self-conscious voice to it.
Still, Judith’s question was a powerful one because fundamentally you’re saying that this overrode what is almost a sacrosanct principle in American society, which is a society under law rather than under man.

Engelhardt: Surely one of the most remarkable things nowadays is that bioethicists testify in court, not as to what the law is but what the law ought to be, giving testimony on what they hold that morality to be or what they think morality ought to be.

Swazey: The whole notion of the bioethicist as expert witness....

Engelhardt: Is remarkable!! It is like the priesthood of the 13th century.

Fox: Would you do it if you were called upon to do it?

Engelhardt: In a deconstructive fashion, only to say that I shouldn’t be there.

Fox: I see. That’s what I was figuring. That is a testimony, but not the kind they were asking for!

Engelhardt: That’s why I’ve never testified before in court. I usually tell lawyers, “Look,
either you are asking a question at law, or maybe you’re asking one of the few
questions about touching people without their permission not covered by the law,
otherwise you are confused. You want a secular priest.”

Fox: And what about a clinical bioethicist?

Engelhardt: Well, what do clinical bioethicists do? Usually they don’t give any straight advice
whatsoever! They only ask, “Well, what did you agree to?” The role of clinical
bioethicist is in fact many roles, so it’s not one role. It’s impossible to enumerate
all the different roles of a clinical bioethicist. One role is expository, laying out
the different possible moral approaches to an issue. Another is to determine what
the different stakeholders believe. Another is to determine who has agreed to be
in authority, and what their authority is. The last involves an exploration of the
minutia of contracts and agreements.

Fox: But they have no competence in...

Engelhardt: Well, I think bioethicists can develop a competence in this sense, though they do
not become experts about the content of secular morality. Clinical bioethicists
assumed the role of tracing out agreements because others were not routinely
asking, “What did Uncle John or Aunt Mary agree to? Where did they write it
down?” No one was doing that; lawyers weren’t doing that, others weren’t doing
that.

Fox: Psychiatrists were doing that.

Engelhardt: Psychiatrists, but not in that fashion. They were looking at more non-thematized
material; this was all conscious, none of that was subconscious. So I think they
played a role that could be fully recognized in a post-Enlightenment society. If all
that binds moral strangers are the contracts and agreements they make, and there
are as many forms of psychoanalysis as there are major religions, there would be a
market for persons who say, “Well, let’s reconstruct what we agreed to.” That’s
an expertise or skill that plays a cardinal role in clinical bioethics.

Fox: Could you talk to us a little bit, without our invading your privacy, about where
you’ve come religiously, and whether that has any relationship to the years that
you’ve spent in thinking about these issues that we’ve been reviewing with you?

Engelhardt: Invade my privacy?
Well, asking people about their religious journey is not necessarily something you just sort of interview people about.

Engelhardt: I think that’s a very American, perhaps Western perspective. In many cultures the first thing that you ask is, “What’s your religion?” It’s an American view that it is the last thing you ask someone.

Fox: That’s true.

Engelhardt: If you were an Indian, the first question they would ask you would be, “What’s your religion?”

Fox: Would you ask them about their spiritual journey?

Engelhardt: That’s a very New Age phrase. I think you could probably say that to many people nowadays and find it a good conversation starter. My scholarship has focused on a number of things. One is an attempt to understand the culture in which I find myself. So that if this project were not part of the Enlightenment project, it was at least part of the Western philosophical project of seeking to understand the conceptual geography of the various philosophical positions.
Other cultures must assume a similar geographical task, if they are going to
preserve themselves, even if they don’t assume the content of the Enlightenment
project. They must understand how they differ from others. One at least has to
know where one is with regard to others who are competing with one’s own
views, and understand this in terms of arguments, claims, and images. Much of
the work I’ve done has been at a geographical meta-level of asking how one can
resolve moral controversies, given the real differences that separate us. The rest is
just hard-core work in the history and philosophy of medicine; such as how in
particular cases scientific controversies get resolved, about what counts as disease,
etc. In all of that I have been led by a love for ideas. In this cultural spiritual
journey, I’ve remained closely bound to certain particular figures, especially Kant
and Hegel -- Kant the epitome of the Enlightenment as sort of its last late bloom,
and Hegel as the beginning of post-modernity. This, though, is really a cluster of
quite different concerns.

My spiritual journey sensu stricto has been to Orthodoxy. I was raised a
secular Roman Catholic. I converted and became an Orthodox Christian in 1991.
I was baptized on Great Saturday, 1991. So I became an Orthodox Christian at
the age of almost 50. It’s a good thing to be baptized late in life, it covers many
sins.
Did you carry your whole family with you?


Once I found myself as an Orthodox Christian, I began to reflect further on the differences between Western and Eastern Christianity, an issue that I had understood from my childhood. I had a very good education in Western thought and religion even in grammar school. I can remember in the 5th or 6th grade, a course we had on church history. I recognized that I had never seen anything like the church of the first millennium, though I’d been to Protestant churches and knew something about synagogues. I was blind to the existence of Orthodox Christianity. When I was about 13 and in the 8th grade I discovered that, if one became a good altar boy, one could get out of many of the classes in my Roman Catholic grammar school. So I tried to be the best altar boy around. The local monsignor appreciated that and I worked on my Latin. A bishop from Palestine came through and I was asked to be his altar boy. This was in 1953 or 1954, before the post-Vatican II crisis of the Roman church. After Mass the old bishop turned to me and said, “Young boy, I have something to tell you. Remember it.” I said, “What is that, Your Grace?” “All Christianity will collapse in the West, true Christianity will come as a light from the East. This will be very important for your life. Don’t forget.” I said, “Your Grace?” He said, “Listen boy, this is for
you. All Christianity will collapse in the West. True Christianity will come again as a light from the East. Don’t forget this.” I didn’t pay much more attention to it. Then, in the 1980's I became very involved with various religious dialogues. I understood the historical construction of Western Christianity. In 1988-89 I was at the Institute for Advanced Study in West Berlin. Being a Southerner, I couldn’t imagine anything colder than spending Christmas in Berlin. To escape, I arranged lectures in Istanbul at the University of Istanbul. For Christmas my wife and I went to the ecumenical patriarchate in a small rundown place with maybe 40 people, most over the age of 60. There must have been 16 bishops. Looking around, I recognized that I was in the presence of a Christianity that I hadn’t really understood existed. My number two daughter turned to me and said, “This is the real thing!” I said, “Yes.” In 1991 I was baptized.

Fox: These other bioethicists we’re talking about are on another track...what have been their reactions? I don’t mean here, but the people in the bioethics community, because you do figure importantly among them.

Engelhardt: It’s hard to gauge.

Fox: They’re probably polite.
Engelhardt: I publish a journal, *Christian Bioethics*, which is flourishing and doing well in 30 countries. It has garnered interest. It’s hard to know how people have responded to my conversion -- I’m sure there is a mixture of puzzlement and dismay. Still, others have converted.

Fox: Interestingly enough, a very sizeable number of people to whom we have talked in bioethics have a very interesting religious history, which doesn’t surprise you. You could hardly characterize them as indifferent to religion, quite the contrary.

Engelhardt: My upbringing was much more as a cultural Christian than as an observant Christian. I’m sure you understand the kind of attitude that exists in Europe. That was the genre of Roman Catholicism within which I was raised.

Fox: For example, when I point out that bioethics in France has much more emphasis on issues at the beginning of life than issues at the end of life, and that has something to do with the sense in which France is still a Catholic culture, most Americans don’t really know what that means. So it isn’t a question of counting how many people are at mass on Sunday, it’s the culture being carried.

Engelhardt: Some people have seen the unity in what I’ve done. In the *Foundations of*
Bioethics, I’m not arguing about what I think people ought to do. I’m trying to puzzle about what can bind us in the face of real moral difference. This is the reason for the refrain throughout the Foundations of Bioethics: this is the weak cement that can bind moral strangers. This set of claims has deeply bothered committed cosmopolitan liberals, who wanted a much more thickly articulated moral vision. But then, of course, they find the moral commitments of Orthodox Christianity as anything but congenial.

Fox: When you’re saying what could bind moral strangers, that nevertheless does not ignore or obliterate differences.

Engelhardt: Absolutely. The Foundations examines the logic of a moral pluralism, of a piece of moral pluralism in a strong sense. The Foundations provides the libertarian liberal view by default, of which I spoke earlier, but it is not a celebration of this default position. This position is surely a vexation for those who are cosmopolitan liberals. It takes differences seriously. And then when I was found also to be an Orthodox Christian, I guess it was twice over a difficulty, for Orthodox Christian bioethics is the paradigmatic case of moral difference.

Fox: There is no facile answer to one of the central questions of your entire life of
Engelhardt: But again, the term reflection is not quite appropriate; Orthodoxy is a mystical religion; it does not have the epistemology of Western Christian religions. So in a sense my journey was the opposite of many people in bioethics -- in coming from a very secular Western vision to being Orthodox. In any event, I'm sure that's a puzzle to many outside this experience.

Fox: If bioethics had to frontally face up to the deepest ponderable imponderables, I don't think one necessarily has to be converted to a particular church, but these questions in some ways can only be contemplated, but they can certainly only be "answered," on a level of faith.

Engelhardt: In a sense, my work has been in two voices and it continues to be. The Journal of Medicine and Philosophy is in that secular voice where I attempt to give place to the diversity of secular moral visions. And then in the 1996 Foundations and some of the other book series I edit, I have tried to nurture the peaceful discourse of a moral pluralism. However, the other voice, the one in Christian Bioethics, is particular; it is the voice I share with moral friends. Now this difference is deeply at odds with the Enlightenment hope of a unified vision and a singular moral
community.

Fox: I have tried to invite a couple of specific people in bioethics to write about the moral dilemmas of speaking in these two different voices. It’s not duplicity and it’s not just a difference in vocabulary when one writes for a religious journal or one writes for a secular journal. But I would imagine that there are real moral issues involved...the fact that one cannot speak in that religious voice when you are speaking in a public policy domain because nobody is going to listen to you. Nobody is going to invite you to become a member of a commission or whatever, but you do continue to maintain your personal integrity and you do speak in that voice when you write for a religious journal, for example. How does that feel? You don’t find it to be difficult to straddle the two?

Engelhardt: I think the difficulty is less for those who are Western Christians. There is a natural law tradition that sought even before the Enlightenment to declare what all people should acknowledge morally in a broad sense, whether or not they converted to Roman Catholicism. The West emerged not just with faith in reason, but with faith in reason’s ability to discover outside of any particular perspective a normative moral view from nowhere that had content. This is the broad or basic Roman Catholic moral understanding that dialectically determined Protestantism.
Roman Catholicism and Protestantism defined each other out of the debates of the Reformation. There is no way for them to understand each other except through their mutual definition. So one presumes that morals are always to be articulated in discursive fashions, either by natural law theologians or a kind of individual yet paradoxically communal choice of how to read the Scripture. Orthodoxy is neither, and so its categories don’t touch these.

Fox: We probably don’t want to take you down this path, but lately there has been developing something that has become a more serious contender, Jewish bioethics. The fact of the matter is that American bioethics has always been implicitly Christian, which again is something you weren’t supposed to say out loud. The Jews in bioethics largely are in law and medicine, I think, although there are some in philosophy. I don’t quite know why, but there now seems to be a serious florescence. It looks as though it’s beginning to be a contender for being not just how one would think about this within a Jewish framework, but to have a place at the table in the more general discussions.

Engelhardt: This is an area where I have no expertise. I have a sense that must be part of the divide between Reform and Orthodox Judaism.
You were sitting here in this Institute of Religion right in the middle of the Texas Medical Center and just steps away from all the important medical things that are happening. What is the understanding of this Medical Center about having a distinguished Institute of Religion geographically and intellectually in its midst?

Let me see if I can answer that. That is a complex question. First of all, the top two floors are leased by Baylor. One way to look at the Texas Medical Center is distantly analogous to Central Europe after the Pax Westphalica. There is the empire, the Texas Medical Center, but there are very powerful kings and queens -- Baylor, the University of Texas, MD Anderson -- and then there are various dukes, duchesses, princesses. The Institute of Religion is one of the principalities. Here in the Center for Medical Ethics and Health Policy, I'm a professor at Baylor and a professor at Rice University. I have an adjunct appointment in the Institute of Religion. So there are several different visions in play. It shows that the role that we play here is very much part of the Enlightenment project. That is why I'm a professor of philosophy as well as a professor here. As you know, there was once considerable interest in Christian bioethics, and some interest in Jewish bioethics, especially in the 1960's and 1970's and then religious bioethics fell into the shadow of established secular bioethics. I don't think that religious bioethics has ever really come out of that shadow. Generally, I do not believe it has really
even come to understand what its role ought to be. It is the secular priest who
grabbed preeminence and was a success. This meant that religious bioethics often
did not ask its own questions always in its own terms, but rather in terms imposed
by the dominant, secular, bioethical research program. The Institute of Religion
has sponsored a number of intensive courses that take the interest in religion
seriously. These have been directed by Andrew Lustig, who is a student of Jim
Childress. Andrew Lustig’s program of recovering the traditions has diagnosed
the challenge of taking religious bioethics seriously. Religious bioethics is very
likely to be very significant in the future.

Fox: You have helped us enormously, because not only have we learned a little bit
more about you, but you’ve helped us to try to puzzle out some of the kinds of
things that you have to have a good discussion about, like we’ve had with you
today; simply reading, reading, and reading doesn’t do it.

END OF INTERVIEW