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1 June 14, 1999. Interview with H. Tristram Engelhardt, Jr., MD, PhD. Center for Medical Ethics
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3 Community Medicine, Obstetrics and Gynecology, and Professor of Medical Ethics, Baylor
4 College of Medicine, and Professor, Department of Philosophy, Rice University.
5

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

12
13 Engelhardt: There are probably some resonances with what you'd find in a description out of
14 Walter Percy. I was raised in a very Southern family of the sort where debates
15 about ideas and the intellectual foundation of medicine were taken for granted.
16 My father is 87 years old, a retired internist. The men and women he knew in
17 practice were people who lived in the history of medicine and ideas. My father
18 and his colleagues were as much interested in ideas and history as in the
19 contemporary medicine of their time. My father was engaged in different areas of
20 research over my youth, doing some work in allergies to begin with and then in
21 diabetes. A great proportion of the people with whom he spent his professional
22 life had a sense of the excitement of ideas that frame medicine. So the interplay

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23 between ideas and medicine seemed only natural.

24

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

27

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

36

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

38

39 Engelhardt: Religious issues to some extent, but the focus was much more on concepts of
40 explanation, and broad views of the development of Western thought. When I
41 was a child, my grandmother would read to me from Kant and discuss Leibniz
42 with me. By the time I was 8 years old, I took Leibniz and Goethe as sort of

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43 axiomatic companions. My grandmother had a genre of cards on her various
44 mirrors, like secular holy cards of Goethe and Schiller with a phrase or two under
45 them. When one would go to the mirror, one would think of Goethe and Schiller
46 and their wise reflections.

47

48 Fox: Where did those cards come from?

49

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

52

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

55

56 Engelhardt: I'm sixth generation Texan, but my ancestors maintained a German culture and
57 went back to Europe often over the last 165 years. There was a sense of the
58 humanism of Europe being the larger context within which one should understand
59 the sciences and technologies. European culture provided the nesting content for
60 humanistic reflections. So I grew up wandering through large libraries with books
61 in various languages.

62

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63 Fox: I think that's very different from most people in the field; I'm sure you're aware
64 of that.

65

66 Engelhardt: Sure, but it has a resonance with Walker Percy's South; when I read him, I sensed
67 a kinship with his perspective, his experience.

68

69 Fox: You could end up being converted to Catholicism.

70

71 Engelhardt: No, I've converted away from Catholicism.

72

73 Fox: Were you born in the Catholic faith?

74

75 Engelhardt: I was raised Roman Catholic due to the dominant character of Roman Catholicism
76 socially, in my family's history at the time. My mother's side of the family was
77 Protestant. Part of my father's side of the family was Republican, sensu stricto;
78 that is, they went to Paris to decapitate nobles and hang priests and were 18th and
79 19th century Republicans in that very strong sense. So their books gave me a vivid
80 connection with that history.

81

82 Fox: With that as a background, why were you raised Catholic?

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83 Engelhardt: Generally, Roman Catholics convert others socially when they get married. That's
84 what I meant by its dominant character. It tends to be a dominant social gene with
85 partial penetrance, I guess. Even as a child, some of the fun discussions came
86 from provoking a debate between those who were Republican and those who
87 weren't; it was very interesting. I had a lot of relatives who lived into their late
88 90's, so in a sense they bridged the cultural distance with the 19th century.

89

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

92

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

98

99 Fox: Who ran the school that you went to?

100

101 Engelhardt: It was run by the Dominican Sisters. They were wonderful!! My debt to them is
102 immense. I learned a fair amount of Latin in grammar school. My grandmother

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103 had a great prejudice in favor of the Dominicans, and a great distrust of the
104 Jesuits. She remarked that if one wanted to go to confession with pillows under
105 one's elbows, go to a Jesuit. This sense of the importance of Latin and the
106 classics remains in my youngest daughter, who started Latin here in the fifth
107 grade. That sense of a bond to the humanism of the West remained integral to the
108 traditional Southern education. So my youngest daughter, when I was at the
109 Institute for Advanced Study in West Berlin, was able to go to the German
110 gymnasium and pick up Latin where they were and she wasn't at all out of step
111 with them. This connection was in a sense a kind of European turn of the South.

112

113 Fox: That is a lovely way to put it.

114

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

120

121 Swazey: Do you have siblings?

122

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

125

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

128

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

131

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

134

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

137

138 Fox: What was the experience like for you, being in medical school? You went into it
139 with a very unusual relationship to medicine, given your family background and
140 this Walker Percy-like intellectual milieu in which you grew up. Medical school
141 certainly could not have been like that, could it?

142

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143 Engelhardt: During my undergraduate studies, I had become a logical positivist. If you're
144 going to be a logical positivist, you have to be a scientist! So I graduated early
145 and began some graduate work in biochemical genetics; I had the view that I
146 would pursue an MD and a PhD in biochemical genetics and do what any logical
147 positivist ought to do...hard-core science. I do remember the excitement of the
148 sixties when Kornberg and others were just laying out the possibilities. I was
149 involved in some bench science and all of that was very exciting. I went to
150 Tulane because I had a sense that the school resonated with my interests, and it
151 did. When I took anatomy, there were four of us dissecting one cadaver and the
152 assistant professor had us choose a novel to discuss as we went through. I think
153 the first one he assigned was Durrell's Alexandria Quartet, so we read that. It was
154 just marvelous!

155

156 Swazey: A very unusual anatomy course, though!

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

159

160 Fox: Can we ask you a rather impertinent question?

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162 Engelhardt: Sure.

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

170
171 Engelhardt: It is generally taken for granted in Europe that those who take the history of
172 medicine courses will be physicians. History of medicine is part of the regular
173 education of physicians and I'm convinced that my ability to do work in the
174 epistemology and the history of medicine would have been very impoverished,
175 had I not drawn from the concerns ignited in me by my encounters in medicine.
176 I'm probably one of the few people working in bioethics who publishes on models
177 of explanation in medicine, and in the history of medicine. These publications are
178 an intellectual expression of the puzzles I encountered as I tried to explain the
179 problems patients confronted. So your remark is puzzling to me. The natural
180 response to the experience of medicine is interest in the history and philosophy of
181 medicine.... In fact, my first appointment was in a department that was titled at the
182 time the department of the history and philosophy of medicine; the only other

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183 person was Chester Burns, who had an MD, and a PhD in the history of medicine
184 from Johns Hopkins. The department had an appreciation of a conceptual
185 challenge in medicine. I found this congenial, for it was one of the ancient ways
186 in which physicians lived with their profession. Many contributors to the
187 conceptual understanding of medicine in Germany have been physician-historian-
188 philosophers.

189

190 Fox: That's true, that whole tradition of the philosophy of medicine is peculiarly non-
191 American.

192

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

197

198 Fox: Thank you, because that was a puzzle.

199

200 Engelhardt: The taken-for-granted response is: that's how I lived it. When I was in high
201 school, my father was translating medieval texts from Latin into English. One of
202 his friends wrote a history of cardiology. The idea was that out of one's practice

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203 of medicine, one could gain an intellectual perspective. This perspective could
204 then be nurtured through the history and philosophy of medicine. The intellectual
205 life was integral to the full life of the physician. It was central to realizing the
206 self-conscious character of the profession one had entered. Again, this may be a
207 more European assumption.

208

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

211

212 Engelhardt: Sure.

213

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

215

216 Engelhardt: Well, I continued to read philosophy and some time after the second year of
217 medical school, I ceased to be a logical positivist. I began to look at other issues,
218 at which point I said, "You know, maybe I should get a PhD in philosophy rather
219 than a PhD in genetics." So I called up John Silber and John Silber said, "Why
220 don't you take a leave of absence and get a PhD and then finish your MD?" I
221 said, "No one's ever done that." And in somewhat blunt and forthright terms he
222 asked me, didn't I have the courage to do that? I said, "Yes, I guess I do!" At

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223 which point I went and asked the dean of student affairs to give me a leave of
224 absence. I presume the dean never thought I would be gone more than a semester
225 because I was doing well in medical school and he couldn't imagine that I would
226 spend an extended time away. I was given an unlimited leave of absence, so I
227 then went to the University of Texas at Austin. In my graduate work in
228 philosophy at Austin and at Bonn University, I was engaged in the history of
229 ideas, especially 18th and 19th century, and became quite influenced by a Hegel
230 scholar, Klaus Hartmann, who was at that time at Bonn, and another Hegel
231 scholar, John Findlay, and Marjorie Grene. I also studied with Gottfried Martin,
232 who was the editor of Kantstudien in Germany.

233

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

237

238 Engelhardt: This was not. This was a very small, catholic department. Some people did work
239 in analytic philosophy; there were also those who were very concerned about the
240 history of ideas and those who had a fine appreciation of the history of ideas. I
241 was very focused on the Enlightenment, but especially its high point in Kant and
242 then the beginning of the post-Enlightenment period, trying to understand this

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243 period in both the history of philosophy and the history of medicine. Like
244 anything in the history of ideas, sometimes the points of resonance were less than
245 obvious, but that was a source of challenge.

246

247 Fox: This may seem like digression, but we have not been able to get very far in trying
248 to understand not why most academic departments of philosophy in the United
249 States were so oriented to analytic philosophy, but why many of these departments
250 seem to have had this sort of built-in aversion to Continental European
251 philosophy. We understand the historical origins of the analytic philosophy
252 orientation, and I think we understand how that kind of conceptual framework can
253 be quite compatible with some of the other attributes of bioethics and so forth.
254 What we haven't been able to quite grasp is what it is that is so off-putting about
255 Continental European philosophy to people who are committed to an analytic
256 perspective. When we try to discuss why American bioethics hasn't drawn upon
257 certain Continental European thinkers as well as the narrow orbit of thinkers that
258 seem to be the bedrock of the philosophy that bioethics is using, we get only
259 vague answers like, "Well, Continental European philosophy is sort of fuzzy and
260 imprecise and it doesn't contribute to clear thinking." That's about as far as we
261 get with people who are nevertheless persons of considerable intellectual stature,
262 who don't seem to be able to say anything more about it than that. What are we

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263 encountering?

264

265 Engelhardt: I think you are encountering many things. One, as you already know, is that we
266 are prisoners of our education and most people within the analytic tradition have
267 not much of a historical depth to their education. They often have a wonderful
268 appreciation of conceptual analysis but not much understanding of the history of
269 the development of ideas. So I think for many the concerns of Continental
270 philosophers engender a kind of disorientation. Given a disparity of methods, it is
271 not quite clear what to discount and what to pick out as important. Also, analytic
272 philosophy developed in reaction to Continental philosophy, and like all reactions
273 it carries with it, as you know better than I, an emotive concern to define itself
274 over against that from which it came.

275

276 Fox: Yes, so it has an ideological component in it.

277

278 Engelhardt: Sure, it has an ideological one, but also often a not-that-deep, shallow
279 appreciation for the history of ideas, so that people will at times say remarkable
280 things about the history of medical ethics, which could only be entertained with an
281 ignorance of the general elements of the history of medicine.

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283 Fox: What else do you think goes into this? There are certain issues that Continental
284 European philosophy deals with, such as the ones that are of very special interest
285 to you, things as you say that are very difficult to deal with within the bioethics
286 framework, like questions of meaning, questions of suffering, questions of
287 mortality and so forth. I don't think an Anglo-American analytic philosophical
288 framework can embrace those, whereas certain traditions of Continental European
289 philosophy can. Is that one of the things that caused this sort of standoff?

290

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

296

297 Fox: When you say 'ill-defined', is it because you think people working in humanities
298 are not necessarily that aware of the history of ideas, either?

299

300 Engelhardt: They have a sense, often not fully articulated, of a difference in the breadth of
301 concern that separates them from more analytic approaches.

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303 Fox: Apart from just navigating by following your own views and doing the kind of
304 work you are committed to and so forth, how do you negotiate your relationships
305 with these people?

306

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

313

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

316

317 Engelhardt: Since I'm not quite sure who gets to define who is a bioethicist or what it
318 subtends, I address the issues that have interest for me. I have no disinclination to
319 use the word 'bioethics' and obviously I have journals I publish using the word
320 'bioethics'. I think the term has helped to identify the emergence of an important
321 cluster of concerns. I can pick up that cluster and make the weaker claim that it's
322 bound together by many family resemblances. But the answer is that I've had no

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323 difficulty and never found myself estranged from any of the groups.

324

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

330

331 Engelhardt: Well, that really recasts the way I would put things. I look at problems as
332 individual problems and I address the problems in which I have interest. They
333 probably fall in more than one field if one wants to be picky and narrow about
334 how to define "field," which is why I chose the metaphor of family resemblance.
335 I think whatever bioethics is, it developed as a final common pathway of a number
336 of quite different forces. One would be ill-served to look for some neat
337 conceptual background. Part of what gave force to the emergence of bioethics
338 was a concern with the humanities that had begun to surface at the end of the 19th
339 and the beginning of the 20th century. However you want to use the terms "third
340 humanism" or the "new humanism," this rebirth of interest in humanism
341 contrasted to the second humanism at the end of the 18th and the beginning of the
342 19th century. This third or new humanism was concerned to understand and

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343 maintain the values that mark us as human in the face of technological, economic,
344 and scientific changes; this humanism attended not only to those values, but also
345 to the marks of grace and appropriate sensitivity to what is deeply us. Abraham
346 Flexner wrote on these issues. These concerns with a broader, humanistic vision
347 were very salient at the end of the 19th and beginning of the 20th century, and they
348 became resurgent again in the 1960's. Bioethics is part of a general cultural
349 attempt to resituate technology, science, and the social changes they evoke in
350 terms of what we understand as fundamental human values. I think these
351 concerns gave energy to "bioethics." The second is that bioethics is, in a sense, a
352 symptom of the post-professional character of medicine. Medicine, as you know
353 better than I, from the beginning of the century until now was moving away from
354 being a guild. The various Supreme Court decisions in the United States, which
355 held that medicine was a trade and therefore was restricted by anti-trust laws that
356 bear on the restraint of trade, deprofessionalized medicine as a guild independent
357 to itself. The move from the use of the words "medical ethics" to the less
358 professionally appropriated term "bioethics" was a symptom of the post-
359 professional character of medicine. These changes were tied to rights movements
360 which brought into question traditional social structures. Bioethics is part of the
361 post-traditional character of many societies.

362

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363 Fox: In passing, one of the things we've found in talking to people about their
364 biographies is that a very interesting number were very active in the rights
365 movements in the 1960's, in the civil rights movement particularly. That seems to
366 have been one of the catalytic forces in getting them into bioethics; there are steps
367 in between obviously.

368

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

380

381 Fox: I never thought about bioethics being a title that took medical ethics away from
382 physicians.

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383 Engelhardt: The interesting element is that few really reflected on these changes. The shift
384 from medical ethics to bioethics resituated moral expertise in medical ethical
385 discussions; it was no longer the physician who was an expert. It's a point I'm
386 making in a book I'm working on now. This was a remarkable change and few
387 noticed! Few paid attention to it! Yet, I think this new term, bioethics, was
388 fundamental to the significance of bioethics, which was tied in with concerns
389 voiced to place science and technology and the changes in our society within
390 broad concerns with human values, with the humanities. The
391 deprofessionalization of medicine meant not only that medicine was no longer a
392 guild, but its significance was resituated. The post-traditional rights movements
393 often included the sentiment that one could no longer trust physicians to make
394 medical ethical decisions on their own. All of these changes led to the creation of
395 a field that was often not much different in content from what had existed for 400
396 years. Yet, the locus of discussion had changed. Consequently, there was a sense
397 of a rupture, so that everything appeared new. For example, a lot that was written
398 in the 16th century on limiting treatment is much like the debates concerning
399 fertility today. Many contemporary bioethicists either were ignorant of this
400 literature or, because of the revolutionary feeling of the times, were ill-disposed to
401 appreciate this material, or sometimes it was just a misunderstanding of language.

402 I think there might have been another factor which I've been puzzling over

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403 in the book I'm writing...

404

405 Fox: What is the book you're writing?

406

407 Engelhardt: It's a book on Christian bioethics. Another factor I've been puzzling over, in the
408 book, is the force of Vatican II. Much of this reflection concerning limiting
409 treatment existed in Roman Catholicism, it existed in Latin. With Vatican II two
410 things happened: people in the Roman Catholic church experienced a rupture in
411 their commitment and beliefs, so they were very ill-disposed to read anything that
412 happened beforehand and were ill-disposed to look at Latin sources. Yet the
413 reflections about limiting care, and the place of medicine had 400 years of history.
414 So I suspect that the very weight of the Roman Catholic church had an impact that
415 in the past could have been breached if people had just picked up the Latin texts
416 and read them. I can remember a person I know you interviewed saying that the
417 term "ordinary/ extraordinary" was not useful because a lot of the treatment that
418 you would not want to provide as inappropriate was "ordinary." That person
419 didn't know what the Latin "ordinarius" meant; it meant appropriate. So a little
420 bit of Latin and a little bit of history would have opened a broader perspective,
421 and an important literature fascinatingly tied to the development of modern
422 Western medicine. So I think the changes associated with Vatican II played a

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423 role. Now it is very hard for many to have access to this literature; all the stuff is
424 in Latin, so it's very hard for people to go back and read it unless they know Latin.
425 I come from the same generation as you do and I grew up speaking Latin and
426 reading Latin...telling jokes in Latin. So I can read the stuff, but to get someone
427 else to look at it now is difficult. What was not an impediment in the 1950's now
428 imposes a real transaction cost; people don't generally command a facility of
429 Latin.

430

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

433

434 Engelhardt: That's a complex question. In a sense Roman Catholicism fashioned the West,
435 Protestantism didn't, in terms of discussions on bioethics. The reason for that is
436 that there is a continuity of reflections in Roman Catholicism -- from the 16th
437 century on -- in the manualist tradition which did not really occur in
438 Protestantism. There was no such literature available for people like Harmon
439 Smith and Paul Ramsey. In Roman Catholicism for centuries there were manuals
440 that people produced. These manuals were for pastors and others, which
441 summarized medical ethical issues, such as issues of death and dying in medicine.
442 So there was a four- century tradition for Roman Catholics. The very plurality of

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443 Protestantism denied it that substance. There were Protestants who did speak to
444 medical ethics, but they often were the people who contributed to the emergence
445 of a secular medical ethics -- people like Gregory in Scotland and Percival.

446

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

451

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

456

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

459

460 Engelhardt: Dick McCormick fashioned a great deal of English-speaking medical moral
461 theology for the Roman Catholic church and he is a kind of cardinal figure in the
462 development of contemporary Roman Catholic medical moral theology. In his

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463 philosophical development from the 1960's on, he becomes part of those who
464 want to revise Roman Catholicism. He situated it in terms of a new research
465 program. So though he is superbly educated about the history of Roman Catholic
466 moral theology, I think his sense is less that of a historian and much more of a
467 person trying to do new and novel things within Roman Catholicism. That's my
468 impression.

469

470 Fox: That's interesting and helpful.

471

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

473

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

475

476 Engelhardt: That's right, he did not develop or secure the historical continuity. There's a kind
477 of historical sense that some people have, so that they always tie their work to its
478 historical foundations, so that in looking at the work, one can see an obvious bond
479 across centuries. That has not been the predominant style of Dick McCormick or,
480 with some important exceptions, Al Jonsen, because he has situated things more
481 within secular moral reflections, though his command of the history is exquisite.
482 He knows it very, very well. While we're talking about people of the

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483 contemporary generation, a person who also knows the history of medical ethics
484 very well is Stan Hauerwas, who has probably been one of the most important
485 figures, if not the most important, in Protestant bioethics.

486

487 Fox: What about James Gustafson?

488

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

494

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

501

502 Engelhardt: I think Gustafson opened a new perspective. He helped people to look at things in

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503 fresh and different ways, and since there was so much to look at, each person
504 picked up a different element or reacted against a particular element.

505

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

509

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

511

512 Fox: We've gotten off your biography....

513

514 Engelhardt: The only other point is that my Fulbright post-doctoral was tied to Klaus
515 Hartmann and to Gottfried Martin, a Hegel and a Kant scholar, both of whom had
516 immense influence on me in the sense of what it was to be a scholar. When I
517 returned to finish my MD, the person to whom I came to owe an immense debt
518 was John Duffy, an American historian of medicine who died about five years
519 ago, with whom I did my MD thesis on John Hughlings Jackson. It was through
520 his generosity that I came to have some real appreciation of what it was to engage
521 the history of medicine.

522

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523 Fox: To take you back again to your very penetrating analysis of some of the factors
524 that potentiated bioethics, bioethics has some other peculiar characteristics. I
525 would even say in a way that one peculiarity is the preeminence of philosophy in
526 bioethics because...let me take it back a step. One of the distinctive characteristics
527 of bioethics is that it's in the public domain and not simply in the academy or in
528 the domain of thinkers, and that aspect of it changes, I think, an analysis of it as
529 being just a new intellectual happening that allows us to reflect on certain issues
530 in a more strictly academic way. So what is that phenomenon? Having
531 philosophers be so preeminent in terms of at least shaping its conceptual
532 framework is made for me all the more peculiar by the fact that it isn't just an
533 academic discipline or interdiscipline, but it is some kind of a societal happening
534 that has to do with values and beliefs. Do you have any reflections on that?

535
536 Engelhardt: My prejudice here as a philosopher will be more salient than usual! I think
537 bioethics in many respects is an attempt to recapture the Enlightenment project --
538 often a very naive attempt. What was going on in American society? America
539 was then a Christian country. If you look at the Supreme Court holdings in the
540 19th century, even the early 20th century, Christian sensibilities were held to be part
541 of the common law of many states, and by Christian I mean Protestant. So in a
542 sense the 1950's through the 1960's saw the disestablishment of Christianity.

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543 Hence, the role of people like Jim Gustafson, Paul Ramsey, and even Joe Fletcher
544 was played out at the end of the Christian era of America. When one came to
545 thinking about framing policy in a post-Christian, secular, post-traditional
546 America -- which was also post-professional in that the profession of medicine
547 was no longer to be accepted as able to order and direct itself -- one found that
548 there was very little moral guidance. One had to recognize that there was a
549 plurality of religious visions. So when one assembled religious ethicists, one
550 ended up with a cacophony of understandings. And then add to this the project of
551 rendering America secular, which doubly brought into question the prospect of
552 having ministers of different faiths expound their views. And so the
553 Enlightenment hope was that one could out of reason do the following: first, give
554 a rational argument to show how one should deport oneself, and thus be able to
555 show that anyone who disagreed was irrational; second, supply moral authority
556 from reason for public policy. You could no longer invoke Christianity but now
557 you could invoke reason. Then you could justify the coercive character of the
558 state, which was particularly a question in a period of civil rights unrest. What
559 would be the authority of force? Authority for the state was derived from reason,
560 in the sense that you had rational arguments and if you disagreed, you were then
561 irrational. You had the authority of reason for the state's interventions, and if you
562 were subject to rationally directed authority, this coercive authority wasn't really

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563 alien to you. It was true to your real autonomous self if you only understood your
564 rational autonomous self. Third, you could show that everyone was part of one
565 community whether they recognized it or not! The Enlightenment hope of being
566 able to dismiss those who disagreed as irrational, to have the authority of reason to
567 show that coercion enforcing rational health care policy is not really coercion but
568 congenial to the person coerced, and that everyone involved is really a member of
569 the same community, formed the backdrop of the aspirations of bioethicists. For
570 guidance in such circumstances, one would want a secular priest, and the
571 bioethicists came in as the secular priests. At the risk of sounding Marxist, the
572 phenomenon was part of an ideology: the ruling class needed a way to authorize
573 public policy, and so you now needed new priests. They had to be Enlightenment
574 priests, they had to be philosopher priests to bless secular health care policy. So I
575 think that if one had asked beforehand, if one had the ability to stand out of time
576 in the 1950's and ask what could have solved the problems of the 1970's in health
577 care, one could have seen the need for such secular priests. Bioethicists had to
578 come in and purport to be able to discover a thick moral vision that could guide
579 health care policy. Hence, there was a recurring concern to situate medicine,
580 science, technology, and society in the context of the humanities, given the post-
581 professional, post-traditional character but also now the post-Christian character
582 of America. All of this led to the need to have experts who could declare the

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583 moral truth. The moral truth was to be disclosed by the new secular priesthood.
584 They have played a role very much like Karl Marx's description of conceptive
585 ideologists. They were able to give an account of which health care policy was
586 appropriate.

587

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

592

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

595

596 Fox: And that this has to do with enormous ferment about ultimate values and beliefs,
597 issues that are more than medical, with medicine being a lingua franca. Then we
598 have the problem of how we can talk about these things and deliberate these
599 things in the public domain in a pluralistic society which is religiously resonant
600 but where there is a separation of church and state, etc. There also is the idea of a
601 universal human ethic, that there is indeed a common morality. The notion of the
602 common morality is being pushed very far and being extended into the arena of

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603 so-called international or global bioethics. Then, for example, you can condemn
604 female circumcision because, regardless of what its cultural roots may be, it is
605 irrational and being irrational is wrong. Right and wrong, and rational and non-
606 rational become synonymous.

607

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

615

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

617

618 Engelhardt: A number of very particular views of the value and significance of freedom, for
619 example. If one were to read John Rawls' article in the Chicago Law Review,
620 summer 1997, one would have the view that moral rationality is that of a well-
621 brought-up American social democrat who has a particular view of the priority of
622 liberty over equality, and equality over prosperity. Whether that's the view that a

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623 rational person in Singapore would affirm is another issue. There is a very
624 particular kind of rationality that is always a part of any content-rich moral vision.
625 So in that sense there's a cosmopolitan liberalism that turns out to be not that
626 cosmopolitan, in that it in the end is particular. That means that at the roots of
627 bioethics is the same problem that undoes the Enlightenment, once one notices, as
628 Alasdair MacIntyre points out, that there is more than one sense of justice, more
629 than one sense of moral rationality. Then the next question is, whose justice and
630 morality should be at the core of bioethics? Once one really thematizes this
631 question and recognizes the possibility of a plurality of answers, then the
632 Enlightenment collapses. That's the move from modernity to post-modernity.

633
634 Fox: So how do you deal with, how should one think about, the attempt to forge
635 something that we already have done, so-called universal human rights?

636
637 Engelhardt: Well, I don't think it's one attempt. There are numerous competing
638 understandings of human rights.

639
640 Fox: I'm not thinking about bioethics now as much as I'm thinking about the
641 Declaration.

642

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

658
659 Fox: Is that pragmatism?

660

661 Engelhardt: No, pragmatism has a complicated history that comes not just with baggage but
662 with steamer trunks! My account is a different one. It begins with the observation

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663 that there are three ways we can resolve moral controversies. We can all agree to
664 the same religion. We can all agree to the same view of moral rationality. Or,
665 three, we can recognize that we really disagree about the requirements of morality,
666 and as far as we want to do things together, we can recognize moral authority as
667 coming from a common agreement. Now, some of the basic human rights are of
668 that sort, e.g., you may not touch me without my permission. Such rights are not
669 content-rich rights. Consider the American Constitution: it contains no material
670 rights, it is a fully formal-right constitution. There is no content-full sense of
671 justice or fairness in the American Constitution, it's all procedural. In contrast,
672 material rights have been inserted into universal declarations of rights, some of
673 which are very peculiar, like the right to a paid vacation. Consider also the
674 European concern to recognize a basic right to an unchanged genome. I don't
675 know what to make of such claims, because every time I fly I change my genome
676 because I get more mutations. So I think the bag of universal human rights is
677 highly heterogeneous. Some rights are integral to the practice of resolving
678 controversies where we have nothing else in common but ourselves drawing
679 permission from persons. Others incorporate very content-rich views of how
680 humans should live, such as preserving an unaltered genome, whatever that might
681 mean.

682

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683 Fox: I ask you this because one of the things that seems to be happening with this
684 sprouting of international bioethics, now officially labeled “global bioethics,” is
685 that agencies like the World Health Organization, and the UN, and CIOMS, and
686 foundations with the international scope of Ford, are calling in our bioethicists,
687 like Dan Wikler, to create their ethics program for them. I guess to be perfectly
688 frank about it, I’m intrigued by it but both of us are quite worried about that...

689
690 Engelhardt: I join you in your concern. What has happened is that some people, some
691 cultures, without changing their own commitments have looked at the meta-level,
692 the level of the interaction between their commitments and that of the cultures
693 around them. As a consequence, there is a growing real reaction to global
694 bioethics. I was at a meeting at the end of May in Hong Kong in 1999 that looked
695 among other things at the plausibility of a global bioethics. And there are surely
696 people who are now very critical of the project of a global bioethics: they come
697 attacking that view from different perspectives, young and older Chinese scholars,
698 young Japanese and older Japanese scholars.

699
700 Fox: Tell us a little bit about what it’s been like to have this relationship with the
701 Chinese community. You have gone numerous times now to work with them and
702 they have chosen to translate your works into Chinese because obviously it has

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703 resonance for them. What kind of ongoing conversation has that been? What
704 kinds of issues have come up that you've discussed with them?

705

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

708

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

713

714 Engelhardt: There are different levels at which reflections concerning bioethics are taking
715 place. Some of the reflections are undertaken by people who were imbedded in
716 both the Western tradition as well as in the very reflective Chinese scholarly
717 tradition that existed independently of the West but with cognizance of the West.
718 The family of one of the people I know survived all of the tumult but has
719 connections going back to the Chinese court. These are people who are like
720 Southerners; they understand that ideas in medicine must be placed within a larger
721 sea of ideas and cultures.

722

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723 Fox: They do have a longer history than even a Southerner, don't they!

724

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

741

742 Swazey: The second group, I would predict, would be younger.

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743 Engelhardt: The first group tends to be older than I, but there are important exceptions. Many
744 were educated in the West but also had a very good education in the classics of
745 Chinese culture. The second are people who did not have an education in the
746 West and who were limited by the events after 1949. Though they are people of
747 great sincerity, they are often unable to situate their reflections fully in the self-
748 consciousness of a Chinese tradition or fully in the self-consciousness of the
749 Western, so often their perspective is truncated. Then there are two genre of
750 young people, maybe three. Those who have embraced the West with zeal,
751 thinking that it probably offers them the best perspective on their reflections and
752 the most useful tool for the organization of their questions. The other are people
753 who are trying to recapture the Chinese moral tradition, young people working
754 primarily on the Confucian tradition. One of my students has now established a
755 subseries in the Philosophy and Medicine book series, which will publish some of
756 their work translated into English. These are people trying to recapture the
757 Chinese moral philosophical tradition which was disabled by the events of this
758 century. This second genre of young people is trying to recapture that reflective
759 perspective which was China's before the events that disabled them. The third
760 class includes a great number of young people hungering for moral perspective,
761 who feel themselves spiritually impoverished. These are younger people, sincere
762 people who don't want to become...how can I put this in a gentle fashion, I could

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763 almost use the phrase of a young person I talked to... they don't want to become
764 "empty yuppies" like many in the West have become. I think she correctly
765 diagnosed a concern that has not yet been fully expressed, namely, whether the
766 West is the only or the best road to the future.

767

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

770

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

774

775 Fox: They called it medical morality when we were there.

776

777 Engelhardt: But they will also call it bioethics. The Societies that support it still tend to call it
778 medical ethics, at least in the Shanghai Society. They are really doing bioethics.
779 And they never experienced that same crisis of professionals, in part because the
780 law was different and the experience was different. In that sense, China was not
781 as revolutionary as America was with regard to the standards of professions. Out
782 of that comes a concern on the part of some to give expression to a different voice

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783 and that to understand bioethics that is not part of the cosmopolitan liberal
784 bioethics, but that a different form of liberal bioethics may have greater
785 consanguinity with Singapore. Who knows. I think there are lots of people
786 reflecting in different ways. They have just begun to define themselves, or are
787 just beginning to.

788

789 Fox: They want to be Chinese.

790

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

795

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

797

798 Engelhardt: Yes, that's a more systematic criticism.

799

800 Fox: So what would happen if rather than your visiting them, Ruth Macklin were to
801 come? We've just had a wonderful long interview with her, and she was kind
802 enough to give me her new book which expresses, I think, in the most brilliant

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803 and crystalline way this post-Enlightenment/Enlightenment vision that you have
804 of what the deep structure of American bioethics is. She has had contact with 14
805 different countries in the years that she's been doing the work on the Ford
806 Foundation project, with strong moral conviction and incredible brilliance, and the
807 embodiment of the kind of bioethics paradigm that you were talking about. As a
808 kind of personification of that crystallization of that bioethics paradigm, how
809 would she interact with the people that you would be interacting with in China?

810

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

816

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

820

821 Engelhardt: It's a markedly Enlightenment crusade: it hopes to offer a universal and concrete
822 secular moral vision. Like all crusades, it will have different receptions. It will

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823 create a counter-reaction. Such a crusade raises the question of how many
824 recognize the historical and moral particularity of what comes from the West.
825 This is the difficult challenge, given the general inability of the West to see its
826 own particularity. Now China is coming into its own. Shanghai has a skyline that
827 would put Houston to shame. It's booming! It's building hospitals as good as any
828 hospital we have here in the Texas Medical Center. They aspire to be world-class
829 hospitals, to provide service for the whole Pacific Rim. They must now take
830 seriously the shape of their own bioethics.

831

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

834

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

839

840 Fox: You remember when Judith and I wrote that piece years ago, "Medical Morality Is
841 Not Bioethics," based on our amateurish trip to China, in which we tried to do a
842 little bit of work on how Chinese were thinking about some of these so-called

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843 medical morality issues. The flip side of it was that we turned to American
844 bioethics and used our comparative experience to say that wherever in the world
845 bioethics was being done, it was not necessarily a replica of American bioethics,
846 and then we tried to do an analysis of some of the value assumptions on which
847 American bioethics is premised. For a while we were practically ex-
848 communicated from the bioethics community. I don't think we were angry about
849 that reaction, but we talked about the cultural myopia, that was a phrase that we
850 used, of the inability of the people doing bioethics in the United States to stand
851 back and look at the culturally specific assumptions they were making. Now it's
852 very fashionable to be saying these things, but the way people are going about
853 doing the bioethics hasn't changed at all.

854

855 Engelhardt: You are right about Western bioethics by and large. An important change has
856 taken place in China over the 20 years. They now possess a self-reflective
857 understanding of their predicament. When I first went to China in 1979, they did
858 not yet have an ability to locate themselves in the geography of the challenges
859 facing them, so that their views and positions were not yet self-consciously
860 thematized. Now, they have come to recognize the cultural challenges facing
861 them. They are now able to ask themselves what they were unable to ask in 1979:
862 What is it, for us in China, to address the issues of bioethics? Scholars in other

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863 Asian countries have begun to shoulder this task. For example, a book will soon
864 appear by two people working in bioethics in the Philippines. They began to
865 reflect critically on Beauchamp and Childress and concluded that “this is not how
866 we want to do bioethics.” One author is an internist and the other is a family
867 physician who brought together a group of people to reflect on what it is to have a
868 Filipino bioethics. They became able to understand what they themselves were
869 doing, how their moral vision is different, and then how to reflect on their own
870 life.

871

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

875

876 Engelhardt: Many cultures are going through changes analogous to ours. They are becoming
877 post-traditional.

878

879 Fox: Not post-Western Enlightenment necessarily.

880

881 Engelhardt: No, but the Enlightenment is a general strategy. It is the project of finding
882 through secular reason a bond that will serve us as well as, if not better than,

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883 taking for granted traditional, especially religious, commitments.

884

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

887

888 Engelhardt: Because it touches on birth, copulation and death. It touches on the passages of
889 life that have always in every culture been freighted with meaning. But now
890 medicine promises to touch human life in new ways, so it doubles the concern
891 about those passages. Finally, medicine costs a lot when it does touch us. So for
892 these reasons every culture is concerned with medicine, for the reasons it always
893 was, because medicine's new technologies have heightened those concerns, and
894 because of the costs it involves. These challenges are confronted across the globe,
895 even in Hong Kong. For example, Hong Kong is a society becoming post-
896 traditional, professions are being brought into question. The question then arises
897 how one should fashion health care policy in a British Crown Colony that was
898 trying to have some sense of democracy yet be fully part of China. The culture is
899 post-religious and post-traditional in the sense that many of the intelligentsia are
900 not sure how to orient themselves to their traditional past. So there are major
901 analogies to be drawn between the cultural challenges of North America, Europe,
902 and Hong Kong. They confront medical interventions in passages of life that were

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903 always important, the new technologies accent them, and they must now come to
904 terms with the costs they involve. Their problem is like ours: how can a culture
905 develop health care policy when the traditional resources for resolving moral
906 controversies are not there? In one sense, one can consider the matter as an issue
907 in controversy theory. What are the necessary conditions of the possibility of
908 resolving the moral controversies medicine engenders? When America had an
909 established Protestant Christianity, it was much clearer how to address the
910 morality of medicine. When that cultural assumption has passed, one might think
911 that the profession of medicine could sustain an ethos for health care policy. But
912 we now live in a post-traditional age. Similar cultural transformations are
913 occurring all over the world, making bioethics, in that sense, needing to provide a
914 moral context.

915

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

920

921 Engelhardt: I think it is just beginning, that bioethics is just on the cusp of considering the
922 issue of regional, or local, non-global approaches to bioethics.

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923 Fox: Meanwhile, international organizations are busily calling upon bioethicists who
924 don't have this cultural background that you're talking about or this historical
925 background, to presumably institutionalize conceptions of ethics that are going to
926 serve on a global basis. Isn't there a disconnect there?

927

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

941

942 Fox: That's good.

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943 Engelhardt: I agree. Oh, absolutely! It's part of cultural maturity to recognize that what
944 seemed to be universal was very particular, very, very, particular.

945

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

947

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

953

954 Fox: We walked straight into this naively.

955

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

957

958 Fox: As you think about the binds American bioethics is in over cultural and social
959 differences, how do you factor those in? It's a bind that is impossible to
960 understand when it doesn't seem necessarily to represent some kind of terrible,
961 irreconcilable thing that one can take social and cultural differences into account,
962 can be respectful of them, and at the same time try to be aware of the deep

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963 universal aspect of certain aspects of the human condition. But they're
964 completely hung up; they can't get out of the impasse that they reach on social and
965 cultural differences. The thing that they see immediately is a terrible abyss into
966 which one falls, into terrible moral and cultural relativism which then would lead
967 you to explain the way that the Serbs have behaved in Kosovo as being inherent to
968 Serbianness, and therefore you would then defend that behavior on the grounds
969 that you had to respect cultural differences. This is a kind of "Alice in
970 Wonderland" logic that seems perfectly reasonable to some of the people we've
971 been talking to, which seems to me to be not totally rational, rather ironically.

972

973 Engelhardt: But you can explain this easily. Some of them are just very naive. Some of them
974 really believe that the only way that you could ever look at the world is from the
975 moral perspective of a very thick "cosmopolitan" liberalism. That turns out not to
976 be that cosmopolitan. So some of it is just very naive. Again, their assertion of a
977 universal perspective that turns out to be particular is to be understood in terms of
978 Marx's account of a false consciousness. If one actually recognized the
979 assumptions at work, one would disengage oneself. Think of it: if on most
980 commissions persons show up from a religious perspective, they usually have
981 some sort of uniform on so one can pick out what religious background they
982 come from. The rhetorical advantage to being secular bioethicists is that others do

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983 not know what cult of bioethics they belong to, it looks as if there is only one
984 universal bioethics. If one examines this state of affairs too closely, it would
985 disestablish the Enlightenment assumption that one could establish a secular
986 moral perspective that would not be particular, as religious moral perspectives had
987 been. That's the second problem; the first one is just naivete. The second I think
988 is a real false consciousness; it is understandable, albeit lamentable. The third is
989 what you also diagnosed: it is the view that if one does not embrace the view of
990 cosmopolitan liberals, then one embraces nihilism. So even if it is the case that
991 the view cannot be justified, don't tell anyone, because if people find out
992 civilization will all unravel. That's the least naive of the justifications. I think all
993 three sources contribute to this point of view.

994

995 Fox: Well, the false consciousness is interesting from another point of view. We're
996 talking about highly educated people whom we have found, for example, with
997 regard to the social science literature and whatever there is in social science
998 tradition that seems to us to be potentially pertinent to better thinking on some of
999 these bioethical issues, that there is a studied, almost motivated ignorance about
1000 literature.

1001

1002 Engelhardt: Sure, they claim to possess the secular equivalent of God's rational perspective.

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1003 Fox: If you look at citations, there are almost never any citations from what might be
1004 pertinent social science, anthropological, sociological literature.

1005

1006 Engelhardt: If you are explicating the standpoint of reason, then anything like that would be
1007 destructive.

1008

1009 Fox: It takes seriously the non-rational factors in social life, for one thing.

1010

1011 Engelhardt: If you are explicating the standpoint of reason, which should bind all people
1012 independently of history and culture, then it stands to reason you would want to
1013 free yourself from any particularity. It is an asceticism of the Enlightenment. Just
1014 as religious people fast from food, the Enlightenment philosopher should fast
1015 from such distractions in order to see most clearly what reason
1016 requires...obviously.

1017

1018 Swazey: Let me ask one other question...actually two. One, are you saying that you really
1019 can't see a rapprochement between social sciences and bioethics?

1020

1021 Engelhardt; I didn't say that, because I think bioethics is not one field, it's a constellation of
1022 different projects.

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1023 Swazey: Except that the philosophers are king at the table, if you will, analytic
1024 philosophers.

1025

1026 Engelhardt: What I said was a bit overstated. Their position is often that, sure, the social
1027 sciences may be heuristic, they may accidentally allow me to see things that
1028 otherwise will not be understood. But the cardinal assumption is that one should
1029 frame a moral perspective, and that rational understanding can deliver such a
1030 universal content-rich view. And then there are various ways in which people
1031 reinforce this point of view. Think about how commissions reinforce the view
1032 that bioethics can discover a general rational bioethics for all. If I were to create a
1033 bioethics commission and really empanel people with moral difference, consider
1034 what would happen. Let's imagine we were going to have an ethics panel
1035 consider sex education in New York and I would appoint Jesse Jackson, Jesse
1036 Helms, Bill Buckley, and really have a diversity of moral voices. It would be a
1037 seminar that would go on forever; we could put it on CNN and it would never
1038 come to any conclusion. If I want to have a conclusion, I must pick people who
1039 already have a similar ideological perspective. They may use different theoretical
1040 ways to reconstruct this perspective, but lo and behold, after talking together they
1041 will all agree. Which is to say that there is a constructed character of the
1042 consensus achieved by bioethics commissions. Imagine, without mentioning

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1043 names, if I were a deontologist and another person was a utilitarian and we both
1044 had the same ideological perspective and we wanted to come up with middle-level
1045 principles, we probably could, despite our theoretical differences. And every time
1046 we use those middle-level principles, we find out how much we agree. But if
1047 someone had a different ideological position, we would find out not how much we
1048 agree but how deeply disagreements separate us. So there are a number of things
1049 that happen that make it seem that deep moral difference really does not exist.
1050 This illusion is strengthened by the manufacture of consensus and by the way in
1051 which people from the same ideological perspective can discover that they can,
1052 through different theoretical mechanisms, reconstruct the same vision. By thus
1053 delivering middle-level principles that seem to disclose a general consanguinity
1054 among perspectives, which really is simply a consanguinity among the ideological
1055 backgrounds of the people collaborating, they create the illusion that we all share
1056 one common morality.

1057
1058 Fox: Doesn't that make something politically conservative out of bioethics, in the sense
1059 that it basically reinforces the status quo, it seems to me, under those
1060 circumstances?

1061
1062 Engelhardt: That's true. It's conservative in the strict sense. It conserves a particular

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1063 cosmopolitan liberal agenda. It tries to conserve that particular agenda over
1064 against other cosmopolitan liberal agendas and over against traditional religious
1065 agendas.

1066

1067 Fox: Some of the people we've talked to have insisted on there not being great
1068 differences between the way certain religionists think and the way certain
1069 bioethicists think. They seem to have a vested interest in playing down
1070 differences when they've discussed this. Where Judith and I have seen great
1071 differences, they have insisted that if we look a little bit more closely at it we
1072 would see that they may be using different vocabularies -- some may be speaking
1073 in a religious voice, some in a more secular voice, etc. etc. -- but when push
1074 comes to shove they are really saying the same thing. We haven't argued with
1075 them, but we found that to be rather puzzling because we do see big differences.

1076

1077 Engelhardt: It isn't puzzling to me at some level that people can hold such a view. Yet it is
1078 the outcome of the Enlightenment project to deconstruct such religious
1079 differences. If you want to maintain this perspective, then you have to act as if it
1080 can succeed. Again, one finds the role of a false consciousness: if you ever
1081 thematize that one is occurring, then the whole project collapses.

1082

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1083 Fox: So it gets into the realm of making public policy which bioethics has, or making
1084 clinical decisions. You can't hamletize forever, either. Now the agenda is not
1085 just to have a very stimulating intellectual exchange, you have to "make
1086 decisions." Doesn't that force you toward a consensus?

1087

1088 Engelhardt: Two things: first of all, the way in which they think we should fashion public
1089 policy presupposes that we all should share one moral vision; I can't imagine
1090 why! Imagine how things developed after Constantinople fell on May 28, 1453.
1091 Mohammed II won and, rather than impose one religion on all, he created the
1092 millet system. If you were Islamic, you had four wives. If you were Roman
1093 Catholic, you only had one and there was no divorce. If you were Orthodox, then
1094 you got the possibility of three marriages seriatim. Law was in a sense not
1095 universal, it was carried by the institutions of particular communities. Think
1096 about how Germany has a spiritual welfare system. Were I a Protestant or Roman
1097 Catholic in Germany, I would have to fill out my tax form and check my religion.
1098 If I were a Roman Catholic, I would have to add an 8% surcharge that would be
1099 exacted by the state and it would pay for baptism, marriage, etc. If I were
1100 impecunious, somebody else would pay for my religious services; the system is a
1101 redistributive endeavor. Each religion does its own thing. You could very well
1102 imagine hospitals being religious. Roman Catholics would run theirs the way they

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1103 wanted to. Orthodox Jews would run theirs the way they wanted to. We would
1104 make space for moral difference. The reigning view is that moral difference
1105 offends the cosmopolitan liberal Enlightenment view, and that everyone ought to
1106 be much the same whether they are or not.

1107

1108 Fox: European society is having trouble with that kind of pluralism, though I've spent
1109 30 or 40 years in Belgium. They have a similar system, but incidentally, one of
1110 the linking concepts that doesn't exist in American bioethics is the notion of
1111 solidarity, which is Christian, which is socialist, which is Freemason. It's very
1112 difficult to introduce the concept of solidarity into American bioethical discourse.
1113 They won't have it. It would bridge the individualism and the community
1114 orientation and they simply won't latch onto it. I don't think they understand the
1115 history behind it, but somehow or other the concept is totally alien to them.

1116

1117 Engelhardt: Again, one might think of how to maintain a great deal of moral difference and
1118 even institutionalize it.

1119

1120 Fox: That's interesting, especially on the part of people who profess to believe in the
1121 ultimate in pluralism.

1122

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1123 Engelhardt: But, in a very domesticated fashion. Their view of difference is like a zoo where
1124 everyone is well-caged and kept by the keepers. The keepers being Enlightenment
1125 cosmopolitan liberals. Ethnic difference is considered without the variations in
1126 moral commitments that different cultures bring. Difference is seen on the model
1127 of ethnic restaurants that make aesthetic claims but not moral ones.

1128

1129 Fox: That's lovely. Judy, you had another question.

1130

1131 Swazey: In the late 1960's, when they needed secular priests, was there any chance in this
1132 country that they could have been lawyers working on health issues?

1133

1134 Engelhardt: That's an empirical question. I think there were two grounds against lawyers
1135 having played that role. One, they were an established profession. It was a period
1136 that thematized a suspicion against established power elites, and lawyers were
1137 surely a major established power elite of the 1960's. So there was, I think, in the
1138 background culture a reason to be suspicious of lawyers. Second, the search for
1139 an order of secular priests was so deeply an Enlightenment project, it made sense
1140 that the philosophers would be the ones who could give a self-conscious voice to
1141 it.

1142

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1143 Fox: Still, Judith's question was a powerful one because fundamentally you're saying
1144 that this overrode what is almost a sacrosanct principle in American society,
1145 which is a society under law rather than under man.

1146

1147 Engelhardt: Surely one of the most remarkable things nowadays is that bioethicists testify in
1148 court, not as to what the law is but what the law ought to be, giving testimony on
1149 what they hold that morality to be or what they think morality ought to be.

1150

1151 Swazey: The whole notion of the bioethicist as expert witness....

1152

1153 Engelhardt: Is remarkable!! It is like the priesthood of the 13th century.

1154

1155 Fox: Would you do it if you were called upon to do it?

1156

1157 Engelhardt: In a deconstructive fashion, only to say that I shouldn't be there.

1158

1159 Fox: I see. That's what I was figuring. That is a testimony, but not the kind they were
1160 asking for!

1161

1162 Engelhardt: That's why I've never testified before in court. I usually tell lawyers, "Look,

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1163 either you are asking a question at law, or maybe you're asking one of the few
1164 questions about touching people without their permission not covered by the law,
1165 otherwise you are confused. You want a secular priest."

1166

1167 Fox: And what about a clinical bioethicist?

1168

1169 Engelhardt: Well, what do clinical bioethicists do? Usually they don't give any straight advice
1170 whatsoever! They only ask, "Well, what did you agree to?" The role of clinical
1171 bioethicist is in fact many roles, so it's not one role. It's impossible to enumerate
1172 all the different roles of a clinical bioethicist. One role is expository, laying out
1173 the different possible moral approaches to an issue. Another is to determine what
1174 the different stakeholders believe. Another is to determine who has agreed to be
1175 in authority, and what their authority is. The last involves an exploration of the
1176 minutia of contracts and agreements.

1177

1178 Fox: But they have no competence in...

1179

1180 Engelhardt: Well, I think bioethicists can develop a competence in this sense, though they do
1181 not become experts about the content of secular morality. Clinical bioethicists
1182 assumed the role of tracing out agreements because others were not routinely

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1183 asking, “What did Uncle John or Aunt Mary agree to? Where did they write it
1184 down?” No one was doing that; lawyers weren’t doing that, others weren’t doing
1185 that.

1186

1187 Fox: Psychiatrists were doing that.

1188

1189 Engelhardt: Psychiatrists, but not in that fashion. They were looking at more non-thematized
1190 material; this was all conscious, none of that was subconscious. So I think they
1191 played a role that could be fully recognized in a post-Enlightenment society. If all
1192 that binds moral strangers are the contracts and agreements they make, and there
1193 are as many forms of psychoanalysis as there are major religions, there would be a
1194 market for persons who say, “Well, let’s reconstruct what we agreed to.” That’s
1195 an expertise or skill that plays a cardinal role in clinical bioethics.

1196

1197 Fox: Could you talk to us a little bit, without our invading your privacy, about where
1198 you’ve come religiously, and whether that has any relationship to the years that
1199 you’ve spent in thinking about these issues that we’ve been reviewing with you?

1200

1201 Engelhardt: Invade my privacy?

1202

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1203 Fox: Well, asking people about their religious journey is not necessarily something you
1204 just sort of interview people about.

1205

1206 Engelhardt: I think that's a very American, perhaps Western perspective. In many cultures the
1207 first thing that you ask is, "What's your religion?" It's an American view that it is
1208 the last thing you ask someone.

1209

1210 Fox: That's true.

1211

1212 Engelhardt: If you were an Indian, the first question they would ask you would be, "What's
1213 your religion?"

1214

1215 Fox: Would you ask them about their spiritual journey?

1216

1217 Engelhardt: That's a very New Age phrase. I think you could probably say that to many
1218 people nowadays and find it a good conversation starter. My scholarship has
1219 focused on a number of things. One is an attempt to understand the culture in
1220 which I find myself. So that if this project were not part of the Enlightenment
1221 project, it was at least part of the Western philosophical project of seeking to
1222 understand the conceptual geography of the various philosophical positions.

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1223 Other cultures must assume a similar geographical task, if they are going to
1224 preserve themselves, even if they don't assume the content of the Enlightenment
1225 project. They must understand how they differ from others. One at least has to
1226 know where one is with regard to others who are competing with one's own
1227 views, and understand this in terms of arguments, claims, and images. Much of
1228 the work I've done has been at a geographical meta-level of asking how one can
1229 resolve moral controversies, given the real differences that separate us. The rest is
1230 just hard-core work in the history and philosophy of medicine; such as how in
1231 particular cases scientific controversies get resolved, about what counts as disease,
1232 etc. In all of that I have been led by a love for ideas. In this cultural spiritual
1233 journey, I've remained closely bound to certain particular figures, especially Kant
1234 and Hegel -- Kant the epitome of the Enlightenment as sort of its last late bloom,
1235 and Hegel as the beginning of post-modernity. This, though, is really a cluster of
1236 quite different concerns.

1237 My spiritual journey sensu stricto has been to Orthodoxy. I was raised a
1238 secular Roman Catholic. I converted and became an Orthodox Christian in 1991.
1239 I was baptized on Great Saturday, 1991. So I became an Orthodox Christian at
1240 the age of almost 50. It's a good thing to be baptized late in life, it covers many
1241 sins.

1242

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1243 Fox: Did you carry your whole family with you?

1244

1245 Engelhardt: I and two of my daughters converted in 1991; my wife converted later (1993).

1246 Once I found myself as an Orthodox Christian, I began to reflect further on the

1247 differences between Western and Eastern Christianity, an issue that I had

1248 understood from my childhood. I had a very good education in Western thought

1249 and religion even in grammar school. I can remember in the 5th or 6th grade, a

1250 course we had on church history. I recognized that I had never seen anything like

1251 the church of the first millennium, though I'd been to Protestant churches and

1252 knew something about synagogues. I was blind to the existence of Orthodox

1253 Christianity. When I was about 13 and in the 8th grade I discovered that, if one

1254 became a good altar boy, one could get out of many of the classes in my Roman

1255 Catholic grammar school. So I tried to be the best altar boy around. The local

1256 Monsignor appreciated that and I worked on my Latin. A bishop from Palestine

1257 came through and I was asked to be his altar boy. This was in 1953 or 1954,

1258 before the post-Vatican II crisis of the Roman church. After Mass the old bishop

1259 turned to me and said, "Young boy, I have something to tell you. Remember it." I

1260 said, "What is that, Your Grace?" "All Christianity will collapse in the West, true

1261 Christianity will come as a light from the East. This will be very important for

1262 your life. Don't forget." I said, "Your Grace?" He said, "Listen boy, this is for

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1263 you. All Christianity will collapse in the West. True Christianity will come again
1264 as a light from the East. Don't forget this." I didn't pay much more attention to
1265 it. Then, in the 1980's I became very involved with various religious dialogues. I
1266 understood the historical construction of Western Christianity. In 1988-89 I was
1267 at the Institute for Advanced Study in West Berlin. Being a Southerner, I couldn't
1268 imagine anything colder than spending Christmas in Berlin. To escape, I arranged
1269 lectures in Istanbul at the University of Istanbul. For Christmas my wife and I
1270 went to the ecumenical patriarchate in a small rundown place with maybe 40
1271 people, most over the age of 60. There must have been 16 bishops. Looking
1272 around, I recognized that I was in the presence of a Christianity that I hadn't really
1273 understood existed. My number two daughter turned to me and said, "This is the
1274 real thing!" I said, "Yes." In 1991 I was baptized.

1275

1276 Fox: These other bioethicists we're talking about are on another track...what have been
1277 their reactions? I don't mean here, but the people in the bioethics community,
1278 because you do figure importantly among them.

1279

1280 Engelhardt: It's hard to gauge.

1281

1282 Fox: They're probably polite.

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1283 Engelhardt: I publish a journal, Christian Bioethics, which is flourishing and doing well in 30
1284 countries. It has garnered interest. It's hard to know how people have responded
1285 to my conversion -- I'm sure there is a mixture of puzzlement and dismay. Still,
1286 others have converted.

1287

1288 Fox: Interestingly enough, a very sizeable number of people to whom we have talked in
1289 bioethics have a very interesting religious history, which doesn't surprise you.
1290 You could hardly characterize them as indifferent to religion, quite the contrary.

1291

1292 Engelhardt: My upbringing was much more as a cultural Christian than as an observant
1293 Christian. I'm sure you understand the kind of attitude that exists in Europe. That
1294 was the genre of Roman Catholicism within which I was raised.

1295

1296 Fox: For example, when I point out that bioethics in France has much more emphasis
1297 on issues at the beginning of life than issues at the end of life, and that has
1298 something to do with the sense in which France is still a Catholic culture, most
1299 Americans don't really know what that means. So it isn't a question of counting
1300 how many people are at mass on Sunday, it's the culture being carried.

1301

1302 Engelhardt: Some people have seen the unity in what I've done. In the Foundations of

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1303 Bioethics, I'm not arguing about what I think people ought to do. I'm trying to
1304 puzzle about what can bind us in the face of real moral difference. This is the
1305 reason for the refrain throughout the Foundations of Bioethics: this is the weak
1306 cement that can bind moral strangers. This set of claims has deeply bothered
1307 committed cosmopolitan liberals, who wanted a much more thickly articulated
1308 moral vision. But then, of course, they find the moral commitments of Orthodox
1309 Christianity as anything but congenial.

1310

1311 Fox: When you're saying what could bind moral strangers, that nevertheless does not
1312 ignore or obliterate differences.

1313

1314 Engelhardt: Absolutely. The Foundations examines the logic of a moral pluralism, of a piece
1315 of moral pluralism in a strong sense. The Foundations provides the libertarian
1316 liberal view by default, of which I spoke earlier, but it is not a celebration of this
1317 default position. This position is surely a vexation for those who are
1318 cosmopolitan liberals. It takes differences seriously. And then when I was found
1319 also to be an Orthodox Christian, I guess it was twice over a difficulty, for
1320 Orthodox Christian bioethics is the paradigmatic case of moral difference.

1321

1322 Fox: There is no facile answer to one of the central questions of your entire life of

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1323 reflection.

1324

1325 Engelhardt: But again, the term reflection is not quite appropriate; Orthodoxy is a mystical
1326 religion; it does not have the epistemology of Western Christian religions. So in a
1327 sense my journey was the opposite of many people in bioethics -- in coming from
1328 a very secular Western vision to being Orthodox. In any event, I'm sure that's a
1329 puzzle to many outside this experience.

1330

1331 Fox: If bioethics had to frontally face up to the deepest ponderable imponderables, I
1332 don't think one necessarily has to be converted to a particular church, but these
1333 questions in some ways can only be contemplated, but they can certainly only be
1334 "answered," on a level of faith.

1335

1336 Engelhardt: In a sense, my work has been in two voices and it continues to be. The Journal of
1337 Medicine and Philosophy is in that secular voice where I attempt to give place to
1338 the diversity of secular moral visions. And then in the 1996 Foundations and
1339 some of the other book series I edit, I have tried to nurture the peaceful discourse
1340 of a moral pluralism. However, the other voice, the one in Christian Bioethics, is
1341 particular; it is the voice I share with moral friends. Now this difference is deeply
1342 at odds with the Enlightenment hope of a unified vision and a singular moral

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1343 community.

1344

1345 Fox: I have tried to invite a couple of specific people in bioethics to write about the
1346 moral dilemmas of speaking in these two different voices. It's not duplicity and
1347 it's not just a difference in vocabulary when one writes for a religious journal or
1348 one writes for a secular journal. But I would imagine that there are real moral
1349 issues involved...the fact that one cannot speak in that religious voice when you
1350 are speaking in a public policy domain because nobody is going to listen to you.
1351 Nobody is going to invite you to become a member of a commission or whatever,
1352 but you do continue to maintain your personal integrity and you do speak in that
1353 voice when you write for a religious journal, for example. How does that feel?
1354 You don't find it to be difficult to straddle the two?

1355

1356 Engelhardt: I think the difficulty is less for those who are Western Christians. There is a
1357 natural law tradition that sought even before the Enlightenment to declare what all
1358 people should acknowledge morally in a broad sense, whether or not they
1359 converted to Roman Catholicism. The West emerged not just with faith in reason,
1360 but with faith in reason's ability to discover outside of any particular perspective a
1361 normative moral view from nowhere that had content. This is the broad or basic
1362 Roman Catholic moral understanding that dialectically determined Protestantism.

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1363 Roman Catholicism and Protestantism defined each other out of the debates of the
1364 Reformation. There is no way for them to understand each other except through
1365 their mutual definition. So one presumes that morals are always to be articulated
1366 in discursive fashions, either by natural law theologians or a kind of individual yet
1367 paradoxically communal choice of how to read the Scripture. Orthodoxy is
1368 neither, and so its categories don't touch these.

1369

1370 Fox: We probably don't want to take you down this path, but lately there has been
1371 developing something that has become a more serious contender, Jewish
1372 bioethics. The fact of the matter is that American bioethics has always been
1373 implicitly Christian, which again is something you weren't supposed to say out
1374 loud. The Jews in bioethics largely are in law and medicine, I think, although
1375 there are some in philosophy. I don't quite know why, but there now seems to be
1376 a serious florescence. It looks as though it's beginning to be a contender for being
1377 not just how one would think about this within a Jewish framework, but to have a
1378 place at the table in the more general discussions.

1379

1380 Engelhardt: This is an area where I have no expertise. I have a sense that must be part of the
1381 divide between Reform and Orthodox Judaism.

1382

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1383 Fox: You were sitting here in this Institute of Religion right in the middle of the Texas
1384 Medical Center and just steps away from all the important medical things that are
1385 happening. What is the understanding of this Medical Center about having a
1386 distinguished Institute of Religion geographically and intellectually in its midst?

1387

1388 Engelhardt: Let me see if I can answer that. That is a complex question. First of all, the top
1389 two floors are leased by Baylor. One way to look at the Texas Medical Center is
1390 distantly analogous to Central Europe after the Pax Westphalica. There is the
1391 empire, the Texas Medical Center, but there are very powerful kings and queens --
1392 Baylor, the University of Texas, MD Anderson -- and then there are various
1393 dukes, duchesses, princesses. The Institute of Religion is one of the principalities.
1394 Here in the Center for Medical Ethics and Health Policy, I'm a professor at Baylor
1395 and a professor at Rice University. I have an adjunct appointment in the Institute
1396 of Religion. So there are several different visions in play. It shows that the role
1397 that we play here is very much part of the Enlightenment project. That is why I'm
1398 a professor of philosophy as well as a professor here. As you know, there was
1399 once considerable interest in Christian bioethics, and some interest in Jewish
1400 bioethics, especially in the 1960's and 1970's and then religious bioethics fell into
1401 the shadow of established secular bioethics. I don't think that religious bioethics
1402 has ever really come out of that shadow. Generally, I do not believe it has really

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1403 even come to understand what its role ought to be. It is the secular priest who
1404 grabbed preeminence and was a success. This meant that religious bioethics often
1405 did not ask its own questions always in its own terms, but rather in terms imposed
1406 by the dominant, secular, bioethical research program. The Institute of Religion
1407 has sponsored a number of intensive courses that take the interest in religion
1408 seriously. These have been directed by Andrew Lustig, who is a student of Jim
1409 Childress. Andrew Lustig's program of recovering the traditions has diagnosed
1410 the challenge of taking religious bioethics seriously. Religious bioethics is very
1411 likely to be very significant in the future.

1412

1413 Fox: You have helped us enormously, because not only have we learned a little bit
1414 more about you, but you've helped us to try to puzzle out some of the kinds of
1415 things that you have to have a good discussion about, like we've had with you
1416 today; simply reading, reading, and reading doesn't do it.

1417

1418 END OF INTERVIEW