March 22, 1999. Interview with John C. Fletcher, M.Div., PhD, Professor Emeritus of Biomedical Ethics, University of Virginia School of Medicine. The interview is being conducted by Drs. Renée C. Fox and Judith P. Swazey at the Omni Hotel, Charlottesville, Virginia.

Fox: Looking at your biographical sketch and your CV, it's apparent that you got involved very early on, maybe in the pre-bioethics period, in the area of Christian ethics and medical ethics. We wondered why that was so, since even in the course of studying in the seminary you were already in this area. Why did that light up for you as a field?

Fletcher: I was always interested in science. I was the only kid in my high school biology class who read Darwin's *Voyage of the Beagle* then went to ask my biology teacher why we didn't study this guy. He looked blank. This was 1946.

Fox: Was it a school where Darwinism was a problem?

Fletcher: In Alabama, Darwinism was a problem and still is. I wanted to be a doctor. Both my parents were deaf. I dreamed about being a doctor but as I got to college, I struggled with my poor scientific preparation in public school in Alabama. I was always very strong in language, English literature. I really struggled in college. I had no counseling whatsoever, just advice from a chemistry teacher who was a woman, by the way: "Why don't you just change to English, you're so good in that, you're making straight A's and you're really not doing well in chemistry." Somewhere in my consciousness was also a dream of the New South that I know that I got from a man who became an
Episcopal bishop, Bill Marmion. He was the rector of St. Mary’s church in Birmingham, which was near our home and it was the site of my father’s first office. My father was an Episcopalian missionary for the deaf and blind. He founded little congregations for deaf people all over the south. He began working about 1929. I was born in 1931. I met Bishop Marmion as a youngster. I belonged to his youth group although I attended the main Episcopal church in the city, which has since become the cathedral. My father worked for the Bishop so he wanted his kid to go to that church. We did go to church with our mother, who led the services three Sundays a month because my father was on the train going somewhere.

Fox: Are your parents deceased?

Fletcher: Yes, they died in the early 90s. Bishop Marmion actually had the first integrated book club...

Fox: That’s what you meant by the New South?

Fletcher: It sort of came to me later what he stood for. I was just in awe of him because he had this integrated book club with his wife, who was from my mother’s hometown in Bryan, Texas. We saw them fairly often. He would go on visits to Tuskegee. During the war, he was a pacifist and he preached pacifism all during the war. I couldn’t
believe my ears because everybody's husband, brother was off fighting these bad
guys.

Fox: Was Tuskegee so segregated that it was such a revolutionary thing for him to go there
to visit?

Fletcher: Yes, but having a book club was even more revolutionary, inviting blacks to your
home. But his congregation, for the most part, really respected him, which I couldn't
believe. About that time I was a high school kid. I was impressionable, but I had no
depth or real historical perspective. I just watched this guy and I remember some of
his sermons. At the same time I was becoming profoundly skeptical of the theology of
Christianity as I was learning it at the feet of the Episcopal rector who prepared me for
confirmation. I felt insulted by his sermons at the time.

Fox: Who were the Episcopalians in a community like yours, rather than Presbyterian or
Methodist or Baptist?

Fletcher: Upper class. Birmingham was a class-ridden city. Birmingham was, and still is, two
cities. One is Birmingham and the other is Mountain Brook where the rich people
live, and they have their own city. They don't pay taxes in Birmingham. They used the
labor and facilities in Birmingham to earn their fortunes. Up until the 60's, there were
segregation laws that were iron clad. No black person could be in Mountain Brook after dark unless he lived in a servant’s house. I had an experience when I was 14 or so which really impressed me with the wrongs of segregation. I dreamed of being a good football player and I played a lot of football. I played on Saturday after delivering papers. I would play in sand lot games across town. On this particular day, I was hitchhiking home after a game, had my shoes over my shoulder, it was raining and this black delivery boy came along on a motorcycle around this big sweeping curve and his motorbike slipped out from under him and he slid across the pavement. His head hit like a melon against the curb and I knew he was terribly injured. I ran over and pulled him out of the street. He was bleeding out of his nose and ears. I ran up to this house, banged on the door and a woman came to the door and I said, “This guy is hurt, call an ambulance.” She called an ambulance and I went back and put my jersey over him. The rain is coming down and he’s unconscious. The ambulance comes and these two white guys get out and they say, “Son, you called the wrong ambulance.” I said, “What?!?” And they said, “We’ll call the right one.” So after what seemed forever but was only about 10 minutes, this so-called “colored” ambulance came up and these black two guys get out without saying a word. The white guys stayed until the other ones came, and they gave me a ride. I asked, “What in the world...?” The guy says, “I don’t make the law.” He started teaching me about segregation.

After this, I got into arguments with my father. My father had a white church and a
colored church in Birmingham. There were very few black, deaf Episcopalians but the
Episcopalian always had a strong missionary movement to the deaf back in the 19th
century, which is why my father was Episcopalian. His father was a primitive Baptist
minister who volunteered him for the ministry.

Fox: Meaning he chose for him to do that?

Fletcher: After my father graduated from high school, his father took him to Atlanta and
volunteered him for the mission world. And they said, “We don’t have missionaries
for the deaf.” It just didn’t occur to them. In the old days when I used to speak to
Baptists, I would say, “Thank you very much for turning my father down. If you
hadn’t done that, I wouldn’t be here.” He went to Gallaudet College and he learned
about the Episcopalians.

Fox: Was that an Episcopalian institution?

Fletcher: No, Gallaudet is a federal university. But he learned about the historical background
of the Episcopal mission to the deaf there and he went to seminary in Philadelphia.
There were several deaf missionaries who had long preceded my father but he was the
first one in the South. He had an influence on me and I’d say the Episcopal church
and the liberal wing of it had an influence on me. My father was dependent on the
church. He made $75 a month in those days. But I used to get in arguments with him about why he had two churches. It didn’t make sense to go preach to 10 or 15 blacks at 4:00 in the afternoon after working all day. So segregation began to eat at me at an early age. Then Bishop Marmion used to talk about economic democracy. He was a product of the politics and the Christian liberalism of the 20s and 30s plus he was pacifist. I knew, even as a teenager, I couldn’t be a pacifist, but what I was amazed at was the respect that he got by being a good pastor. The seeds, I’m sure, were sown...

I’d go to church camp every summer and I’d meet veterans who had gone into the ministry after the war. They were very inspiring. In addition to being those visionary veterans, they had seen death up close and they wanted to change the world, but most particularly to have a new South that wasn’t stricken by poverty, inequality, segregation.

So I went to Sewanee. I went to the University of the South and educationally it was wonderful.

Fox: What did that represent, the University of the South?

Fletcher: University of the South is the Oxford of the South. It was founded in the pre-Civil War era by Episcopalians who wanted to transport the Oxford education to the United States. It’s owned by the same province of the Episcopal church where my father was employed.
Fox: So this was high... Is it the Anglicanism of the...

Fletcher: Of the two major universities in England, Oxford is the one more identified with the Anglican community and theology so it was a natural... The first campus was built before the Civil War but then the Union army burned it down and destroyed the fabric of the university. Then it took really until after World War II to recover. I went there in '49. I had enrolled in the University of Alabama, but my father got a scholarship for me to go to Sewanee. I had signed up at Alabama and even pledged into a fraternity. I was working in Texas that summer and I got a telegram from my father saying, “Have scholarship, please try to go to Sewanee, come home.” I was furious because I had plans to go to the University of Alabama with my friends. It was a real stroke of luck. I was headed in the wrong direction, probably. Intellectually, in terms of my future, Sewanee really set me on the right path. But I had a very hard time with the premed program. That was the dream I went to college with. My best work was in biology and my poorest work was in chemistry. So it was the math background that was my problem. I majored in English, minored in German and made very, very good grades but also was a very social animal.

Fox: Why did you minor in German?

Fletcher: Because the tradition was to go to Germany. To be a good doctor and a real scholar in
academic medicine, you had to be able to talk to and read the Germans. That was the love also at Sewanee at the time. I got to know the people in the premed program and knew enough about what the goals were, but at the end of my sophomore year, I changed.

Fox: Where was your mother in all of this? You said this was you and your father as you go down this path.

Fletcher: Well, let’s see. In terms of my vocation and my decisions in life about my work, they’ve been more in the context of my relationship with my father. My mother was my father’s partner. Without her, he would have never succeeded. We also helped. We addressed envelopes and stuff and helped mother keep things together.

Fox: How many of you were there?

Fletcher: I have two other sisters. Louise, the actress and a retired public school teacher. Georgianna died in 1990.

Fox: So you’re the only boy?

Fletcher: Yes. That’s where my acute sense of responsibility comes from. I think my mother
was never partial about either medicine or the ministry. Neither was my father, really.

He supported me and of course he was very pleased and proud that I decided to go to seminary. But even back then I was arguing with him about my skepticism. When I told my professor of English that I was going to go to Virginia Seminary in Alexandria, which was founded by Frances Scott Key and a group of wild-eyed, evangelical Episcopalians in those days, he looked at me and he said, “John, you will be a Greek among Jews.” He wanted me to stay at Sewanee. But Sewanee in 1953 was segregated and my class decided to give Bishop James Pike an honorary degree and invite him to be the commencement speaker. He sent a telegram that he refused a degree in white divinity and he refused to come. That was the precipitate of the resignation of 12 of the 13 faculty members at St. Luke’s Seminary, some of whom ended up at Virginia and other theological seminaries. So I went off to Virginia, very glad that I was not going to be part of such deep segregation. I ran into my first theological problem on the first day. I didn’t know that you had to sign a statement that you believed in Jesus Christ as your Lord and Savior in order to matriculate in the institution. So I went to the dean and I said, “Dean, I can’t conscientiously sign this statement because I don’t even know what it means. Don’t you accept people who are searching for what this means? Look, I heard somewhere about a doctrine of mental reservations. I’m just going to put a little “x” right next to my name and you and I will both know what that means, ok? It means I may one day be able to say that but I can’t say it today.” He said ok.
Fox: If that were the case, why would you become a minister?

Fletcher: I don’t know. I thought that it would come together and I really did try to make it come together for almost 30 years. But it never did. Another way of saying it was that Christian ethics was always much more compelling for me than Christian theology. I poured myself into my studies. I became the president of the student body. I married Dale, a wonderful woman from Alabama who worked for Senator Sparkman. I met her when I was 12 years old. Her home town and my grandfather’s home town in Alabama are the same, so our families were close. We married after our first year at seminary. I just poured myself into my studies. I decided I was too young to go back to Alabama and I was also aware that I needed more experience. I was quite young. I got close to Sen. Sparkman and talked to him a lot about segregation and what his beliefs were and how he could run and maintain his integrity in a segregated state. He taught me a lot about the politics of it and about George Wallace. He could see Wallace coming on. I met Justice Hugo Black. I started thinking larger about the political possibilities.

Fox: Quite apart from the personal aspects of it, this whole era of the civil rights movement also was a precipitate, for example, of the eventual involvement of Alex Capron in bioethics, by virtue of many steps.
Fletcher: I decided to apply for a Fulbright so I went to Germany for a year and worked on the life and the thought of Dietrich Bonhoeffer. I went to Heidelberg and translated a book by Bonhoeffer that year called *Creation and Fall*, which were lectures he gave in 1930-31 at the University of Berlin. It was the last major book he had written as a young man that had not been translated; it's about the first three chapters of Genesis. There is not a word in it about Darwin, which really struck me as being profoundly significant. Bonhoeffer just absolutely separated the world of theology from the world itself, from science. Something clicked inside me and I said, "I could never be this way." Later in his life, when he was in prison-- and this is the part of his work that fascinated me the most-- he started writing about "secular" Christianity. He totally reversed. He got out of that neo-orthodox Barthian perspective and really started taking the world seriously, taking modernity seriously, but he was murdered before he could complete his thinking. I thought maybe I could find a place in the Christian world, in Christian thought, by pursuing these kinds of thoughts which, in one respect, ended up in the "death of God" theology. Anyway, I came back from Germany, went to Birmingham, and became an assistant in St. Luke's Episcopal Church in Mountain Brook, with all of the young men and women with whom I had competed socially and athletically. They were affluent and I was not, but I wanted some of the things that they had. They were the founding members of this church. I worked for a wonderful man named Lee Graham, who was a veteran. He had been in the Pacific war and in China and had survived. He was the rector, he was very courageous. I was there for
almost 3 years. To make a long story short, both Lee and I got into big time hot water over the race issue.

I got invited to give the invocation at the graduation of this very swanky private school for girls and I prayed away about justice and brotherhood and so forth. There was a man in the audience named John Temple Graves who was the editorialist for the Post-Herald and the next day there was a bitter, hard-edged, segregationist article by him talking about me and my views and what’s coming out of the seminary these days. And that just hit me like a megaphone, about who I was. Well, Lee and I got involved in all kinds of problems. I tried to be cautious and respectful but the precipitating crisis was not so dramatic. We had two youth organizations in this state: one for white Episcopalians and one for black Episcopalians; and as the kids-- this was 1959-- were planning their convention, which was going to be in our church, they said, “Why have two conventions in the same city with two social events? Isn’t there a Christian imperative to come together?” So Lee and I said, “Sure.” Well, the vestry had a secret meeting and called Bishop Carpenter, the senior bishop. This name is important because Bishop Carpenter was the grandson of the Episcopal bishop of Georgia who held the southern Episcopal church together during the Civil War so it didn’t secede from the northern Episcopal church. But he did it because he was a died-in-the-wool segregationist who had a theology to go with it. He passed on these ideas to his grandson. Bishop Carpenter was also very involved in the resistance to Martin Luther King and he signed that famous letter that precipitated King’s letter
from the Birmingham jail. The junior bishop, George Murray, had been one of my heroes. He was one of the veterans, a submarine captain, and he taught me that segregation was wrong but Bishop Carpenter corrupted him and made it clear that he would never be successful or succeed him as the bishop if he didn’t buckle under. So George gave up his principles. Bishop Carpenter called me to his office and he said, “John, you’re going to have to learn how to get along. If you will just be quiet, I will see to it that you get the nicest church in Montgomery.” And I knew then that it was over. I think I said something like, “Well, Bishop, I think that the time has come to try my wings somewhere else.” So I became a candidate for the congregation in Amherst, Massachusetts and also the congregation in Lexington, Virginia, two college congregations, almost identical. The one in Lexington was the R. E. Lee Memorial Church, so I went there thinking I could be of more service. I still wanted to serve in the South, and what a great privilege to serve it from there. Lee was the president of Washington College after the Civil War. His general of artillery, Edmund Pendleton, was the rector of the church in Lee’s last year’s and we lived in his house and started raising our children there. We integrated that church the first year, 1960. It was the first institution in the county to be integrated. Bill Marmion was the bishop of the diocese in which I served. His headquarters were in Roanoke so it was great to work with him; he was my bishop and ideal. This was 1960-1964. Together with other clergy, we integrated the summer camp to the great dismay of the Byrd machine, which was in charge politically of Virginia.
To change the subject from my social ethics commitment, which was very strong, to my more inner views and my inner life, I was very unhappy in the ministry. Although I was a good minister, I was professionally despondent. I started trying to seek some help and talk with a psychotherapist who didn’t take long to figure out something. I would say, “Whenever I have a wedding, everybody’s happy but me. And I’m not happy with my sermons. I feel like I don’t believe what I’m supposed to believe. I try to share my skepticism with my congregation but that’s hard; and if I really tell them the full story, I wonder if I could survive.” I didn’t have something deeper, which was a religious experience. I think my devotion was ok, but I felt disconnected down deep. He said, “John, I don’t know if I can help you there but I certainly I can help you in other ways. You don’t have any standards for your work.” Most ministers don’t. They just go from thing to thing. So he said, “Let’s work on that.” So I also got really interested in a total parish commitment to Christian education and training good teachers and making education the sort of center piece of parish life. I worked out some standards like not doing a wedding for couples who wouldn’t do a family history, and asked questions about pre-existing genetic issues, and also pre-existing problems with their parents, or anybody they wanted to ask to the wedding. This grew out of my own experience. You can use your authority about whether you will do the wedding in order to put pressure on. So I started doing that with weddings and funerals. Not that I wouldn’t do the funeral but you had to come the day before and have a meeting and express your feelings about the deceased
person and help me write the eulogy.

Fox: Did you formalize it in your mind as pastoral counseling?

Fletcher: I called it standards for being a pastor. This was never taught us in the seminary. So I started enjoying being a minister in almost every way except for the theology part, which haunted me. I was thinking about my lack of training in the seminary and thinking maybe I’ll get a chance to go back there someday; and I’ve learned something about how to improve myself, but I never learned it from them. I was feeling better, doing better, writing more authentic sermons. Then two things happened relevant to my future work in bioethics. Joe Fletcher showed up to give a lecture about medical ethics. The first time I met Joe, he was just as charming as he could be and I said, “Joe, you think there’s a future in this?” And he said, “You bet.”

Fox: Do you know when that was?

Fletcher: That was 1963 or so. I had read *Morals and Medicine* because I had talked with him about it. I was very impressed with the book. Then a letter comes from the dean of the seminary where I had studied inviting me to go to graduate school at their expense if I would come back and take the place of the ethicist at the institution, Dr. Albert Mollegen.
Fox: You didn’t think that was providential?

Fletcher: Sure. At the end of 4 years in Lexington, I felt that I had done enough and I was then 33. We had two sons and I thought, “Well, if you’re going to graduate school, you had better do it now.” So the issue was where. I went up to Yale to see Jim Gustafson because I knew about his reputation in social ethics, and I had begun to read Richard Niebuhr even more than Reinhold Niebuhr because it led me into a more promising kind of theological perspective that was connected with evolution and biology, and cultural evolution and pragmatism and Dewey. Richard Niebuhr was a much broader, more multi-disciplinary thinker than Reinhold was. His book *The Responsible Self* came out in 1963, and I lived with that book for several years.

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Fox: Why didn’t you stay and study with Jim Gustafson?

Fletcher: Because he advised me not to stay there. There were two things he said. “If you’re going to work in an Episcopal seminary, you’d be better off in New York, where you could really be close to the Episcopal church,” which was much stronger in New York. Second, he wanted me to come, but he didn’t think Yale was quite right for me. He was beginning to have misgivings about Yale even at the time, becoming
disillusioned about the Divinity School’s student body and its standards. Then he
moved to Chicago. I think also because I was going to teach in a seminary, he saw that
I would not be his sort of professional theologian or ethicist. I would be a more
seminary-based teacher, and you’ve got to have a much wider set of tasks if you’re
preparing people for the ministry. I was still interested in the job of preparing people
for the ministry because I believed it could be done better. So this is another aspect of
my vocational goals that were developing: to try to improve theological education.
Bonhoeffer founded a seminary in Germany for the confessing church and of course I
had read Cost of Discipleship 20 times and had a vision of what a theological school
could be in the context of the United States. Then I read your (Renée Fox’s)
dissertation when I got to New York.

Fox: You’re kidding!

Fletcher: I decided to go to Union and I needed to make a living. The rector of St. James
church had a dream of having a chaplaincy for the hospitals on the East Side,
beginning with New York Hospital. So he put up $4,000 for me a year and assigned
me to Hugh McCandliss at Epiphany Church, which is right across the street from
New York Hospital. Jack Danforth was also there. Jack was a young graduate of Yale
Law School and the Divinity School and he was learning how to be a corporate
attorney and also was assigned to that congregation. So I plunged into my studies and
I plunged into about three days a week at New York Hospital; I started meeting all the hospital people and I got involved with the renal transplant group right away. I started rummaging around in the library looking for stuff to read and there was no literature. Then I found *Experiment Perilous*.

**Fox:** That’s amazing!

**Fletcher:** I read this and thought, “Gosh, this is really interesting,” and it was perking in my brain. I was searching for my dissertation topic. I got finished at Union in two years, just whisked through, took my comprehensives, couldn’t stand the classes. The doctoral program was just terrible, except for conversations with Roger Shinn. You went to classes with the seminarians and it was kind of like a rehash of my own poor seminary education. But Reinhold Niebuhr was still alive and he had a seminar for those who concentrated in Christian ethics there. It was wonderful to work with him, and we did a lot of work together. Dale became his secretary, so we became very close friends and I shared with him some of my skepticism. He said, “John, I have known skepticism and even cynicism, but as I’ve gotten older, I’ve given in to...” I think he said something like, “My spiritual side. I really wanted to be an Episcopalian, and I think that the liturgy and the worship tradition in the Episcopal church is so rich.” We spent a lot of time together but I was still in deep doubt. What I did to try to assuage that and to sort of give my inner life a chance was to work with a
psychoanalyst from the Jungian school in New York. I really worked at it, which I
needed anyway in order to sort my own life out and recover parts of myself that were
lost in childhood. Parts of everybody’s life is lost in childhood somewhat, and mine
was lost in a special way. I read Jung and wondered, “Is this the way to make sense of
all these concepts of God, Messiahs, heroes?” I was not the only one ever to be
attracted to Jung for a psychological rendering of these phenomenon. But I could see
that there was a Jungian cult in New York and around the world and they were so
selfish and egocentric and self-centered and interested in individual things. They
couldn’t be less interested in the social situation except to advance their gospel of
individuation. Their theory was that you had to get yourself healed in order to be of
use in the world. I tried to avoid getting into arguments with my analyst about all this,
but I thought that it was a big weakness of that perspective. I did get a lot of help
personally and grew a great deal with his help, and I left New York I think a more
integrated person. I knew exactly what I wanted to do. I wanted to go to the seminary
and help them come into the modern world in their training of ministers, and I wanted
to go to the Clinical Center at NIH to do a moral exploration to sort of parallel what
Renée Fox had done in the social setting. You discussed ethical problems in your
book, but yours was an analysis of the social setting of clinical research at the time. I
thought, could I do something comparable in describing the key moral issues in
clinical research? So my dissertation was called “The Study of the Ethics of Clinical
Research.” I was working at the seminary, starting my courses and trying to help
them reform, and I was working at the Clinical Center because the chaplain who trained me in clinical pastoral education at Montero State Hospital in 1954 was then the chaplain at the Center, Leroy Kerney, a Presbyterian minister.

Fox: What led you to suppose that you could go to NIH Clinical Center and there was a place for you?

Fletcher: I had been relatively successful at the New York Hospital. I haven't talked much about that, but even in my minor role as a chaplain I got all kinds of in-roads, particularly in the renal transplant group. They used me as a kind of embryonic ethicist. They didn't have an IRB in those days, they didn't have informed consent, and they knew they were walking on very thin ice in inviting terminally ill people to take part in experimental kidney transplants with baboon and chimpanzee kidneys, for God's sake.

Fox: You thought the Clinical Center at NIH was the...

Fletcher: It was the Mecca. I mean, if you want to go to a social setting to study medical research. And Leroy Kerney was there to help me make contacts with the leadership. So in the last few months that I was in New York, trying to imagine how to put this together, I called Leroy and he told me how to go about it. I had to apply to Dr. Jack
426 Masur, director of the hospital, to be a guest worker and then I could be located in his
427 office. Another important thing in the background was the Chester Southam case, in
428 which a famous NIH funded immunologist was suspended from the practice of
429 medicine in New York for putting live cancer cells into chronically ill patients. The
430 Jewish Hospital chronic disease case, had gelled the year before I came to New York,
431 '63-'64, but all that reportage was there by Eleanor Langer and others that was the
432 beginning of the literature on the lack of social controls for biomedical research.
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434 Fox: In this era you’re talking about, were you having contact with some of the people who
435 were also, in some ways, the early founders of bioethics?
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437 Fletcher: No, not until the later 1960's. Roger Shinn was my supervisor and Roger was
438 beginning to publish about genetic issues. John Bennett was at Union and his
439 specialty was political ethics. Dr. Niebuhr was interested in medical ethics but he
440 admitted that he didn’t know anything about it. He’d spent his life starting unions and
441 the Liberal party in New York, so he’d say, “John, you know a lot more about this
442 than I do.”
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444 Fox: When we met at that bioethics jamboree in Washington at the Kennedy Center, what
445 year was that?
Fletcher: That was ‘70.

Fox: Because by that time, you were connected in all sorts of ways.

Fletcher: You know, I think the skills that I learned as a pastor really helped me. I've always been good at getting people interested in new ventures. It's easy for me to meet people and open doors. Roger was very interested in medical ethics but had no clinical experience at all. No one in the seminary did. So he encouraged me, but actually, Renée, the idea for going to the Clinical Center came from reading your book and saying, “Where can I do this?” So I took a trip down and I met with Leroy and Dr. Masur, who was a marvelous guy, a dentist, who was the first director of the Clinical Center. He had a collection of literature that was much better than anything I had ever seen about the ethics of clinical research, which was not much in those days. This was 1966, the Livingston Committee had been meeting, the Southam case thing had happened. That case, more than anything else, pushed the leadership at NIH and Dr. James Shannon and Luther Terry over the edge. Do you know what the other one was? I talked to Dr. Shannon later about this whole period. He said “John, in July 1964 I picked up the Washington Post and I read where a heart of a chimpanzee had been put into a human being in Jackson, Mississippi with my NIH money, and I had no input at all, there was never any discussion about the science or the ethics of this.” And he said, “I picked up the phone and I called Luther Terry and said, ‘Luther, this
has got to stop."’ And so the NIH Clinical Center had evolved a peer group review mechanism out of its medical board. They let me sit in on the committee, and I could dimly see the right social responses to the problem. I spent two wonderful years there doing a project on informed consent and conducting focus groups on the future of medical research and ethical problems. I did focus groups with invited science officials from the top of each institute, both extramural and intramural, and a few investigators. I did it institute by institute and I think there were eleven meetings for half a day each, tape recorded. I asked them two questions to get them started: What are the most important ethical issues that are posed by the research that your institute is now involved in? And number two: What will be the issues in five years and ten years? Help me look down the pike.

Fox: Did they archive all that material?

Fletcher: I’ve got the tapes.

Fox: They’re of enormous importance, I would think. You’re not just going to keep them... shouldn’t they be deposited at the Library of Medicine?

Fletcher: Probably. Of course that was tremendously rich and I also started thinking, if you’re really interested in science, you need to do some empirical research. You’ve never been trained to do it like Renée Fox. At the same time I started associating with a
couple of sociologists, Parker Palmer and Eldon Jacobson, who had been trained at Yale under Kenneth Underwood. They were interested in helping neighborhood groups do social research on community needs in the change model of the time, and they called it "action research." They started teaching clergy and I got involved with a lot of urban ministers. I was interested, at the same time, in creating internship opportunities for my seminary students in interesting places. I thought well, we can just do some "action research" in the Clinical Center. I'm interested in informed consent. The literature says it's a myth but my hypothesis is that it can be authentic if you work at it. I knew all the resistance was there so I worked out a study and I had to get it approved by the Medical Board. I would attach myself to three investigators for a year and I would immerse myself in their studies and become a participant observer of the studies. Then I would meet with them before they went on their consent assignment with a patient. I would meet the patient before that, find out what the patient knew, work out a little interview schedule with important things to look for in terms of the benefits and risks and the decision to opt out. I think I had about 10 things on the list. I would sit in on the consent discussion and then I would go back a couple days later and talk to the patient, check it out, see what they remembered and didn't remember, and give the doctor feedback and see what he did with it. It was kind of like a third party auditor role; two of the guys thrived and one (a cardiology fellow) was just stuck, arrested. He could never get it. He was in the Heart Institute. The other two guys were in the Neurology Institute. So I wrote this up in my
dissertation, and it precipitated a real crisis at the top. Eugene Braunwald was then the Chief of this cardiologist's lab and unit. This thick-headed clinical associate I was working with was doing a therapeutic study and a non-therapeutic study together and he'd get them all mixed up and he would never tell the patients that their health care didn't depend on their saying yes. He'd forget it every time. I'd say, "Don't you remember? Their doing the drug study doesn't depend on the non-therapeutic study."

You've got to get this right." He never really worked out his routine. So I wrote this up. Any data you collect about patients has got to go through the chain. Dr. Masur called me to his office one day, and he picks up the speaker phone and says, "Gene, this is Jack Masur. John Fletcher is in my office. I got your complaint about the report that John is going to publish in his dissertation." He said, "Hold on just a minute, Gene." He said to me, "He complained that it was going to bring embarrassment to his outfit if you release this information." Then he said, "Gene, I want you to know that John Fletcher's doing science just like you are." And he said, "I'm not going to do anything about your complaint, ok?"

Fox: At this period, you hadn't yet formed the seminary in Washington?

Fletcher: No, that comes a little bit later. The dean gave me a semester off to write my dissertation because I was so busy teaching and involved in struggling with him and with my faculty colleagues at the seminary that he knew I'd never finish it without a deadline. This is a cute story. I holed myself up in the office at home and Page
Fletcher was then about eight years-old. I had been in there about two months working on it and the next door neighbor said, "Page, I haven't seen your father for some time, where is he?" He said, "Well, he's locked up in his office with dead lion!"

[Laughter] I had chapters on transplantation, genetics, behavioral research, and death and dying because these were the topics that flowed out of these focus groups. I had a wonderful time writing. Will Gaylin was on my dissertation committee. He was teaching at Columbia.

Fox: Did you ask Will to be on it?

Fletcher: No, I think Roger invited him to be on it because I think Will was teaching at Columbia and at Union at this time. Will and Dan were beginning to talk about what they could do. Two things began to happen to me: I got my degree in 1969 then I turned almost immediately to the other task in my life, which was trying to improve theological education. I had come up with this dream of a four-year seminary education rather than a three-year, with an internship to begin it in a congregation where you were supervised by lay people and where you had to work your way through that year and get a recommendation from them to go to seminary. I was proposing to the faculty, "We're doing it backwards." This was during the Vietnam war and we were attracting all these draft dodgers and people who were emotionally troubled, losers, they weren't interested in the ministry. The few people who were
really good and promising were not getting the opportunities to learn about
themselves and to test themselves. Only a minority of the faculty were really
interested and the dean couldn’t be less interested. We came to a parting of the ways
which was very dramatic and stressful. The dean told me in confidence, “I’m
leaving. I’m resigning, I’m out of here.” So, that was happening, and I started two
things. I started dreaming about a new seminary and I got involved with the Hastings
Center. Will and Dan got me up there. I went to all the first meetings. I was a
founding fellow, and I started getting involved in the early projects. But the demands
of my commitments to reforming seminary education started taking precedence
because that’s the way I was earning my living. A new dean came to the seminary and
he and I took a walk in the garden and he asked me very literal questions: “Do you
believe in the holy trinity?” “Do you believe in the incarnation of Jesus Christ in the
flesh?” And I said, “I know what you’re getting at.” I said, “Oh, by the way, do you
plan on asking students that when they apply to the seminary?” He said, “Yes I am.”
He was telling me something! We talked for about 10 minutes and I said, “Look,
you’ll have my resignation on your desk tomorrow. I want to think through what I
want, but it will be in the letter.” And so I made some calls to other people and said,
“All our discussions about having a new seminary are coming true. I’m resigning and
we’ve got to raise some money.” Knowing Jack Danforth came in handy, because the
first grant I got was from the Danforth Foundation, $10,000 to have a meeting and
InterMet Seminary got started. That occupied me for seven years.
We closed the seminary in ‘77 having graduated 14 students. We got almost fully accredited but it was really the race issue again, particularly black racism, that did us in, but that’s a whole other story.

Fox: I’m going to take a big leap. I’m wondering how somebody with your history fits into bioethics even though it provided a special vehicle for you. You may be what you define as a skeptic, but you have had a continual, ongoing, angst-ridden relationship to questions of faith. It seems to me there are all sorts of ways in which you don’t fit in the geist of what bioethics was and has become.

Fletcher: I think where I fit in bioethics is in generating data for descriptive ethics rather than being primarily interested in normative questions or theoretical questions. Beginning with my dissertation, I began to get the knack of being a sort of ethicist colleague to social scientists. Then we could work together in studies, generating data for moral reflection. My next study was on parents and amniocentesis. The NIH didn’t do amniocentesis. They didn’t do any obstetrics to speak of. So Cecil Jacobson, who was the first clinical geneticist at GW, let me come to be with him and meet parents. I designed the first study of moral problems of patients in prenatal diagnosis. I met them early in their pregnancy when he started doing counseling. I visited them in their homes before birth or before the abortion. I visited them after birth and then six months later. I published that study in a Catholic theological journal, The Theological
Review. It’s also been published in other places. It’s in that volume reporting the
conference the Hastings Center had with the NIH on ethical issues in genetics, edited
by Bruce Hilton.

Fox: In that regard, for example, there is what Judith and I think of as ethnographic
enthusiasm in the field of bioethics, with people who don’t necessarily know how to
go about doing the kind of collection of data that provide good descriptive materials
from which you can reflect ethically as....

Swazey: But that’s a fairly new phenomenon and John is talking about...

Fletcher: I was embarrassed by the lack of data in the discipline. I was always critical of the
Hastings Center and their methodology in their projects, of relying mainly on the
literature and the opinions of experts in the field rather than collecting data. They had
the “answers”, which also offended me.

Fox: How did you escape the grip of analytic philosophy?

Fletcher: I read a lot of philosophy looking for conversation partners, finding them somewhat in
process philosophy, Hartshorne, Whitehead and others, but this was too esoteric for
me, I finally ended up with James and Dewey as the best partners and this is where I
am today. I think I see myself in bioethics primarily fitting in two places, meeting two needs. One is for descriptive data. This led to my collaboration with Dorothy Wertz. Jim Sorenson introduced me to her.

Fox: Was that incidentally also galvanized to some extent by some kind of sentiments you have about not working exclusive with American materials?

Fletcher: Yes.

Fox: Where does that come in?

Fletcher: American bioethics is so provincial and they never study anything outside the United States.

Fox: You said bioethicists never studied anything but American materials?

Fletcher: I was describing how I got back to the NIH. I had been a consultant for the Cancer Institute’s first IRB and then an outside member of the IRB beginning in 1975. When the seminary closed, I started talking with Chaplain Kerney again and also with Mortimer Lipsett, who was then the director of the Clinical Center, about whether they needed a bioethicist. He asked me two questions...
Fox: Did you call yourself a bioethicist at that point?

Fletcher: Yes, and my first title was Assistant for Bioethics. That was the term of art. He said, "What do you think of Paul Ramsey?" I said, "I know Paul Ramsey, but I don't agree with Paul Ramsey on much of anything." He said, "what do you think of Ramsey’s position on research with children?" I said, "I don’t agree with his position on research with children. It’s based on moral absolutes and I’m skeptical of an outlook of moral absolutes. There’ve got to be exceptions to the rule on consent and research with children is one of them." And then he said, "Do you want to be with the chaplains?" I said, "No sir, I know enough about the Clinical Center to know I need to work for you." I said, "I want to be your Assistant for Bioethics." And that was my title. The first day I was on the job, I had a little office space as big as this table, this very tall, imposing scientist comes to my open door, peers in, and said, “Where in the hell is the prayer rug?” So I said, “You want to come in and talk about it?” He just sneered and walked away. Well, within a year, his chestnuts were in the fire and he needed my help. He talked about this episode years later at a meeting at John’s Hopkins and, to his credit, acknowledged my help.

Fox: Go back a minute to the Hastings Center. When you said they felt they had the right answers, what do you mean by that?
Fletcher: I went to all those early meetings and I was committed to a different method of inquiry. Instead of talking to people who think about problems all the time, I wanted to talk with people who have them, and I wanted the Hastings Center to do some real research. When they started their genetics project, which I co-led with Tammy Powledge-- I was in the genetic screening project-- I actually beat Dan and Bob Murray over the head to permit us to do a little study of consent practices about screening in 6 different centers. They gave me some money to do that. Dick Erbe and I did this down and dirty little study and we found they weren’t getting consent for genetic screening anywhere. My point at Hastings was you've got to get some parents here. You haven’t begun to plumb the depths of the issues until you listen to parents. That’s where you learn about moral problems, because I had come away from my study with that commitment. All they did was let me invite one couple from my study to come to the next meeting. They gave up their weekend, got a babysitter and everything, to come to the meeting. But they really didn’t have a role. It was such a token thing. I began to get over against Dan about this, and Dan and I came to a parting of the ways later on in the 80's. I began to give Dan feedback about the elitism of the Center and about his own leadership.

Fox: Elitism of the Center in what sense?

Fletcher: The people that they consulted as their primary methods of inquiry was really a kind
of big Delphi thing, rather than a Center sponsoring research in the arenas of interest.

END OF TAPE 1, SIDE 2

Fox: The whole ethnographic movement interests me because in its own ways, it's saying this thing that you've been doing for years, but the fact of the matter is you have to know how to do it if you're going to make up your mind to go out to collect data. Just also for future reference, are there any people functioning in the field you feel you have a greater affinity with in terms of the way they're proceeding?

Fletcher: I'll come to that because I think I know who the most productive and gifted people are. In the middle of the 80's, I was really getting on top of my job at the NIH, which wasn't easy. The hardest job I ever had was opening up the Clinical Center. The person who saved me was a psychiatrist named Maxwell Boverman, another colleague in the behavioral sciences, who I persuaded my boss to hire as a consultant. I had met Max because I set up a system to interview prospective students for the seminary by a psychiatrist. You had to have a psychiatric interview before we would consider your admission because so many seminarians had emotional problems. So he helped me set up this interview system with a Jewish psychiatrist, a black psychiatrist, a woman, Max and others; we had a team. I found him fascinating and he was just fearless, too. He had worked at the NIH in the past and he worked a lot with me
during the seminary days and got to know me very well. My first year at the NIH, I was in a fight with everybody because they were breaking their own rules. They had rules for everybody else and they had rules for themselves, but they had not very much respect for patients because they did whatever they could to get their research done. I'm speaking in generalities. So I started sticking my neck out and got into a couple of struggles and I went to Dr. Lipsett and I said, “You’ve got to learn how to help me.” I said, “You know what’s going on here. There are really a lot of risks being taken and a lot of flagrant violations. They’re changing their protocols in the middle without going back to the IRB.” That was the most flagrant practice. “They’re intimidating study nurses who want to speak up about these changes. The informed consent process is very weak.” He heard me, but not really. So I got to the point where I knew I was going to fail because all the big guys were seeing me as an obstacle. And I was an obstacle, looking back on it. So I went to him and said, “You know, it’s not working out. Let’s try to get some help. Let’s get a consultant in who can work with us and take a look at what I’m doing. I’d be glad to do anything if you will.” So we got Dr. Boveman in. He was so smart about what to do. He took me for a sit down meeting with every clinical director and he said, “Just be quiet John, just listen.” So he says, “What do you think Dr. Fletcher’s role is?” They said, “Moral policeman. An obstacle to research. A spy for the director. He might do some teaching and somewhere along the line he might be a consultant.” Every one of them said the same thing. I was so humiliated but it was helpful. We took it back to Dr. Lipsett and
Max said, “Ok, it’s as clear as the nose on your face. John, you’re trying to do Mort’s job. He’s the boss. He’s the enforcer. You have to be a bridge to authority. You cannot be the authority. You’re not even a doctor. You’re an outsider. You represent the wider world.” So Mort got the message. The next thing that happened was sort of like the Eugene Braunwald thing, it had to do with children. I got a message from a psychologist that a pediatric researcher was going to do a biopsy on the brain of a child who was going blind, who was 10 years old, and he wasn’t going to tell her why because he didn’t want to destroy her hope. The psychologist said, “Isn’t this an ethical problem?” So I went up there and I sat down with the very famous researcher. He said, “John, I know what you’re saying but I’m not going to destroy this child’s life by telling her that she’s going to go blind and die. That’s what would be involved in a real informed assent.” And I said, “Are you going to tell her anything about her diagnosis and prognosis?” He said, “No.” By then the National Commission had met about children’s rights. I said, “This is not the best thinking about respect for children. I just can’t agree.” He said, “I don’t care what you think. I practice medicine and research the way I see it.” I said, “Well, I will report this to Dr. Lipsett.” I did. Dr. Lipsett then called this guy on the phone and he said, “I am ordering you to call a meeting with the child’s parents and the meeting will take place in two stages. You will meet with the parents and tell them what you’re going to do and then you will go to the child’s bedside and tell her. Dr. Fletcher’s not going to be there, but I am.”
Swazey: Did that do anything, though, to change the perception of you as a moral policeman?

Fletcher: It took another five years. It got my boss and me on a working relationship because he was just tolerating me. He wasn’t really confiding in me. Then the next thing was the death of that research subject in the sleep study. And he really involved me in that whole process. That’s when I began to see that I could be a colleague of his and do the job and I started learning. With Dr. Boverman’s help, I changed my whole style and created a program of services. This gets me into the second way that I think I fit into bioethics. The first is as a colleague to social scientists and others doing empirical research. The second is trying to develop the service aspects of bioethics. Any field has three dimensions: teaching, research and service. What are the services of bioethics? For the last 15 years, that’s what I’ve been working on more than anything else, clinical ethics.

I don’t even use the term bioethics much anymore. Another kind of sign of this is that we founded a network in Virginia, a bioethics network. The original name of it was the Virginia Bioethics Network. Last year we changed the name to the Virginia Health Care Ethics Network, which was much more expressive of all this. Dr. Boverman and I experimented with an ethics consultation service at the Clinical Center the last three years that I was there. I went on a sabbatical in Norway in ’84 which is where I got the idea for the first international study that Dorothy and I did. Max came to visit me and we traveled around Europe to other genetics centers raising
hell. I was the first ethicist that most of these geneticists had ever seen. Al Jonsen and I put on the first conference on ethics consultation in 1985 when I got back. We had it in Bethesda.

Fox: I can’t see you and Al Jonsen as collaborators.

Fletcher: Al was interested in ethics consultation. He had published a few things about it and he had done some consultation at UCSF when he was getting started and he knew that this was important. After his work on this conference, he did put his name on the book that came out from the conference, but he never did anything more about ethics consultation, which is all right. He got interested in other things, but I stayed with it. We invited 53 people whose CEOs wrote me a letter saying that they did ethics consultation, I didn’t just take their word for it. They had to be clinically based and they had to have a job description that said they did ethics consultation and their CEO had to write a letter. I had to get some proof for the NIH officials that these folks were for real. But only 53 people of a couple hundred that we canvassed could do it. I didn’t find out until later that Mark Siegler and Dr. Pellegrino had a secret meeting with other physicians who were at the conference. They invited them out of the meeting to come to Georgetown to talk. What they were committed to was a position that only physicians were qualified to be ethics consultants. And Mark began at that very conference to try to undermine a more multi-disciplinary approach to it. He
founded his center in Chicago on the principle that only physicians could be ethics
consultants. So here I was involved in another new and very interesting controversy
about who could be a consultant. Do you remember, Renée, that the next year we
founded the Society for Bioethics Consultation? I was the first President. And we
invited you to come to our third national conference in St. Louis to be a rapporteur
and to tell us what your observations were.

Fox: Yes, I fed back.

Fletcher: About the same time, I had been in political controversy with the Reagan and Bush
administrations about a number of things, mainly about my academic freedom. And
then the fetal tissue transplant research struggle came on. I was involved in creating
the protocol for the experiment and I wrote the consent document for the
neurosurgeons and we got it through all the proper channels. Then the protocol came
to Dr. Wyngaarden and he wavered. He had the authority to approve, it was just a
one-time experiment for a patient with Parkinson’s, and he sent it downtown. I knew
then that I should probably leave the NIH because of the impact of the pro-life
movement on the freedom of scientists at the NIH. I could read the handwriting on the
wall.

Fox: One of the interesting things about bioethics as a field is that it’s many things, but it’s
not like an ordinary intellectual discipline that’s just inside the academy. It’s in the
domain, it’s in the polity, and it’s in the media and so forth. How do you think
bioethics as an entity has handled this relationship with the political pressures upon
it?

Fletcher: Well, it’s a really hot question right now. One of my Ph.D. trainees at UVA is in a
desperate struggle to the death with the president and trustees of the Medical
University of South Carolina and I’m helping organize her lawsuit. They want her out
for testifying for the plaintiffs in a federal trial about the civil rights of pregnant
women who abuse drugs. He punished her for disloyalty to the Medical University by
denying her promotion to associate professor even though she had all her academic
ducks in a row. So, my own impression is that most people in bioethics, particularly in
academia and also in clinical ethics, are extremely vulnerable and tend to be
politically weak when it comes to confronting the power structures of their institution.
I want to tie that in to the issue of the integrity of clinical ethics and of ethics
programs in health care organizations. When I came down here to UVA, they’d had a
long distinguished history in medical ethics. Jim Childress, who’s been here since
1967, has done a wonderful job, and if we were going to pick ten people in the field,
Jim is clearly in there. He is one of the most gifted and productive and influential
people in the field. Jim had been here working very hard on bioethical issues in an
amazing way and accomplished a great deal. Joe Fletcher had been here as a professor
in the medical school, but mainly using it as a platform and not really starting a
program. They had no ethics courses with the medical students, really no program
other than a program that has become the program in medicine and humanities.
Thomas Hunter, who was dean of the medical school, and Joe Fletcher started the
program in human biology with a weekly medical center hour as it’s main expression,
and that tradition is still living. That program has evolved into the program that
Marsha Childress and Julia Connelly run now; the present program in medicine and
humanities is a very good program. Tom Hunter helped the early Society for Health
and Human Values and their whole set of concerns to bring humanistic education to
medical schools.

Fox: Looking at Jim’s CV, one of the things that is striking about it is that more than
anybody else’s CV, he seems to have kept alive his relationship to religion at the same
time he’s obviously moved forward to being one of the major shapers of the
philosophical conceptual framework within which bioethics precedes.
Fletcher: He’s been a real contributor to religious studies. He sincerely belongs to that
discipline. Everybody comes to bioethics from a traditional discipline, and in a
general way I came from Christian ethics. That was my original discipline. Jim came
to it from religious studies and from religious ethics in particular.

Fox: Most people don’t seem to be able to manage to do bioethics and keep whatever link
they have to their religious... that's something that intrigues me.

Fletcher: Very good point. My last effort to do that was in the book I wrote in 1980 called Coping With Genetic Disorders. The last three chapters are on the theodicy problem. That's the last serious work that I did in grappling with theological issues. The first course I founded, other than the course for the medical students, was a course in ethics, theology and genetics and I taught a course every fall on ethics and genetics.

Fox: I still wouldn't describe you, nevertheless, even in terms of your personal vibrations, and the way you approach these questions, as somebody who is secularized as an ethical thinker, as many of the preeminent people in the field are. Is that fair?

Fletcher: That's partly correct with regard to my approach from the 1960's to the late 1980's. I let religion stay in the background as an indirect influence. The first thing I ever wrote was an article for the Duke journal, Law and Contemporary Problems, on ethics and the consent situation. I took it so proudly to the dean at seminary. He and the chairman of the board of trustees read it and they got back to me, "There's nothing about Jesus Christ." And I said, "Well, I didn't have anything to say in this article about Jesus Christ." To be forthright with you, I never felt that I had a working perspective in Christian Ethics that I could bring directly to bear on the problems that I was interested in. I took comfort in the teaching of Jim Gustafson that theology is
indirectly related to these problems, not directly, and if you’re interested in the
empirical side of things, as I was, and not the foundational, world view, the big
perspective part of it, Christian ethics is going to produce some data but it’s not going
to be terribly informative about exploring the problems that need resolution.

Let me go back and be specific about my religious commitment. I work a little
better in biographical order. When I came to UVA, I was still an Episcopal priest and
I maintained my formal commitments all through the NIH years. I was an assistant at a
church on Capitol Hill all during that period and tried to keep my hand in and so
forth. When I came to UVA, I began for the first time to feel truly inauthentic in some
respects. I felt intellectually dishonest. I realized in my first seminar that I could not
really defend the positions I had taken in *Coping with Genetic Disorders*, I could go
only so far with my theological interpretations there and some really bright students,
including Mark Hanson, who is now at the Hastings Center, smoked me out and really
did me a favor. As I was working on the last chapter of Dorothy’s and my book *Ethics
and Human Genetics: A Cross Cultural Perspective* and Mark was reading my work
and I was reading his; he was working on his dissertation. We had a really good
relationship. He is very smart. Then I was getting invitations to officiate at funerals
and weddings and I did one wedding and I did it my old way and I had a great time
with the couple and with the counseling, but I just felt so uncomfortable at the
wedding, reading the sacred words, standing up there professing beliefs that I had no
conviction about. I went home and I talked with Dale and I said, “I think the time has
come for me to withdraw.” It’s called demission. That’s the official name of the process. Bishop Marmion had retired and a new bishop and I worked it out.

Fox: Did the work all these years in this field of interactive involvement in so-called bioethical work...

Fletcher: I’ll tell you. I had been reading Darwin in depth for years and reading the philosophical literature, Michael Rouse’s work and other reflections on the moral implications of Darwinism, and I felt an intellectual need to reorient my world view. I realized sort of at the fundamental level that, although I knew a lot about science, I had really never engaged it at the metaphysical level, and started trying to do that.

END OF TAPE 2, SIDE 1

Fletcher: I’ve literally been trying to tell the story about the way things came to be and who we are and where we’re going.

Fox: But those are religious questions.

Fletcher: Those are religious questions. I’m not a positive atheist in the sense that I think that religion is an abomination, it’s just that I cannot frame any answers to the great
questions from a theistic perspective. Let me say this, the bishop in southwest Virginia permitted me to demit.

Fox: What does demit mean?

Fletcher: Demitting is the process you go through to get out of holy orders without moral blame. You can demit voluntarily without fault. They otherwise, kick you out for being a heretic or morally profligate; that wasn’t what was wrong. Demission is a self-initiated process. So I quietly withdrew and tried to be a Quaker for two years because I was impressed with Jim Childress adaptation of that perspective. I thought to myself, intellectually, if I can be reconciled to religious things anywhere, it should be with the Friends. So I really worked hard at it. That’s why I brought up Parker Palmer’s name. He is at Carlton College, sociologist. I mentioned Parker in connection with action research. I got back in touch with him because he is a very committed member of the Friends. I studied with the Quakers, went to meetings, not only on Sunday but during the week, and I learned about their way of life. If I were going to be religious, I would be with them. But especially in the meetings, I began to feel like I was posing. You are supposed to be in communion, but there was nothing at the other end. I was searching, but I had no convictions. Both Dale and I felt this together, so we withdrew and just pursue our own ways. So I call myself a friend of religion, not an enemy, but I can’t be a follower. I’m actually very embarrassed by the
Episcopal church. It's involved in all the wrong controversies.

Fox: Do you think a substantial number of the key players in bioethics have had to wrestle with their own metaphysical questions the way you have?

Fletcher: When I was struggling with this, I went to see Joe Fletcher, who was an Episcopal priest and never resigned. and I said, “Joe, I don’t believe what you’re supposed to believe to have the name of a priest.” He looked baffled. He didn’t care. It didn’t mean that much to him. I said, “Joe, you should have resigned a long time ago.” I said, “I’m going to resign.” And he said, “John, I’d really think that through. You started this Center.” He said, “Do you think it’s going hurt you financially?” He was dealing with this situation very pragmatically. He wanted me to think it through and be willing to consider the costs. Believe me, it has made no difference in terms of fund-raising.

Fox: It’s very striking to us how many persons in bioethics of some note have been priests or ministers. One of the things that is buried in bioethics is this dimension, and you really can’t write a history of bioethics without tackling it.

Fletcher: It has to be a part of it. Another way to put it is that bioethics attracts people who are, like I was, in need of issues that connect up with the roots of these concerns. So I resigned and I threw myself, for the next nine years, into building the Center and
trying to model it as a university center of bioethics that could be service oriented.

We started a big outreach program. I recruited a physician from the field of pediatrics from a small community in West Virginia to help me. We created, I think, a very remarkable outreach program. We’ve served more than 300 hospitals to help them strengthen their ethics programs. We created a multi-level set of education and training for people involved in bedside or boardroom ethics, or clinical or organizational ethics, beginning with a six-day intensive program which we ran twice a year. My proudest achievement, I think ever in my life, although I founded a seminary, was that we took the first UVA graduate program, a M.A. program in the arts and sciences, off-campus. We founded a masters program in clinical ethics at UVA in 1990 and had 38 students graduate from it. But beginning in the mid-90’s, doctors and nurses couldn’t come here anymore for a year, because of the pressures of managed care and the changes in the economic environment. So we said, “We’ll go to you.” Dr. Ed Spencer and I designed this program that we have in northern Virginia where we have nine students. Each student is sponsored by their own hospital, the hospital pays at least half the cost, and we have classes on Wednesday evening, two classes a semester, 5:30-9:30, and the model is very much like the InterMet seminary model. They have a committee back in their hospital that helps us supervise them. They have projects that they do that are related to the classes and they have a work plan every year to strengthen their ethics program. Each one is becoming more skilled, and we help them negotiate with their CEO for more compensated time, to
lead their program. This part of my interest is in the outreach of bioethics, health care
ethics, to health care organizations. Every hospital and nursing home has to have
some process for patient care ethics and for organization ethics if they’re accredited
by the Joint Commission. The question is where do these people turn for education
and training.

Fox: How are you handling the social system aspects of organizations, because people talk
about organizational ethics but they don’t know...

Fletcher: We’ve been working hard at it for about three years, beginning here at our own place.
We learned a lot here on how to enter the system at that level. You can’t do it without
the help of the CEO. You’ve got to convince him or her that organization ethics really
means having a comprehensive program that embodies clinical ethics and business
ethics, and the corporate compliance program has got to be integrated under the same
tent. We tell our students not to call themselves ethicists but to be the doctor or the
nurse that they are and to use the term “resource person in ethics” or “facilitator in
ethics” or coordinator of a program. We’re very wary about the whole ethics expertise
issue. I have changed my whole approach to ethics consultation from a time when I
was very directive, which most people who do it are, to a very process-oriented
model.
Fox: Are you talking about things like implications of seeing as many patients as you possibly can in as short a time as possible?

Fletcher: Yes, incentives, withholds, deselection. The impact on the integrity of medicine of managed care. We’re heavily involved in that.

Fox: Is anybody else?

Fletcher: Steve Miles is very much involved. I think intellectually, Haavi Morreim is very knowledgeable. She’s been working on this whole set of issues. Her libertarianism kind of carries her away and she’s an Engelhardtian, along those lines. But in terms of analysis of what’s happened, ethically considered, in terms of the revolution in the marketplace, she’s really got a handle on it. There is a need for people in bioethics to collaborate with thinkers in business ethics. There is a lot of confused thinking at this stuff.

Swazey: I’m glad to hear what you said about organizational ethics because the sense I’ve had from other interviews is that a number of people are worried about it; there now is all this rhetoric in a lot of places that clinical bioethicists must sort of leap from the bedside into organizational ethics, with little or no sense that they need any competence to do so.

Fletcher: Just like in clinical ethics we had to learn by experimenting. Where we are now is
experimenting in a number of hospitals. You have to have an infrastructure to work
through to deliver education and training. What I’ve worked the hardest on is creating
this infrastructure by creating a partnership between UVA and the state network. We
have a dues paying, institutionally-based network which is very different from most--
hospitals and nursing homes belong to it and pay dues to it every year and they are
supposed to get services every year. The other partners are the health care
organizations who want their people to get training because they want to raise the
standards for what passes for ethics work in organizations. Of course the last partners
are the students, the people who come into training. I’m getting ready to write a report
about the last two years. I’m depressed about it right now because there is not
anybody coming along to take my place and our outreach program has not received
the support from the university that it should.

Swazey: Is that because you took it off-campus?

Fletcher: Well, the dean claims credit for it. He loves the idea but he never gave us any money.
I always had to raise the money myself for it. But I have a plan. I’m going to retire
completely. I’ve been partially retired since September 1997 when Jonathan Moreno
came to be director. Jonathan is wonderfully skilled at getting fellowships and
research projects. I’ve been involved in research but not the traditional kind of
bioethics research.
Swazey: Where did Jonathan come from?

Fletcher: Jonathan came from SUNY in Brooklyn. He’s a philosopher who trained at Michigan. His father was the psychiatrist J.L. Moreno, the founder of psychodrama. He comes from a wonderful heritage.

Swazey: Going back to your health care ethics consulting, where are you now on the issue of certification?

Fletcher: I was a member of the Task Force on Standards for Bioethics Consultation with Charles Bosk, and I agreed with the outcome of that deliberation. Both the idea of certification and of accreditation of training programs involves sort of impossible tasks of bureaucracy, funding and organization that the bioethics community is simply not capable of doing. Certification would undermine the premise that ethically informed clinicians and administrators are the main resources in the daily moral life of health care institutions.

Swazey: And substantive issues?

Fletcher: And substantive issues, yes. So we pretty much all came to the same conclusion after thinking it through. There should be a voluntary approach to accepting the core
competencies. What I train my students to do in the institutions that I work with is to use that document and also other sources; the Virginia Health Care Ethics Network has a set of standards that existed before these. You meet with the CEO, with the chief of the medical staff, chief of nursing and your administrative team and you say, “Ok, we want to get a process by which people are appointed to do this work,” but there are different services that we have to offer. We offer education, policy work, consultation, and we can do some research. We want to diversify. We don’t want everybody to do consultation, but we want to send certain people into training to do this. So you need to have a process to clinically appoint people who do ethics consultation, if you want to have it on the same status as pastoral care, social work, and any other consultation service in the hospital. And you have to have a protocol that everybody can agree on, what the ground rules are for a consultation, about who can call one, about notification, about documentation, all those issues. The locus of authority for deciding whether or not they’re going to sign off is in the institution.

Fox: What about that criterion of good moral character?

Fletcher: That was the most difficult one of all to negotiate on the task force, interestingly. The other one was whether we should have a section on consultation process. We discussed the issues of integrity and the consultants who are doing this work and their susceptibility to pressure to shut them up. What we’ve learned over the years about protecting your ethics program from punishment or retribution is to have certain
built-in protections. First, have good community members on your ethics committee, and to have more than one, have people who really are unafraid and who know that among the reasons you’re asking them to be on the committee is to be a guardian of your integrity. Number two, have an open policy about who can call a consultation and have a policy statement that says intimidation of those who call consults is wrong and will be punished. Three, have the freedom to initiate policy studies and don’t wait to be told to initiate policy studies. In other words, if you see a need like the deterioration of traditional medical ethics because of the deals that are being promoted by your organization, in the context of managed care, you want to start collecting data about these things and you should not wait to be told. You cannot be ordered not to do it. Don’t forget, the CEO and the board need to agree that the ethics program ought to have the equivalent of academic freedom. Your program represents the community to the institution if it’s going to be an ethics program. The fourth safeguard is to be involved in organization ethics, which means that you’re going to be expected to be part of discussions at the top level about business plans, contracts, merger talks, consolidations, mission statements, and that the chair of the ethics committee needs to be thought of as a person to include in this. If you find that you’re being excluded, this is a bad sign. A good organizational ethics plan will begin with support from the top.

Swazey: I’ve seen ethics statements for health care organizations that look wonderful on paper; even Allegheny’s looks superb, until you realize it’s only on paper.
But John has applied a sociological analysis of where the emphasis should be positioned in the social system, and not just a general statement about how it should not be an opaque situation.

I don’t want this to get away: early on, when you were talking about your parents, you said something wonderful had just happened.

About three months ago, we learned that a very wealthy woman in Augusta, Georgia, who had been supporting my dad’s work for thirty years, left a million dollars in her estate to be shared equally between the two congregations in Alabama that my father founded, in memory of my mother and father.

That’s wonderful

It’s such a great story. Her name is Mary Brigham, and her mother Susie had four children just like my mother did and her husband left her the day after her fourth child was born, just walked away. She vowed she would not let it get her down and she became a very vital, thriving person. She got involved in real estate and all that stuff, started making money, and her fourth child was this girl, Mary. Susie met my father in 1932 in Augusta where he was holding services for the deaf and she got interested and started sending a check every month. Then when my mother ended up having four children, she wanted to meet my mother. She was really impressed with what Estelle
was able to do with Dad being away so often. So they got to be good friends. Susie

inspired Mary and at her death Mary took over her business interests. She was

unhappily married for six weeks to a man she said she met on a cruise who was a

communist and gay. [Laughter] The marriage was annulled and she vowed never to

do that again so she poured herself into her mother’s legacy and became a very

substantial citizen. She set up a little fund, she was playing around with some stocks

and bonds, and to make a long story short, the stock market took that nest egg to a

million dollars. When she died, her executor called me up and said, “I have some

good news for you.” So we went down to Birmingham on March 7, Louise, Bobby

and I got together with all the people who my father had shepherded all those years;

many of them are still alive. They built a new church and the people from Mobile’s

congregation came up and the Georgia delegation came over and we spent all day

Sunday just having a great time. I got back into signing again. It was a great day.

Fox: How are they going to use the money?

Fletcher: The church in Birmingham is going to use their $500,000 for an endowment and draw

on the principle year to year for their budget. The one in Mobile lost their church so

they’re probably going to use it to buy a building. They’ve been meeting in a school.

It was such a fitting thing.

Fox: There is so much of your story that could make a novel, it’s incredible.
Swazey: John, can we go back? You said you'd also come back to you and the Hastings Center in the 80's.

Fletcher: I will not personalize it but it was a real conflict. I was on their board and I was very critical of their clique-ishness. They wanted me to raise money; I'm a pretty good fund raiser. The way to do that is to recruit substantial people to your board and give them a role and I had three people in the Washington area who had been very generous to InterMet. I talked with each of them about being nominated to the board, and one of them said he would make a substantial pledge, if he were elected, of $50,000 just for a beginning. This donor was a self-made man who had a very successful construction company, made gazillions of dollars. One of the other two is a tax attorney, and the other was Dr. Boverman who had gotten very interested in bioethics and the interface between psychiatry and bioethics. And I told Dan that if they were elected, I would do everything I could to help the Center get over its financial problems. They had a capital funds campaign in mind and they wanted to set up an endowment and they were always on the edge of being in serious financial trouble. I went to the annual meeting where the nomination and election process occurs and he did not inform me that he had decided himself to remove their names from the slate of nominees. He came out in the fellows meeting and announced who the board would be and none of
my candidates were on there. I was astounded and I talked with him and he said,

"We've been talking about the criteria for board members and we would like them to have backgrounds that convinces us they would be interested in bioethics, not just in helping it succeed financially, but take an interest in the issues." So he was talking about the lack of education in one candidate and the lack of a track record; with the exception of Dr. Boveman, the other did not have a big track record but had been very generous and would have been very generous if he'd been on the board. Well, this really got to me. I left the meeting and I got on the plane and came home. I just didn't want to take part. The more I thought about it, the more I decided that I had not been very honest and had left some important feelings back there, so I called a member of the board, Harold Green, and I got Harold to arrange a meeting between me and Dan and Will in his office. I unburdened myself in front of Harold and them. It was clear they were not interested in what I was interested in. Will excoriated me for taking it upon myself to speak to him in a way he said only his father had ever spoken to him. But I got it off my chest and that was it. I never went to another meeting. I never took part in any more projects, and it's a good thing because I was able to translate that energy into working on projects of my own that I think suit me much better.

Fox: Do you see any of the Centers doing anything more compatible with, if not your way, at least a way that you...
Fletcher: No.

Fox: Not Georgetown?

Fletcher: Georgetown is a traditional establishment of scholars. The scholars do whatever they want to do. They have no outreach program. If you pay to attend their annual intensive conference, they'll give you a pretty good academic introduction to the state of bioethics but it's not going to help you back home except in the background.

Fox: What about what Arthur Caplan is fashioning at Penn?

Fletcher: Well, I think Art at least has got the outlines of a very functional and flexible center. I think they have a masters program but I don't know how far it extends into the clinical setting.

Fox: Not too much. What he's basically doing is working on the educational process from the inside and also of course his role as public intellectual in a different sense. Some people translate that into Art likes to see himself in the media, but I think he has fairly serious convictions about the importance of making these issues understood by the public.
Fletcher: I think one thing that’s happened is that the momentum in bioethics has shifted from the traditional centers to university-based centers and free-standing centers like the Midwest Bioethics Network, that are set up to move out, set up to be more flexible and to have an extension model of education that works better. There are limits to what you can do through a university and I think I’ve found them. I think I’ve pushed UVA as far as it will go.

Fox: That’s been one of the issues also. Even with Hastings, there was that whole business of deciding if you were or were not going to become affiliated with a university. They made the decision not to.

Fletcher: I wish Tom Murray well. I’ve always been very interested as to whether the Hastings Center could thrive under new leadership.

Swazey: That’s a tough job for Tom... Dan hasn’t moved, thus far.

Fletcher: I think once you retire, you should leave. This is my last semester of teaching. I’m teaching a group of undergraduates and I teach the two courses up in northern Virginia every Wednesday.

Fox: It’s an interesting flip because as long as you are able to communicate and have
something that students feel is worth while receiving, they don’t really care how old
you are. But your colleagues do.

Fletcher: Looking back on the whole history of bioethics, I believe that the field has been most
successful in education. You can look at what’s happened all the way down to the
undergraduate level, and even some high schools have some courses in bioethics.

Here at UVA, John Arras has a wonderful undergraduate program. I’m teaching a
group of nine undergraduates who are interns in bioethics in the hospital. And when I
think about how hard it was for me to break into the clinical setting, here are these
students who have mentors who are clinicians. That’s great.

Swazey: John, what is this animal you’ve been involved in for a long time? What is bioethics?

How do you characterize it?

Fletcher: I think it’s two things. I think, although Al Jonsen poo-pooed this and called it
rhetoric, that it’s a movement that began in the 60’s to open closed systems to larger
values of the larger system and to democratize them, particularly with respect to the
process of addressing ethical problems. The moral traditions of those institutions were
so thin that they didn’t have the resources in and of themselves to help address and
understand and resolve the problems they were dealing with. They needed help from
philosophy and religion and law and social science to be able to understand them and
to move on. It was kind of a groundswell beginning in the research area, but the bubble through the clinical arena is now finally getting to some of the basic economic realities of the way health care is delivered and reimbursed in the United States. So it’s a movement. The second thing overlaps with the first; it is that people who do bioethics claim to be an interdisciplinary field but this is a difficult claim to carry out beyond the walls of one institution. Al calls it a demi-discipline in his book but some might say that bioethics is a claimant to be an interdisciplinary field. There’s now an American Association of Bioethics and Humanities and the interdisciplinary claim is made there. But I think that’s much harder to see the reality an interdisciplinary field of than the reality that bioethics has been a social movement. There is a lot of graduate education, training and fellowships going on, but there’s not much coherence about what the problems are that the field is really concerned with, what the standards of inquiry are for exploring them or, what counts for acceptable research. There is so much diversity from center to center and from university to university, and it’s not only diversity, but a lack of energy to explore the possibility of coherence and consensus about the foundations of an interdisciplinary field.

Fox: We have “multi-disciplinary” in quotation marks because it is not truly interdisciplinary for us either. One of the interesting things to talk to Jim Childress about is the role that this kind of reductionistic analytic philosophical principles has played in whatever it is... a poor man’s substitute for some kind of overarching
conceptual framework that could in fact link different people in different fields who
are working in this arena. It's a strange beast.

Fletcher: I feel more a part of a movement now than I feel part of a new interdisciplinary field. I
have designed a masters program in clinical ethics. I have been part of a process to
reshape that program into a masters in bioethics which Jonathan Moreno now runs.
And so I've thought through the conceptual background of a curriculum in bioethics
at the masters level. I think the greatest problem with our PhD program is that the
biomedical ethics studies are not evenly balanced with the religious studies aspects of
the program. I think most PhD programs are still in the traditional disciplines, and that
is good, but more work needs to be done in bioethics.

The way we set the MA up here, I think, is ideal, and this goes back to my first
meeting with the dean of the college and Jim Childress and the dean of the med
school. We agreed that the college would pay one-half my salary and the medical
school would pay the other half and that all my classes would be open to students
from the college. The degree that we started in clinical ethics is a dual degree given by
the school of medicine and the graduate school of arts and science. That symbolizes
the scientific and clinical part and the humanities and ethics part. In the new masters
program in bioethics, that dual degree concept is still there. I think that's about as
good as you can get.
Fox: I think so. I think it has the virtue of the fact that a lot of this material we’re talking about is better taught to students when they’re still undergraduates, when they can receive it better and be more contemplative about it. With regard to people who are going to be physicians, for example, what you should teach them in medical school and what you should teach them before they go to medical school has never been tackled properly.

Swazey: Is your masters program one or two years?

Fletcher: The masters in clinical ethics was ideally a two year program. You could do it in one but nobody ever did it. The bioethics M.A. program is more a kind of classical masters program that you can do in one year. Our clinical ethics program has so many other requirements including an empirical research project that nobody could ever finish it in one year.

Swazey: Who are the students in the clinical ethics program?

Fletcher: Doctors and nurses. I’m sorry, but I’ve got to go now.

END OF INTERVIEW