May 18, 1999. Interview with Ruth Macklin, Ph.D., Professor of Bioethics and Head, Division of Philosophy and History of Medicine, Department of Epidemiology and Social Medicine, Albert Einstein College of Medicine, Bronx, NY. The interview is being conducted by Drs. Renée C. Fox and Carla Messikomer at Dr. Macklin's apartment.

Fox: Carla and I said we'd probably like to begin by learning a little bit more about you than either of us knows. We only know that you were born in New Jersey in Newark and that you are a U.S. citizen and a little bit about your education. Please tell us a little bit about your family and whether there any connection between the family you were born into, your growing up experiences, the occupation of your parents, and the commitments of your parents and so forth, and the fact that you went down this road of philosophy and then somehow or other into bioethics.

Macklin: Sounds like this could be a long story given my age! Let me start, perhaps surprisingly, with a week ago when I gave a lecture in the hospital where I was born.

Fox: Which was?

Macklin: Beth Israel Hospital, it's now called Beth Israel Medical Center in Newark, New Jersey. My father, who was a physician, interned in that hospital and practiced
there until the day of his death. He met my mother, who was a nurse, in that hospital when he was an intern and she was a nurse.

Fox: Was he an obstetrician?

Macklin: No, he was a general practitioner, an old-fashioned GP. I’ll say a little more about that because it does have something to do with my values, very much. There is always a very nice way you can begin a presentation by saying I got my start at this hospital! Literally! I actually had a moving experience because I was going there to give a lecture. I had lectured there before. The exterior structure of the building is very different from the way I remember it, but when I was growing up at about a junior high school age I frequently accompanied my father on Sunday mornings, not into the hospital but in the car. He went into the hospital and made rounds and I sat and read the New York Times and did the crossword puzzle in the car. And I had a long standing, vivid memory of the appearance of the hospital. So as I drove down Lyons Avenue from a highway that didn’t exist at the time and got off, from a distance I saw the old hospital and as soon as I got close it was swallowed up by the new hospital. I was told where to park in the garage and I walked in and had a little extra time. They are doing some construction and as I was walking through I saw one of these plaques on the wall
that have donors and plaques that have the names of people, and plaques that have
the names of soldiers who died, etc. The plaque was entitled “In Memoriam,” and
it had the names of physicians who had been on the staff of the hospital from the
1920's and the list stopped at 1977. My father died in 1976 and his name was on
the plaque third from the bottom. It’s more than twenty years since his death but
seeing his name on the plaque in a setting where I was going to give a lecture
brought up a lot of feelings and recollections because there was his name as I had
seen it for many years, Hyman Chimacoff M.D. So in any case, that’s a little
about my beginning, as recently as a week ago. Now I grew up, as I said, with my
father as a general practitioner. He always practiced in Newark even though at the
time I was eleven my family moved for better schooling. I actually lived in three
different places. I lived in Newark. I lived in Irvington, New Jersey which had a
Nazi underground during the World War II, and a lot of kids I knew then had
German last names. Then my family moved to South Orange which had very
good schools.

My father, however, continued his practice in Newark. He made house
calls, night calls, until the day of his death. The phone was still ringing at his
home at night and he had a little black bag and he was worried because there was
already a lot of crime in Newark and it was unsafe in many of the places where his
patients still lived. I remembered him saying that he always kept his bag visible
for a very long time under the belief that people wouldn’t mug a doctor, but at the
time when the drug trade and drug selling and drug problem hit then he thought he
should be hiding his bag because they would assume that he had something in
there that they would want. So that was the image I had of a doctor, somebody
who answered the phone, answered his own phone. He didn’t have a nurse in his
office. He actually made a very modest living; that’s why I always smile or cringe
when people talk about how doctors are all so rich. As I said he didn’t even have
a nurse in his office, he greeted his patients at the door. They didn’t get billed,
they were expected to pay him on the spot and if they didn’t pay him, they didn’t
pay him because he didn’t have a billing system. It was kind of an honor system
and they were expected to pay at the door. He died quite unexpectedly, he was 68.
I say unexpectedly because by our standards today he was young, but many
doctors were dying young in their forties and fifties from heart attacks. When my
mother and I went to clean out his office, put away some things and decide what
to sell, etc., there was handwritten sign in there: he had raised his fees, and just to
put this in perspective, this was 1976 so it was before today’s inflation, and yet,
the sign said, “As of 12/10 the fee for a house call will go up to $10 and the fee
for an office visit will go up to $5”. That was what he was charging. Now,
granted there was some inflation, but still this was really quite remarkable. These
were patients in Newark, many patients of modest means.
Fox: Did your mother continue nursing?

Macklin: No, she stopped working after I was born or probably some point in pregnancy, and she didn’t work again as a nurse except during the second World War when my father was called into the army and was overseas. He was in North Africa and Italy. She went and got a job as a night nurse in a factory, I think it was. And when she disclosed this to him long distance in the mail during war time he said, “You quit that job right now!” I don’t think he was opposed to her working but the idea of her being a night nurse in a factory struck him as none too safe. So she really did not work after that. Actually I have to take that back; she did work in his office for a while, helping out more than acting officially as a nurse.

So, one of the values that I had as a young child that was actually steeped in me was the obligations of physicians to their patients. Not by any principles, not by any oaths, but by observation of how this caring doctor responded and essentially behaved with his patients. This was, for me as a young teenager, often a source of great disgruntlement. We were going to take a family vacation and he had a very sick patient in the hospital so we didn’t go. We did take one family vacation and he stayed home. I was already driving at that point; I was seventeen and I drove the family car and took my mother and me and my brother on the family vacation while he stayed home.
104 Fox: You have one brother?

105

106 Macklin: Yes, a younger brother, I'll come back to that. This was not just once or twice, this was on a regular basis. When my parents went to the movies there were no beepers in those days. My parents would go to the movies and sometimes I would go with them, and he would hand the usher his card. They would have the usher seat them and he would have the usher take his medical card -- he had an answering service and they knew where he was -- so if he got a call the usher would come get him. So that's the way he practiced. Because he was not in a group practice, because he was solo and a GP, these were his patients and he was all that they had.

115

116 Fox: On call all the time.

117

118 Macklin: On call all the time, literally, including on his days off. He had a day off on Friday and then on Sunday. On those days off he always made rounds, he just didn't go to the office. And he always saw patients who called. That way of practice died out soon after that. There were others doing that at the time but many others did not. It had already changed in the practice of medicine, but that's the way he began and that's the way he continued, as I say, up to the day of his
Now, I didn’t know I was going to go into bioethics. I went into philosophy. Nothing could be further in some respects from bioethics than an abstruse field that has no practical...

What led you toward philosophy?

That’s a very simple answer but I did for a time think I wanted to be a physician. Many children of physicians, now I say children but in the past it was sons of physicians, became doctors. And for all of the encouragement and positive reinforcement and value and endorsement of my intellectual interests that my parents had, my father did not want me to be a doctor. I think he didn’t like women doctors, which was one of the few prejudices that he had. But he didn’t object when I said I wanted to be a nuclear physicist! This was not, “you should get married and have children.” “You want to be a nuclear physicist? Fine! You want to be journalist? Fine! You want to be a professor of philosophy? Fine! Wonderful!” He did not want me to be a doctor. My mother doesn’t remember this but I do. I have a very strong recollection of it. Even though it partly stemmed from his prejudice, he was a wonderful and loving father and I think he thought it was a bad life for a woman. And I can add that it never would have
crossed his mind because it wasn’t part of his life or his world that I might have
been an academic physician doing research and writing papers. He might have
thought of that much later when I became a philosopher but it really was not his
world. He never had an academic appointment, he never did a lick of research, he
never did anything but take care of these poor patients and make house calls and I
think he just had a view that this was what the practice of medicine is. And in a
sense I think ultimately it wasn’t rewarding for him...or it ceased to be rewarding.
What he was bringing to his patients was fulfilling but it was burdensome. And in
his sixties he was looking forward to his retirement. He was going to retire in
June, he died in January. In fact he and my mother had already put a down
payment on a place that they were going to move to, a retirement community. He
was really very much looking forward to it; I think he was tired, he was weary.
He was still making those house calls and other people weren’t!! But I don’t think
he could not do it. So it wasn’t intellectually rewarding. In fact I remember him
saying that the practice of medicine mostly was routine. Taking care of sick kids
with colds and fever, most of it routine. It’s not interesting. It’s not exciting. So
what other fulfillment he got was really out of his devotion.

Fox: Did you want to be a nuclear physicist?
Yes, for a while. There were lots of things I wanted to be. A lot of boys wanted to be a baseball player or a fireman; I didn’t want to do any of those kinds of things. I wanted to do exotic kinds of things. One of the projects I did in junior high school was a project on the atom. You know, drawing a picture of an atom and doing these things out of encyclopedias. So I did get encouragement from my parents on whatever I wanted to do. And I didn’t actually know...when I went to college you had to sign up for a potential major; you’ll love this Renée!

Fox: Sociology?

Macklin: Yea, that was what I signed up for!

Fox: To do social values maybe?

Macklin: I guess so, I don’t know. It might have been psychology but I was more interested in sociology. I was interested in the things that I didn’t find in sociology 101 unfortunately, right? I later took an anthropology course that I loved. It was an advanced course but in sociology 101 I had trouble focusing. My advisor was Norman Kaplan who is at Cornell.
Was he? I knew him. Why did you pick Cornell?

The sister schools were not co-ed and I wanted a co-ed school. I also wanted a large school. My high school was not huge but there were 411 students in my graduating class and I didn’t want a college that was the size of my high school. I wanted big and diverse and Cornell seemed right; aside from the fact that it was a rather remote place it was not too bad. So anyway, I went to Cornell and the first year was sociology and I guess I didn’t like the course too much. You know what it was. It was a large course, a survey course with a TA named Peter Rose.

Peter Rose went to Smith where he became a very famous professor.

I remembered his name because I had seen it afterwards. I don’t remember who taught the whole course, maybe it was Kaplan. In any case, that’s what I did the first year. My second year, and I was still signed up as a sociology major, the first semester I took philosophy. I didn’t know what philosophy was except I knew who Plato and those guys were but I didn’t know what the study of philosophy was. This was it! I fell in love with it…this is going to be relevant as to why I went into bioethics later. I fell in love with it because to me, although it didn’t have anything to do with my other values, it was an intellectual fit. I was born
with an analytic mind, and I didn’t realize I had been thinking philosophically all
my life until I took that philosophy course. I loved the Socratic method. The way
I was taught at Cornell was not the history of ideas. We did have to take history
but the people who taught it didn’t even give a very good history of philosophy
because it was so “Witgensteinian” basically. But I loved almost every
philosophy course I took and after my first course I knew that this was it. When I
went to Norman Kaplan to say I was changing my major he was not happy. He
gave me one of those looks of disdain as if, you know, a lot of students come in
thinking they want to major in sociology and then they leave. I think it must be a
blow to anybody. But it wasn’t that I was pushed away from sociology but I was
pulled. I found it. Of course, as you know back then there was nothing else;
there were other schools of philosophy, other branches, other ways of doing it, but
I was there at Cornell and I did it the way they did it.

Fox: When you say nothing else you mean...?

Macklin: I meant no other approach to philosophy. This was analytic philosophy but I
didn’t know that at the time because undergraduates often don’t know those
things. It was surprising how precious little I knew until I got into the next phase.

Now we switch back again to the personal life.
Could I go back for just a minute? Was your attraction to philosophy purely intellectual and analytic do you think? One of the things we haven’t talked about is whether there is anything for example in your family background, that had some religious resonance.

No, my family were all atheists and so was I. My mother’s father was a Zionist. Actually my father’s parents had a kosher restaurant. I don’t think they were kosher themselves but they were cooking for Jewish immigrants from Russia and so they had a kosher restaurant. They’d tell a story about me where I came in there once for lunch, and I said a bacon, lettuce, and tomato sandwich! Which horrified them -- “we don’t have that stuff here!” I do remember my father’s parents. I have no idea what they did before they came to this country but my grandmother cooked and my grandfather was in the front of the restaurant. It was a poor restaurant in a poor neighborhood, an absolutely tough life. It was a poor neighborhood, but not what we would call today an unsafe neighborhood but a poor neighborhood. They spent their lives in the restaurant, that’s what they did 7 days a week. I didn’t actually know anything else about their background before that. They had three sons and all three sons became professionals. One became a high school teacher, one became a dentist, my father was the youngest and he became a doctor.
Was it a militant atheism or just having no particular relationship to religion.

It was a rejection of theology, a rejection of the supernatural. Not militant in the sense of any flag-bearing, and not disdainful of religion, but a separation from it. My father told when he was in the army how the Jewish chaplain tried to get him to come to services and do those things and he wasn’t disdainful but he just wanted him to know it was not a part of his life.

But my parents were very eager for me to have a Jewish identity. They had a very strong Jewish identity, they were Jewish atheists. They would not only never deny that they were Jewish but they had a very strong Jewish identity although they did not belong to a synagogue. My father didn’t go to work on Yom Kippur because he said my non-Jewish patients don’t expect me to be there and not only don’t expect but would think perhaps that he was disrespectful of his own religion. They bought matzo during Passover but we also had bread in the house and ate bread. So there was no observance whatsoever. My grandparents went to synagogue on the High Holidays and they were atheists also, non-believers I guess I’d have to say. Non-believers but it was really much more part of their life. My parents didn’t belong to a synagogue, my grandparents took me. When I was six my parents sent me to Sunday school because they thought having a Jewish identity apart from the religion that might be there was important and
learning something about the history and the background. So they sent me to
Sunday school and I hated it! I'll tell you why. Not because of the religion part
but because they had us coloring in coloring books and the teachers stood outside
in the halls and gossiped with one another while the kids colored. The coloring
books all had to do with holidays and there are a million holidays. I didn't
remember much more about it. I went for one year and they paid for me for the
second year and then I quit. I put my foot down. I was probably 7 years-old and I
hated it so much. I had a strong personality and let my parents know. They
weren't going to force me to do something like that. They wouldn't let me quit
piano lessons but they let me quit Sunday school because it didn't matter to them
really. They introduced me to it. When the Rabbi called up my mother to ask
why I wasn't going any more she told them exactly why. She said, "The kids are
sitting there...my daughter does like learning, she does like school but all they do
is sit and color in coloring books and the teachers are all out there in the hall!"
They didn't care, it didn't matter. But I do remember even at that time feeling that
my parents were hypocrites. I came home from Sunday school and I wanted a
menorah. It was Hanukkah and everybody would light candles and they would do
this. So I came home and said, "Let's have a menorah." And they didn't want a
menorah because they didn't do that and they didn't light candles, it wasn't part of
their life. I don't think I knew the word "hypocrite" at the time but I had this
strong sense. I made a little menorah for myself out of balsa wood. I remember taking the knife and carving out the thing so I would have a little menorah.

Again, I didn’t say to them, “You are hypocrites!” I thought what is this? They are sending me to this place where all they deal with is the holidays and then I come home and we don’t do anything here on the holidays. We did have some Seders but they were kind of ritualistic. We were older when we had those, and again, it was a little bit more for my grandparents. And interestingly enough, as I have said, my grandparents were also atheists, non-believers, but the holidays and the tradition meant something. I had a brief religious period, I guess every kid goes through this, in which I became a believer for a short period of time and then rejected that afterwards. It had nothing to do with my parents in a way; it was whatever influences make one a believer. And then I rejected it and I had no more ties with any religious institutions until I was in eighth grade. We moved when I was in seventh grade to South Orange. This was a whole new world, it was new friends, new environment. All the Jewish kids were going to pre-confirmation classes. This was already beyond the time when I might even have been bat mitzvahed but that wasn’t on the horizon at all. I knew about it because among my parents’ friends who had kids my age, the sons became bar mitzvahed and maybe some of the daughters but I don’t know. My brother was never bar mitzvahed, they didn’t even send him in the beginning. They didn’t waste that
money on him. So when I was 13 and kids were going to confirmation classes I said to my parents, “Maybe I’m missing something. These are my new friends, they are all going for this business.” Here is another picture of my values developing. When I was 13 I said, “I want to go to the classes my friends are going to on Sunday mornings, in preparation for confirmation.” That’s all gearing up for this big party they have when they are 14 and everybody gets all these big presents. But this was not why I wanted to go. I wanted to take one other course; there were two classes. The large majority were in the confirmation class, it was a very small number who were not. Everybody took Jewish history and the confirmation people then went into the confirmation class. I was with a handful of others of my age in the non-confirmation class which was essentially contemporary Jewish current affairs. Well, I went for one year. I found the Jewish history course interesting but I also found Roman history and English history and French history and Medieval history interesting. So there was nothing unique about the Jews or the life of the Jews. And the other class, which was contemporary Jewish affairs, was basically a newspaper reading course that should have been titled “What’s good for the Jews and what’s bad for the Jews.” This is one of the things that always irritated me as a kid growing up, that the Jewish identity of my family, particularly my grandparents, was newspaper reading, so if it was Meyer Lansky, the criminal, it was bad for the Jews. If it was
Jasha Heifetz the violinist, that was good for the Jews. I grew up with a great irritation that reading the newspaper and identifying one’s ethnic or religious group should be the focus, the lens through which one read the newspaper. So after one year of that, by that time I wasn’t even a believer anymore. I had shed my religious beliefs.

Now let’s take you back to philosophy. I asked you about religion not because I think there is an inevitable link, but I think sometimes there is. There are numerous people in bioethics for whom that earlier religious history obviously has a very rich and important relationship.

And in fact it was true of at least several prominent teachers of philosophy who were themselves secular; their fathers had been rabbis. My advisor as a graduate student was Isaac Levi and his father was a rabbi. He and his good friend Sidney Morgenbesser went to Columbia, and Levi then came to what was then Western Reserve University. Sidney Morgenbesser’s father was a rabbi and there were others in philosophy who had that background. Now interestingly, even though it was no part of my background aside from the one year coloring in the books and the other year of the non-confirmation classes, many Jewish people have asked me over the years whether I had a Talmudic background.
Because of the quality of your mind.

It's the same kind of reasoning and the mode of thinking features as analytic philosophy. I don't want to say it's an ethnic Jewish trait but friends came to my home and said, "Your family fights and argues so much!" And I said, "We're not fighting! This is absolutely not a fight, this is a discussion! We do this every night at the dinner table!" Raised voices and loud voices but no one was angry at one another. To an outsider or some one who came from a WASP background, if you'll excuse the expression, this looked to them like anger, it looked to them like fighting, but in fact it was okay. Maybe that too is Talmudic but that's a kind of cultural ethnic....

I think that's an ethnic trait even if the people don't have analytic minds.

It's a Mediterranean trait too. You see it among Greeks and among Latin people too.

As I got older over the years and I would speak to my parents on the telephone, sometimes there would be someone else around who also would think that I was using an annoyed tone of voice. But this was the way you were supposed to talk;
if I didn’t talk that way my mother would’ve thought there was something wrong.

The way you made contact was this sort of quasi-argumentative way of expressing yourself.

Macklin: Which could be very loving!

Absolutely! I think we won’t go into this right now, but one of my observations is that I think that the majority of people who came into bioethics with religion having some relationship to their trajectory, were Christian rather than Jewish.

Right, but see here’s the difference, or a difference. Many came from religious studies programs or theology, so they weren’t all ordained; Joe Fletcher and Paul Ramsey and John Fletcher and Jim Childress and Warren Reich.

Warren was Jesuit.

Right. So those are people who came from what would otherwise be, and some were actually, as Jim Childress still is, in a department of religious studies. They were people whose livelihood was either academic or theological in religion, whereas I can only think of one other Jewish person in bioethics, and that’s
Ronald Green at Dartmouth, who is in a religion department. Everybody else,
whatever their Jewish background -- take a look at Baruch Brody; he’s an
orthodox Jew but he’s a philosopher. He’s in a philosophy department not in a
department of religious studies. So I think there is that difference.

Fox: You would think that the Jewish members of the bioethical community are likely
to be found in a philosophy department?

Macklin: Yes, almost all.

Fox: You may not have liked sociology 101 but that’s a good sociological analogy.

Macklin: In fact my own brother very recently asked me whether a large number of Jews are
in bioethics, disproportionate to the number of Jews in academia, not
disproportionate to the amount of Jews in the culture. I couldn’t answer it, it’s
really an empirical question.

Fox: I think you’d have to look at how many of the people with any kind of presence in
bioethics are in medicine, are in law, but it’s not in the religious enclave. Now
Jewish bioethics is beginning to grow up, which is interesting, but if you were
going to do the sociological study that your brother mentioned, you would have to
count heads. You have to look other than in philosophy.

Macklin: Right, absolutely, and in fact there are large numbers from psychiatry and from
medicine. There is Youngner and Fost and there’s all those people from medicine
and then the ones from, if you’ll excuse the expression, “Jewish prudence,”
because there are a lot of lawyers who are Jewish also and the lawyer connection
is like the philosopher connection. Some people have asked me...if they don’t ask
me if I have Talmudic background, knowing that I’m Jewish they ask me if I’m a
lawyer. So there’s a connection there, and certainly I only meant among the
philosophers, because I view this as a fully multi-disciplinary field, whereas the
Christians came from religious studies and only a very, very small number are
from.... Although I mentioned that some of the philosophers’ fathers were rabbis.

Fox: That’s important!

Macklin: I mentioned Isaac Levi and Sidney Morgenbesser. There were others as well that
I’m forgetting right now, but I remember being surprised at one time at the
number of people I knew who were Jewish who were in philosophy and whose
fathers were rabbis.
This whole business about how bioethics began with a religious orientation and became more secular has never been quite right anyway. What I think people were noting is that group of Christian persons, the very list you named and so forth, and some preeminence that they had in the field in the beginning but not necessarily on the conceptual framework of bioethics.

I think we would have to talk individual by individual to see what some of the differences are. Some are indistinguishable from philosophers, like Jim Childress, and others like Paul Ramsey was a Christian ethicist from beginning to end.

Let’s go back. You are now at Cornell University studying philosophy.

And now I was going to switch to my personal life because that is chronologically what happened there. You study philosophy and someone asks, “What are you going to do with this?” A couple of friends of my parents said, “You’d better take some teacher’s ed courses because that’s what girls have to do.” I said, “I’m studying philosophy and that’s what I’m doing. At some point I’ll figure out what I am going to do with it.” I knew I wasn’t going to open a philosophy store. At the end of my sophomore year I got married. I was 19. I married somebody I had met my freshmen year. He was an engineering student, very different from my
field, my interests etc. I was a teenager, I met him when I was 17. So we got
married and I finished Cornell in three years because he was three years ahead of
me. He was in his fourth year and I was in my first year. Engineering at Cornell
was five years and then he went on to get a master of industrial engineering. So at
the end of my junior year is when he was leaving. And so I doubled up and took a
lot of extra courses. We were married then and I was going to leave when he did.
I got a degree conferred in September after three years. The last courses I took
were in that summer. The point here is that was the first ethics course I took, just
before graduating. Ethics was so far down the line, down the hierarchy, the only
one that was lower was aesthetics. And that remained true basically until I was
already teaching as an assistant professor, maybe I was an instructor at the time,
finishing up my degree. It was true until 1969. Chronologically now we’re
talking about 1958 when I was in my third and last year at Cornell.

Fox: Why was that so low in the hierarchy?

Macklin: They didn’t write about ethics. Cornell was so Wittgensteinian even though
Wittgensteinians have now looked at his ethics and are now studying it. But
Wittgenstein, was all epistemology.
That was Wittgenstein in his early years.

All of Wittgenstein, all of it.

But later on didn’t he undergo a change?

Yes, but it was still mostly an epistemological...philosophy of mind. Cornell was very much oriented toward philosophy of mind. I took an aesthetics course there. For the Oxford analysts it was almost philosophy of mind. Wittgenstein spent one of the last years of his life before he died at Cornell, and Norman Malcolm, who was one of his biggest proteges, was my advisor. I went from one Norman to another! Malcolm wasn’t chair but he ran the department with an iron fist. I took as many philosophy courses as I could but it never included ethics. There were more courses offered than even a major can take and I took more than I was required to take for graduation. So I didn’t take an ethics course....

What happened in 1969 that made it a turning point in terms of the rising up of ethics?

Relevance. Relevance in academia. What happened in 1968 and 1969, when I
was at Western Reserve, was the civil rights movement, the anti-war movement,
the focus on people's rights, the focus on the oppressed. And that's when I
changed from plain old analytic philosophy, even before there was any bioethics
on the horizon. I was teaching one of the first courses for philosophy 101 that
used an anthology called something like Philosophy for a Contemporary World or
Philosophy for Contemporary Life. There were several of these books that came
out around the same time. And I can remember the things I taught. It had
sections in this book on abortion, on capital punishment, those were the two main
ones that I remember...and euthanasia. It was a little later that some of the writing
started coming out on civil rights. This anthology came for me was a
transformation because the appearance of that kind of teaching material, for the
first time, brought my personal values in conjunction with my professional life. I
didn't even think of taking a course in ethics in college because it wasn't high up
in the hierarchy. I want to go back just to one thing before I forget it because I'm
talking about what the courses were at Cornell where I was merely an
undergraduate. I took graduate courses at two places before I ended up at Western
Reserve. That isn't on my CV because it didn't have to be there, I was married
and we were moving. But at Western Reserve it was all philosophy of science.
They rejected Wittgenstein, they hated Wittgenstein, that was beyond the pale for
them. And indeed at the other two places that I studied, one was at Trinity
College in Hartford, Connecticut and the other was the University of Buffalo just before it became SUNY, all of the faculty there were so rejecting of Wittgenstein it was an eye opener to me.

Fox: What were the grounds of their rejection? What were they reacting against?

Macklin: I took several courses at Trinity College, which had what they called the terminal masters program. It sounded like death! But that’s what they called it when they had nothing beyond that. I had babies at the time and that’s why I was taking part-time courses and there was no graduate program anywhere nearby. They were kind of traditionalists; I think it was more the history of ideas and sort of traditional, standard, old-fashioned philosophy.

Fox: Was there something that really irked them?

Macklin: I don’t remember there. In fact when I took courses at Buffalo...it’s so long ago and I wasn’t yet, if I can use this word, “professionalized”. I don’t think I understood. I knew schools of philosophy had different approaches to philosophy, but without very much insight or understanding.
This is one of the problems that we’re having in talking to philosophers in bioethics when we ask them, as compared with you, why so many bioethicists have eschewed for certain other philosophical traditions that are equally Western, nobody seems to be able to answer those questions. The problem for me, for example, is that I would just like an explanation as to why Continental European philosophy is outside the pale.

I can come back to that because that really has to do with the direction that philosophy took and where it was taught and who was teaching it.

Believe me, people are not Ruth when she was a fledgling philosopher, the grown up philosophers are not very good when you ask them questions about explaining that evolution. We will come back to that.

What I wanted to just point to was also the rejection or no attention to ethics from the philosophy of science vantage point. Philosophy of science was the king, and logic and philosophy of mathematics and philosophy of language were the queens of the discipline at Case Western Reserve, but also in that era generally.

You said philosophy of language?
Yes, philosophy of language, not linguistic philosophy. Philosophy of language, philosophy of social sciences, philosophy of mathematics; it was very, very science and math oriented.

How did the philosophy of science and math come to trump philosophy of language? Was that an American development?

First let’s make this clear: you are saying philosophy of language; people use the phrase linguistic philosophy to refer to Oxford analysis, but not philosophy of language. Philosophy of language was also the same as philosophy of science. So linguistic analysis was the phrase used to refer to the Oxford analysts, which is essentially analysis of concepts and words. Philosophy of language included things like the study of what Chomsky was doing. All those “philosophy of...”, I mean I took every course that required “philosophy of.” I didn’t take philosophy of mathematics but I took two different courses in the philosophy of the social sciences. Philosophy of science and logic actually were very hard. Now all of this probably had, and you would know better than I, a sociologic explanation.

This was in the post-Sputnik era, and the National Science Foundation was funding philosophy programs and particularly those that had a heavy emphasis on philosophy of science. So somebody taught not only philosophy of science but
philosophy of physics and they were looking at theories of physics. Philosophy of
science could be a very abstract study looking at things like explanation and
prediction, the hypothetical and intervening variables in scientific theories. All of
those kinds of philosophy of science topics, and similarly philosophy of the social
sciences. But philosophy of physics looked at theories of physics and looked at
the link or the overlap between theoretical physics and philosophy of physics.
And similarly with theoretical mathematics and philosophy of mathematics.
There were surely people interested in those things but a partial explanation was
that all these things were being funded and people go where the money is in part.
I did my dissertation at Case Western Reserve, in theory of action, which
was an "in" topic at the time. It was a kind of a branch of philosophy of mind. I
read a few sociologists who talked about action theory but nobody else I knew in
philosophy did. This was not a study of action or action theory as sociologists
would look at it. It was theory of action like this: What is the difference between I
raise my arm and my arm goes up? This was the kind of philosophy of mind that
was kind of an offshoot of the mind/body problem. But essentially looking at the
role of intention, explanation of action, intention and motivation in action. So I
was always interested in the philosophy of mind and went in that direction. But
again, no ethics yet and there was nothing relevant about that by the way.
Fox: Why did you go to Western Reserve?

Macklin: I was living there, married. My husband was there. I got divorced in 1969. But I went where he went, I went to Hartford and took the terminal masters program there because he was there. I was in Buffalo for exactly one year because he was there and I took two courses in one semester and that was the end of Buffalo, and then I went to Western Reserve.

Fox: Where would you have gone to train in philosophy if you had had complete freedom? Did you have any idea at that time?

Macklin: Yes, I would’ve tried to go to Harvard. It’s such a hypothetical because it was a door that was closed to me. I would’ve gone to Harvard because that was where my colleagues from Cornell went when they graduated.

Fox: To study with someone?

Macklin: I don’t know if was particularly to study with someone. It was two things: Harvard was Harvard and it was always the place that was considered to be the best and it was congenial for a student who came from the Wittgensteinian
background.

Fox: What was the name of the philosopher? He is still alive.

Macklin: Quine.

Fox: When I went to Oxford two years ago I learned he had been one of the first Eastman professors, and some of his original books were on the shelf in the library there and they were signed by him. Just the way Wittgenstein's arrival at Cornell made such a difference, he made an enormous difference at Oxford. In some ways his year at Oxford made Oxford more Oxonian in a sense, than it had been before. He left a tremendous, tremendous impact.

Macklin: He was a very influential figure. But he, in fact, was not doing analytic philosophy in the Wittgensteinian way. He was the idol and the darling of the Western Reserve people, the philosophy of science people. His field was really philosophy of language and philosophy of logic.

Now, one thing just as a fact, I took a course with Rawls when he was at Cornell. He was at Cornell before he went to Harvard and in fact the seeds of *A Theory of Justice*, the papers that he used to blossom into this whole theory,
were being sowed at that time at Cornell. This was 1958 when I took his course
and *A Theory of Justice* was published in 1971. So it was long time gestating and
these were some of his early ideas at the time. He was a very powerful thinker
and congenial with the people at Cornell. We’re going to get to the question as to
why there was an influence...I’m trying to keep all these threads for you
because....

631 Fox: We’re grateful for your analytic mind!

633 Macklin: But the story almost picks up at this very point when you ask me where would I
have gone. I never would’ve gone to Yale; neither would anybody else, never
mind where I would’ve gone! That’s a kind of a counter-factual hypothetical. I
never would’ve thought of Yale because nobody at Yale then and almost up to the
present was doing anything in analytic philosophy or the philosophy of science,
with the exception of Ruth Barcan Marcus who eventually went there. It was an
eclectic department. I say this because Yale is a very good university but nobody
who came out of an analytic philosophy background as undergraduates would
have chosen to go to Yale.

643 Fox: That’s particularly significant because of the religious studies enclave that you
described to us, that is a seed bed, with Jim Gustafson and the whole cluster...

Macklin: Right, and Paul Ramsey and then later Gene Outka. All kinds of people were there.

Fox: Even Al Jonsen. Jim Childress, was a protégé of Jim Gustafson. He considers Jim Gustafson to be the greatest and most important teacher he ever had. So this rift that you’ve delineated between the philosophy departments and the religious studies departments is important to understand in terms of different streams coming into bioethics. Nobody else has parsed that for us.

Macklin: There are a couple more things that maybe are connected here. Smaller colleges, not the larger universities, often had a department of philosophy and religion. This would’ve been anathema at a place like Cornell. Not because people were religion haters but because there was such a different education and training that went into it and they were doing such very different things. It would be interesting to look at this historically. Probably those schools that had departments of philosophy and religion had smaller faculty and they had to combine them. It would be interesting to know what kind of philosophy they taught.
Fox: Maybe it was just because the schools were smaller. I was just thinking about the combination of sociology and anthropology in such schools as well. Some of it was by convenience and some of it was by conviction.

Macklin: Right, I knew there were those combined departments. Yale certainly had a different philosophy department. Whatever they were doing there, which was Continental philosophy, still remained separate from what the religion department was doing.

Fox: I think Derrida was at Yale.

Macklin: They had a lot of people who were Husserl scholars, Heidegger scholars, and others.

Fox: That’s interesting. None of those people have come into bioethics.

Macklin: No. If one had to name...and where do you get these names? Just universities but certainly the Ivy League schools, if you wanted to look at those, and other schools with very good reputations like the University of Michigan, University of Chicago, the University of California at Berkeley, and Stanford; all of those
schools were analytic philosophy. Anybody who came from an undergraduate
department at a major university or even good small colleges like Swarthmore,
would follow the analytic philosophy or philosophy of science tradition. Where
would their teachers in the schools they came from send them? Where would they
think of? They would never send them to Yale and they would never send them
to Northwestern, that was the other place, mostly Continental and eclectic. But
every single other school that was a school with a graduate program of stature...
Princeton, Harvard. When I think back, for example, to the faculty at Case
Western Reserve at the height of its prominence, it had 12 faculty members and a
permanent visitor. They came from Michigan, Harvard, Princeton, Columbia, and
Stanford.

Fox: Did this lead to a kind of structured ignorance of Continental European
philosophy or did it lead to a kind of contempt for it, or both?

Macklin: Both. In part because the first is, if you’re not taught something you’re ignorant.
That’s it! That’s simple. The contempt...I don’t know, I think contempt is too
strong a word. I think disdain or dismissal. I don’t want to betray my prejudices,
but in part because there is a lot of obscurity in Continental philosophy. And the
focus and emphasis in both wings of analytic philosophy, the Oxford people and
the philosophy of science and philosophy of language people, was always entirely on clarity. Clarity of expression, clarity of reasoning, clarity of progression of thought. And Continental philosophy lacks that clarity. It may have other virtues, which I haven’t found, but if you have an open mind it may have other virtues. But I guess what was instilled in those of us who came from these schools was that if you can’t understand it, upon reading it once and reading it twice and reading it a third time, maybe the problem doesn’t lie with you. Now, I had a colleague at Case Western Reserve who was a Stanford graduate who on the one hand taught logic and philosophy of language and at the same time taught Husserl and Heidegger. In the years that he was there on the faculty he gave several presentations to the faculty and spent several seminars in which he was trying to bridge between the two. The view of several of us was the same and it was this: when Ron McIntyre sits down and interprets and explains in our language what they’re saying in that Continental language, we can understand it. But when we go to those texts without Ron McIntyre there as the interpreter it is like trying to read Urdu when you don’t know Urdu. When you’ve got the interpreter there it’s fine.

Fox: What’s the name of the historian/philosopher you had debate with in the Kennedy Journal recently?
Messikomer: Bob Baker.

Fox: I was thinking about that because of his conjuring up, which I have often thought of too, the notion of solidarity and how useful this might be as a bridging concept for this whole business about the tension between the individual and more community perspective. Because solidarity, coming out of that Continental European tradition, is a useful concept because it is Christian and socialist and neither of these, and so forth. And it bridges the gap in that European tradition. Durkheim used it in sociology. It’s a term that never was used by people at that meeting at UVA on the Belmont Report.

Macklin: I was sorry I couldn’t be there. I had to be in Europe.

Fox: Carla, you can say how you felt about how they tried to handle the business about community?

Messikomer: Well, what I was shocked by is who they chose for speakers for what they called the communitarian perspective. They had two physicians, Zeke Emanuel, and Charles Weijer from Dalhousie. If you look at their paper, they had no understanding at all about the concept of community, yet they’re presenting it to
the bioethics group there, many of whom were people who had been in the field, 
these are not neophytes. And nobody challenged their perspective whatsoever. 
The only ones who did were people who took a feminist kind of approach to it and 
said, “Well, you’re leaving out the most important community to us, which is the 
feminist community.” To which my response was, feminists aren’t a community; 
they may aspire to be but they aren’t one. And so conceptually the speakers were 
all over the map. They were mixing up social institutions, professions, culture, 
community and no one had any remark to make about it. There was no critical 
perspective taken at all.

Macklin: It’s a good example, possibly once again, of the narrowness of people not reading 
outside their own field. Now, when you referred to communitarians indicating 
that these people are clueless about the concept of community...

Fox: Maybe it’s the wrong term to use to begin with, because they really are trying to 
talk about how to bring together the individual and the group from which they 
come.

Messikomer: Many of the groups that they’re talking about aren’t even community.
I have found a great fuzziness among the people in bioethics. Zeke Emmanuel is a physician, and he’s got a PhD in political theory. So he is educated in a social humanities discipline with a PhD at the same time he is also an oncologist. And Weijer is a physician and a philosopher. He is a protégé of Benjamin Freidman’s. But no matter what I’ve read by people in bioethics talking about communitarian views, communitarianism, it has always seemed to me fuzzy, not sharp, not defining what they mean. It means a lot of things to a lot of people.

They made that exact point in their paper and then they never added any precision whatsoever.

Well, they’ve been reading other bioethicists!

I lost my confidence last weekend at a meeting I co-chaired with Arthur Kleinman and a group who’ve written essays for a Daedalus issue on medicine, ethics, and the social sciences, which everybody is trying to bring together in a more felicitous way. I really began to lose complete confidence in myself at this meeting even though there was nothing that anybody did that was disrespectful. Where I was coming from at all times, for example, was my sense that there is this great problem in this area. The whole rest of the group was oriented to saying
there is this new bioethics and implying, as a matter of fact, that great leaps have
been taken to clarify some of these issues which are older than bioethics. I
wouldn’t profess to being a reasonably educated person in philosophy, but I
understand that many of these most difficult issues in bioethics are very old ones
and very difficult ones in philosophy and that they weren’t born in 1969. What
now seems to be the new attitude is that because people are trying to tackle them,
but I think tackling them, frankly, most of the time in a very muddled way, this
great progress has been made and we’re in a new era. I guess there may be a
raised consciousness about these as issues. But on the other hand I feel the same
way as I do with sociologists, when I see the new generation of sociologists who,
50 years after when I was trained, are coming back to the same issues, in fact
coming back to the same sociology that I was trained in, with different names and
using different concepts and so forth. I rejoice that they are because I think
they’re on the right track.

Macklin:  There is very little sense of history. Quite clearly you come from a field where
there is a concept of community and a concept of communitarianism. Bioethicists
picked up a word, imported the word, and I think the mistake, your mistake if I
can put it that way, might be to think that they mean the same, or intend to mean
the same, or even know or care what anybody else has said. This was a term
adopted essentially, as I understand it, as a backlash against the prominence and preeminence of autonomy. And they grabbed for a word, and tried to latch onto something. This another whole theme, and I’m afraid we’re not going very chronologically now because one thing triggers another thought.

Fox: We can stay on this and on one other issue and then we can go back to the other logic.

Macklin: There were threads that we might have to pick up, but while we’re here I suppose we should do it. What led me to make this last comment about the backlash is it has led in part to a failure to appreciate why autonomy became so paramount and why it was brought into this bioethics conversation in the first place.

Fox: Can you help us a little bit with this?

Macklin: I will try because this is what I really believe and maybe this is an historical moment. I think autonomy, number one, has come to mean something very different and talking about autonomy has come to mean something very different from the reason why it was introduced and the importance of introducing it at the time, when bioethics as a field was just aborning and in its infancy, the major
concern was the paternalism of the medical profession. The way in which doctors
decided things that didn’t help people. The way that doctors lied to patients about
their illness. The way people didn’t get informed consent for research or didn’t
even tell people that there were research maneuvers, and these were abuses!
We’re not talking about other aspects of informed consent. The way in which,
essentially, physicians treated patients, and especially women patients one might
add, as children. So this as one of the main concerns of bioethics in the early days
places in the historical context of recognizing the rights of other “oppressed”
people. I don’t want to say patients were oppressed people, but patients were
people who were not empowered at all.

Fox: Because that was in the late ‘60s, early ‘70s and there were all those rights
movements going on.

Macklin: That’s right! That’s exactly the point. That’s what links those other courses, I
discussed, the philosophy in a contemporary mode or whatever that book was.
That’s what linked it and that’s why bioethics as a field became so attractive to us
teaching to begin with. And there was a link even though there weren’t articles
written by philosophers in those very early years. Soon thereafter there were
articles about oppression of race. And certainly in the Vietnam War there were
other issues that were coming at the time. An example is just war theory, which
had been part of a Roman Catholic theological tradition but was completely
unknown to philosophers. But there were some people from that theological
tradition who were talking about Vietnam as an unjust war, and others picked up
on the language “just war” without knowing anything about just war theory, just
like the communitarian business.

It’s very interesting in terms of the biographies of some of the bioethicists; one of
the precipitating factors getting them into the field of bioethics is the degree to
which they were active in the rights movements before they ever dreamt that there
was such a thing as bioethics. Alex Capron is one example; Tom Murray was
another one.

It’s interesting, and you may want to think about this and make some observations
about the different people’s ages, because I was beyond it. Alex is 53 or 54,
something like that, early fifties. Tom Murray is just about 50. I’m 61 and we’re
in a different place. I was, at the time of the Vietnam War, on the faculty; they
had to have been students. I was not even a graduate student. And yet I was
marching, with my kids in the civil rights. (Laughter) The future bioethicists were
marching as kids and I was marching with my kids and we wore arm bands. My
kids remember wearing arm bands. I don’t remember if it was the Vietnam War
or the racial violence but we were wearing arm bands! There was a lot of stuff
going on and the students I was teaching were making demands for relevance.
Remember I used that word at the beginning: that philosophy should be relevant.
I was involved in these movements, not the same way as students because
students have more time. I had two kids and by 1969 I was a single parent. So
my life was different and I was busy doing other things and cooking meals for
graduate students and hoards of people who came in, which was our community
by the way. Very communitarian with big pots of stew!

Fox: That really fits that period you’re talking about.

Macklin: And there was a real community. People who were graduate students and faculty
would socialize, would go from the classroom to the coffee lounge and then to
their separate homes and then reconvene later or on weekends and continue the
same conversations. That is a community. But let me go back to autonomy and
what it meant.

Fox: Another very interesting thing that you said here is how important the role of
teaching was, that bioethics became very attractive in teaching because of the
relevance, because of the students with whom you were conversing, not just only
because that was in the air in the sixties.

Macklin: What autonomy meant then was really what the Belmont Report focused on in
respect for persons, patients are persons. Although doctors are more “powerful
professionals,” the word that Barber used to use, patients deserve respect as
persons and that wasn’t limited to autonomy, although autonomy may have been
the centerpiece as it came into decision-making. Who should be deciding?
Should doctors be deciding what they tell people, what they do to people? Should
they withhold information? All of this as part of empowerment had resonated in
these other areas of oppressed groups or individuals, although there was no
patients’ rights movement in the same sense because people are patients for a
short period of time. Then they are no longer a patient except for those with
chronic diseases and disabilities. There is a disabilities rights movement because
there are people who have conditions that are enduring. But for the rest you are a
patient for a while, you either get better or you die. So that’s really the meaning
that autonomy had, and it was terribly important because it was empowering in the
same way as oppressed racial groups and even oppressed peoples in Vietnam.
What it came to mean, at least in the minds and the eyes of some, in a sense after
that battle was won... In developing countries there are still paternalistic practices
of medicine and doctors who don’t talk to patients and say patients don’t want to
know and they talk to their family, and that is a cultural thing. We can talk about
that in another stream, but the point here is the history in this country. Once that
battle was in some sense won, it wasn’t won with all doctors in all places, but in a
sense the concept of autonomy and its use began to take on another meaning. At
least in the way that a backlash occurred among some people, and I’m thinking
Will Gaylin and Bruce Jennings, it became a code word for bottomless demands
or endless demands. Entitlement perhaps, or the view that patients are entitled
and authorized to demand of their physicians or of the health care system anything
and everything they wanted. Now that’s a very different notion from the right to
make decisions about your own care.

If one were going to think about this concept of autonomy in a more sociological
framework, even if one were focusing on the patient and the patient being more
oppressed, to use those earlier terms, and the whole problem of empowerment,
one thinks about the patient in an interactive relationship with significant others.
Maybe this is a reduction on the part of certain bioethical thinkers, but they seem
to us to remove it from a conception of roles and the fact that this individual is in
interaction whether he or she is more powerful or less powerful than the other
person. This interaction got so wrenched out of the concept of autonomy that
there doesn’t seem to be anybody else there except that individual, whether that
individual is disempowered or being empowered. Isn’t somebody reacting to that
kind of distortion too?

Macklin: Well, distortion? That’s why bioethics has been termed by some of its critics
acontextual, ahistorical and acontextual. That’s one of the criticisms. This may
very well go back to the philosophers who did much of the writing. Why does it
go back to the philosophers? Because philosophy in the way in which it was
taught in the analytic, non-Continental tradition was acontextual and ahistorical.
It did not rely on empirical information; there were desert island cases,
hypothetical examples. The best philosophy examples used in philosophical
writing, thinking, and teaching were the most creative and outlandish that had
nothing to do with the real world. It’s that isolation, in a sense, from not being
anchored in reality, that may have gotten transferred, not transformed but
transferred, into well-intentioned thinking in bioethics. After all, if philosophers
in the past cooked up desert island cases about outlandish things that never
could’ve happened in real life, once they get into thinking about the patient, the
patient is more a concept than a social reality. Why doctors would talk that way
may become another matter, but then a literature kind of takes on a life of its own.
Then you have people writing about what other people have written and you’ve
got a conversation and a dialogue that buys into the concepts and constructs that start in the early time. Even if it could have been anchored to reality, and I think the people writing in clinical ethics rather than “abstractly” do bring it very much more into a context in which there are not only doctors and patients talking to each other, but also family. What happened to them? I think this is another criticism that is in a way unfounded, true but unfounded -- that in bioethics the patient is viewed in isolation from family and others.

Fox: There are lots of people running around in bioethics who’ve had no training in philosophy whatsoever, or at least a very minimal amount, who are also using philosophical concepts. Aren’t they responsible partly for the reductionism and resimplification?

Macklin: It could be, but this is when I think of the early literature and how things kind of took on a life of its own. Philosophers were the earliest contributors to the scholarly literature, not necessarily to the teaching, things that were used in the teaching but to the so-called scholarly literature, the things that came into the journals. This is a much more complex phenomenon than I could try to explain but it’s a surmise on my part.
An enormous number of people in the field are totally untutored, other than to be able to bandy around phrases like “Oh yes, I know who Wittgenstein is.” They don’t go back to read the original sources, for example, that shaped the philosophical thought of the people who are the philosopher bioethicists. As a matter of fact Carla was saying to me on the train she can’t really find the right word for whatever is supposed to be interdisciplinary about bioethics, because none of the words fit exactly. You have this kind of juxtaposition of people from different fields who I found at the meeting that I went to this week haven’t read each other, which is another thing. It is equally true, like you said, Ruth, that people are studiously ignorant of certain kinds of social science works that they really ought to have read if they are going to be talking about what they’re talking about. Not that everybody has to be a social scientist.

We’re all ignorant in each others fields, but I think, Renée, it’s not just reading it but it’s being part of the educational and professional environment.

Well, that’s what I’m really talking about, but short of that, you can’t stop and take off the next few years and sit down and read.

Even if you did you wouldn’t have the same experience that those of us who are
undergraduates and graduates did in philosophy. I've studied philosophy my entire educational life! As an undergraduate I majored in it, as a graduate student I did it. I went into a philosophy department and I was there until bioethics came along and freed me. Now you know I'm sure that in these very same bastions of philosophical excellence that were where the philosophers who became bioethicists got their degrees and education, they disdain bioethics.

Fox: Oh yes.

Macklin: They are so disdainful that the first claim they would make is that bioethics is not philosophy. This seems to me so wrong when you read what philosopher-bioethicists say. Now granted a person with a very fine mind and a very sharp tongue like Norman Fost, an old friend of mine... Do you know him personally?

Fox: Not terribly well but yes.

Macklin: Our fathers were doctors together and our mothers were nurses. So I knew him when he was just a little kid. In fact I went to his bar mitzvah. He is a good thinker, argues well, but he is not a philosopher. And he would be the first to admit it. But he is a good bioethicist and when he applied for the position at...
Princeton that Peter Singer has now gotten, the philosophy department wouldn’t
even hear of him, wouldn’t even think of him nor would other Princeton
academics because he was a doctor. What was a doctor doing in the halls of
higher learning? Now Peter Singer, although all of his writings are in bioethics,
writes like a philosopher, is a philosopher. He was acceptable to the philosophy
department but his appointment is not in the philosophy department. It’s a free-
standing chair and I think his appointment is at the Wilson School.

Fox: That’s interesting.

Macklin: And there are some other places where there are bioethicists and they are not even
in philosophy departments. Now some are not philosophers; Tom Murray was
certainly not a philosopher, he was a social psychologist, so he wasn’t in the
philosophy department at Case Western Reserve. Eric Juengst is a philosopher
and I don’t think he has an appointment in the philosophy department at Case
Western Reserve. I doubt it. There is no philosophy department here. I’m in a
medical school. Art Caplan has a joint appointment in philosophy at Penn.

Fox: Yes, but they were not terribly happy about it.
Dan Wikler is in a philosophy department at Madison. Dan Brock has been a chair of the philosophy department and he has an appointment both in the medical school and the philosophy department.

As you say, to analyze what kind of things have been done and how these fundamental concepts not only have been used in the different phase movements of bioethics, but also how they are used by different participants in bioethics from different disciplinary backgrounds, would take a lot of work. There is a stereotyping of it that really is partly true and partly not true is what you’re saying. I agree with that. The language is far too limited isn’t it?

I think our native tongue...my native tongue, English, is a very rich language.

I don’t mean to say the words aren’t.... But on a level of the link between a better conceptualization and the better use of language the vocabulary is too limited. I’m not saying the English language doesn’t offer us other possibilities. But, for example, there are certain kinds simultaneities that one might want to express between the totally isolated individual and a group which doesn’t recognize that the group is made up of actual individuals, and I don’t know what those words are, or I don’t know how one would formulate it. There’s a standoff, it seems to
me, in bioethics around that autonomy/interrelatedness/community thing or

whatever you want to call it.

Macklin: But I think in part there are a lot of different streams that probably have produced

it, the early focus that gave rise to the focus on autonomy, the early focus in the

bioethics field, was on the physician-patient relationship. That’s where autonomy

came in. It has shifted largely away from that into the patient and the health care

system. That changes the focus on what might be autonomy or autonomous

actions, requests, demands. It’s no longer the doctor being paternalistic towards

the patient and the patient’s autonomy as a counter to that paternalism. It’s a

health care system and a patient who may be seen as making demands on a system

where, for the last 15 years, the concerns have been about cost containment and

shrinking resources and smaller resources. That’s a very different relationship

between the patient and his or her demands on the health care system.

Fox: Now we’re worrying about the autonomy of physicians.

Macklin: Right, exactly! I knew that the “woim had toined” when physicians were being

quoted in newspaper articles as saying, not only things about their autonomy vis a

vis managed care, but when they started defending informed consent because the
managed care organizations were putting gags on the doctors and the doctors were saying, “It’s our obligation to have informed consent of our patients, how can we do that?” After two decades of railing against informed consent all of a sudden here are the doctors defending informed consent. People use what they can depending on who the enemy is.

Now that people have moved into this area, particularly the new chicness of being interested in managed care from an ethical point of view and so-called organizational ethics, once again you see people leaping in to do organizational ethics who don’t know anything about organizations.

This is very amusing actually because when I say organizational ethics my question is: What does this mean?

It’s a new buzzword.

I’m sure you could, without saying organizational ethics, use a lot more words to describe what it is they are interested in. But you are absolutely right; in both psychology and sociology there is a vast literature and lots of concepts. Are these people going to redevelop the wheel? Or are they just going to go along on a new
stream now ignoring....

You could at least read Max Weber if you want to stay theoretical. We could really go much further with this peculiar kind of multidisciplinary.

Let me go back to the switch from philosophy to bioethics and what happened there. I began talking about philosophy made relevant. In 1970, Sam Gorovitz, who was a colleague in the philosophy department at Case Western at the time, came around to everybody in the department and started asking people if they were interested in developing a program in medical ethics. He was going to write a grant proposal to the National Endowment for the Humanities and I at least said, “What kind of ethics? Medical what?” I didn’t know it was a field, or a growing field. Sam always had an interest in and his finger on the pulse of higher education. He knew what was going on in higher education. He already knew about medical ethics in 1970. The Hastings Center had been established in 1969 but a very small thing that was not necessarily known by philosophers, although there were a few at the very beginning who were involved. You think of the earliest, earliest people at the Hastings Center, aside from Dan Callahan, whose background is in philosophy although he never taught it and didn’t like it. He didn’t want to be teaching it. None of the people who sat around that table in the
earliest years, in the early 1970's and even in the mid '70's, none of them were philosophers. On the staff was Bob Veatch from social ethics....

Fox: He took his PhD exam in sociology with me.

Macklin: He has a PhD in sociology?

Fox: No, the sociology of medicine was one of his doctoral fields when he was at the Harvard Divinity School.

Macklin: Right. So it was a divinity school and it was social ethics that was his background. Marc Lappé was there and his background was in biology. Tammy Powledge is one of the people there. Bob Neville was a philosopher from the Continental school, from the non-analytic school. Those are the people who worked there. Will was a psychiatrist. And the people who came to the meetings, Bob Michaels was a psychiatrist, Paul Ramsey a theologian.

Fox: Hans Jonas.

Macklin: Hans Jonas, a philosopher very, very much from the Continental school. The
lawyers, Hal Edgar.

Fox: Believe it or not I was there the day that the Hastings Center was formed on the edge of Will Gaylin’s swimming pool, and my involvement doesn’t fit the history of bioethics at all. How sociologists got swept into that vortex I have no idea.

Macklin: Well, David Rothman was an historian.

Fox: Was he there that early?

Macklin: In the early years but he wasn’t around the swimming pool I guess. A lot of it was a few people who knew each other, but my point here is the philosophers actually came a little later. That is my point because the Hastings Center was formed without philosophers. Hans Jonas wasn’t one of the founders of it. It was people who they knew were working in a field that had to do -- let me say this very broadly -- with values in medicine, maybe human values in medicine. And your work as a sociologist is descriptive but always having to do with values.

Fox: And the figure who also fits and has a vague link with the poverty, peace and civil rights thing is Michael Novak, a buddy of Dan’s. He was also at the original
meeting because I remember distinctly him telling me I wasn’t really a sociologist
because I wrote reasonably well. It was interesting and you are quite right, and
nobody has that straight either in terms of the history. Even at Hastings they don’t
have it straight.

Macklin: Art Caplan was there as a graduate student; he met Dan on an airplane. Then he
became a post-doc the year that I was there. To skip over five critical years in the
development of this field, by the time I came to the Hastings Center, which was in
1975 part-time, there were already more philosophers in this field. But 1974 was
a very critical year, did you know that? Let me go back to 1971 and I will get to
1974. Sam Gorovitz actually had a more seminal role in a number of different
developments, as well as my own personal life, than people generally know. He
got the money from the National Endowment for the Humanities, so I said, “Sure,
I’ll be glad to do this, why not?” What we promised in the grant was essentially
to develop a teaching curriculum, that’s what we thought we were going to do.
And it was Sam and me and the other main person at the time was a person named
John O’Connor, a philosopher in the department whom I had known as an
undergraduate at Cornell. We were friends and pals at Cornell. He went to
Harvard and got his PhD and much later came and took up an appointment at
Case Western Reserve while I was then on the faculty. So kind of a friendship
rekindled. The grant made provision for a post-doctoral trainee, I think is what it was called, and all three of them were philosophers. Two who have stayed in the field both became prominent; the first person I think never even finished his degree. Then there was one medical student at the time and one physician who were with us in that program. What we had to do was to find some readings for students, because if you’re going to teach a course you need readings, right? This was a real course, not like in medical school where the students don’t read! It was undergraduate. So we started looking around for readings, and one thing we found were some readings on suicide starting with Seneca and the ancient Greeks and Kant and Hume, who had opposite things to say about suicide, and then some more contemporary pieces. I think maybe there were pieces on euthanasia as well, whether it was called that I’m not sure. So we found some ancient writings and some basic philosophical writings but precious few that could be used in a course that was being offered as a philosophy department course. Most of the things had to do with real medicine as apart from philosophers writing about the same concepts. I mean if you write about suicide you don’t have to write about suicidal patients, but most of the context of the articles, almost all of them came from psychiatry journals. Articles on confidentiality, articles on all kinds of things. And then there were a smattering of articles having to do with informed consent just emerging during that period. I have the first edition in my office of the book
that was called \textit{Moral Problems in Medicine}. What we ended up doing was putting these readings together and then making an anthology because there weren’t any readings. \textit{Moral Problems in Medicine} was essentially the first real anthology in medical ethics, or bioethics. There had been one book that came out with some readings but it wasn’t very systematic.

Fox: Who published it?

Macklin: Prentice-Hall, in 1976. Sam had a fight with Prentice-Hall. They said, “No one is going to read this book. Who’s going to read this book? Nobody teaching courses.” Sam said, “You wait...you wait.” The next year the Beauchamp and Walters anthology came out, the next year someone else. Each year after that there was a new book and then all of a sudden there were competitors for \textit{Moral Problems in Medicine}. In 1983 we did a second and revised edition. I don’t really have any taste for doing anthologies, I never worked on one after that and we let it go. By that time the field was rampant with anthologies. But there was nobody writing in ethics in those early years. The one exception was the 1969 \textit{Daedalus} volume that had the Hans Jonas piece.

Fox: That was the one on human experimentation; I was part of that group.
Macklin: So there were articles in that Daedalus issue. Paul Ramsey had already published The Patient as Person and that had some stuff about Willowbrook that we took from there. Joseph Fletcher had published his articles. The first edition of Moral Problems in Medicine had a lot stuff by philosophers in the pre-bioethics era, just philosophers historically from psychiatry journals. And then a few very early pieces in what is today the field of bioethics. Nicholas Rescher, a philosopher at the University of Pittsburgh, had written an article on allocation of scarce resources. It was almost the only thing that was out that had to do with justice, but people were talking about socialized medicine and we had some things on the Titmuss gift relationship in there. Again on the social scale, but we were making it up as we went along. We tried to devise conceptual categories that were philosophical categories. That was partly Sam’s vision and we were all philosophers and that’s how we put the book together. So we did have topics like medical ethics on a social scale, which were the allocation of resource arguments and issues. Birth and death, and abortion fit. Of course there had been articles already in the philosophical literature on abortion. There is another example of where starting in 1969 you had Judith Jarvis Thompson writing the article in which she compared a pregnant woman to a violinist hooked up to your kidneys. You know, all of these fanciful things. But other philosophers had already written about abortion and maybe there were even some euthanasia pieces.
Another whole strand was the role of the National Endowment for the Humanities in the development of medical humanities and bioethics. As you said, 1974 was a year that was pivotal.

Yes, pivotal in two respects. I’m going to tell you first how it was pivotal in the field becoming overrun with philosophers. In the summer of 1974 Sam Gorovitz organized a six-week seminar called “Moral Problems in Medicine” funded by the National Endowment for the Humanities. It was sponsored by the Council for Philosophical Studies, or some such offshoot or some organization related to the APA, the American Philosophical Association. Sam was active in that for a while and he put in for a grant proposal to fund this summer research project which was held some place near Washington D.C.. He asked me to be a faculty member. I couldn’t because I was on sabbatical in Berkeley, California. I regretted it. He had left Case Western Reserve in 1973. He was the director of the Moral Problems in Medicine project for two years and I took over as director in the last year when he went to University of Maryland. After that year that I was on I don’t recall how many people were there, but there is a photo from 1974, 25 years ago. For whatever you write you should get a copy of that photo; you will see the shaggy-haired, long-haired, hippy-looking philosophers. I think every one of them was a philosopher whose names became legend in the field. Everybody who came
out of there started teaching bioethics.

Fox: Do you know where that photo would be?

Macklin: I have seen it periodically because everybody who was there has one.

Fox: We’ll ask around. You don’t have one?

Macklin: I don’t have one, I wasn’t there but I’ve seen the photo. Not only of course were people very young but also they had all this hair! It was very interesting. Now, I think that opened a floodgate of philosophers; before that there was a kind of a trickle. I’ll give you an example of two out of the three people who were the post-doctoral trainees in the program. The first one’s name you probably never heard of was Arthur Zucker.

Fox: No I haven’t.

Macklin: I never see his name in the field. The second one is Andy Jameton, who went into the field of bioethics and remained there. He worked with Al Jonsen for a while and others. And the third is Sue Sherwin who has become very prominent in
feminist bioethics. She was a Stanford graduate, she got her degree in 1973 and then came directly to the Morals and Medicine program. By that time she could write a dissertation on the virtues with a feminist slant. By that time you could do that in philosophy; not long before that you couldn’t. So one reason that was a seminal year is that all those philosophers were fanning out into their departments, and they also began to write in the field. Before that there was one publication, the Hastings Center Report. A few philosophers wrote for it but not only philosophers, and although there were some more or less technical or rigorous philosophical articles in it there weren’t only that. But after that more journals came. Certainly now there are 7 or 8 journals in the field. So I consider that a seminal year because so many people who were philosophers and not doing this stuff came there, went back to their institutions started teaching bioethics and began writing in it, and it then became possible to write articles and put it on your CV.

Fox: It still raises the interesting question why just some seminar funded by NEH and a certain imprimature of the American Philosophical Association should legitimate....

Macklin: I don’t think it legitimated it. It got a whole bunch of people together, people who
at their own institutions may or may not have started teaching bioethics, may or
may not have started writing. It brought them together for something in the
summer when a lot of people didn’t have summer appointments, gave them a
stipend, put them together, and when they left after six weeks they began teaching
and writing in this field. So it didn’t have importance in a sociologic sense but I
think it did in the lives of those people.

Fox: You said that when they went home they had to get the philosophy departments to
agree to let them give a course like that.

Macklin: That’s true. We had to do the same thing; how did we do it? They said, “Sure
you can teach this stuff if you want. Teach it at an overload. Your course load is
two and two? Two in the fall and two in the spring? You teach this? You teach
three and two.” That’s what we did. And where they began to change their tune
was when the students began to flock to this course.

Fox: At that stage of your own development, you sound like a person who’s gotten
fired up at the prospect of being in the field.

Macklin: Oh yea! At that point I was directing this program. I’m going to come to the next
year when I changed my career. I was still a philosopher having to teach 101 and all the other courses you have to teach as a philosopher. However, I had started teaching ethics, which I had never taught before. And certainly the work in bioethics, or as we were still calling it, medical ethics, put me in mind that I’d better read a little more ethics and maybe teach some ethics. In fact I began to offer courses and teach them in ethics; not until the summer school course late in my undergraduate career did I even take a course in ethics. I don’t think I took ethics in graduate school.

The other thing that happened in 1974 in the field, not having much to do with bioethics, but having something to do with philosophers, was the National Research Act which gave rise to the National Commission for the Protection of Human Subjects. The early interest in bioethics and very much of the early attention went beyond what people were teaching to undergraduates was focused on research and that was post-Tuskegee. That was the first heritage of Tuskegee.

Of course that is another stream coming into the development of bioethics, because interestingly enough in this time period, somewhat independently of what’s going on in philosophy, is the rather astounding beginnings of taking note in the polity in the Congress, of abuses that presumably had taken place in this area of research with human subjects. Something that is very difficult to put your
finger on, is why and how Mondale, and Rogers, and Kennedy got interested in this. Why this was considered to be a topic that belonged in the Congress at all.

Macklin: It was earlier though, it was the Kefauver investigation of the Thalidomide tragedy which was a very visible thing; that was back in 1959.

Fox: What we have needed is exactly what you’re doing, which has to do with the history of ideas and the development of what’s happening, particularly taking it from the point of view of the field of philosophy. We could conceivably take on the courts and legislatures and the media through a certain kind of analogy, but not this.

Macklin: So this is a little different. Let’s see what happened now. So Sam Gorovitz got this National Endowment for the Humanities grant and we came out with the Moral Problems in Medicine project and the anthology. Sam has this summer institute and the next summer Sam was asked by Dan Callahan to teach one of those one-week immersion workshops in philosophical ethics as a basis for medical ethics, it had some name like that. There were already the big Hastings Center workshops. Dan Clouser, who of course you know was the first philosopher to be in a medical school in 1969, the same year as the Hastings
Center was founded, was the comedian/MC of a large workshop; I think there were 150 people who attended. Sam had a small group of about 12, 13, at most 15 people. One of them became a permanent and sort of well-known person in bioethics, although she came from nursing not from medicine, Mila Aroskar from Minnesota. This was a kind of a legitimization in a very small way of philosophical ethics in the medical setting. I don't know who were the regular lecturers in the large workshop that Dan Clouser MC'd, but Sam Gorovitz and Gerry Dworkin and I were the three faculty at this smaller workshop. I didn't even know who Dan Callahan was. I knew his name from the Hastings Center; it was kind of a vague thing from a distance. He came in one afternoon when I was leading the seminar and sat there smoking, as he did in those days, and listening. He looked intrigued and interested in the way that I was teaching the seminar and that night or the next morning he said, "We have an opening here. Are you interested in coming here?" First I was a little taken aback because I didn't think of myself as...I didn't know that much about the Hastings Center. This was the first I had been physically involved with it; I just knew about the journal, the Hastings Center Report. This was in June. I said to him, "I've already signed a contract for next year. I can't break a contract." So he then said, "Maybe we could have a part-time arrangement. We do have this opening and maybe if you could give us 20% of your time next year we could work something out and you could come on
full-time the following year.” I had tenure but that didn’t mean as much to me as leaving Cleveland. Leaving Cleveland! Boy, I would take the opportunity to get out of there if I had had a job with the sanitation department. But I still wanted to be a philosopher and of course I realized that this would be a very big difference and a change. I was a little concerned not so much about the tenure, but burning these bridges. And then he very truthfully said, “We’re about halfway between a business organization and an academic organization. There are scholars here and people write papers etc. but you’re supposed to come to work everyday like in a bank. You can’t stay home. Even people who are well-disciplined like me, when I stay home I work, but still you don’t stay home and write.” So that was my change of career starting in 1975, and my life made it possible in other ways. But anyway, in 1975-1976 I was doing this traveling back and forth, and in August of 1976 I moved from Cleveland. During that year my daughters were 16 and 14 and old enough for me to leave at home. I lived in a safe place and there were neighbors and there were friends. I don’t know what I would’ve done if I had sons, but anyway...so I could leave them, which I did, to go to the Hastings Center a couple of days every month, sometimes I went more often than that, working on a project and trying to develop a grant proposal for the next year. The next year I moved and that was really the change in my career. By that time there were more philosophers who were straight philosophers coming into this field and beginning
to write articles and do serious intellectual work in bioethics. Some still wrote
more classical, traditional, philosophical things but many were working in
bioethics. Dan Brock and Dan Wikler emerged at just about this time. I first met
Wikler at the Hastings Center in 1976 in one of the projects, and Brock in 1977
for the first time.

Fox: Had Arthur Caplan preceded you?

Macklin: At the Hastings Center?

Fox: Yes.

Macklin: No, the year that I was going back and forth he was a post-doc. The year that I
came on full-time so did he. So he and I simultaneously had our positions. He
was a so-called post-doc; he actually didn’t finish his doc at that time but he was
hired that year. So now there were two philosophers in addition to Dan Callahan.
Before that there was Bob Neville; I want to be clear about that because I guess
it’s the background that makes me think it. Maybe Bob had a religious degree
too. He was a philosopher but he taught religious ethics and he was an example
really of the other kind of philosopher, whether it was Continental or ...
Didn’t Dan have explicitly in mind to now begin to staff the Hastings Center with more true philosophers?

No, I don’t think so. I don’t think that was conscious. Dan always picked people that he liked, who appealed to him and who were smart and who could enhance the work of the Center. He met Art on an airplane; he didn’t go looking for a philosopher! He met this guy on an airplane. He saw me... I mean I was a philosopher and this seminar was in philosophical ethics but there was something about my style.... Dan is put off by a lot of philosophers but there was something about my style. I was also the first woman who was hired at the Hastings Center except for Tammy Powledge. But Tammy was not an Associate, I had the title of Associate. Tammy Powledge was a Research Associate. She didn’t have a PhD. She came out of the Sarah Lawrence program in genetic counseling. She was basically a journalist but she knew a lot of genetics. At some later point when there was no Associate for biology she was promoted or given that position. Anyway, she said she found it surprising because she said Dan Callahan doesn’t like women, which is not true. But what she meant is that he was not looking for women; there was never even a search for women. Peggy Steinfels but she was an editor, she wasn’t an Associate. She was the editor of the Hastings Center Report. Carol Levine was a managing editor and that was alright because those were...
journalistic positions. And Tammy herself was a Research Associate so Tammy thought that this was a big step up for the Hastings Center, having its first woman. Still I think you were among two or three women Fellows of the Center from the early years.

Fox: In that era my conscience was totally unraised. I’m just sitting here thinking how masculine that was and how much I took that for granted.

Macklin: Totally!

Fox: The only women I ever met there were the wives.

Macklin: There was Eric Cassell’s former wife, who got a degree in anthropology at some point but she was not there, in her own right. She was there because Eric said “we work together.” Who is the woman historian of medicine from Harvard? Barbara Rosencrantz, she was a Fellow. Judith Swazey was there as a Fellow from early times, and Sissela Bok. That was basically it.

Fox: How bioethics began and began to be organized gives it another whole dimension that I think is different than just discussing the history of the evolution of some
Right, I think it's different from the scholarly work and the teaching stream.

Perhaps this will help us to judge how much more we need to do with you biographically. Do you feel that there are some very important things biographically that would give us a fuller picture of the way in which your personal intellectual story in the field unfolded?

I can do that very quickly, and then there is one thing that you haven't mentioned that I think that certainly as a sociologist I'd expect you to be interested in. And that is the why's and proliferation and consolidation of professional organizations in this field. Because that says something about the contemporary state of the field, and where it is and where it's going.

Yes, we will go into that.

I know a lot about that. I can leap frog because then I did the same thing for a long time, but it was a career trajectory that I guess ultimately put me in a different place. I was at the Hastings Center for only four years. I say only
because it seemed like much longer! It seemed like much longer -- it was another community. We ate lunch together. We shmoozed in the halls together. We hung around after hours, we’d have some cocktails and hang around. Children of the staff came there afterwards. At the time that I began to work there my older daughter entered Yale as a freshmen and my younger daughter was in high school at Hastings High. She became friendly with Dan Callahan’s sons. I lived within walking distance of the Center. They could walk there from school. We’d go to Callahan’s house afterwards and have pizza. Sometimes we would go to Art Caplan’s house. The kids could come if they wanted to. It was a community in a real sense. Someone once joked that if Dan could have his way he’d have houses and tents out on the premises and everybody would kind of live there. Probably so he could get more work out of them! But we’d often work late. We’d work until 7:00 or 7:30 and have a few drinks or socialize or whatever on weekdays. My daughter then had two jobs at the Hastings Center which was very nice. She was the food service helper, helping the cook serve the meals and also she stuffed envelopes for the mailing packets program which was very nice, even though she was only 16 at the time, I could see her and we could also gossip about the people who came to the meeting. But there was this sense of community there...it was only four years.
Fox: This might take us down a path that we don't want to go down too far, but I was just wondering what was the relationship between Hastings and Kennedy at that time?

Macklin: Cordial but they saw themselves doing different things.

Fox: That's what I thought.

Macklin: There was no hostility by any means and in fact people who were at the Kennedy Institute came to meetings and did things at Hastings and some were involved in projects. Dan Callahan was not interested in rivalry and confrontations really. I think he set the stage by saying, "We do different things. They do some educational things. They do the bibliography." The only thing that they really did the same was, and they weren't really in competition, was the summer workshops and maybe the Kennedy Institute started doing that after the Hastings Center was no longer regularly doing it. They were two different institutions both devoted to the same thing but a different emphasis and different focus.

Fox: What would you say the emphasis of Hastings was during, the four years that you were there? How would you describe it other than familial?
Macklin: I think there was an effort to embrace all areas of bioethics -- health policy, genetics, death and dying, behavioral control or behavioral studies, anything that came up. But the working mode was different from Kennedy. The Hastings Center published a journal and had meetings in which the key people in the fields and deep thinkers and scholars were brought together in a multi-disciplinary forum to debate ideas, policies, and dilemmas and problems. And the outcome of these focused projects was always a book. So it was project oriented although there were educational programs. There was always the visiting scholars' program and there were the summer workshops, but the focus of the Hastings Center was doing projects and trying to resolve some problems or bring some enlightenment to contemporary and newly emerging issues that intersected the Hastings Center. Now, you know it's very interesting, I heard someone give a totally false capsule of the Hastings Center and it went like this...this was at a meeting at PAHO just last week. This person is somebody who might have known better because he went around the world with Dan Callahan when Dan Callahan was writing his abortion book. This person said the Hastings Center was founded in Hastings, New York (there's another city called Hastings, New York) and that's how it got its name, the Hastings Center. In fact, the name was the Institute of Society, Ethics, and the Life Sciences. Sometimes wrongly stated, one of the mistaken errors in the name was the Institute of Society, Ethics, and the
Light Sciences. The Hastings Center was the physical place where the work was done. They used to answer the phone when I first came there as “Good morning, the Institute.” And only later when everybody kept calling it Hastings did it get the name the Hastings Center and they officially changed it from the Institute of Society, Ethics, and the Life Sciences to the Hastings Center. So there’s an awful lot of mistaken views that are perpetrated.

Fox: Within the Institute at that time there was only so far anybody could go; a matter of fact, Arthur had to leave too.

Macklin: Well, eventually but he was there much longer than I was.

Fox: There was no place to be promoted.

Macklin: That’s right. And in fact the history of the Hastings Center, when you look at the people who went on, many became quite prominent in bioethics. The Hastings Center was almost like a training period. It was a good time. It was a good place to be, and if you look at Bob Veatch after he left, his career blossomed in many ways beyond what it was at Hastings when he went to Kennedy. Art was there much longer, he didn’t leave until 1987 and he went to Minnesota. Tom Murray
was there, he was my successor. He then went to head up a Center. Ron Bayer was there for a very long time and then went to the Columbia School of Public Health. Each person’s story was different.

Fox: I think Arthur sees the Penn Center, as a place where he can launch his people and they will go forward and have their own programs. I think he thinks of people like Glenn McGee this way.

Macklin: And that’s an appropriate thing because that’s also an educational thing, it’s a mentoring function. That did happen at the Hastings Center and it was true of others who had moved on as well. So when I came to a medical center I was back in academic environment, that was in 1980, but very, very different.

Fox: How did Albert Einstein happen?

Macklin: Well, I actually had been teaching there part-time since 1977. At one of the Hastings Center’s larger annual meetings, when the associate members as they were called, basically subscribers to the Hastings Center Report, were invited, I gave a talk on rights and duties in bioethics I guess it must’ve been in June of 1977, which is after the first full year I was there. One of the attendees, one of the
associate members, was a dean emeritus but still a faculty member, a much older
physician at Albert Einstein. He was a wonderful, wonderful man, one of these
legendary men, named Harry Gordon. He was a pediatrician who, as many
doctors did in their older years, turned to ethics...wanted to do something in
ethics. He knew he was just a rank amateur but he was an associate member of
the Hastings Center and he still had a great deal of influence as a highly respected,
highly regarded grand old man in the medical school. He wanted more than
anything to bring ethics teaching into the school. He was also an old buddy of Ed
Pellegrino’s, and he had launched a lecture series the year before he met me.
LeRoy Walters came up. I think Ed Pellegrino gave a talk. Harry Gordon did a
lot of work with the Kennedy Center because he was also director emeritus of a
building called the Kennedy Center at Albert Einstein. Whenever there is a
Kennedy Center you know where they got their money from and this was
essentially a developmental Center that dealt with a lot of mental retardation stuff.
So Harry Gordon saw me in 1977, he had already had this lecture series, and he
asked me if I would be interested in teaching a course. So I came one year just as
a single lecturer and then I was offered a position, it must’ve been in 1978, as an
Associate Clinical Professor.

Macklin: That basically meant that I was half-time at the Hastings Center, meaning 100%
time with my work at 60% salary. So I actually was splitting myself between the
two places. Art Caplan did the same at Columbia. So then there were two of us.

Dan didn’t like this at all, Dan didn’t like people giving anything other than their
full time to the Hastings Center. But I gave a lot of time to the Hastings Center
and I lived in town. And I had my daughter there and she was working at the
Hastings Center all the time. So I did that for two years and it was tough. I was
riding back and forth on the Bronx River Parkway and I didn’t feel part of the
institution, the medical school. I just came in there to teach the course. So when I
decided it was time to move on I explored two possibilities. One that I really
didn’t take very seriously was at Pace University. They had some chair and some
position there in applied ethics. Then I went to Einstein and to Harry Gordon and
he really didn’t have to work much magic. They had a New York state Deans’
meeting and I was their person in ethics. By then every medical school had to
have a person in ethics, so the time was ripe. They thought, yes, we can pay the
salary of somebody and it was a department then called community health that
was willing to have the position.

So you went right up to full professor in 1984?

No, I came there full-time in 1980 as an associate professor. Before that associate
clinical professor meant that I wasn’t there full-time. In 1984 I got promoted within the institution. So now I’ve been there 19 years, that’s a long time.

Actually that’s a very rapid period of time to go from associate professor to full professor in a medical school.

Well, I had been an associate professor at Case Western Reserve for years. In fact I was about to be put up for promotion when I went to the Hastings Center. They said they would put me up for promotion and I said I might not come back. There was another person who was vying for it at the time and they said we might not have a chance if we put up two people. They said, “Would you mind if we defer you for a year?” I said, “I might not even be here for a year, it’s okay with me.” My sights were elsewhere, I could turn my back on Cleveland. So I was already at a point where I could have been in 1976 when I left Case Western Reserve but then I went into a non-academic institution so everything grinds to a halt. But you’re right, the medical school had their own number of years.

They have their own number of years, it doesn’t matter what your CV looks like.

They are on a calendar like nobody else’s. So then I got promoted in 1984. I will
Ruth Macklin  
Acadia Institute Project on Bioethics in American Society  
page 82

leap over all of these years just by saying a couple of things. The teaching in the medical school changes over time. It’s never very much teaching. People who are full-time medical people do clinical teaching but there is very little didactic teaching that you are required to do. But since I was the person in ethics I did more teaching in the medical school than most people. And I enjoyed that for the most part. I enjoyed the teaching and co-teaching in the clinical years more than others. I’ve basically done the same thing or similar things for those 19 years. I say similar because programs come and go with structural changes in education. All that business changes. The medical schools always have to keep up with the next medical school and the latest. But by and large I continue to do what I’ve done, teaching a little more or a little less, a little more clinical, a little less didactic.

What changed in my own career was essentially...how can I put it? Soon after I left I maintained a lot of ties with the Hastings Center. I went to all the meetings. I still lived in Hastings and those were my colleagues. I had no colleagues in medical school. I still have no colleagues in medical school! I have some but it doesn’t matter because there is no collegiality and people are busy. If there is any non-community that exists anywhere it’s medical school. But my colleagues were certainly still solidly at the Hastings Center and I was close by and they were my friends anyway. So I came to meetings, I came to evening
meetings, I came half-day to a meeting there and could still do my work at Einstein. I began to do more writing because there was more time as an academic. I wasn’t writing grant proposals for the Hastings Center, although I was supposed to be writing other grant proposals. I’m going to bring Sam Gorovitz back into it. As in other things in my life before that there were moments that put me on a different trajectory. As I say I continued to work with Hastings Center. I became a little better known nationally.

You’re being modest.

Well no, a little better known through publications, partly through Hastings, and partly through other things and began to get invitations. But still I wasn’t involved in any organization that was involved in any international work. I occasionally went to American Philosophical Association meetings, which was my original association, but since I was really out of philosophy there was no point in doing that. If they had a program in medical ethics, which they occasionally did, they would invite me and I would be on the program. So my life was essentially what an academic’s life is, writing papers and going to meetings. And then there were more and more meetings, more and more meetings. The people who now started these Centers, all the people who left the Hastings Center,
were having meetings. And the American Society of Law and Medicine, which had been around, had educational meetings. Whereas earlier I had written papers for publication and occasionally was invited or went to some conference, now much of my writing agenda was what other people were asking me to do. Write a paper for this and then it will be published or write a paper for this meeting and then if you want you can seek to have it published. So that went on for a few years. Two things...I don’t like the word “sea change.” I don’t even know what it means but I suppose it’s the right word for this. The first sea change came in 1984 when there was an article on the front page of the metropolitan section of the New York Times. It had a picture of me co-teaching with one of my colleagues and an article by a reporter who no longer writes for the Times. I got phone calls, it opened floodgates. I started getting phone calls from all kinds of people wanting to do all kinds of things; a lot TV people wanted an interview, and one phone call came from a...

Fox: That’s the one that described what you were doing at Einstein as a teacher.

Macklin: Yes, all it did was just describe teaching in bioethics, but it described the cases and the reporter interviewed me. Maybe she came to one session; it’s hard to get a journalist into the medical center. In any case, I got phone calls from
ghostwriters who wanted to write a book. I said, "I write my own books, thanks," of course realizing I was never going to have a blockbuster if I was going to write my own books! And one of the people who called was a literary agent who asked me to write a prospectus, she didn’t want to ghostwrite she wanted me to write a book. The book that I wrote called Mortal Choices was a result of this. That was the only real trade book in the sense of a trade book; Pantheon published it. Then the next year Houghton-Mifflin published a paperback version with a different subtitle and it had a new life after a year. But that just was a different level; that wasn’t prominence in my field, it was before the public. The TV people on the morning shows.

This is the other face of bioethics that we’re talking about.

Right, exactly. I wanted to bring it in because it had a place in my personal life. At the Hastings Center they tell you that the media blitz began with the birth of Louise Brown, the first so-called test tube baby. Maybe Art would peg the intense media interest in the Hastings Center to that episode, that event. In my case again, it wasn’t just an ordinary media call. It was what followed first from the New York Times story and then Mortal Choices 3 years later. By the time I wrote the book and had it published it was 1987. So that was at a time or it became a time
when there was much more public awareness and attention to things in bioethics.

In my life this brought this up a notch from being well-known in bioethics to
being somebody who was on, not as frequently as Art Caplan, but on the rolodex
of some of the media people. I’m on the morning show etc. and people would call
up. My daughter’s mother-in-law would call up and say, “I saw your mother on
TV!”

Fox: Are you doing TV to this day?

Macklin: More or less, but it depends on what the topic is. The last big media blitz was
cloning. And every bioethicist in the country was called by every local and
national news medium and there weren’t enough to go around because all the
bioethicists were being called. It’s often an event like that in contrast to
something I did. When I wrote a book or when it was a story about me, then they
came to me because it was my book and it’s like an author on one of the shows
and they want to know about all these things. But when there’s some story or
some big blitz....

Fox: Like the one that’s in the Times this week.
Right, like this one. I got one call about that story from a man on a local call-in show on public radio station, which is fine because it’s not talk radio in the same way. And that was the only call I got about this. This other story is something else; that the one I was talking about at such length today. I was still on the phone when you pulled up. So things went along with these 2 blips, 1984 with the New York Times story, 1987 when Mortal Choices was published. And actually again with the New York Times in 1990; that was a bigger blitz because it was the front page of the magazine, which is national.

It was the major story. It was about Ruth biographically and it was about her as a personification of the field of bioethics, is really what it was.

Well yes...it was actually. She was a very good writer.

Yes, it was very well done and she was photographed, there was a cover photograph.

Well it wasn’t a photograph, it was a cover drawing. The photograph was inside. It was a big photo. It was very nice. My daughter, the clothes horse, told me I had to go out and get some clothes for this photograph. She said, “Don’t go to
Macy’s, don’t even go to Bloomingdale’s!” She said, “Go to Bergdorf’s” I’ll tell you something. I still have those clothes because they are the most expensive clothes I ever got and they lasted for 9 years!! I’m still wearing the jacket! Now, let’s bring Sam Gorovitz back into the picture because this is the catapulting into the international world which I have loved the most. It is the most enriching. Sam is a member of a sort of permanent committee or steering committee of CIOMS, the Council of International Organizations of Medical Sciences. They co-sponsor conferences with WHO and they published the international guidelines for ethical research involving human subjects, international guidelines for biomedical research and also epidemiology research. It’s a small outfit that exists in the world. It’s pretty important but very small when you realize it’s a tiny little staff and then a wider group of people whom they bring for various purposes.

Fox: He is on the board of that?

Macklin: It’s not a board, it’s a kind of a group. Jack Bryant is the president of CIOMS, there is a Secretary General in Geneva who works at what is essentially a WHO affiliate in a way. Jack Bryant is a retired physician who lived in Pakistan for a lot of years. I don’t know how he even came to CIOMS. There are a few other people and they bring together different groups, for example to put together the
guidelines. Sam was a member of this group along with Dan Wikler and a few
other people who for years met together periodically to plan things or whatever.

Fox: I always wondered how Dan Wikler got catapulted into this international bioethics
thing.

Macklin: Well, he was involved then with CIOMS but I’m not even sure. Let me not say
something erroneous about that. Dan’s going to be at WHO next year. This is a
brand new thing. He’s going to be there essentially as a philosopher-in-residence,
but that’s not the title he has. He actually is going to be helping to develop
programs in ethics throughout WHO. He’ll tell you about that.

I’ll go back now and tell you what Sam Gorovitz did. There was to be an
international meeting, a large conference, sponsored by CIOMS and a branch of
WHO on human values and family planning. That was the title of the conference
and they needed a keynote speaker. Sam said to the group, “You know, you ought
to have a woman give a keynote speech on this topic.” And he convinced them.
And he said, “I have just the person in mind.” So he called me up and said, “I
can’t offer you this single-handedly but if they invite you to do this, I’ve
recommended you to give this keynote address in Bangkok at an international
conference on human values and family planning. Would you do it if they asked
you?" I said, "I've never worked in that field, I don't know much about it. I don't know much about the international world, but I'll do it. I'll study it. I'll read up on what I have to read up on and I'll do it." So he convinced them and they invited me and I gave the talk. It was the first that they ever had real ethics in this kind of stuff. I focused on human reproduction and family planning. A few people loved it. Some people asked from the audience, "Well, you seem to be talking about Western principles of bioethics. What about other parts of the world? What about Asia? What about other non-Western principles? Can't you talk about those?" And I replied, "I can learn from you." I said, "I don't know about those. I only can talk about what I know and I would love to hear before the end of this conference from others from this audience and others at the meeting -- it was a three day meeting -- and we can share some of these ideas and you can tell me and I can learn from you."

I went away from that conference very interested in international things. That was in June of 1988. Sometime about two or three months later I got a last minute phone call asking me if I would come to Rio and talk about unsafe abortions, or making the world safe for abortion for women. It was so close to the time of the conference, maybe it was in September and they wanted me to come on November 1st. I knew that I must've been a backup. They had asked Dan Callahan to give this talk and he had at first said yes and then he pulled out, which
 wasn’t nice of Dan but he probably realized he hadn’t worked in that field. He
hadn’t done anything in 15 years and really didn’t have anything more to say
about abortion. So I agreed to do that. That was my second international talk, it
was only 6 months later. What happened there was that one of the key figures in
the organization of this program was a man who had also been in Bangkok and
who was then the director of the human reproduction program at WHO. His name
was Jose Barzelatto. He was one of the co-editors with Alex Capron and the
Secretary General of CIOMS of the volume that was the outcome of the Bangkok
conference and he was now here at this teensy symposium in Rio. So he heard me
talk twice. He approached me and asked me if I would accept an invitation to be a
member of what was then called the Scientific and Technical Review Group at
WHO in the human reproduction program, which was basically like a
combination IRB and science review. It was the highest level committee in the
program that reviewed all of the research on human reproduction that was
sponsored by WHO, almost all of which was in developing countries. So I was
pleased and I was flattered but I said, “I would like very much to do this but I
know that there are different ethical standards and different ways that ethics is
practiced throughout the world. I don’t know this from having experienced it very
much but I know people often talk about it. I could really only do this if I thought
that the highest research standards were being accepted and being enforced in this
program. Otherwise it would be a compromise of my integrity for example if in
some parts of the world they say they don’t believe in informed consent here. Or
the husband can give consent for the wife. I would find that difficult from a
personal and professional ethical standpoint.” And he assured me without
question that the WHO and his program had and wanted to have the highest
ethical standards and he was hoping that I would bring that to this program, etc.
Sam Gorovitz was the causal factor because I was at the first meeting with
Barzelatto in Bangkok. Then I was at the second meeting at Rio and then he
asked me to come to the program. That’s what brought me front and center into
the field of human reproduction, on which I’ve done an enormous amount of
writing and work since then, and also in to that phase of the international work.
The next step in that trajectory was when this same individual, Jose Barzelatto,
left his position at the World Health Organization and became the director of the
new human reproduction program at the Ford Foundation, which is a very high
level position in the Ford Foundation. In that post he was giving away money; he
wasn’t doing that at WHO but he was doing it in this one. So once again... I say
once again because he was responsible for inviting me to go to Bangladesh to
something that the Ford Foundation was sponsoring. I talked there at lunch in
Bangladesh with the program officer and said, “Gee, is there anything that the
Ford Foundation sponsors or funds where I might get a grant to do something in
the international world in reproduction?" She said, "Sure!" And Jose had done
this when he came to the Ford Foundation; he put ethics as one of the prominent
areas that he wanted to emphasize at the Foundation and their grant giving. So I
wrote a total of three proposals, three in succession. The first one was for
basically a two-year project in which I was called a technical advisor, which
sounds sort of funny in ethics. I would serve as a technical advisor to Ford
Foundation program officers and their grantees in different parts of the world
where they have the human reproduction programs. It was limited to human
reproduction and sexuality. So that was the first of two projects. Immediately
after that was over I put in a grant co-sponsored by them and the McArthur
Foundation for a conference on ethics and human reproduction that was held in
conjunction with the International Association of Bioethics meeting in Buenos
Aires. I'll come back to the IAB in a moment. Then I wrote a third grant
proposal for a new project focusing on ethics and social science research in
developing countries. The Ford Foundation sent me to some countries for a
second time, others I hadn't been to for the first time. So in these two projects in
a period of approximately four years I visited 12 developing countries and got the
material that I presented at the conference, the book of which has now finally just
appeared.
Has that come out now?

Yes, I got the book this week. Not my book; I’m talking about Gail Henderson’s book. Mine has been out for a month now and before you leave I’m going to give you a copy. You are one of the very few people, Renée, because do you know how many copies they give you? You are going to disagree with some things but you may appreciate others. I mentioned the Ford Foundation because that was really the culmination in a way of getting those grants and then working in that way and being able to write about it. Now one little anecdote; maybe you won’t like this but Patty Marshall who is a dear friend of mine... Do you know Patty?

Yes, we do.

A dear friend of mine, in fact I just saw her in the last couple of days.

I just learned that she is doing that interesting research on the selling of organs in India.

Well, I was describing this book to her as I was writing it, near the end, and I said, “You know this book is going to come in for a lot of criticism from social
scientists. I’m not a social scientist. I don’t pretend to be. I’m not writing the
book as one but on the other hand I am talking about a lot of descriptive material
in here and I don’t want to falsely bill myself as a social scientist.” She said,
“Well, what do you think we do? We do the same thing. Just write that you
talked to key informants and then people will think you did this in a social science
way.”

Fox: I was very impressed when you said to me at Hastings, at the meeting of the
Fellows where we last saw each other, that you are not a social scientist and
you’re not doing ethnography like everybody else in bioethics seems to think
they’re doing. But you do make careful observations and you do keep notes,
which you are doing as a philosopher. Other people who are running around think
they are doing ethnography just because they’re doing something analogous to
some qualitative empirical research, but not really. That’s different.

Macklin: I make the disclaimer in the preface or in the introduction that the methodology is
not that of social scientists and I don’t claim to be making generalizations or
coming up with scientific conclusions. These are observations from talking to
people and I’m recording some of the things they’ve said and analyzing them and
that’s the philosophical part.
What I have always said is if philosophers who are interested in doing this kind of research would use some of the qualitative methods of inquiry and so forth, what would be really interesting is if they would do it from the point of view of philosophers, not do pseudo-anthropology or whatever, because that’s what’s really interesting.

There was a time several years ago when there were some philosophers in bioethics that said the only thing that is interesting is ethnography. It was philosophers saying that.

They’re still going around saying that and it drives all of us crazy. I’m sure Patty Marshall must feel the same way, not that it’s inconceivable that they could learn to do ethnography, but in order to do ethnography you have to learn how to do it. Besides which it takes time. You say you’ve worked on this for four years. I think you would have the right to claim that you did something that meet some of the criteria of ethnography, because you didn’t dash in and dash out.

Well, I wasn’t in one place for four years.

But still it’s cumulative. There has to be an underlying conceptual framework.
You don’t just go in and start looking.

That’s right.

The misuse of the concept of ethnography in the bioethics literature....

Is another misuse, right? We could make a catalogue of misuse. It was Barry Hoffnaster who said that ethnography is really the only interesting thing, this is what philosophers should be doing. Anyway, bringing me practically up to the present, although I don’t have Ford Foundation projects anymore, I continue to do a lot of international work.

What was it you said you had just been appointed as for the UN?

Actually it’s not just. In 1996 Peter Piot, who heads the Joint United Nations Program on AIDS asked me to chair their ethical review committee, and that’s like an IRB. It’s UN AIDS IRB. It’s really broader than an IRB because we try to issue some policy statements. We’re conducting workshops all over the world on research ethics and capacity building and research ethics in developing countries.

By the way, the other committee that I’m still on, which changed its name from
the Scientific and Technical Review Group to the Scientific and Ethical Review

Group, is the one that Barzellato appointed me to in 1989 at the Human

Reproduction Program. Each of those committees meet twice a year in Geneva.

Both of them conduct workshops in other places for capacity building.

I’m not going to be a knee jerk critic, quite to the contrary, because first of all I

hope I’m a better social scientist than to just come in and make a stereotype

response. But also, as Carla and I have discussed because of the project I’m doing

on Doctors Without Borders/Doctors of the World, I’m thinking about many of

these issues that you have tackled which I will read about in your book with great

interest. The humanitarian movement, as you know, humanitarian organizations

and ones that are involved at the same time in human rights witnessing, are right

in the middle of some of the most intricate moral dilemmas about the issue that

you’ve tackled and others associated with it. As a matter fact there’s even a crisis

at this point. I think the literature coming out of the humanitarian organizations

now, and not just Kosovo, represents the tragic epitome of the worst moral

dilemmas. They’re really in a state of their development where they are learning,

interestingly enough for the first time, I don’t know why so belatedly, how

difficult it is to achieve not just internationalism but transnationalism. They’re

also in a stage where they are seeing that no matter how well motivated and how
beneficent and how informed and so forth the actions they try to take are, all such
actions have some negative side effects and can do as much harm as good. There
must’ve been an underlying utopianism... Although I may not agree with
everything you’ve written, I’m positive that I will have a much more satisfactory
conversation with you than I have had with other people in the field discussing
these questions, including those who are appreciative of you and those who see
you as taking some kind of rigid position on these issues that can’t be budged.
Where do you think your colleagues are in thinking about these issues? Not
where the social scientists are, we can provide that.

Macklin: I think first of all that most people in the field of bioethics haven’t spent very
much time thinking about international issues.

Fox: I’m afraid that’s so.

Macklin: They may but they haven’t written about it, they’re not drawing on a literature. If
I’m trying to think of who has written about any of those things they jump in
when there’s some kind of big issue or big blow-up like the AZT trials or....

Fox: Or female circumcision.
Well...Yes, that’s true. That’s another example. There are people who have long been working in areas in an international way and most of them are in the field of bioethics but most of them aren’t philosophers. I’m thinking now of Rebecca Cook and Alta Charo in human reproduction, both assisted reproduction and even in the international contraception-abortion etc.. Rebecca Cook is in the human rights and women’s rights and the Cairo Conference kind of thing. There are people who worked in that stream but there are very, very few bioethicists and writings in bioethics that have systematically written about these issues, even in books. Baruch Brody wrote one book that I actually haven’t read and must get on international research. It’s focused on international research issues related to international research, but work is usually topically oriented rather than taking a more systematic look at the general issues of cultural and ethical relativism. My book is entitled Against Relativism but this is where I’m coming from. But I certainly try, as you’ll see, to reject the notion of moral absolutes, and as any philosopher would do, you have to make a lot of distinctions. And I end up saying that some things are relative and others are not or should not be, even if it’s true that there is descriptive relativism, right? But the question of whether normative ethical relativism is true, that is, what cultures practice or believe is right is therefore right to them, and people should not criticize it, that becomes a separate issue. That’s what I argue throughout the book with a lot of examples.
Again to go back to those humanitarian movements, particularly in this era when we know it’s a new era in the world in which it has become more legitimate and in some ways considered to be more morally obligatory to forget about national sovereignty, we are interviewing in areas where things are happening that should not be happening in the name of humanitarianism and human rights, which elicits enormous controversy in and of itself and not just because of bombing and so-called collateral damage. I can’t think of issues that are more important or more complicated, more difficult.

It’s very complicated I’d like to work next on things in human rights and I have to stay in bioethics. But I have one chapter on human rights and among other things it has to address the question of Asian values, which some of the opponents of, or people who are claiming we’re not violating human rights because “we don’t believe in your human rights, we have Asian values.” That’s all in the book, we shouldn’t be talking about what’s in the book. We’ll continue this....

At the Daedulus meeting on social science, bioethics, and medicine people were talking about global bioethics. Obviously it was a good meeting because it goaded me in ways that I think are not just annoying but productive.
Who was talking about this?

Lawrence Cohen, who works closely with Patty Marshall in India. He’s out at Berkeley, he is an anthropologist. Arthur Kleinman talks about global bioethics. I really wanted to know what people knew about how bioethics is practiced in different countries. First of all, some of the people were intending to imply that wherever people were thinking about ethical issues bearing on medicine, no matter what land it was in, it was bioethics, which I categorically reject. More importantly, there is an institutionalized phenomenon called bioethics in many countries now. But as far as I could tell nobody around the table knew anything at all about what bioethics is in England or in France was, to say nothing of bioethics in Pakistan or Japan.

Should I say a little bit about that? The theme of the last meeting, of the International Association of Bioethics, was global bioethics. That meeting was in Tokyo.

Was that the one that I helped out? The one Jonathan Mann gave a talk at?

That was the 1996 meeting. The first meeting of the International Association of...
Bioethics was in Amsterdam in 1992. The original spearhead person in founding the organization was Peter Singer, along with Dan Wilder. One of the things that gave rise to the decision to plan and organize such an international organization was the rejection of Peter Singer in Germany. Because of his writings and the view of many German intellectuals today that anybody who talked about assisted suicide or anybody who talked about genetic manipulations is bringing us right back to the Nazi era, a very unthoughtful and unreflective view in my opinion, when he went to speak in Germany people felt he ought to be drummed out of the place. Because of his writings he was essentially invited to the conference and then he was disinvited. I think he was there for another conference and there were protests outside etc.. And so as a result of that experience there was both a perceived need for an international organization and to see whether there was some commonality rather than just national boundaries dividing the field of bioethics. At the same time, I don’t know what Peter Singer or Dan Wilder knew about it, but there was emerging consciousness and awareness in a lot of different countries, even if there was not (A) a movement or (B) a field, or (C) an organization. There was still attention to a lot of these topics and it came in different ways and different streams. The Pan American Health Organization translated articles written by leading U.S. bioethicists and translated it into Spanish and disseminated them throughout Latin America. I don't know if I ever
told you this: I learned Spanish 6 years ago so I could work in South America.

I've lectured in Spanish. I go to workshops and my slides are in Spanish. It's by no means perfect and I'm not fluent but I believe in speaking the language of the people. You can't imagine the gratitude of people when I get up and speak their language. They say, "An American coming down here and talking in Spanish!"

So the IAB was founded. The first meeting was in Amsterdam in 1992 and at that meeting there were nominations and elections. The small group that drew up the bylaws, wanting it to be truly representative, democratic and representative, put together a structure of bylaws for the organization that limited the amount of people from any one country to three. They mandated that on the board, which numbers about 21 or 22 people, every region of the world must be represented.

Now what they would do if there were no nominations from all regions would be something else. Some regions are very broad, other regions are one country, the United States. There must be some women, not too many men. So it's a structure that really looks for a full representation. The only thing the organization has done to date is have these meetings and there's a newsletter. The organization comes together for a meeting every two years, the board meets in the intermediate year at some site. And there's also a requirement that the meetings rotate around the world on different continents. So the first one was in Amsterdam in 1992, the second one was in Buenos Aires in 1994, and the third one was in San Francisco,
held in conjunction with the AAB, the American Association of Bioethics, which is now defunct. The last one was in Tokyo in 1998. It will be London in 2000. And we’re trying, although we’ll probably fail through the lack of financial resources, for South Africa in 2002. But we need to raise all of the money outside the country and the continent and may not be able to do it. I may be the next president. I say may be because I am the vice president but it’s not one of those automatic successions. The organization just had its elections and if I’m elected to the board again the board will by precedent elect me to be the president.

Fox: And this new global bioethics?

Macklin: Global bioethics was the theme of the last meeting in Tokyo. The way the people at the meeting and who gave papers talked about it was as follows: Is there a global bioethics? Can there be a global bioethics? What would it look like if there were a global bioethics? Raising the questions analytically, philosophically, descriptively, and the organ for papers to be peer reviewed is the journal called Bioethics that is edited in Australia. Peter Singer has been the co-editor with his colleague Helga Kuhse, but Peter is now coming to Princeton any minute if he is not there now, and he is giving up his editorship.
Your international part of your career goes on very interestingly through this.

Right, this is yet another stream here. So that’s the organization. There are members from all over the world. There are non-governmental bioethics societies all over the world. For example in Japan, even though it wasn’t a joint meeting, it was a con-joint meeting I guess. There wasn’t joint sponsorship between the IAB and the Japanese Bioethics Society. Most of the people who are on the board of the International Association of Bioethics are active in a bioethics organization in their own country. These are professional non-governmental meetings. There are now meetings all over the world in bioethics, in addition to organizations.

There’s a journal that’s edited by a good friend of mine, a colleague, a younger person but this is the future of the world, called “Perspectivas Bioéticas”, edited in Buenos Aires. She is the editor and the contributors come from other countries in Latin America as well. In Mexico there is going to be a meeting in the fall that somebody is organizing at the university and I’m invited and other people. Again, it’s an international meeting.

Now let me just give you the other stream: nobody is calling it global bioethics but it’s the bioethics summit. Have you heard about this?

No!
There have been two summit meetings. This is a meeting, a conference of governmental bioethics committees or commissions. So the NBAC, the National Bioethics Advisory Commission, is the U.S. organization that meets. These are all governmental and it is quite surprising how many of these there are. The person who heads up the summit conferences, who organizes them and gets them all going and puts them all together and sees that they happen, is Alex Capron. He’s the vice chair of the NBAC. I think Jim Childress is another vice chair. Alex was responsible for organizing the first one. The co-chairs of the ones at the most recent meeting were Harold Shapiro, chair of the NBAC, and the Japanese president because it was in Japan. The plan is in conjunction with every meeting of the IAB every two years there will be one of these summits. In between those two years they’re supposed to be doing something. Maybe here the words global bioethics comes in again, but I think there hasn’t been any outcome yet. I’m not sure if there has been very much progress there. The outcome is to see what kind of international statements there might be a need for. One kind of example would be in the cloning area where there were many governments and many national or international bodies had something to say about cloning. Another example, where the European groups come in, the European Commission and the Council of Europe and another group had things to say, is germ line intervention, germ line research. So what would be the product, if any, or the outcomes other than a
bunch of people meeting? Essentially what they’ve done at each of these two
meetings is say, “Here’s what we’re working on. Here’s what kind of policies
we’ve issued etc.” I hope maybe there will be some kind of movement towards a
product of that summit.

Fox: This is a factual question. Do you have a list of all the non-governmental
bioethics societies?

Macklin: No, I don’t.

Fox: Your organization doesn’t have that kind of an inventory?

Macklin: No, and the reason is, let me just give an example, unlike the World Medical
Association, which is an organization of national associations, the IAB has
individual members.

Fox: Would Alex have one?

Macklin: Of the national ones, yes. I think this would be a good thing to have, and if I’m
the next president I should see to it that there is such a listing.
Apart from what kinds of issues come up and how different representatives from different countries see them or are dealing with them, one of the things that I would be interested in is whether the term bioethics is being used in all those different contexts. Whether it is indeed the same thing. I'm sure there's some overlapping of concern. The second thing I would be interested in is why there is such a burgeoning of bioethics in all these places.

That's a good question.

The two are interconnected. For example, if it is true that American bioethics not only has its roots in certain medical and biomedical developments, certain medical technological advances etc; but also in the ferment of the 1960's and 1970's as a seeded, I doubt whether that is equally true of bioethics in Bongo Bongo Land. So the question I would ask about other societies is what bioethics represents other than what is strictly biomedically oriented. What kinds of values and beliefs, relevant issues catalyzed by what kinds of more than medical factors?

I want to say one thing about the way you just characterized this. You are interested in knowing whether bioethics in these different countries and cultures is the same thing as it is in America.
Social phenomenon, let’s put it that way.

Same social phenomenon...that’s a different way to put it. Because here is what I wanted to say, Renée. I think today bioethics in the United States is not just one thing. It’s not one thing. And I am going to give you my observation or my input into the ways in which it’s not just one thing. Maybe we need another word for it, but it all somehow or other comes under that very broad rubric of bioethics.

I agree, break it down into its components.

Okay, I think it’s like a CAT scan because the cuts are very different. Let me just give you a few of them. Again, these are my way of thinking about it, my observations; the facts are objectively true but it’s my structure. The first observation stems from what is now in this country virtually the single bioethics organization, a consolidation of three organizations. One very old one, one a few years old, and the newest kid on the block. The very old one was the SHHV, the Society for Health and Human Values. They never used the word “bioethics”. The Society for Health and Human Values members were basically pastoral care people and chaplains, and doctors who were interested in ethical matters in their clinical work with close alliances with the pastoral care people. It was never
bioethics but it was there and it was there for a long time. It had practically no philosophers; most philosophers who knew about it or heard about it didn’t join and weren’t interested. Occasionally they came to a meeting, if they were invited. Dan Brock joined once because he was invited to give a keynote speech. I never joined it. There was a small group who for a time had an academic section in SHHV, I think it was called, or an interest group. They tried to get some philosopher-ethicists in but for whatever reason it remained the SHHV. Some years later John Fletcher formed the SBC, the Society for Bioethics Consultation. I was in sort of on the ground floor. There was an initial meeting on ethics consultation, I went to and the meeting transformed itself into a board of directors. The focus here was on bioethics consultation in the clinical setting. And many of the people who wanted to do that, or sought to do that, or were already doing it, were not academics but people with different kinds of credentials, and some without credentials. But they were people who were doing bioethics consultations, meaning they set themselves up as consultants, sometimes paid but more often not paid, in a medical setting. A nurse might do it, a social worker might do it, a patient relations person might do it. So this was strictly clinical. A lot of these people didn’t write and didn’t have academic appointments. I was on the board for a few years until I finally decided I didn’t want to be on the board anymore. I came to the meetings and it seemed to me at every meeting they were
asking, “What’s a bioethics consultation? What’s a good bioethics consultation?”

And should they have credentials? And what should those credentials be?

There was a report that came out eventually on that by Bob Arnold and Stuart Youngner and others. But clearly the focus of that group was on clinical consultations. Some of the people were academics but by no means all. There was no interest, no field, no focus or work on what might be called health policy on access to health care, on justice questions, or even on questions of new technologies or cloning or any of that stuff. This was strictly speaking clinical consultation.

The third organization was the AAB, the youngest of the three. Art Caplan was the first president. The point is that the AAB started out with the perceived need for an organization different from the other two, where people could show their work in progress, have a conference and have it be kind of “high-level work”. Not just a discussion of what’s a bioethics consultation but have it be more like a formal academic professional organization where people read serious papers to one another, etc. It was of great interest to philosopher-bioethicists like Caplan, Wikler, me, Peggy Battin, Dan Brock, it was also of great interest to some of the leading and more prominent non-philosopher bioethicists.
Lawyer-ethicists like Alex Capron, George Annas, Robin Shapiro were involved, and physicians as well -- Steven Miles, Joanne Lynn, Stuart Youngner and others. The AAB, when it set itself up, did so in order to meet that need but also, I should say, because Wikler was involved at the same time in both that and the IAB. One of the ideas was that if there was going to be a IAB, that is an organization that comprises non-governmental national organizations, we want the AAB to be it. It shouldn’t be the SHHV, shouldn’t be the SBC, it should be the AAB. That set up an intense rivalry and a lot of rancor among people, some of whom are our dearest colleagues, and the other organizations because it looked divisive, it looked competitive, it looked as if the AAB and philosopher-bioethicists wanted to be king of the hill. And here were these other guys who came before, so what was this? What is going on? I will say for those of us in the AAB that we offered to reach out and say, “Why don’t we have one organization? Why don’t we all band together? Why don’t we merge?” We also reached out to the ASLME, The American Society of Law, Medicine and Ethics, which was originally the American Society of Law and Medicine. But when the AAB was established the ASLME added ethics to its title because it wanted to be known as ethics too. It was one of the leading health law organizations, but it wanted ethics in its title too. The ASLME is mostly an educational thing for doctors and lawyers, and mostly health lawyers. So it really is somewhat different.
So the AAB made the offer to the other organizations saying, "Look, we are all dealing with topics and issues in bioethics. Why don’t we have one organization?" Well, they said no. They all went back to their boards. The boards said, "No, we don’t want it. We don’t want to be part of you. You want to swallow us up. You want to be the big guys. You’ll probably want to call it the American Association of Bioethics." And that's where it ended. So the three organizations went on their way, not so merry, and had one joint meeting in Pittsburgh, probably about four years ago; actually ASLME was there also. Each had a table, each had a program, it was clear whose program was which. It required a lot of planning. And we were strange bedfellows. Here were all these pastoral care people who were not academics and really came from a kind of religious pastoral care background. Here were some humanities people, people who taught literature in medicine and history of medicine. They said, "We’re not bioethics." But we were all there at one meeting, it was a very big meeting and a pretty successful meeting. And after that the SBC and the SHHV came to the AAB, a little bit with tail between the legs, and said, "There are too many meetings. Some of us are in on several meetings." And they were on two out of the three meetings. Those in clinical consultation had long been involved in the SHHV, for example. They said, "Look, maybe this is silly. There are too many meetings, sometimes there are competing meetings. There are too many dues
structures. Maybe we should come together.” And there was a committee
appointed from all of the organizations that drew up articles of consolidation etc,
etc. Now there is the ASBH. The original board of the ASBH had members who
were on the former boards of all three organizations. ASLME still didn’t want to
be in on it. So that was the organization and we just had our mid-year board
meeting in Chicago on Friday and Saturday. I’m on the board. There were many
others besides philosophers there. There are nurses, doctors, bioethics
consultants, everybody has an advanced degree, not everybody is an academic, I
think. Most of the people on the board have academic affiliations but by no
means all of the people in the Society do, especially those who came from the
SHHV. The name was of course one of the most difficult things. We agreed on
everything else. Everybody agreed on the bylaws, the structure, and the first
meetings and all that...but the name. Even today on the board it’s like a mantra.
Anytime someone says, “And we’ll do this in bioethics, or we’ll put this out in
bioethics,” someone else says, “...and humanities, and humanities.” In fact it’s the
literature people; there are a couple of literature people who are very strong on
that.

Fox: Rita Charon?
She’s not on this. Ann Hudson-Jones, she’s at the Institute for Medical Humanities, and Bob Orr, he’s a physician. I don’t even know what his background is. But when I say bioethics is not just one thing, this is now one organization, but very different.

You’re really confirming with very rich additional material of a different sort, what I meant. If you now consider this complex configuration of different organizations, the different streams out of which they come, the different historical layers it involves with some overlap to be sure, is very difficult to imagine a replication of this in Bangkok or Buenos Aires or Tokyo. What I’m really trying to say, again, is that bioethics is not just about certain biomedical events that are happening out there to which people have felt the need to respond. This configuration puts a whole other wonderfully intricate dimension into things. I don’t know whether I would argue they are uniquely American but they certainly have profoundly American roots. And one would not expect to find exact replicas of them, let’s put it that way, in every place where something called bioethics. I suspect, as a matter of fact, that this thing called bioethics in other places might not be unitary either, because as you’re saying the term has become to be a very powerful term for a very complex set of phenomena. It would be very interesting over time to do a global study of global bioethics. I have found that people who
do recognize a certain international spread of this thing called bioethics. When you come down to it, they simply go from that to talking about globalization, which tells you that there is, ecologically speaking, $X$ number of countries where this term has become one around which certain governmental and nongovernment institutional things have taken place.

Macklin: I think you’re no doubt correct that there are different structures, different institutions, and different ways that bioethics is done in different countries.

Fox: Are all the themes the same?

Macklin: Many of the themes are the same yes. One of the themes emanated originally essentially from the history and development of American bioethics. Everything in the doctor-patient relationship, topics that have to do with informed consent and confidentiality, questions of all the issues having to do with end-of-life care, truth and information in medicine, truth telling and disclosure etc. Those were themes that began largely in the clinical area and began in the early time of American bioethics. And you’ll see when you read my book, and I have a couple indications from different places, that policies in different countries have changed very rapidly in response over a very few years. There’s one in Italy where they
talk about Italian bioethics, but they’ve changed very quickly in response to changing attitudes towards developments about truth-telling. That is, the culture isn’t static. I don’t have to tell you that! So some of them were themes that began in American bioethics and some of the leaders in bioethics in other countries came to the Hastings Center as international scholars. Many of those who come to the international meetings are people who speak and read English so they read The Hastings Center Report.

Fox: There is also a running critique of American bioethics and its influence.

Macklin: Right, at the same time. It’s a love-hate relationship.

Fox: Here it is, very much, for international relations more generally. It will be interesting to see whether some things will come into this shared stream of bioethics that come from these countries other than the United States that now actively participate in this phenomenon of bioethics. Don’t you think it should go both ways?

Macklin: Yes, and that depends on what the themes or the items are. Let me give a second example. There are the traditional themes. Then there are questions that come
up, here again it’s going to be a technologic issues...the cloning thing. When cloning occurred and it became world news governments all over the world rushed to ban it and prohibit it. So this is a phenomenon; that’s not a theme, that’s a phenomenon. That’s a happening that occurred that led immediately to both governments and bodies within those organizations seeking to do something. The international collaborative research which is the most common, hot topic, if you will, is yet another development that both industrialized and developing countries, are addressing because this has long been a question of second-class citizenship in the developing countries. I think this is largely, although not entirely, prompted by AIDS. Here again is a very different development. This is a disease of global proportions that has led to questions about how to be ethical and how to do the right thing in the face of a stigmatizing, infectious, devastating disease that every country, including those with more resources, have had to face, and that some countries have been reluctant to even acknowledge that it exists. But certainly how to grapple with it from a medical, legal, and social point of view is something that every country has faced. Some countries later than others depending upon when it arrived on their shores.

Fox: Interestingly enough that particular development along with the phenomenon of emerging and re-emerging infectious diseases, along with a number of other
developments, make it more important than ever for us to be able to think
ethically in population terms and not just in terms of the individual or in dyadic
terms either like in the doctor-patient relationship. Medicine isn’t very good at
thinking in population terms either; that old schism between medicine and public
health.

Macklin: Let me say about that that there was an area in the field of bioethics that the
Hastings Center dealt with early on, and that was the population program. That
was in the old days of population control, not public health but population control.
It’s really very interesting to see the historical movement of that and how it
became transformed into reproductive health. In this country we have a lot of
clinical ethics as part of bioethics. This is partly in response to your question: Is it
the same thing? I’ve already said it’s several things, so we now have to talk about
the components of bioethics. Stu Youngner is beginning a project.

Fox: In Cuba?

Macklin: Well, he teaches and does other things in Cuba. He’s trying to put together a
project that would explore and possibly promote clinical ethics internationally.
He’s got a small group of people, Al Jonsen is one of them, I’m another one. He’s
got a couple of people from other countries, one who I know and a couple I don’t
know, who are going to meet in Amsterdam this summer to talk about clinical
ethics.

Fox: Why Al Jonsen?

Macklin: Because he has established or is in the process of establishing some Pacific Rim
ethical network from Seattle. They are part of the Pacific Rim and he has already
developed something and made some contact. So it was through that there
already exists some network.

Fox: The reason I asked was because I didn’t think Al had any particular international
experience.

Macklin: It’s this Pacific Rim thing which he has already begun. It’s not as broad as it
might be but it’s really just the beginning and it’s exploratory. I think Stuart is
probably right in his observation that clinical ethics just isn’t part of the
conversation in other countries.

Fox: Do you know why it’s not?
Macklin: No, but I would surmise that that is the last area that a well established medical
elite is going to allow people into. It’s true that the Royal College of Physicians is
still a big stuffy bag of old male docs. But in developing countries it’s even more
so because of the educational gap between physicians and patients. And there is
not only the on-going paternalism but also the abuse of patients in many countries.
Again, I only have anecdotes and not studies but the stories that I’ve heard in
some of these places would curl your hair. Places like India where there is not
only no respect for patients, but it’s fundamentally corrupt. You go to meetings
with physicians from around the world and people identify themselves, say who
they are etc. and most people will give a first name and a last name. In those
countries they say, “I’m Doctor So and So.” They don’t give a first name. They
introduce themselves as doctor so and so which clearly has to do with the status of
the profession in those places. That’s one difference. A different difference,
cutting another way here on the CT scan, is that in predominantly Roman Catholic
countries bioethics always was and still is church-driven or driven by, if not all
theologians, doctors who pretty strictly adhere to the Roman Catholic Church.
This is true in all Latin American countries except those that are headed by groups
of feminists which are not necessarily bioethics organizations. With a few
individual exceptions, the leading figures of the bioethics groups in Latin
America, and the organizations themselves, are Roman Catholic. This is also true
in the Philippines, it’s called the Southeast Asia Bioethics Society and it’s all essentially church governed.

Another kind of more subtle difference exists in countries that have the predominantly Catholic ethos even if they are not Catholic in the sense of Latin American countries. France is still a Catholic country, not that that has anything to do with how many people go to church on Sunday. One of the things I think that is interesting about bioethics in France is that there has been much more work in the area of things that have to do with the beginning of life than at the end of life. Both of them are very important poles.

Without question that is a reflection of the Catholic Church because the Catholic Church is more liberal about the end of life than it is about the beginning of life. France is I think a story unto itself. It sounds like you know more about it than I do. I have met people, but I don’t know if there is a bioethics movement in France.

I was going to say that the other characteristic of France is that the organization of the most important ethics committee is out of Paris directly from the central government, as in all things.
What’s the name of it?

I don’t have the name at the tip of my tongue. But as with all things in France there still is that great central relations things not only in Paris but also the government. Our government is involved in bioethics but it is a different kind of relationship, it’s a French structure in that sense.

At the same time we shouldn’t lose sight of something very different, which is not public health but public policy bioethics. That’s really where those national commissions come in because that’s all that they are dealing with. There are national commissions like our NBAC, but it goes beyond that because UNESCO, which is a United Nations organization....

It’s not that people doing public policy bioethics, aren’t doing any other kind of bioethics, but that is a subcategory on the list of your breakdown.

Yes, and in fact what I omitted saying because we went in so many different directions is that the AAB, when it was formed, saw that as its main area. The AAB was formed in part to fill the gap left open by the SHHV and SBC, the latter of which was entirely consultation and SHHV did some but not a whole lot of
public policy ethics. So the AAB saw itself as much more focused on justice and
access issues and other policy issues. It was an expression of the interest of the
members.

Fox: That’s another whole way to do the CAT scan of bioethics. It raises another
whole subject: in order to contribute to the formulation on enlightened social
public policy, what kinds of data you have to present and how you have to present
it in order to be effective, which actually seems to me to change. Certainly that’s
not the way philosophers would normally be framing things or phrasing things.
Even some of the interesting tensions which sometimes can become mild
dilemmas, it seems to me, between wanting to be a public servant and to be
effective in getting certain forms of action taken -- having to work an alchemy not
over your analysis but at least the language that you use in the operationalizing
certain things in certain ways, reducing things in certain ways.

Macklin: I have to make another distinction here because what you’ve just said suggests
that I didn’t make myself entirely clear about the AAB’s interest, which is that as
part of one of its bylaws or one of its premises, the organization was not to take
stands or do any lobbying.
No, I’m just free associating on the role of bioethicists in formulating and
influencing public policy.

But now look at the number of people and the work they did in the field of
bioethics on the President’s Commission, not the National Commission. The staff
people included Brock, Buchanan, Wikler, Capron, Weisbard, and Mary Ann
Bailey an economist, and Joanne Lynn, a physician, Barbara Mishkin an attorney.

There were 8 people who were on the hard-working staff that came from an area
of bioethics. The commissioners were different.... These staff are not just
philosophers, they were mostly philosophers and lawyers but Joanne Lynn is a
physician. So that’s the public policy slice, which is not public health ethics.

Public health ethics is another thing. That is what Jonathan Mann was interested
in and he said, “This is different. Public health and human rights are different
from bioethics.” There were these constant disagreements and battles where some
of us were saying, “Bioethics includes all of it! We just have to say how it comes
in and what it is.” And he maintained, somewhat stubbornly I think, this
distinction between human rights and public health issues and bioethics.

I guess there are many other differences, but I think Jonathan’s framework has
more of an epidemiological view than what bioethics usually is involved in. I
knew he was talking about the health of populations and how as a matter of fact
the violation of human rights can cause illness.

Right, and there are clearly aspects of bioethics in almost everything that we deal
with in public health. UN AIDS is on a population level, other than the research
part. For example, should there be a policy that recommends for or against breast
feeding in those areas where AIDS is prevalent and a lot of pregnant women have
it? On the one hand you have this bad situation because they don’t have clean
water and they don’t have sterile facilities and there will be malnourishment of
children if there is no breast-feeding, but on the other hand you enhance the
transmission of the disease. So these are policy issues, certainly not individual
ones. Ron Bayer teaches public health ethics at Columbia School of Public
Health. There aren’t many other courses in public health ethics. It will be
interesting to see if Barry Bloom, who is the new dean at the Harvard School of
Public Health, might bring in some public health ethics there.

I wanted to say just a word about not only UNESCO, but also the work of
the European Commission. They have several documents with very long names
which I can never remember. But the point is that it’s not a National group, it’s a
European Commission. The Commission is the technical arm of the European
Parliament, and they have a working group, a task force dealing with bioethics.
There is one other group, the name of which is now escaping me. The reason I have all of these in mind is because when the cloning business came out I had all these documents from all over the world. There's also the World Health Assembly, but it doesn't do anything specifically in bioethics. Hal Edgar is on the UNESCO ethics or bioethics committee. The person who is in charge was a judge; she is French and they are headquartered in Paris. So there are a lot of overlapping groups that are looking at a topic that may come up in bioethics; the ethics of cloning and should there be a world ban on it is an example?

So if the question is, "Is bioethics the same phenomenon in other countries as it is in the United States?", the answer would have to be "Some of it is." But since bioethics is more than one thing in this country, even though the people in other countries do what the people in this country do, there's got to be some similarity, some overlaps, and yet some distinct differences. So it's very complex when you look at it. When people talk about global bioethics, as when the International Association of Bioethics dealt with it, I think what they were asking is "Is there a global bioethics?" Or could there be? Can we speak the same language in addressing the topics, or themes, or problems that are common to humanity wherever humanity may dwell?"

Fox: I don't know how valid you think the notion is that I've written about, that
bioethics is really about certain deep and fundamental questions we’re having
about our own values and beliefs in our society. And one dimension of this is
that medicine is a kind of symbolic language and medium through which we can
talk and deliberate with each other about these issues. Some of these issues are
difficult to debate in a public arena, not only because there is a tremendous
amount pluralism in our society but because some of the issues have religious
connotations. We can talk about what is life and what is death and the human
condition, etc. etc. in this quasi-medicalized ethicized language, and really we’re
working on more than just medicine when we’re doing that. I think we see that
most clearly in those aspects of bioethics that are so much in the public domain. I
wouldn’t expect other societies and cultures to all be into the same questions in
that dimension at the same time. Some of these are eternal questions, like those
about the human condition. But I still question whether or not we could arrive at
some difficult common morality, given the different stages of development of
societies, given the different histories. Even given the difference between
Western countries. The UK is not Europe. You are really in another historical-
cultural world in the UK. I wouldn’t expect in that dimension for bioethics to be
plunged into the same questions.

Macklin: The thing that has struck me in my travels around the world and the meetings and
conversations that I’ve had and in my participation in international meetings is the amount of common views. On the committee that I chair at UNAIDS I’m the only American living in America; there’s an American who is living in Belgium and is now a Belgian citizen, everybody else comes from a developing country, not another European country. A year ago I was at a conference in Sweden at which there were mostly Scandinavians and a couple of Americans and a few Israelis. I’m going to Italy next month. There is no problem of communication and there is a meeting of the minds such that rarely ever in my experience have there been people from one country lining up against people from another country. And in multi-disciplinary settings, you rarely find all the physicians against all the philosophers or against all the lawyers. The mix whether it’s from a country, a culture, a discipline, a field, whatever, if it comes to a discussion or a debate about a substantive topic or question in bioethics it cuts through all these lines.

What you’re saying is very illuminating. Are you sure the people who are selected or self-selected from these different countries aren’t people who are for example, a Japanese person who is more Western oriented because he or she has been educated more in the West? So who are these people we’re talking about?

I think that’s a very valid point, and people who are known in the international
community are people who speak English and may already have adopted some of
the changes.

Fox: You can get consensus on that level with these kinds of people being
spokespeople.

Macklin: But in the countries themselves, for example, when you read about the debate that
has taken place in the Japanese Parliament about whether to accept brain death
because of transplantation, people within the culture are fighting with one another.
The basis for disagreement in another culture sometimes would be, “Well, it’s too
Western to go this way.” And that’s an inherent conservatism that may exist in a
culture if they don’t want to be Westernized. You will see a line in the book
where a Japanese group will say, “We have Japanese informed consent.”

Fox: Reacting to American domination, and as you’ve indicated, for whatever
historical and cultural reasons what we call bioethics was probably born in the
United States, and the earliest layers of American bioethics has had a very
profound influence in other countries.

END OF INTERVIEW