March 19, 1998. Interview with Eric M. Meslin, PhD, Executive Director, National Bioethics Advisory Commission. The interview is being conducted by Judith P. Swazey, PhD and Carla M. Messikomer, PhD, in Dr. Meslin’s office at the National Bioethics Advisory Commission, Rockville, MD.

SWAZEY: Let’s start with your education and how you got interested in bioethics. You got your BA at York in philosophy.

MESLIN: It actually began a little earlier than my undergraduate career. I had the good fortune of an inventive, creative high school biology teacher that not many folks have. This was a fellow in Toronto named Marty Greenberg, who would dress up as the Krebs Cycle if he needed to. In Ontario there are 13 grades in high school, and he gave his grade 13 biology class a challenge: “pick any topic in biology and write about it. You have a year. I’ll look at the papers at the end of the year. Any topic you’d like.” That was probably 1977-1978, somewhere in there. Reproductive technologies were floating around the media. Steptoe and Edwards had been in the media but they hadn’t done anything successful yet. By the end of the year Louise Brown was born. I had thought that this was a rather remarkable pedagogical strategy on the part of Greenberg. He didn’t realize what he was doing for me at that point because lots of folks were writing about ecology, or writing about what was happening in the environment, pollution issues. I had been a closet researcher. As a little kid I’d always thought I’d want to be a researcher
even though I had no idea what a researcher was, no idea whatsoever. My family
does not have a science background, they’re all political scientists and lawyers and
teachers. By the end of grade 13, I had been infected with the biology and ethics
bug. I didn’t pursue that much because I was completing a high school degree and
principally wanting to follow in the footsteps of my mother, who as a mature
student went back to law school in Toronto. The family’s general interest was in
higher education and politics, not in the representative sense but political science
matters, real world problems.

I enrolled in an undergraduate program at York University, a political
science program. York offered a very nice program and at that point, whether it’s
interesting for your history, I was a national level volleyball player and York had
the third best volleyball team in the country. So the combination of my own
athletic interests and a very interesting undergraduate program led me to York,
which was also not very far from my house. I enrolled in the political science
program with some incredible folks whose work in political theory I still consider
to be much of the basis of what I do today. Halfway through that program I took
an elective with a fellow named Don McNiven, who was a Bradley scholar. He
was teaching Sam Gorovitz’ first edition of *Moral Problems in Medicine* as an
elective in medical ethics. What Marty Greenberg started and kindled, McNiven
fanned the flames thereof and I enjoyed that quite a bit. I didn’t realize that’s what
you can do in a philosophy program. He and I chatted quite a bit about this; what
philosophy could do and what it couldn’t do. At that time, since there were very few other undergraduate programs in Canada or the U.S., we decided to make a deal. The deal was that I would switch majors from political science to philosophy, which wasn’t a great problem since my interests spanned both of those. In exchange for my switching majors in the middle of a program we would design an independent study and curriculum in medical ethics, not just for me but for any other student in the philosophy department at York, which we did. At that time, by today’s standards, it was a very rudimentary program, lots of independent reading consistent with what they called 400 level courses, you could design your own course as long as you had adequate supervision and a certain number of students with you. We poured through the bioethics literature, which at that time was everything up to and including 1980. Then as I approached the end of that program we faced a bit of a question, Don and I, who became one of my early mentors. There are a number of early mentors. The list is short but they include the York dean of Arts and Sciences at that point, a fellow named Harold Caplan, who had the ability to bring 120 undergraduate students to a 9:00 am political science lecture even in the middle of a Toronto winter. It was virtually standing room only. He made political science live in much the same way that McNiven, who was not a terribly gifted orator but had a very insightful mind, could make philosophy live through bioethics. We had a challenge; what are you going to do next?
The sort of thread that will come through my little biography here is that I
wasn't selecting bioethics per se, it seemed to be selecting me. There wasn't a
bioethics stream to follow. The field was so nascent in 1980 that one would be
foolish to say, "I'd like to start a career in bioethics." There was no such thing,
really. So the challenge for me was, write the LSATs or write the GREs; so I did
both. In addition to the Gorovitz book and the course work that I described, at
that time much of the things that I was reading were written by Kennedy Institute
folks and the short list of the well-known group: Bob Veatch, LeRoy Walters, and
Tom Beauchamp and Ed Pellegrino. Ed wasn't at the Kennedy Institute then but
he was part of the list. That sort of holy trinity of Veatch, Walters, and
Beauchamp was a repeating and recurring theme in most of McNiven and my
work. So I figured if you're going to make a life choice you'd better have a good
idea about what that life choice is going to look like. So on one springlike day I
got in the car in Toronto and drove ten hours to Washington. I'd written to Bob
Veatch and LeRoy Walters, set up some appointments and said I'd like to find out
a bit more about that program. What I felt at that point was that I had walked into
Mecca, quite frankly, even though they were still in the old Car Barn, if you
remember that building. This is the DC transit building, across the Key Bridge,
which was not in any kind of shape. It had completely uneven floors and it was
wet and it was dark but it didn't matter. You felt like you were descending
somewhere, descending into heaven (laughter) or descending into... a mixed
metaphor there. I certainly remember very clearly two experiences. One was
walking into Veatch’s office, who at that point was really the person I’d come to
see, principally because of his book, given to me by another political science
professor at York, a fellow named Ross Rudolph who taught Rouseau and Locke
so very well that I still use his lecture notes. Ross Rudolph was in New York one
day and saw Veatch’s *Theory of Medical Ethics* and bought it for me. This was
for no particular reason; a political science professor knew of my interest and on
his own bought that book, and brought it back to me. I read it cover to cover. For
a youngster like me at that point it was the clearest presentation of bioethics that I
had seen in one place. I now have different views about the book, but at that
point, when you’re twenty years-old and you read it from the beginning to the end,
it was a pretty powerful argument. So Veatch was the one I came to see. Veatch
was not the most engaging personality to sit across the table from. Although
nothing would have disappointed me. He could’ve yelled at me when I walked in
and I would’ve been thrilled to be there. I was so awestruck, so to speak. But we
had a nice little chat.

I’ve told this next story so many times it’s no longer embarrassing. I
walked into LeRoy’s office and the first thing I could say was, “You’re LeRoy
Walters!” And he said, “That’s right and it’s very nice to meet you.” Obviously
the personalities between Bob and LeRoy are so very different, and I was
immediately embarrassed by this “rock star” persona that I had created and it’s
just LeRoy. He’s been like this our whole lives together. I had a look at the
library; I was very impressed with the campus and said, “That’s where I’d like to
go.” I applied to one school after completing the GRE and it was Georgetown. I
don’t mind sharing for posterity, that I wrote the GREs and the LSATs shortly
after returning from a Myrtle Beach vacation with my college best friend. We had
both decided we would go down to Myrtle Beach after finals and just relax and
then come back and see what was happening. I wrote the GREs and he wrote the
LSATs. We’d hoped that we would each know before going to Myrtle Beach and
we didn’t. So we had a pretty crappy time at Myrtle Beach. I did far better on the
GREs than I did on the LSATs...who knows, chaos theory may be at work here.
What would have happened had Meslin decided to go to law school?

I went to Georgetown beginning in the summer of 1983 with no particular
career plan in mind. I was just so darned happy to be there that it was a great joy.
A number of interesting events happened along the way. I’ll give you the
overview and you can sort of probe back if you want. I only spent so much time
on the early part because it was very influential for me. I think it’s important for
anyone who follows the field, that it was in my case, accident and circumstance
and serendipity that led me to a Don McNiven or Marty Greenberg or Harold
Caplan or Ross Rudolph. Those were accidents, I didn’t seek them out. I then
began seeking out, with respect to career activity, LeRoy’s advice and Bob’s
advice and Tom’s advice, once I became a bit more comfortable with what I
thought the field might offer. I’m saddened to think that those who didn’t have
that Krebs-cycle-imitating-biology teacher might not have seen biology live. They
might have thought that it was some other type of field but for me it was a
fabulous opportunity.

I arrived at Georgetown in 1983. I began the course work there in the
masters degree which led immediately to the PhD if you elected to do that, which
was my intention all along. In the summer of the first year I was interested in
some type of bioethics experience. So LeRoy Walters called Charlie McCarthy
[Director of the Office for Protection from Research Risks at NIH] and said, “Have
you thought about summer students or summer interns?” And Charlie, to my
everlasting gratitude said, “I hadn’t thought about it. Sure, let’s try.” So I was, I
believe, the first OPRR graduate student. That was, again, one of these seminal
events in my academic history for a whole number of reasons, most of which are
obvious from my CV. Charlie has been a constant presence, an academic
surrogate father and I guess LeRoy has been the surrogate mother. (Laughter) The
two of them have been very, very helpful. I spent that summer at OPRR, which
was a fabulous summer. The President’s Commission was just winding down.
The National Commission reports had not become dog-eared material, they were
still actually being used. The Federal Policy for the Protection of Human Research
Subjects was eight years away from being signed on to. This was a very active
time at OPRR. They were still recovering from the 1981 regulations and still
figuring out how to get everybody on board. At that time as well, OPRR was...and
this wasn’t something I was especially interested in, was fully involved in the
reform of the Animal Welfare Act. The whole animal research issue was rearing
its ugly head, but from my perspective it was just a fabulous bioethics question. I
wasn’t especially interested in animal research ethics, but as an instance of public
policy in bioethics it was really interesting to watch how this one tiny little NIH
office worked. It was located in Building 31, room 4B09, ironically the same suite
of offices that the National Human Genome Research Institute now occupies, so
coming back to the Genome Institute 12 years later and seeing these offices, I
thought, “they didn’t look like this. How is it that out of all of NIH my two
experiences are in the same place!”

SWAZEY: That’s spooky!
MESLIN: That’s very spooky! It seemed like I spent a year there in terms of my interests and
my experience and the kind of responsibility that Charlie McCarthy would give to
a...not even a masters student. I was giving presentations at PRIM&R meetings,
speaking with investigators. He, under careful supervision, gave a considerable
amount of latitude to me. It’s something that helped shaped my initial
appreciation of how public policy can work. This was an OPRR that was very
well situated in NIH and DHHS largely because of Charlie’s personality. I think
it’s fair to say he had both the ear of Dr. Weingarten and of the Secretary of HHS,
not so much whenever he needed it but he had an access that I don’t think the
current director of OPRR, Gary Ellis would have for a number of reasons.

Watching OPRR function was fascinating for me at least at two levels. First, it's fascinating as a Canadian to be working for the U.S. government and to have to promise “to protect and defend the Constitution against enemies foreign and domestic” when I get my NIH badge. And then give fingerprints that go to the FBI; that was a whole cultural experience for me. Second, coming from a country where government is actually more than just benign, government is seen as something that can be very helpful, I was in a country where the population tends to not have the same view about government. I was experiencing an agency of government that was doing some good and people actually liked it. Investigators enjoyed working with Charlie McCarthy, they didn’t like all the things that had to happen but they certainly enjoyed their experience. He could cut through layers of bureaucracy better than anyone; it may have been his priestly background, it may have been his University of Toronto PhD in political science background, it may have been any number of things. But watching him work was a tremendous experience and it lasted for three months at that point, but it felt like three years.

I went back and completed the MA and then was faced with another opportunity, one that I did not seek out but came my way. I believe that Bill May, who at that time would have been a visiting scholar at Georgetown, was called by Ruby Takanishi, the scientific affairs director at the American Psychological Association. Knowing Bill May and knowing his relationship to Georgetown,
Ruby said, “Bill, do you know of anyone at Georgetown with enough experience
in research ethics who might be able to come and take over the administrative
responsibilities of staffing the two research ethics committees of the APA?” Now
I didn’t know Bill at all, so I assumed that Bill obviously had spoken to LeRoy
Walters. LeRoy and I had a chat and it was a career chat in part: “You’ve decided
to do the MA, you’ve completed the comps, you’ve done the French language
exam, you came here to do the PhD. Here’s someone who wants to pay you
$25,000, which is more than the starting salary for assistant professors at
Georgetown at that point, to live in the real world for an unspecified period of time
but probably no more than a couple of years...what do you think?” My first
reaction was, what a great opportunity. I had not decided at that point that my
career was not likely to end up in a tenured position in a conservative philosophy
department. It might end up in a tenured position in a more open-minded
philosophy department but I had already fallen a bit from the tree, working at
OPRR, just by the way that I think about issues. LeRoy said he thought it would
be a fine idea as long as I promised him that I would complete the PhD. He was
concerned at that time, as all good mentors are, about students who look at a brass
ring and then leave the nest and never come back. He knew me well enough to
know that when I said, “I came here to do the PhD,” that I was telling the truth, but
neither of us knew what would really happen. I then had a chat with John Brough
who was the chair of philosophy at that time at Georgetown and he said, “It’s hard
for me to recommend against this.” He said, “I have to tell you, I think it’s a fabulous opportunity for someone in bioethics.” And remember, at that time and still to this day, there has been a concordat between the philosophy department at Georgetown and the Kennedy Institute. The philosophy department had not been a sort of a world-class philosophy department. I think it’s vastly improved and it’s an outstanding small department. But that’s coming from the York University department which was twice as big as Georgetown’s, let alone the University of Toronto’s (with which I was also familiar), which is the largest philosophy department in the world, to one that had 13 members. Most graduate students who wanted to do bioethics came through the philosophy department; they didn’t come to Georgetown because of the philosophy department, they came because of the Kennedy Institute. So that was a kind of an uneasy relationship that was managed very nicely by LeRoy Walters and Tom Beauchamp. I think Tom probably played the most important role; he was a legitimate scholar in his own right, who made his name in Hume before he did the National Commission work. He stood as the best example of what a philosopher can do sitting in both camps. I think he and probably Terry Pinkard were able to give enough credibility to what it means to be a philosopher and to work in bioethics that I could have that conversation with John. He did the same devil’s bargain, if you will, with me that LeRoy did. Yes, you can go, not that he could’ve stopped me if he wanted to, yes, you should probably go but I really think you need to finish. I said, “Finishing is not the issue.
I will finish.” I did my undergraduate degree in three years, usually it’s a four year
degree, and I accelerated that and did it in three years. I went immediately to an
MA and I knew that I was young. I was aware of that. I didn’t take a couple of
summers off and go to Europe and then come back and go to graduate school. I
went immediately to graduate school. I was starting to become aware that if I were
to develop a career plan, simply having some academic credentials at that point
would be inadequate. So having OPRR and APA in hand, I realized, would be a
helpful maturing process for me. And I was right.

I spent two years at the APA. I had some experiences that are so unique
that I wish every bioethics student, it doesn’t have to be the APA, could get.
Being able to staff the two committees that set policy, or at least are responsible
for three of the ethical principles of psychologists, was tremendous. It was another
Washington experience; this time it was a trade association experience as opposed
to the government, so I got to see the other side of the coin. An organization that
had at that time 72,000 to 73,000 members, many of whom didn’t speak to each
other because they were so diverse. What a delicious opportunity!

So I came and was the principal staff person for two committees. The
animal committee was called CARE, the Committee on Animal Research Ethics;
the other one was CPHPR, the Committee for the Protection of Human
Participants in Research. As is typical of trade associations, the membership
changed so I got to meet some fabulously interesting people on both the human
and the research side. I was indoctrinated by fire into the media and the public side of bioethics. APA’s conventions were perfect opportunities for the animal welfare groups and the animal rights groups to protest and to make their cases. It was at that same time that labs were being broken into, that NIH was running into its own issues. For someone who was sort of wearing two hats, both participating and observing, it was a great opportunity. I wasn’t one of them so I didn’t have to feel terribly attacked personally. I was this philosopher-bioethicist guy who could walk away at any time, this wasn’t my commitment. My first experience on the six o’clock news was being interviewed about, “Why do psychologists abuse rabbits?” It wasn’t, “Tell us what the ethical principles are?” It’s, “Why do they abuse rabbits?” What I didn’t realize was that there was a guy behind me in a rabbit suit with an axe in his head and ketchup dripping down.... I was horrible on television! And of course, the next day I walked in to the public affairs office and the director of public affairs says, “We have to have a little chat. We’re going to talk about media relations and the three things you need to say.”

SWAZEY: I think it was about that time that Charlie McCarthy started lamenting the fact that he was much more occupied with animals than human subjects; he just got swamped....

MESLIN: I think that’s right. The animal issue can be so all-encompassing. It affects so many different segments of the population. In the animal research side, you’ve got agriculture, the environment, you’ve got the humane societies. The humane
societies... what did they have to say? I didn’t even understand at that point, why
some people claimed to have an interest in this issue. So it was a great experience.
Again, remembering my political science world and Harold Caplan’s first lecture,
“every interaction is a political interaction. Nothing that you do doesn’t have a
political component. Remember that the next time that you meet with people.” I
forgot most of it during that television interview obviously, but I reflected on it
later.

I decided about two years into this, that it was plenty. I had been doing the
non-thesis work on the side, completing the comprehensives and the additional
language requirements. Georgetown then, I don’t believe it does now, had three 8-
hour comprehensives in two languages. So that was an awful lot of work. The
year after I left they dropped the language requirement. I had to go to the
University of Maryland myself and pay to learn German so that I could translate
Kant into English, for one hour.

SWAZEY: I had to do about the same thing for the history of science. It was awful. Then I
promptly forgot all the German.

MESLIN: Of course! Here I am being the great logician saying to no avail, “I understand the
purpose that you claim justifies us doing languages, so you can read in the original
and it’ll expand your universe and you will be that much more enriched.” And I
thought, “You know what? If I think there is original material that I would benefit
from, don’t you think I would either hire someone to translate it, find it in English
or otherwise not rely on my rudimentary knowledge of the language?” I don’t
know whether that convinced anybody but the next year they said, “Okay, no
languages.” I still don’t remember what Kant said about the philosophy of
science! Gone!!

SWAZEY: And you probably don’t really care! (Laughter)

MESLIN: And I don’t really care! I finished the APA tour and really, really enjoyed it. It
was a wonderful experience, and then I went back and started working on the
dissertation.

END SIDE ONE, TAPE ONE

MESLIN: Charlie McCarthy was on my dissertation committee, LeRoy Walters was the
chair, Tom Beauchamp was on the committee, and so was Bernard Dickens from
the University of Toronto. A wonderful group, a rather odd group for a doctoral
dissertation in philosophy; a lawyer, an administrator, and LeRoy and Tom. I
enjoyed that very much and completed most of the drafts and then again,
serendipity entered my life. She’s been a great comfort and a great joy to me.

By happenstance there was a visiting fellow from the University of Toronto
to the Kennedy Institute, a physician named John Senn. Particularly in North
America, the word about the Kennedy Institute had been growing. People sort of
knew about the Kennedy Institute, they knew about the Hastings Center, and that’s
pretty much all they knew. So if you want to do a little bit of studying in the sort of
more academic mode, so went the logic, you’d try to find ways to go to the
Kennedy Institute. John Senn, who was a hematologist with no ethics training at all, convinced without much difficulty the then dean of medicine, Fred Lowy, that it would be useful for him, Senn, to come to Georgetown for several months and indoctrinate himself. John was especially interested in what Dr. Pellegrino had to say because John had a religious tradition consistent with Pellegrino’s. John had been playing around with this idea of starting a bioethics program at Sunnybrook Health Science Center, which was one of the two largest University of Toronto teaching hospitals. He got permission to come and as usually happens with Canadians elsewhere, Ed Pellegrino’s secretary Marti Patchell said to me one day, “Oh, there’s a Canadian doctor coming down, maybe you know him.” That’s supposed to be humor. This is the standard line, if there is a Canadian anywhere everyone assumes that we all know each other. Fortunately I didn’t know him, it would’ve been very embarrassing if I did because I wouldn’t have been able to disabuse them of that myth.

I met John and we had some wonderful conversations and before too long it appeared that he had been interested enough that we started to explore ideas. By late 1987 or early 1988 the ideas started to gel into something more substantive. I had a similar set of conversations with the then Dean of Medicine at U of T, Dr. Fred Lowy, who also came to Georgetown for a sabbatical. I was invited to come up to Sunnybrook, prior to finishing the dissertation, and make a presentation to the president of the hospital, “Why should there be a clinical ethics program at this
hospital.” There had never been a clinical ethics program at any hospital in Canada. There had been about three or four bioethicists who had been working in Canada at the time. They were well-known and very productive and important people, but no hospital had devoted part of its operating budget to create a Center with space and people. They had hired individuals as consultants and that sort of thing. I had never made a presentation of that kind. I remember picking up the phone when the president of the hospital, Peter Ellis, called. I was watching Ollie North do his bit on TV during the Iran-Contra hearings. Ellis said, “Would you like to come up and tell us why you should work here?” I came up a few weeks later, and I had been thinking about this quite a bit through the academic work at Georgetown. What should ethics committees look like? What ought clinical ethicists look like? I actually had a reasonable idea of what I thought might happen. It was a very nascent idea but I made the proposal and a few weeks later they said, “This is a great idea, when can you come?”

It had not even been a plan to return to Canada, and Toronto is my birthplace. My fiancée and I had been thinking about we would do with our lives. She had been at Georgetown as a graduate student as well. We had this deal that whoever got the offer, that’s where we would go. And this one came first but what hadn’t happened is I hadn’t finished the dissertation. I did a little bit of negotiating and discussions with LeRoy Walters and he said, “Don’t go anywhere until you have the final draft of the dissertation done because there will be an
exponential increase in the amount of time that it takes for you to complete it the
moment you leave here, even though you think it’s almost done.” He gave some
extremely good dissertation completion advice, which I still use with my graduate
students. “There are two types of dissertations: those that are done and those that
aren’t and you want to maximize your chances of being in the former group.’ His
idea was not just get it done, it was get it done at a high enough quality. It’s the
first piece of scholarship you’re doing, not the last. Others on the committee had
the same feeling. So I left in July of 1988 for Toronto having completed the
penultimate draft. LeRoy was right, I didn’t defend until January of 1989. It
probably could have been defended slightly earlier by a few months but it was so
close to being done when I left in July, I thought it was ready. The amount of time
it took to push it over the edge was another six months. So I had my PhD in hand

The Toronto position was a unique one. I was given an appointment in the
philosophy department, a non-tenure stream appointment, which amounted to
about a third of my time. Wayne Sumner was the philosophy chair at that time, a
very sympathetic philosopher in bioethics. There had been other philosophers at
the University of Toronto who wouldn’t have thought that ethics is philosophy, let
alone bioethics. Sumner had been writing on abortion and writing on human rights
and human experimentation, so he understood. But it was really his predecessor,
Frank Cunningham, the philosophy chair immediately preceding Wayne, who took
the risk on me. Frank Cunningham is a political philosopher, and it was with his
conciliation and agreement that I be given an academic appointment in the
philosophy department with an office and teaching responsibilities. Had it not
been for Frank Cunningham that appointment wouldn’t have occurred. That was
part of my negotiation, I was not going to come to Toronto to simply work in a
hospital. I had been trained enough on the academic side and it’s a highly
penetrant gene in me, I’m convinced, that anything I do has to be academically
rigorous. That means that there has to be a link to an academic program, there has
to be an academic credential of one form or another. I need to have access to the
academy. I was not interested simply in being a bedside clinical ethicist. I thought
that was a career track that, while interesting for some, would not be as enriching
intellectually for me as I needed. I needed the stimulation of the academic
environment. So the arrangement that we constructed is that I would spend a big
chunk of my time at the hospital doing bioethics, and a big chunk of my time at the
University of Toronto thinking about and teaching bioethics. It was an ideal
arrangement for me. Dr. Pellegrino gave me a lot of advice before going about
what I was about to experience in the hospital. Advice that I have remembered
and will never forget. Good solid political advice about what it means to be on
someone else’s turf, and not in the kind of pejorative way, but rather “you’re a
guest, you have every right to be there, but you’re a guest. You may not expect
them to learn your language; they will expect you to learn theirs. The degree to
which you can socialize yourself into their environment the more successful you’ll be, but beware, the deeper you get in and the more you socialize yourself, the less you will be able to contribute.” It was a fascinating dilemma. Just how much do you become part of the staff? I had a badge that said “Dr. Meslin” on it. I didn’t wear a white coat, didn’t carry a pager, never did, out of principle. I had some fabulous years, eight years in total, interrupted by a year at Oxford, in that environment. For the first several years I was teaching two or three courses a year in bioethics to undergraduates.

SWAZEY: How do you conceptualize or think about bioethics? What is bioethics? We’ve gotten a fascinating range of responses to that question, as you could imagine.

MESLIN: Bioethics, for me, is an academic pursuit with a rudimentary set of methods for understanding a particular set of problems in a particular environment. The quick definition that I have operated under is that bioethics is the study of...and you can provide a number of different linked phrases: the moral-legal-ethical-social-political issues that arise in three domains. In health care broadly, meaning at the policy level, in medical care or clinical care in the clinic, and in research environments. That had been sort of the standard operating definition that animated most of my work. Bioethics is the study of the ethical, legal and social issues that arise in the practice of medicine, the conduct of research, and the construction and interpretation of health policy. I’m not satisfied with that as a comprehensive definition for at least a couple of reasons. First of all I don’t
believe in my bones that's all that there is, because I think bioethics serves a
heuristic purpose, both symbolically and instrumentally. It is the route by which
we collect a set of otherwise unrelated disciplines to focus their collective energies
and expertise on a common problem or a common set of problems. So while I do
believe that the David Rothman-like historical account or the Warren Reich-like
historical account or the Ramsey account are probably accurate, and I can't really
critique what pre-dated me, I think that philosophy and theology provided much of
the intellectual impetus for what we're now calling bioethics in North America. I
think Canada and the U.S. there are very similar. From my perspective, I came
into bioethics through philosophy. If bioethics had been taught in a political
science department I'd probably have a PhD in political science. It wasn't
philosophy per se that stimulated my interest. I've already indicated what many of
the causative factors were.

I've grown to realize though that since bioethics has not agreed as to what
it is or what it wants to be--it is sort of in an adolescent period now--we ought not
to be terribly upset that lawyers or epidemiologists or political theorists or
economists want to contribute to this discussion. Where I think some of the
friction arises is on the more egocentric side of the shop. Who gets to call himself
a bioethicist? I think there is sort of a logically anterior question: why would
anyone want to call themself something when there isn't a college that accredits
them and there isn't an agreed upon set of criteria for judging what makes one of
these or a good one or a bad one? We don’t even know if the field has a coherent theoretical foundation. I rather enjoy the debate about principlism, for a whole number of reasons obviously. But we don’t even have a coherent theoretical foundation that we all agree upon, so it doesn’t surprise me that we can’t agree upon who gets to call who what. Now that may be a phenomenon of the academic ego today, that for some, bioethics has been a philosophy welfare program.

Bioethics has also been the home to many folks who haven’t had homes. It does have a kind of magnetic quality to it. I rather think that there is a cohort, a fairly diverse cohort, but a cohort nonetheless, who has come into bioethics for a set of, if you will, original position reasons. That they recognize that they came in because they wanted to contribute to the way that health care is being organized in this country or in their country. That they have been stimulated by concerns about research. That they want to reform or remodel, extend or expand the way in which people interact in a health environment, including research. I think there are a number of good reasons for being inclusive rather than exclusive. I personally have benefitted immeasurably, I can’t even begin to enumerate how I have benefitted, from my conversations and collaborations with clinicians, with nurses, with social workers, with clinical epidemiologists, with public health experts, with sociologists, with psychologists, with economists.

**SWAZEY:** Do you think that is a common perspective of philosophers who are working in bioethics? I obviously don’t, and that’s why I’m asking you.
MESLIN: I couldn’t speak for all of them and I do feel that I’m probably in the minority. I don’t think that is a common perspective. I’m sure that there is a group of philosophers who feel that the more folks who come in and dilute what was originally a very rigorous investigation of the moral foundations of particular problems, the less that field that we call bioethics will make a contribution and the more it will simply become a round table discussion where consensus is difficult to achieve and where there’s no particular product. So there are sort of the purists. I’m not a purist for some reasons that I’ve already indicated. Philosophy was a vehicle for me, a very important vehicle for me to gain access methodologically to a particular field, a particular set of problems. I think that there is an increasing number, and it may be a cohort phenomenon that no one has studied. I see my cohort as either the first generation or the second generation of sort of modern bioethics in this country. I say either first or second, our mentors, our supervisors are either the first because they were the ones who, in a sense, invented some of the language for what we are doing.

SWAZEY: Run this by me again, you said you see your generation as....

MESLIN: We are a group that is made up of probably two large sections. First, those who are philosophically interested in the field and believe that is still the right and proper course for keeping the field alive and, in fact expanding the field. There is another large chunk who doesn’t require that degree of philosophic rigor, in fact are rather open-minded about other types of rigor that can inform the debate. Now I
probably have to put myself in that latter category because I am particularly interested in hearing not only from philosophers but others as well. How many are in each of these large chunks? I couldn’t tell you whether they are equivalent or not, but one way of quantifying this is by tracking where some of my cohort is. My cohort includes, just being very biased from the Georgetown side, includes Jeff Kahn, who was a semester behind me and is now the director of the University of Minnesota Center for Bioethics; Catherine Meyser, who is now the director of the Vermont bioethics program. Rob Olick, who was the former executive director of the New Jersey Bioethics Commission and is now at the University of Iowa. There are others in other programs. A colleague of mine, Mike Burgess, who is a Canadian but did his degree at Tennessee, is now the chair of bioethics at the University of British Columbia. Françoise Baylis is now at Dalhousie, having been at the Westminster Institute and Tennessee. So there’s a group of us who are not located in philosophy departments; none of the people I’ve just mentioned are in philosophy departments, they are in health ethics, centers for bioethics, or programmatic positions. That’s a poor sampling method to make any kind of case. I’ve given you five people that are friends and colleagues of mine, some of whom went through the Kennedy Institute program, which is a philosophy program, and have felt that their place, and I include myself in that group, in the debate is not necessarily in a philosophy department. Now I don’t see this as an either/or, I actually think we need both. I really do.
You said earlier that you saw bioethics as a collection of disciplines. Is bioethics a discipline yet?

No. Part of me wants to say yes, but I would need to use such a convoluted definition of discipline to make the case that it wouldn’t be very fair, it wouldn’t be rigorous and it would be inconsistent with what I think we need to do. The fact that it’s not a discipline means a couple of things: it isn’t a discipline like other accepted disciplines in the academy, or it isn’t a disciplined body of scholarship or pedagogy. I do not think it is the former, and my sort of comment after that is, so what, in a sense. But I do think it is increasingly becoming more of the latter. The reason that I say that it’s not to the former is that it’s difficult with a multi-method endeavor, which is what I take bioethics to be; it borrows methodologies from a variety of sources and still has to hold them up to high standard. There isn’t one bioethics method. As an example, in the book review that I did in the Hastings Center Report on the Advisory Committee on Human Radiation Experiment. I tried to make the case that this was probably the first Commission, in my view, that utilized many of the methodologies available to bioethics. It used case studies, it used public policy analysis, it used conceptual analysis, legal scholarship, it did empirical studies, it was doing bioethics. Ruth Faden’s Commission did bioethics and did it well, as a Commission. Are there departments in this country or elsewhere that offer degrees in what they did? No. There are bioethics programs and I think for a while yet there will still need to be
bioethics programs imbedded in home disciplines, but I am hopeful that there will
be enough development in the field, and this kind of critical self-reflection we see
in the debate about theory is a very healthy one, in my view. The field will evolve
to the point where it can ask itself, “Do we want to be called a discipline like
economics is a discipline, or do we want to reinvent what we mean by a discipline
or a field?” It certainly is a body of knowledge, it certainly is a collection of
rigorous methods that should in no way have to apologize to peer review journals.
It should be as “scientific” as biochemistry or sequencing the genome. The fact
that bioethics enjoys many parents or is constituted by several different disciplines
in no way relieves it of the burden of being judged by the same set of academic
and scholarly criteria that any other discipline would. So in that sense, I think it is
a discipline by proxy. As kind of an obvious tangent, when you watch the
development of bioethics journals, I think you will see both an increase in their
number and a slight increase in their quality. I’d like to see a greater increase in
their quality. Do I want my discipline to be as good as biochemistry? One could
argue, why do you want to shoot so low? That’s fine if you’re a biochemist, but
you’re not a biochemist. Create your own standard. I’m not saying we can
substitute shabby work, poor scholarship, unclear methods, and lack of rigor for
the fact that we don’t have one home. It’s going to take us a lot longer, we’re
really only in the adolescence of the field, in my view. So bioethics as an
academic discipline will not pass the test if you judge it according to the sort of
historic disciplines. I don’t know that it needs to do that at this point, but what it
does need to do is pursue at least two parallel tracks. One is it absolutely must not
lose sight of its theoretical foundation question. Not only the one that Clouser and
Gert challenged Beauchamp and Childress on, but the broader challenge of what
constitutes an adequate foundation for bioethics. Is there a unified theory of
bioethics? Veatch didn’t do it in a Theory of Medical Ethics in 1981; he tried to
and he didn’t do it. I think he understands that and we all are grateful to him for
putting that book out. We don’t yet have a unified field theory for bioethics and
maybe that’s what we need. We shouldn’t bemoan the fact that since physicists
and cosmologists can’t come up with a unified field theory for the universe that we
mortals on the planet can’t come up with a unified field theory for bioethics.

SWAZEY: If that kind of theory is ultimately developed is it going to consist of strands from
all the different disciplines? Or is philosophy going to be the reigning field that
constructs the theory?

MESLIN: The answer to the first part is certainly yes. It cannot help but be a collection of
the strings and the themes that you’ve described. That would be inconsistent with
the sort of dialectic that’s occurring. Whether the moral philosopher will be king
will probably depend in part on what you take to be the necessary and sufficient
conditions for theory. I have to say that my own view, on the 19th of March, 1998,
is that probably the moral philosopher will not be king, but there will be a court
consisting of probably a small number of theory constructors and a philosopher
will probably be a member of that court. The other possible candidates for seats around that table will probably have to be someone who actually understands the philosophy of science or the history of science and someone who actually conducts science, constructs theory in science. It will likely also include someone who understands the nature of political activity. Now these may all be folks that we can roughly include under the philosophy hat.

END OF TAPE 1, SIDE 2

MESLIN: What I do worry about, I'll admit, is that in this headlong rush to unseat philosophy as the organizing principle, so to speak, for bioethics, we will swing so far to the other extreme of everyone has a say that the field runs the risk, sort of like an exploding nebula, that things will just spin off and there won't be any core at all. I do worry about what the core or the soul of bioethics will be. It need not be a philosophic one. It may be that a concordat will have to be struck between several of the founding parents of the field. I'm not theologically trained nor am I especially well-versed in theology, but I am not so silly as to pretend that theology and theological perspectives didn't have a major influence on the creation of the field, or on the route of access that many people have to bioethics, and this may get us to clinical ethics, particularly in the clinical setting. You can walk in and talk about Kant, Aristotle, or Locke all you want. But if it turns out that most people, when they are nearing the end of their life, are going to make a decision about whether they feel that their theological orientation is going to get them
through this or their philosophical orientation, I suspect that it would be more the
former than the latter. So to disregard theology I think we do at our peril, and to
disregard philosophy we do at our peril. Whether that means that we give them a
special seat at this table because they were an original member, I don’t know.

SWAZEY: Do you think that theology and moral theology have been neglected as bioethics
has developed from its origins?

MESLIN: During the sort of Ramsey-McCormick years I think it was the method of the day.

SWAZEY: The method?

MESLIN: Well, I use a small “m” when I say method; it was an approach. It was a context
that animated an awful lot of what was happening. When I watch what Dr.
Pellegrino does, when I watch what even LeRoy Walters does and what sort of
animates some of their work...and even Charlie McCarthy, it would be insulting to
pretend that theology hasn’t informed what they do. It hasn’t been theology on
their sleeve, it’s been how they think about these problems. That period between
probably 1958 or 1960 and maybe just before the start of the National Commission
may have been the height of influence. I’ve thought a lot about the National
Commission, because the National Bioethics Advisory Commission itself is going
to be revisiting the Belmont Report, hopefully in time to produce a paper
coinciding with the 20th anniversary of the publication of the Belmont Report next
April. It may be that the *Belmont Report* was the equivalent of Martin Luther banging up a couple of things on a church door: we've now got some principles, so we don't need the theology anymore and all of a sudden, boom, the field takes off and it becomes a dialogue between how principles functions or don't function, and theology sort of got left in the wake of this. When the field became occupied by academic philosophers my sense is that theologians were relegated to the second tier. They were not seen to be academically rigorous because they were burdened by this unprovable set of first principles. For those of us who have worked in the clinical setting I think it's naive and unfortunate, at least, to write them off. What I see happening, evidenced in part by how the President's Commission was created and letters written by religious organizations to the White House, was a division of labor which has tended to exclude theology and has compartmentalized them in some ways, limited their scope to certain topics within bioethics. Not even all of reproductive technology but mostly abortion and the use of fetal tissue and the moral status of the fetus, and issues at the other end of life. You don't see in the literature, with a couple of exceptions, loads and loads of weighing in by the theological community on research involving human subjects. You see it on animal research only through the backdoor of moral stewardship, dominion over nature kinds of arguments, but you don't see an awful lot. You're seeing it a bit

*Editor's note: In lieu of this plan, NBAC cosponsored a conference, "Belmont Revisited," at the University of Virginia on April 17-18, 1999.*
more with the genome project. You're seeing a little bit more as we start to question: what does it mean to be a human being? What constitutes human identity? And you saw it, obviously, with the cloning of Dolly and the NBAC Report, which pre-dated me. That gave an awful lot of airing to religious perspectives. It'll be interesting when the history of this Commission is written, how that involvement will be described. I have thought that theology has been relegated, and since I don't particularly use it in my work, I have been concerned for them. I have not been concerned for me. I've been concerned for those who I have met individually, whose intellect I trust, whose opinions I may not necessarily agree with, but I've never come across a good argument that I didn't like for its own sake. I see the same kind of pendulum swing occurring with philosophy: that just as theology may be seen as either unnecessary or irrelevant because it doesn't provide us any empirical facts on which to judge whether, once you sequence three billion base pairs, you now know what a human being is. That's going to be a scientific question, so say a particular group. Also I worry that as we become preoccupied with legal argument and with certain public policy positions, philosophy will simply be seen as an interesting route and reflection rather than as a primary source for data. It's foreign in philosophy to speak about data, and yet I see philosophic arguments as being the moral equivalent of quantitative data. It's not used in the same way.

SWAZEY: When you said that theology couldn't provide empirical data, I was going to jump
in and say...

MESLIN: Yes, and that’s why I think they are bedfellows and they should not be fighting amongst themselves if they are; they’re actually in very similar boat. I’m more comfortable in the sort of secular world chatting about these things. My sense is that the data that philosophy has to work with, or that philosophy can produce, are the arguments and approaches that it either invents or discovers. I think just as in the philosophy of science when we contrast invention and discovery in our epistemology, bioethics faces the same challenge. It has not met that challenge terribly well, in my view, because there is this residue which permeates anyone who hasn’t spent time with real-life philosophers in clinical settings. They assume that what we do is simply construct arguments that say on the one hand and the other hand and that we don’t actually say anything, we don’t actually come out with a conclusion. I remember vividly doing a medical grand rounds at Sunnybrook Hospital and the subject was DNR orders; in particular the subject was no codes. The particular subject of that particular subject was slow codes. The question was, are slow codes unethical? I was giving a presentation and the head of the ICU was giving a presentation and at the end I said, “Slow codes are unethical...period. Here’s the reason why,” and I gave my reason, then I got a standing ovation. One physician said, “Finally our ethicist has been able to say something, has been able to give us an opinion, not qualified by lots of sophistry but has said something. We’re not going to hang him out to dry if we don’t agree
with him. We’re grateful that he said something is, not ought to be, is unethical.”

The data for my argument were provided to the group for them to judge. If you continue with this sort of experimental metaphor, how do you reproduce that data?

Well, the metaphor falls a bit by the wayside. I do believe that what philosophy and bioethics runs the risk of, if it’s not careful, is by being too sloppy in its work and by taking a position that assumes more than it ought to, we run the risk of irrelevance. Bioethics should be constantly on the look out for improving the quality of what it does in its scholarship, in its ability to interact with other disciplines. And I see translation, by the way, as being the principal challenge for philosophy, for bioethics, but for philosophy in particular. So I do think there is a type of data. Now for theology I could make the same case but I wouldn’t be very good at making that case.

SWAZEY: You would think that a good theologian...

MESLIN: Absolutely and I know three of them who could do it if they were sitting across the desk right now.

SWAZEY: I think Jim Gustafson...

MESLIN: Exactly, I could think of Jim, I think Bill May can do it too. I think Ted Peters can do it. I think Ronald Cole Turner can do it. I think there is a small group of them. Pellegrino does it in a different way, using a different set of heuristic devices including the force of his personality. That plays into this concern that I raised earlier about whether we want to judge ourselves by that model. Do we have to
prove that our data is every bit as good as the data that comes out the end of a sequencing pipeline? Well, yes and no. Yes, we need to show that we arrived at our conclusions by rigorous methods, that those methods can be transparent. We can tell people what the methods were, show people how we thought about these things, but they’re not quantifiable data and I think we’re getting hung up these days on the sort of quantifiable, qualifiable side of the ledger.

SWAZEY: It seems to me that a lot of people would react to philosophers saying that they can come up with quantifiable data as relapsing into scientism.

MESLIN: Right, sure you can. Show us the data. And that’s why I would put scare quotes around the word “data”. The epistemology that I would use is that the data points or the set of nascent facts that we have to work with are not as important as the way that we organize that data into information. We all begin with some rudimentary chunks that through the methods that we employ organize and collect those otherwise diffuse chunks into things we call information. Now whether we want to then dignify it by calling it knowledge, that takes another epistemic leap. But I think that we have every right to claim that we produce information and that the source of that information are the data, the proxy for which is either the conceptual analysis that we provide, the analytic rigor we bring to what would otherwise be a set of problems that are difficult to organize in our mind. And the tricky bit for anyone who wants to be seen as a rigorous person is the ability to translate all of that into some type of conclusion, into some kind of statement. I
think many of us were trained that we should be wary of rushing too quickly into saying, “I think that the case ought to be X.” It’s far more important to describe the process of how you’re thinking rather than the outcome. I think there is much merit to that caution, it’s far too easy. We’ve seen folks who testify in court as expert witnesses in bioethics...

SWAZEY: That’s a whole interesting issue too. Should bioethicists be allowed as “expert” witnesses in the courtroom?

MESLIN: Well, if we have some time we can do that. I think that this issue of expertise in bioethics is so central. My colleague, Bruce Weinstein, who is another member of the Georgetown cohort I referred to earlier, spent his entire dissertation trying to figure that out. I think he would admit that he didn’t finally figure it out but he sure got a lot closer than others had. What constitutes expertise? How do you demonstrate that you have it? Those sorts of things. I do think that we have to be very cautious as a field not to rush headlong into this seductive place over there where people will listen to us more when we’re able to say, “xenotransplantation is wrong, or sequencing the genome is right...period.” And our public persona ought not to completely overwhelm our academic persona. There’s some of us...some of them that do it really well. Art Caplan does it especially well and I think rather enjoys his ability to do that, enjoys it because he knows that people can either be critical of him or not for being on the six o’clock news or in the New York Times. I think Art is doing a great service to the community. He’s putting
bioethics out, it’s no longer in the style section of the paper, it’s on the front page. He’s not the only one who’s done this obviously, but there aren’t a lot of Art Caplan’s around, to be honest, and there may not be any others like him. The thing about Art, of course, is that he’s not substituting the public bioethics that he does for the private bioethics that he does. I’m less concerned about people who say things in public when I know that they have the intellectual where-with-all to back it up in print or otherwise, than I am by self-appointed bioethicists who say, “Well, I’ve been thinking about bioethics for a little while...” or “I took the Kennedy Institute’s intensive bioethics course for a week and I’ve got my piece of paper...” or “I went to Seattle for a week and now I can call myself a bioethicist.”

But the converse problem, which Renée and I talk about a lot and have discussed with people like George Annas and Len Glantz, is that probably for the past five or ten years anybody who thinks about issues in medicine that have a social or value component is introduced as a bioethicist, or defined as a bioethicist. It drives most of us nuts...

Absolutely! It upsets me too, and for some of those reasons fortunately in the last two positions that I’ve had I haven’t had to worry about calling myself anything other than what I was, a program director in the ELSI program at the Genome Institute, and now a new title. I will tell you that it was previously a very enjoyable thing, to say that I am a bioethicist or a clinical ethicist or I do bioethics, because many people were interested in that. It wasn’t the kind of thing when you talk to
customs officials going through an airport they’d know what you were talking
about. Now I feel that because there has been an abuse of the word, I don’t feel
terribly comfortable saying, “I am a bioethicist.” I don’t like calling myself
anything; I’d rather describe what I do or where I work or how I think about things
rather than, “I am a...” I don’t know enough about the history of other disciplines.
Pharmacy might be the most relevant discipline in the clinic. They had a similar
history to bioethics, at least from my limited knowledge and interactions with
clinical pharmacologists and hospital-based pharmacists, where the medical
community didn’t know what the heck they were. These were people with PhD’s
who came in and wore white coats and could be called “doctor” but they were
doctors of pharmacy and their socialization into the medical world paralleled
bioethics in some ways, and in other ways it didn’t. Pharmacies now occupy
three-quarters of hospitals’ budgets and they have large staffs. But you’re finding
in hospitals they don’t call themselves pharmacists anymore, pharmacists are the
people who work at CVS; those are pharmacists. We are pharmacologists, we are
clinical pharmacologists, we are pharmacologists on the ICU service...that sort of
thing. So whether pharmacists and bioethicists are the folks that wish that they
could be what those of us who don’t call ourselves those things are, I don’t know.

SWAZEY: Let me come back to clinical ethics. Does it differ from other areas of bioethics
and if so, how and why?

MESLIN: I take clinical ethics to be that sub-discipline of bioethics which takes as its
starting point the clinical encounter. This is part Pellegrinoian but it’s not exclusively that. When there is a patient or a person involved in the clinical setting then you are operating within the ambit of clinical ethics. It’s interesting to watch how other countries talk about this, particularly European countries, with which I have a little bit of familiarity. They just use the phrase “medical ethics” to cover lots of things. I think it was a nice thing that Mark Siegler did when he sort of coined the phrase, if we’re going to attribute the phrase to Mark, because I think it helps situate where you are and it also helps situate the kinds of topics that you ought to be focusing on. That’s not to say as a clinical ethicist that I was not involved in hospital policy; I was. Or that I wasn’t involved in research ethics; I was. I chaired an IRB at my hospital for three years. But the content of clinical ethics is different enough in that you do not control the subject as you might in other areas. In many ways clinical ethics is a responsive sub-discipline, more so than the kind of prospective or forward thinking areas like health policy or even research ethics. For the bedside ethicist who walks into a hospital on any given day and doesn’t know what his/her day is going to be like at all, is both an exciting experience and a very challenging one. What do you bring with you when you come in to work that day? You bring your head, you hope you’re in a good mood, and you have to be prepared to deal with any number of issues across the range, from the interpersonal to the inter-professional to sort of the usual suspects of end-of-life care and the like. For some of those reasons I take clinical ethics to be a
definable entity within bioethics.

SWAZEY: What’s its major role?

MESLIN: I think it has two major roles and objectives. At least these are the roles and objectives that I have understood and have validated with friends and colleagues. One is to improve the quality of health care, health care delivery at the micro-level. And that is accomplished through any number of mechanisms including the quality of that clinical encounter between a clinician and a patient and/or their family, literally including the communication skills and activities that go with that, to some of the more mundane but yet incredibly important subjects like informed consent documents and privacy and confidentiality concerns. But I rather think that many clinical ethicists might share my view that the majority of the activities are not the celebrated Greg Pence-like “classic cases” in bioethics. They are the day-to-day, individual interactions between and among people that on their own don’t amount to a hill of beans, but collectively make up a kind of moral terrain for that institution. There are examples of that I’ll give you. When two clinicians dispute over “whose patient it is”, a phrase that I abhor, you’re in the realm of clinical ethics and what’s upsetting is the patient never knows that this is happening. Really, I mean they want to get better, they don’t really want to be in a hospital, and they don’t know whether it’s the hematologist or the oncologist who’s sort of claiming property rights over this problem. I think that many, many cases like that have occurred. Certainly in my experience at Sunnybrook they have
occurred. A great example that I think is illustrative of this problem is when I was asked by the OR nurses to come to their morning rounds at about 7:00 am, an ungodly hour for anybody, for a philosopher in particular who doesn’t get started much before 10:00 am. They had a problem. The problem was that there was a particularly serious and invasive gynecological-oncological procedure that was being performed in that hospital, legitimately; it wasn’t some kind of secret activity. But the nurses were upset that the treating physicians were not fully informing these women, in the sense of really informing them. The consent forms were signed and the documents were prepared and the conversations were had. But the nurses’ experience was, when these women woke up, and over the next couple of days, they really didn’t understand what really was being done. It made the nurses upset because they were in that difficult position of trying to figure out whether they should give more information. There was a gender issue obviously because the surgeons were all men. They didn’t present it as a formal casuistically defined, “Here is the case Dr. Ethics, will you solve it for us?” It was, “Here’s what’s going on, what do you think we should do? We don’t know what to do.” So you do the standard probing stuff, and I came up with this brilliant, I thought, idea. There are surgical grand rounds every week, and it turns out that because the case of this surgery was so unique the surgeons were going to be presenting it at grand rounds. I thought, what a great opportunity. Why don’t you go to grand rounds, you don’t always do that but you’re welcome to, and when questions are
asked you could, in the context of an academic and educational session rather than
an interpersonal interaction, you could raise the question, or raise the concerns.
“Nurses are having some concerns about this...are we on the right track?” That
was one of those days that I went home and thought, “I am earning my money. I
feel just so impressed with myself.” I came in, they welcomed me and I’m in a
room full of twenty OR nurses. They’re explaining to me about a sensitive
surgical procedure, which is a gynecological procedure but they are more than
happy to explain it. They are happy to explain what their concerns are. I’ve given
them something. I didn’t say, “Well, on the one hand and on the other hand...” I
think it was the next day or two days later, I even said, “Yes, I’ll go to grand
rounds with you.” I am sitting in grand rounds in the middle of this amphitheater,
surrounded by all of these OR nurses. The presentation is made, questions are
asked for, and I sort of give them the signal that this is the time. Go, ask
questions! Nothing...dead silence.

SWAZEY: Not a surprise, sociologically!
MESLIN: This happened in my first year at the hospital. I learned a lot from that experience.
SWAZEY: After you got over being crushed.
MESLIN: Crushed beyond belief!! I went home and said to my wife, “Remember how happy
I was two days ago that I had solved this problem and I had been bioethicist to the
stars? I’m now over here. I should hand in my tag, I should return my salary,
because I’ve failed miserably!” Well, I don’t have to tell you what was going on
and how interesting that was as a case study. But that wasn’t a classic case in bioethics, it wasn’t the surgery itself, it was how are these nurses expressing themselves. And this happened everyday.

SWAZEY: It’s what I’ve always called “everyday ethics.”

END OF SIDE ONE, TAPE 2

MESLIN: I may have paraphrased, or someone else did, calling it “housekeeping ethics”. But for the unfortunateness of that language, I think that’s what we’re talking about, the everyday ethics. How many cases did I have where a now dead semen donor’s wife wants to take the semen, and, over the objection of the parents, raise the child? I had one of those, a great case, but I had one. It’s not worth paying somebody to come in and give them a library and an office and a secretary and a staff, to wait for the one. But cases like the nursing case that I had happened everyday. Most days it would take me twenty minutes to walk down the main hallway of that hospital doing bioethics-on-the-run. Curbside consults. You try to go into an alcove, but that was what made clinical ethics for me very exciting. Not knowing what was going to happen and trying to use whatever skills you had. Did that make it a special and unique discipline? I think it made it far more unique because of its randomness. It really was a chaotic activity. I do think that we in bioethics would be well-advised, especially those of us who go in to clinical ethics, to become familiar with complexity approaches. Not just the fashionable talk about chaos, but get an understanding that bioethics is not simply a linear
activity and that there are a lot of things completely beyond your control. The clinic is the best laboratory for that. IRBs are not a laboratory for that, it’s too regimented. You know what’s coming, it happens every month; you read a protocol, that’s a whole other set of problems. Health policy, the same thing. But clinical ethics is that messy...and this was Pellegrino’s word, part of his advice to me. He said, “It’s messy, it is not neat and your job is to at least try to make sense of the messiness. Be aware of that.” And he also advised that doing bioethics is a lot like flying a plane, be aware that at some point you have to land the plane.

SWAZEY: You said clinical ethics has two roles and you talked about the first one. What’s the second?

MESLIN: The second role harkens back to my political side. I see bioethics as serving as a very useful mirror, not just for health care reform—for example, to introduce universal health care into the only surviving democracy that doesn’t have it, which is a whole other subject, says the Canadian—but to serve as an important political instrument. Clinical ethics serves as a political instrument because of the way in which we organize health care and the way in which health care is delivered. Here I am not harping on whether there is a basic health care plan in the country. I don’t care if you’re in an HMO or any other kind of managed care organization, clinical ethics has an opportunity to provide a political impetus to the organization of health care in that environment. I’ve seen it happen, and this is the other case example that I wanted to give to you. In the creation of this new breed of
physicians called clinician managers, something I’d done a little bit of research on
with a colleague in Toronto; the clinician-manager now has two responsibilities:
one is to take care of patients and one is to manage a clinical budget in some way.
Most hospitals on both sides of the border and indeed in the UK are decentralizing
health care down to the functional clinical level and giving clinicians more
responsibility for both the resources that are required, as well as the patients they
manage. Clinical ethics can say something about that far different from what it
wants to say about interactions with patients. It says something about the way in
which the priorities that we set within the clinical setting between and among
patients, and between and among units, is accomplished. Our research, which was
both empirical and conceptual, showed that the role conflict that exists within
these folks, nurses, physicians, physiotherapists is so profound that it causes job
loss, it causes poor manners, it causes a number of outcomes that result in the kind
of clinical ethics problems that I referred to before. Clinical ethics should not lose
sight of the fact that its job is not simply to go into the muck and try to smooth out
the muck so it’s nice for the next day and then it’s mucky again and you come
back in. But it can talk a little bit about the vertical integration, or say something
about the vertical integration or the way a bedside ethical problem does affect
what’s happening in the boardroom and vice versa.

SWAZY:

You know, this could be one area where there might finally be some real
convergence between social science and ethics.
My colleague, Louise Lemieux-Charles, is a professor of health administration at the University of Toronto, but trained in organizational behavior and has much more of a sociological bent than I. We didn’t feel that we uncovered anything tremendously innovative, but when we presented this paper, which was published in Hospital and Health Services Administration a few years ago, it got the longest line-up at a Society of Health and Human Values meeting, and it was not a very good paper. We followed that up with a survey instrument which we disseminated to 3,000 clinicians in Ontario. And what we seem to be finding is that people have role conflicts both on the organizational behavior model and on the ethics model, rights and duties, obligations. How do you figure that out?

I think it’s the combination of the topic, which is not a usual one for clinical ethics or bioethics.

But I’ll tell you, to get to the root of it, there is a glass ceiling in clinical ethics and that glass ceiling usually stops at the boardroom door. I wasn’t told this, nor did I have this feeling at Sunnybrook, which is why I enjoyed working there for so long. But many have told me and I have observed it elsewhere, that the business of clinical ethics is compartmentalized to the bedside. It is not the business of clinical ethicists, say some hospital presidents, not my former president, to think about bed closures. To think about the cafeteria, to think about dismissals, downsizing. “That’s not your job.” Those are, in the immortal words of one doctor Louise and I interviewed for this study, those are political and financial issues;
those aren’t ethical issues.

SWAZEY: Well, I think that by and large is why bioethics has not done or said much about
the macro-issues of health care delivery and access.

MESLIN: In fact, I’ll make a friendly amendment to your statement because I agree with
what you said. I think we have missed a great opportunity at the meso-level. I
think there has been lots of interest and input on the really macro-level, whether
you can measure it. The big chunk of meso-level work at the level of institutional
policy or organizational policy, how our professional organizations...how do their
policies translate, has been lost. We’ve seen very little substantive work on
managed care. We’ve seen lots of papers on managed care and seen lots of
activity in that area but the contribution has not been the same as, “Look at us after
15 years, consent forms are lots better.” “Look at us after 15 years, there is a
Determination of Death Act in every state.” Or “lots of people know about
advance directives or everybody knows about an IRB.” We don’t see those
outcomes at an institutional level. Clinical ethics will remain a kind of interesting
sideline, an employer for some bioethicists who enjoy it and do it well. And there
are lots of them out there who do it well. But this second contribution that I
mentioned, the kind of political contribution, is going to be lost. And then it’s
just going to be a question of whether on emotive grounds you’ll have some nice,
loud speaking folks who say, “It’s really important to do this.”

SWAZEY: I think we’ve exceeded our time, Eric. We’d like to come back for a second
interview, to talk about topics including the genome project and NBAC.

END OF INTERVIEW