In 1997, the Acadia Institute began a multi-year study of bioethics in American society, with funding from the National Science Foundation's Program on the Societal Dimensions of Engineering, Science, and Technology and the Greenwall Foundation. The overall objectives of the study have been to examine the development, roles, and significance of the field of bioethics in the various domains in which it has been involved since the 1960s in the United States. Our research has used historical and sociological methods, including lengthy face-to-face, tape-recorded interviews with a national cross-section of 45 individuals working in bioethics. The majority of our interviewees, from disciplines including philosophy, law, religious studies and theology, medicine, and social science, are recognized as leading first and second generation figures in bioethics. Another data base includes an extensive collection of primary and secondary source documents, including bioethics literature, medical and scientific papers, media materials, legal briefs and court decisions, the proceedings and reports of bioethics commissions, and documents from bioethics centers and programs. In a variety of ways, the three project investigators have been observing participants in bioethics -- in the case of two of us (Fox and Swazey), since the field’s beginnings. The running observations that we have made over time from this vantage point also have contributed to our analysis.

The idea of utilizing an advisory committee for the project was initiated by reviewers of our grant proposal to the NSF. After considering various ways that such a group might be most beneficial to the study, we decided that a group meeting would be more fruitful than individual consultations. Such a meeting, held as we were ending our research and beginning the writing phase of our work, would provide a forum for a conversation among the advisors as well as with us. We were gratified when a distinguished group of bioethicists, all of whom we had interviewed and who thus were familiar with the study, agreed to serve on the advisory committee. We also recruited two distinguished sociologists, Howard Kaye and Victor Lidz, to provide an analytic perspective on our work and on the field as “bioethical outsiders.”

Given both the scope of bioethics and the many topics addressed in our study, one of the

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1 The Advisory Committee meeting and the preparation of the transcript was supported by NSF grant SBR-9710579. In 1999, the project also received a publication support grant from the National Library of Medicine (R01 LM06893).

2 Two members of the committee found that they were unable to attend the meeting: James Childress, PhD, University of Virginia; and Patricia Marshall, PhD, Loyala University. Mr. William Stubing, President of the Greenwall Foundation, also was unable to attend due to a schedule conflict.
major tasks in organizing the meeting was deciding which of our analytic themes we would like the advisory group to discuss within the confines of a one-day meeting. In the end, we selected five topics that are both central to the study and particularly complex, and prepared work-in-progress "discussion overviews" for each that were distributed to the participants prior to the meeting. The topics we chose were (1) "what is bioethics?"; (2) the growing institutionalization of bioethics and its professionalization; (3) the presence and influence of religion in American bioethics; (4) issues concerning "thinking socially and culturally" in the work of bioethicists; and (5) "taking stock of bioethics," an inventory of key questions about the present state of the field and its future. We realized that each of these topics had elements that cross-cut with the others, and that since any one of them could be the subject of the entire day of discussion, we could not hope to fully explore them with the meeting participants.

The meeting was held on September 8, 2000, hosted by Dr. Arthur Caplan, a member of the committee, at the University of Pennsylvania Center for Bioethics. This transcript is an edited record of the discussion, a conversation that the project staff felt was a rich and productive one for us and a valuable record in its own right.
Acadia Institute Project on Bioethics in American Society
Advisory Committee Meeting
Sept. 8, 2000

PARTICIPANTS

Advisory Committee Members

Daniel Callahan, PhD
Director of International Programs
The Hastings Center

Arthur Caplan, PhD
Director, Center for Bioethics
University of Pennsylvania

Howard Kaye, PhD
Professor of Sociology
Franklin and Marshall College

Victor Lidz, PhD
Assistant Professor of Psychiatry
MCP Hahnemann University

Ruth Macklin, PhD
Professor of Bioethics
Albert Einstein College of Medicine

Robert Veatch, PhD
Professor of Medical Ethics
Kennedy Institute of Ethics

Alan Weisbard, JD
Associate Professor of Law and of Medical Ethics
University of Wisconsin-Madison

Invited Guests

Rachelle Hollander, PhD
Program Director
Societal Dimensions of Engineering, Science, and Technology
The National Science Foundation

Acadia Institute Project Staff

Renée C. Fox, PhD
Co-Investigator

Carla M. Messikomer, PhD
Senior Associate

Judith P. Swazey, PhD
Principal Investigator
TOPIC 1. WHAT IS BIOETHICS?

Swazey: Why don’t we start with the first set of topics we’d like you to talk about, which picks up on the first background piece: “What is bioethics?” We would like to start out by asking you how you would characterize bioethics. What do you see this enterprise as? As we interviewed people, most said they thought it was a field, a few people said they thought it was a discipline. Some people, like Howard Brody, rolled his eyes and said, “God, I wish you hadn’t asked me that question!” Finally he said, “I guess I’d call it a thirty-year conversation.” So there’s been a spectrum of characterizations, and tied in with that is the nature of the disciplinary relationships of the people who have been doing bioethics. Does someone want to jump in and start by telling us how they think of bioethics?

Callahan: Let me jump in, because I think that when the field first began there were really two streams. One of the streams was very much focused on human subjects research, the protection of human subjects, which moved into the patients’ rights area and individual autonomy. The other side was a very different crowd, in which Leon Kass and others were interested in the impact of the new biology on the future of human life, with very little interest in those other kinds of clinical issues, or what I sometimes think of as regulatory ethics. That is to say, how might we best frame laws that deal with these issues? It seems to me that first strain has
remained there. Although I think by and large, the focus on individual rights and autonomy is the one that triumphed over the one that wanted to really ask "what is this going to do to the notion of what it is to be human?" So if you ask me what the field is, it is pursuing that first stream of larger issues. If you ask others, they will look to different kinds of issues. There's overlap, but I think there are very different ways of thinking about the field. I reacted negatively to the point in your background paper about whether it's a field that isn't interdisciplinary. One thing I've done over the last couple of years is just look at citations in articles, and the interdisciplinary is very striking. In fact, I did it yesterday with some of the major readers that are used in classrooms. It was very clear that there is an enormous range of interdisciplinary work in the field. Among those of us working in health policy, 90% of our work will be stuff from economics, health policy, demography, and the like, maybe some ethics. Whereas, other people make heavy use of the bioethics literature, but it's very diverse. And then there are the people who are more interested in the academic arguments, who tend to be more disciplinary. There audience is not other academics but policy people. So I would suggest a literature search and simply seeing what sorts of articles people are citing. Think of what their field is -- if they are philosophers what else are they citing? What other fields do they use as sources?

MacKlin: You're going to hate this, Renée, but I have to be analytic for a moment. There
are different kinds of answers to which the question lends itself. One of the first items in the background paper is: Is it a field or a discipline? And then that grids through. Clearly that's pretty much dichotomous; it's either a field or a discipline and probably can't be both without some measure of contradiction. But I don't think that's an interesting question about bioethics. I think people are going to characterize it differently and it may even be idiosyncratic. However, Dan just gave a different kind of answer. One that has to do with the topics that bioethics looks at -- basically, the orientation of the topics and the kinds of questions that people ask. My own answer to that type of question is: bioethics is anything and everything that people who work in this field address in this field, it includes all of them. It's an inclusive answer, and to try to say, "No, that's not really bioethics," going back to Dan, what's the real issue or the real question? Dan never liked it when somebody said, "But the real question is..." He always used to rail against that! There is still a third way that one might try to answer the question, although it's not one that I would favor at all, and that is to try to look at the methodology in the field. Indeed, there's a legitimate discussion of that, because there are different branches of philosophy, including the analytic approach, phenomenology, narrative, and storytelling, etc. So here again, I would take the broad approach and say that anything that people from different disciplines have worked on in this field, even if they don't identify themselves as bioethicists, and whatever methodology they use, qualitative, quantitative, analytic, all of that, I think counts
as bioethics.

Fox: I don’t want to argue that point, but I want to throw into the discussion the fact that if one approached it that way then one ducks completely the phenomenon that is very distinctive about bioethics, and that is the fact that most people working in this area deny that they are really “bioethicists,” with you as one glowing exception who has no problem with that. People seem to feel they can jump in and deal with whatever it is that they think is appropriately appropriate for bioethics to deal with, often in a rather dilettantish way, without necessarily the training with which to handle that particular dimension of the question. So for example, the number of people sort of doing philosophy, using philosophical language and concepts who have no training whatsoever in philosophy is...I don’t know whether you’d say it’s problematic. I would think it is, but it’s also a peculiar attribute of bioethics. If you transpose your notion that you can call bioethics anything that people happen to be doing who think they are doing bioethics into other areas of intellectual endeavor, it would make a very peculiar set of circumstances to be able to pursue a field and advance that field in any kind of coherent way, so that cumulatively it develops an ongoing stream of shared knowledge that goes some place, other than just spinning its wheels continually around what it happens to tackle at any given time.
Lidz: Ruth, how is your answer any different from saying it is a field? I heard you saying that it's a diverse field.

Macklin: Yes. In fact, on the question “Is it a discipline or a field?,” I would argue on the field side. But just to respond briefly to Renée, having taken this broad approach, saying it’s anything people are doing, it doesn’t follow that any one in the field is equally qualified. The field is equally qualified to use the skills, techniques, and experience and knowledge that people from other disciplines are. So I think one can take a broad view of bioethics as a field without having to say anybody can do ethnography, or anyone can do philosophical analysis.

Veatch: You might want to differentiate the question, “What is bioethics?” from the question, “Who is a bioethicist?”. I don’t agonize a whole lot over the question, “What is bioethics?” Certainly the label “field” is something I’m comfortable with, and generally I don’t think there is much dispute about what the content of that field is. I think the question of, “Who is a bioethicist?” is a much nastier question, in particular with regard to those people who’ve worked in bioethics for a long time but have no training in it. Let me tell you an anecdote....

Callahan: ...like most of us, I think. We never had any training in bioethics!
To name a few names, there are people like Howard Brody and Tris Engelhardt who are PhDs in philosophy as well as physicians. Obviously, "bioethicist" is a label that applies. I have absolutely no problem using the label "bioethicist", let's stay with physicians for a moment, for people like Steven Miles, Mark Siegler, people who've worked at it a long time even though probably they have never had a course in bioethics. When you get beyond that level I think it's very tough and potentially controversial. One anecdote: in a little newsletter that comes from a hospital that will remain nameless, there's a column that's called "Ask the Bioethicist," written some local doctor at this hospital. He's a MD, a guy I've never heard of. Somehow I get this newsletter. He had just an awful garbled opinion of a case. I wrote back politely suggesting that his opinion was garbled and my tag line at the bottom was, "The 'bioethicist' should reconsider his opinion." I put bioethicist in quotation marks. He and the editor of this little newsletter were offended at the quotation marks and asked that they be removed. That signals that a person who I don't know from Adam, who is an experienced MD, is probably the chairman of their ethics committee or something, is putting himself forward as the "bioethicist" to provide case consultation and opinion. He's not in the same league with Steven Miles and Mark Siegler and people who have worked in the field for decades.

Why does that make you uncomfortable? Because you worry about his clinical
Veatch: I assume he’s clinically competent.

Fox: What is the issue about why this is a nasty question?

Veatch: Well, I was with my quotation marks suggesting, I’m not sure he should put himself forward as a bioethicist.

Fox: What’s the danger that people like that might be doing that. What’s the problem with the impurity of their self-presentation?

Veatch: Does anyone who can command a column in the field of bioethics automatically become a bioethicist, is the question I’m asking. Is there some minimal standard? It’s particularly odd since I’ve worked in hospitals and around clinical medicine for thirty years and if I called myself a physician because of that, I would be condemned. It’s probably illegal in some jurisdictions. It’s certainly something I would never think of doing nor would I call myself a lawyer in spite of the fact I’ve worked with legal cases for thirty years. And yet there seems to be people who arrive at the field of bioethics and label themselves “bioethicist” without any significant experience in the field.
Macklin: Maybe he's just a bad one. There's another alternative to saying he shouldn't be called a bioethicist. The other alternative is to say he's a bioethicist but he's a particularly bad one.

Veatch: The most rigorous standard would be, you need to be trained in ethics to be a bioethicist.

Fox: Wouldn't this come up with regards to the basic disciplines in which each of us is trained. You wouldn't sit around here and ask, "Is this person a sociologist or not a sociologist?" You would look at their credentials in terms of what degrees they have and what specific training they have.

[Weisbard] xxxxxxxx

Caplan: Let me jump in on this issue with three short comments. One is I know I'm firmly in the "field" camp about this; I know that's my view of what bioethics is. Who is a bioethicist? I don't buy the view that there's a general running away across the board at this point. In fact, I would say on the contrary, there's a general running

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1 For health reasons, Professor Weisbard was not able to review his statements at the meeting, and they accordingly have been deleted from this transcript.
toward wanting to be called a bioethicist. When Jeremy Rifkin shows up on
television now, he always says, “I’m a bioethicist.” That’s new! When people
fight over the domain names over the Internet, bioethics-dot something...there’s a
war to get those names. People know that they’ll draw traffic. There’s prestige in
some quarters to being a bioethicist. There are a number of right-to-life groups
that have tried to set up organizations that mimic the National Bioethics Advisory
Committee or the different types of bodies where they are sort of taking the
prestige of the name “bioethics” in. So I understand that there is a battle about
who is one, and I understand that to be interdisciplinary makes it hard to say,
“Well, there’s a discipline and I have to master it.” That leads to my second
comment. One way that in biology you used to define what things are, a species, is
by their history. So one way you become a bioethicist is if you know the lure, and
the tricks, and the maneuvers of the field. Sometimes people say to me, “How do
you know who’s a bioethicist?” I might say, “Well, do they really understand the
evolution, the consensus, the debating points, the problems?” That’s commonly a
domain or field definition, about what makes something a sub-area too. So if you
know your own history -- I don’t mean to say if you can name Dan Callahan’s
books -- but there’s something there that says, “Oh, this issue broke out in that
group, that issue broke out in that. These are the key cases. This is when we got
consensus on brain death.” I could make up a list, I literally could, of fifty
questions that would test somebody and say, “Yup...nope.” I think I have a pretty
good feel, but it would be from their mastery of what has gone past. I guess we
do do that in our masters program. Now, my last quick comment about fields. I
don’t know, this may be my whacky science origin thing, but if you put together a
team of people to map the genome they don’t care whose methods are used; at
some level it becomes who’s smart! So in a meeting of protein chemists and
geneticists, or any other scientists you want, I could pipe up with an idea and
nobody would say, “You’re an amateur biologist. You can’t do that. What
methods do you have?” They think you are interested in methods because that
becomes part of the humanities-social science story, but if you took a more
pragmatic bent, there’s another way in which everybody can contribute bioethics,
no matter what their background or training.

Callahan: Art, to support you, all of the national commissions have only a minority of
bioethicists. It’s assumed that anybody who is reasonably sensible and sensitive
can do this sort of thing, be on a commission. But you would never put together a
commission on the future of molecular biology and just ask lay people off the
street to come in and comment....

Kaye: As someone on the periphery and someone who was not present at the birth I
don’t know whether this perception is correct, but my perception is that originally
the hope was that if you bring people together from all of these specialized
disciplines, with their specialized expertise, to talk about an issue, we are going to
be able to arrive at some sort of common ground, and it didn’t work. So I think....

Callahan: Some issues yes, but some issues no.

Kaye: Well, maybe my perception is wrong, but I just wonder if over time there’s been
the realization that in order to be taken seriously, in order to reach some sort of
common ground or agreement, in order to be listened to by other people outside of
one’s discipline, one had to at least make the effort to be more interdisciplinary.

So I wonder whether with bioethics we now are seeing the movement towards the
creation of a discipline.

Callahan: I think there is one perception among many of us that the field had to be
interdisciplinary, partly because if you were interested in care of the dying, for
example, it raised legal issues, it raised policy issues, it raised economic issues. I
think our view of ethics was a pretty broad one, which was that the implications of
ethics extended into law, policy, politics, everything else. So even to do this field
properly you needed this kind of breadth. And on certain issues, like brain death,
one of the early issues, there was a lot of closure...that really worked.

Fox: There are three things going on here. There is this business of the interdisciplinary
229 magic, that whole era of interdisciplinariness, which doesn’t only include bioethics, in which there was a general notion that if you put together people from many
230 different disciplines and they could all talk to one another, you’ve got
231 interdisciplinariness, which did not always work. The peculiar thing, that I think
232 Arthur put his finger on, is that this so-called field just doesn’t have the
233 fundamental credentialing of people as bioethicist. It’s just developing in some
234 ways and it’s been very reluctant to do it. There has been a strong resistance, as a
235 matter of fact. Gradually by kind of a slippery slope, I call it, MA programs have
236 grown up and now even maybe PhD programs. There’s been a general tendency in
237 the “field” to resist that form of institutionalization and credentialing, at the same
238 time recognizing that maybe it had to happen for various reasons. The third thing
239 is to put that together with something else that Arthur mentioned, which is that
240 something else is going on that makes all of bioethics something other than just the
241 development of a field. All these people who want to be bioethicists, the amount
242 of recognition you get if you call yourself a bioethicist, the fact that it’s in the
243 media, the fact that it’s in the public domain. When you talk about “what is
244 bioethics?” I feel somehow we talk too narrowly about whether it is a discipline or
245 a field. It’s like how many angels can dance on the head of a pin? There is a
246 larger phenomenon here which doesn’t apply to talking about philosophy, or
247 anthropology or sociology or the law or medicine. Some other kind of ferment is
248 going on that makes it very cogent to be able to say that you have some kind of
interest in, and even competency in, speaking of so-called bioethical issues.

Swazey: People certainly don’t fight to get recognition as, “I’m a sociologist, I’m a philosopher, I’m an historian.” I’m also thinking about the “Ask the doctor” bioethicist, the local physician who becomes the community bioethicist.

Fox: But why should people want to be recognized as bioethicists? What’s the answer to that question?

[Weisbard]:

Lidz: That may be true of interdisciplinary fields, that as you get to know one another better it gets less interesting.

Callahan: Well, there are different sorts of people. One thing I think is totally missing now is that there was a whole generation of European trained scientists who knew literature, history, and philosophy. People like Rene Dubos and Ernst Mayer and Dobzhansky, and they don’t have an equivalent any more. And they loved the large issues and the large ideas. They weren’t as interested in writing regulations; that crowd has disappeared. So I don’t think it is as much fun anymore. Partially it’s specialization, partly I think as the field itself gets more specialized, a lot of the
young people think, “I do health policy, that’s all I can cope with.” Whereas, those of us from the beginning said, “We’ll do the whole damn thing! We like messing around!”

Fox: Is that all? Because there is a peculiar repetitiveness in the field, in the sense of what I talked about before of a cumulative body of shared knowledge that goes forward and gets into new places because it is a field that moves forward and so forth. The sense one has, without demeaning bioethics, is that one comes back and back again into the same rooms and it doesn’t have that kind of velocity that you would expect a dynamic field to have. Even one that has become institutionalized still has a corpus of knowledge of new data, new concepts, and even new methods of inquiry that goes forward.

Macklin: Yes, but this goes back to the distinction Dan made at the very beginning. That is, looking either at some of these broader, deeper questions that some of the people in the field looked at, versus the group that looked at the impact of technology and new things happening. Those who thought that this field was a flash-in-the-pan, was simply a little industry that started but would die out, were proven wrong by all of these phenomena, not the least of which is emerging technologies and issues that simply weren’t even there years ago. The first generation talk about cloning was very different from the Dolly talk about cloning, the first one having taken
place in the early 1970's. Similarly, the discussion about genetics at the Hastings Center in the early days all had to do with genetic screening and counseling, very little, if anything, to do with transgenic species, or the kinds of things biotechnology and modern medicine and medical technology has produced. There are new technologic advances, and I might even say new diseases such as AIDS on the horizon, and with the things Renée talks about, the broader globalization issues, there was no discussion, or very little about international collaborative research twenty years ago, and that's been the hot topic or a hot topic in the last year. I think there's probably nothing new to be said or more to be said about death and dying, that's my prejudice, unless of course there are new technologic things. But on those "same old" questions, even people new to the field continue to be interested, although very often it appears now that they never read the things that Bob Veatch wrote in 1976, and others, as if they are discovering these issues.

Swazey: I think that's very much a characteristic.

Callahan: I would make a distinction between the field as a whole moving ahead, and particular parts of it like the death and dying discussion, where there is a body of knowledge and a fair degree of consensus, though there are a lot of squabbles around the edges, and other areas are quite wide open.
Swazey: If Robert White finally does his head transplant then we can open up the whole topic again.

Fox: It still is of interest that even though the content of the discussion may have changed, the same sort of cluster of biomedical advances that was there in the very beginning as a focus for bioethics remains.

Caplan: One quick comment about verve and the inside input. Some of the joy of this magic conversation or something, I think, is also imputable to nostalgia. If I went to the Faculty Club at Harvard, Yale, Columbia, Penn, Stanford, or Chicago, they would tell me that things aren’t what they used to be. All the giants are dead, there’s no Dobzhansky, Ernst Mayer isn’t talking to his friends at the Harvard Fellows thing. Everything got specialized! The giants of intellectual life have departed! So if I was going to recruit ten intellects to sit around and shoot the breeze, they’d say I couldn’t find four no matter where I look. So part of the question is, Is bioethics part of the general intellectual development of academia, the university, the intellectual conversation and dialogue?

Callahan: Well, people like Jacques Barzun, these kind of large scale figures, are in short supply. Everybody talks about the specialization of all fields, and the number of people that wander around and write about the whole scene are pretty damn small!
Swazey: It's certainly a concern in history. Let me have you talk quickly about how you feel about the development of PhD's in bioethics, which certainly fits in with some of the previous comments about the professionalization of the field. Some people said they don't think it's a good idea but they think it's inevitable, within five years you're going to see a proliferation of a PhD in bioethics.

Callahan: I'll tell you why I've been leery of the idea. First of all, I've met some of the people who've come out of some the programs and have not been impressed.

Swazey: Right now there is no PhD in bioethics. You get a PhD in a discipline like philosophy with a concentration in bioethics.

Callahan: For me, the larger question has been that ethics is a very tricky field in the sense of what kind of expertise are you actually offering to the public? I'm very worried that there would be a sense that by virtue of having a degree in this field you do have a certain competence, not simply to analyze but to make moral pronouncements. I have never been willing to sign any amicus briefs, any petition statements by other ethicists, saying that we support or we are against them. It seems here that we are trading on supposed expertise. So it would be all worse if one had these damn degrees in the field. Are we going to tell the Supreme Court we people with certification say this is the way you people should judge? I think
that’s an enormous temptation in the field, that’s what the media wants, that’s what the public wants, they want our moral judgements, they don’t want our moral analysis. It seems to me our strength lies in our ability to analyze, not our moral judgements. When our judgements come down they don’t sound any different from most any people. I think it’s sort of nice that this remains a kind of amateurish field, and I think once you’ve got credentials, you would find people playing on those credentials to pass some definitive moral judgement on the world.

Macklin: They do that even without the credentials! They do it without, but the credentials would make it worse.

Callahan: Credentials would make it worse. I think that’s right.

Macklin: What would one look for? I agree with Dan for the same reasons but also additional reasons. If it’s command of a field, then I would know what a program would look like if I had to design one. A body of knowledge and it might have Art’s fifty questions but it might have some more. But it would be a body of knowledge on which you could give people comprehensive exams in the way you do in any PhD program when people have to say what they know about this field. It would include landmark court cases and a whole array of things, but that’s not
only what bioethics is, it’s not just the body of knowledge, and beyond the body of knowledge it’s not clear what the examiners or the faculty would be teaching or testing.

Fox: Could you say what Dan’s saying? Could you go on with that?

Macklin: Dan used the word “analysis”, “ethical analysis.” Let me do it from the standpoint of philosophy, which again was my discipline. There is a difference between a PhD in philosophy and the history of ideas. History of ideas, which is a respectable discipline, is not philosophy, it’s the history of ideas. What one learns to do in philosophy, and my colleagues here can speak for their own specific disciplines, is a kind of critical analysis and thinking. I can call it critical thinking, critical writing, critical analysis, which differs depending upon the “school of philosophy.” When you make the distinction in your background material between the Oxford analytic or the sort of philosophy-of-science types, who are hard-nosed and have been called arid in one place, and phenomenology, they are all philosophy, they all involve analysis albeit analysis of different types. So it’s the reasoning skills in philosophy, and I don’t mean narrowly logic that you don’t contradict yourself and you don’t violate the principles of logic. That’s really what the PhD in the field is doing, it’s educating you and developing certain kinds of skills. Now, if there is a PhD in bioethics, is it going to be the method of philosophy? Is it going to be
analytic philosophy? Is it going to be what lawyers learn when you are in law school, which is similar in some respects but also different as well.

Callahan: You could imagine a program that said you have to take two courses in sociology, two at the law school, two at the medical school, and two in the philosophy department. So it really could have a strong interdisciplinary flavor.

Veatch: At Georgetown about every five years somebody proposes that in addition to our PhD in philosophy with a concentration in bioethics, we should have a completely separate PhD in bioethics. I've not been entirely opposed to that although I suppose in the end I come out against it. There's a round of debate and it always washes out and disappears. The model I've been sympathetic with is an interdisciplinary PhD, where one would pick a major discipline or concentration and a couple of minor disciplines of concentration. One could pick a major in sociology for instance, or in history, or whatever, but the degree would also have other disciplines that are developed at a more rigorous level than a minor is presently. Every time we debate that strategy it loses and it disappears until the next momentum five years later.

I once did a site visit at the University of Texas at the medical center in Houston. I distinctly remember Stan Reiser and some other people there excited because they were going to offer the first PhD in bioethics, not in any particular
Swazey: No, it didn’t happen, to my knowledge.

Veatch: It would be worth a letter or a phone call to find out what happened to that program because at one point they were committed to something called a PhD in bioethics and it seems to have faded just the way the perennial proposals at Georgetown do.

Caplan: One issue about PhDs in bioethics, I suspect, is where the future home of the field of bioethics is. For a while a lot of the home of bioethics was either in major institutes or centers that were outside the sort of traditional academic arenas. They were traveling folks who went to meet in places but didn’t have enough people in a single institution that would ever train anybody to do anything. Then bioethics attached itself to the academic health center. So that meant that bioethics was under a lot of disciplinary pressure to do certain things that look like what doctors do. You got more quantitative, certain things rubbed off about how to do an analysis that was more, I would say, diagnostic or something like that. But now bioethics has got some other interesting pulls and tugs, because academic health
centers are sick! So they’re not good homes. If you move yourself back toward university humanities or non-medical places, their categorizations and structures are more friendly to PhDs. We have PhDs in folklore, PhDs in Hittite, there are all kinds of things that I’m not sure what the discipline is exactly, but people do dissertations on this stuff. Or bioethics may find itself pushed back to the older model of kind of non-affiliated. It’s fair to say I’m not a fan of PhDs in bioethics, but I think partly this social economic future is going to decide what path it will take. Some people may create PhDs to survive; to show the dean that they’re doing something, capture tuition if that what it takes. Others may say, “We’re not going to worry about that academic book model, that’s not a secure home for it either.” So, I don’t know.

Fox: In that connection could we ask Dan to recapitulate for us why you made a very deliberate choice not to affiliate Hastings with an academic institution? That was a big issue.

Callahan: Yes, it was a big issue because half the world said we had to do it because we needed libraries, and resources, and people, and everything else. The other half said why do you want to hook up with an institution, it’ll give you nothing but trouble and pain. Those were literally the two stories we heard, and finally John D. Rockefeller III, who was one of our supporters, took the side of why do we
want to be part of the university. So partly it was stimulated by him, but partly it
was very clear that every time we talked with a university we got the idea that they
would give us trouble about the idea that we could have our totally independent
governance and raise our own money independently. They would say, “Well, it
gets more complicated.” So we decided to remain independent and no one has
ever regretted that to this day. Interestingly, it also was obvious even at the time,
and more so since then, that the strongest research centers in this country are
independent, like the Institute for Advanced Study at Princeton, Brookings, the
Urban Institute. If you are trying to think of major institutes, they are all free-
standing. And it’s damned hard to think of any in a university that has the
intellectual status of any of those independents. What’s the equivalent at a
university of Brookings? It would be very hard to find. Even at Princeton they
say, “Make sure the Institute of Advanced Study is independent of the University!”
They’re sort of proud of that in a funny way.

[Weisbard]:

Fox: But what makes this story different is that outside the windows of these
developments in bioethics, there is that phenomenon about what bioethics is in the
larger society, which can’t be said for the institutionalization of other fields.
Callahan: But let me add one footnote about Hastings. A very strong reason was simply to position ourselves somewhere between the real political policy world and the university. If you’re in the university inevitably you are sucked in to playing up to your fellow academics. We said that’s not our audience, so let’s not get too near that scene. It’s been very difficult staying away from it although we are independent, but that was a strong motive.

Fox: What I’ve always called the big bioethics jamboree took place in Washington at the beginning of the history of the Kennedy Institute, which opened up the Kennedy Theater at the same time. I can remember being on the original Hastings board and the Hastings Center was being asked to be heavily participant in that event. Everyone from Mother Theresa to Germaine Greer came to it. It was an incredible spectacle! I can remember the admonitions of the members of the board, which is on the one hand not to get too much to be the handmaiden of the incipient Kennedy Institute, but also not to get too drawn into the fact that this gathering that was supposedly bioethical was really an enormous kind of Kennedy political event, in which Roger Mudd was the master of ceremonies and so on and so forth. So that the forces that were at work were also partly the political ones, and to what extent you might be innocently drawn too much into the political arena.
Callahan: Well, we couldn’t sell ourselves to them anyway; we were prepared to sell out but we couldn’t. For a very simple reason. In fact I asked Andre Hellegers and Michael Novack, “Why did we never get a penny from them?” Andre said, “Because you never spent 45 evenings in their living room.” And Mike said, “Because you would never offer to put their name on anything.” They said, “That’s the whole story.”

Swazey: I think on that point we can probably segue into the institutionalization of bioethics, but let’s take a quick break.

**TOPIC 2. THE GROWING INSTITUTIONALIZATION OF BIOETHICS AND ITS PROFESSIONALIZATION.**

Messikomer: On your schedules we are due to talk now about the growing institutionalization and professionalization of the field of bioethics, but I think we’re pretty much into that discussion. I’d like to start by considering where we left off. Dan was speaking about the rationale for establishing Hastings as an independent center rather than attaching it to a university. Can you speak to us a little bit now about how bioethics is viewed by the academy now given its thirty year history? While it’s true that many of the independent centers initially were outside the university, there are many centers and institutes for bioethics that now are inside. Obviously there is a proliferation of masters programs going on, and so forth. So we’d like to know what your take is on how bioethics as a field is viewed by the academy,
and specifically within philosophy departments and in medical schools.

Macklin: I'm going to start with a generalization, and I'm sure there are counter examples, but I'm going to give you the examples for a moment that support the generalization. The leading philosophy departments in this country, or the philosophy departments at the leading institutions, take a dim view of bioethics. They think that people who do bioethics are not philosophers even when they have a PhD in philosophy. I can give a couple of examples without naming names. A person in the field of ethics and medicine or ethics and values and medicine, whatever they call the title even if it wasn't bioethics, was being sought by a medical school at one leading institution. The philosophy department wouldn't give a joint appointment. Another example: when there was somebody from the philosophy department on the search committee for an appointment of a bioethicist or someone in the field who would not have an appointment in the philosophy department but would be in another unit of the same prestigious institution, the philosopher member of the search committee rejected the bioethicist because that person wasn't a philosopher, even though there was no question of having a link or a joint appointment. So there may well be philosophers who teach bioethics within a philosophy department because there are big enrollments, but the view of academic philosophers in the most prestigious places is that it is just not philosophy. Another point that Dan mentioned before is these amicus briefs that
544 are “forward” on various positions. There were bioethicists’ briefs in support of
545 and against the physician-assisted suicide case that went to the Supreme Court.
546 There also was a philosophers’ brief and they made a point of insisting and saying,
547 “This is the philosophers’ brief, it’s not the bioethicists’ brief! Please don’t
548 confuse us!”
549
550 Swazey: Is that because the philosophers in the philosophy departments still see bioethics as
551 too applied to be “real” philosophy?
552
553 Macklin: I don’t know where the hostility comes from. That’s one way of describing it, but
554 I don’t know whether it’s because it’s too applied or whether it’s some kind of
555 hostility. I really don’t know. I certainly know that was true years ago. I don’t
556 think it’s for the other reason Dan mentioned, that the people in the philosophy
557 department believe that bioethicists are making moralistic pronouncements. I think
558 they just feel that the field lacks rigor and even philosophers doing it aren’t, by that
559 token, still philosophers.
560
561 Fox: I can think of figures in social science who became public celebrities, like Margaret
562 Meade, who was seen partly by virtue of being in the public domain as no longer
563 being an anthropologist. Somehow or other this was a vulgarization, if not a
564 prostitution, of the knowledge that you were supposed to command.
Callahan: There may be a little of that.

Macklin: That would be true I would think on a case by case basis of individuals who may be seen as entering the public domain and talking a looser or less rigorous language. But not in principle, and this is an in-principle point: that is, even people who have never been on TV, or been interviewed by The New York Times, simply being in the field of bioethics are disqualified from being a purer philosopher.

Fox: Are there any of you here who has never been on TV? Are there bioethicists of your prominence who’ve not been in the media?

Callahan: Art, you ever been on TV?

Macklin: You know what I think, I think it is probably true: I’m thinking of two people whom I respect very highly, I’ve never seen them on TV, Dan Brock and Dan Wikler. Now, I know that the TV can get us faster in Washington, Philadelphia, Boston, and New York, but Wikler and Brock, they are examples of....

Swazey: The public domain is not just the media, you know. There’s got to be more going on.
Caplan: Just two quick comments. I don’t think it has anything much to do with public/private. This is a deeper issue than just who’s out there, who isn’t out there. But I think from the philosophy end of the street it is a problem that it’s not just philosophy. There are these people who do bioethics that aren’t philosophers; they mix in a dialogue that doesn’t sound the same. It’s a different gig, it’s just not the same thing. From the bioethics point of view, I think it’s fair to say some of the younger generation would say they don’t care what philosophy does, philosophy is dying, plus it’s sick, its enrollments are down. It’s not vibrant just talking about this one discipline. There’s more action, more activity, they’ll have to court the philosophers. I think there used to be more of an attempt to date but now there’s a little bit more at the younger end of a sort of mutual antagonism, and I don’t think the bioethics people of the younger generation are quite as feeling disciplinary envy as they used to in that direction. Just to be an example, our philosophy department is around, they are not particularly a great philosophy department. We might say, “Well, they’re all right. But I don’t know if we have time for them. They’re fine but....”

Callahan: I think partly due to the professionalization of the field, people in bioethics can hang around with each other these days and not worry about what the philosophers think. Who cares? We have our own little world and we’re going to get ahead or behind in that world and not by virtue of what the philosophers think
Just something quick on that. It used to be if you wanted to give a talk you had
better show up at the American Philosophical Association. Now, you go to the
American Association of Bioethics or whatever the sub-meetings are. You don’t
have any money left to go to the philosophy thing. Some of us who were weaned
more as philosophers still go and appear. Yes, their socialization structure is just
different, pulling people away from that kind of “where are we linked up to?”

Veatch: We now have 30 years of the Georgetown story, and it’s an interesting evolution.
In the decade of the 70’s there was enormous tension between the bioethics work
and the philosophy department, triggered in part by the appointment of Tris
Engelhardt by the president of the University, who then ordered the philosophy
department to appoint him a full professor in the department. It took about a
decade to recover from that. When I came there in 1979 that tension was still
there, and there was a little debate about whether someone, particularly somebody
whose primary professional credential is not in philosophy, should be appointed.
They agonized over it for a while but the tension had nothing to do with the
public/private dichotomy, nothing to do with applied versus theory. It had to do
with the fact that the bioethicists at Georgetown were American analytic
philosophers and the old guard of that department were Continental Catholic
philosophers. Especially if your portfolio is abortion and euthanasia, you can imagine why that might be a problem. By the mid 80's that issue had disappeared entirely, in part because at least three or four of the bioethicists at the Kennedy Institute have very good philosophy credentials. In fact, they are emerging to the point where they dominate the philosophy department. I can’t remember the last tension, and that applies not only to the people who are fully credentialed PhD philosophers, but the people like LeRoy Walters and me who are more marginal to the philosophy enterprise. We’ve been in the department for 20 or 25 years now; we don’t cross up the department on key votes. The relationship now could not be better with the philosophy department.

Swazey: What about those of you who are in a medical school, or law school?

[Weisbard]: xxxxxxxxxxxx

Fox: More than medical cases?

[Weisbard]: xxxxxxxxxxxx

Fox: But when we say that bioethics is in the public domain we don’t mean by that just in the media, we mean in the courts and in the legislature and so forth.
[Weisbard]: xxxxxxxxxxxxx

Fox: That's part of the public domain, public in the sense that it's in the polity and not just in classrooms and amphitheaters.

[Weisbard]: xxxxxxxxxxxxx

Fox: Including religionists, which we haven't got around the table.

[Weisbard]: xxxxxxxxxxxxx

Messikomer: Let's have Victor respond.

Lidz: I have two points I want to make. One is that I agree that the legal dimension of this is very important and the reasoning in court cases and public discussions about them. It seems to me legal reasoning and philosophical reasoning both may be analytical and have precision to them, but they are very different kinds of reasoning. I'm not sure I can characterize all the differences, but certainly one has to do with the empirical quality that shapes what the legal reasoning would be. Legal reasoning focuses so much on the legally defined facts of specific cases, which may not be the medically or biologically salient factors in many ways. It seems to me that philosophical reasoning tries to open up to a broader set of....
Lidz: I would think that speculative thought is the term I would use, whereas, legal is empirical thought.

Lidz: The other point is that it seems to me that it makes sense to think of bioethics as existing within boundaries -- versus some other institutionalized modes of discourse, one of which is legal -- another that Renée and I were talking about before is medical ethics. I thought that in connection with the previous discussion that in this country medical ethics was pretty tightly codified and institutionalized between something like the turn of the century and the 1960's. It seemed to be a fairly self-subsisting area in which the level of agreement about duties and responsibilities and prohibitions among physicians was very high. But in the 1960's, and particularly around the death and dying issues, it opened up and there became public discussion of issues that physicians were not comfortable in sort of closing off and trying to say, “Our profession tells us that the right way to treat patients of this type and this circumstance is such and such, and the rest of society will have to live with it.” That seems to me to have been one of the stimulating points of bioethics: when physicians began to rely on some other types of
reasoning to help resolve a problem they were not comfortable in treating as a closed, codified manner. Now, medical ethics still goes on and continues; physician have their codes and so forth.

Veatch: You implied something that I would not want to let pass for the purpose of Acadia’s study, and that is the equation of medical and physician ethics and in turn the equation of physician ethics to professionally-generated physician ethics. I’m quite comfortable using bioethics and medical ethics interchangeably even though I know there is an occasional animal welfare or genome problem that really isn’t medical ethics, but I strongly resist equating medical ethics and physician ethics.

Lidz: I think one thing is that medicine and medical institutions have changed so that they are interdisciplinary now. Medical school faculties have a huge number of PhD’s and people who are contributing knowledge and sometimes even standards of practice and clinical elements of care who are not physicians. Obviously, there needs to be an ethics that regulates that whole field of relationships, and in that sense you’re correct, and I agree that medical ethics is not physician ethics. But I think that there was a time, if one looks back to the 1930’s, 40’s, or 50’s, during which physicians tended to be pretty self-confident and pretty self-contained about their standards of practice.
Veatch: Even during that period there was a literature in medical ethics that had nothing to do with the profession. For instance, Roman Catholic medical morality was a conversation between the Pope and the laity on matters, say, of birth control. They didn’t pay a bit of attention to what the AMA said on the subject.

Lidz: I would say that was very marginal to practicing medical ethics in this country in the 1930’s.

Veatch: It was marginal to professional standards for physician behavior, but it’s equally true that the AMA’s views on these matters were very marginal to certain other medical ethical discourse that had nothing to do with the profession.

Fox: Bob, do we have any tradition in American intellectual life of philosophy of medicine as they do in Continental Europe, which would be another way of coming at larger issues that have philosophical overtones but are focused on medicine.

Veatch: The issue here as I see it is whether the institution of medicine should be treated as coterminous with the professional roles within medicine, and just as I would view education as involving students and parents as well as teachers, I would view medicine as involving patients and judges and family members, as well as the
various professional roles. I have never used medical ethics to refer to what the
AMA says about the behavior of physicians.

Fox: I think what Victor is talking about, though, is an historical space that opened up
that made it possible for the entrance into this field that we can call medical ethics
or bioethics of people other than physicians, so that physicians became less
predominant. There was an opening up for a whole series of reasons having to do
with what was happening in medicine biologically, institutionally, and so forth, and
in the larger society, and into this space came the incipient development of
bioethics.

[Weisbard]:

Lidz: My feeling was that in the 1960's there was a time when physicians were looking
for other sources of input and were not willing to close it off.

[Weisbard]:

Lidz: And I think the earlier parameter of this ethics probably came with both the
professional and legislative establishment of a four-year medical school as
monopolizing who becomes a physician, who can practice as a physician, what
Acadia Institute Project on Bioethics in American Society
Advisory Committee Meeting, Sept. 8, 2000
page 37

754 rights and privileges they get with that right of practice, and so forth.

755

756 Hollander: I wanted to turn to a whole other area that I think is interesting for this context of
757 the institutionalization of bioethics, which is the role of federal organizations in
758 shaping the field. It seems to me that in order to understand the institutionalization
759 of bioethics we really have to look at, and it picks up somewhat on what you were
760 saying, Alan. You really have to look at how government gets involved and how
761 bioethics is an industry within government at various levels, and therefore within
762 academic institutions, and in hospitals, and in health centers, and by raising certain
763 kinds of questions and picking up on certain kinds of issues as they become
764 somewhat salient to the public, really promotes intellectual attention and social
765 attention to those issues and puts resources in place. So government really in fact,
766 has a major shaping role.

767

768 Caplan: Just to follow up on that. If I was looking at the overall analysis that you’ve given
769 us in your different background sections, my personal view is that there is too
770 much attention to relationship of religion, which is a question but not important.
771 There is not enough attention to relationships with government, which is just
772 missing here. To echo what Rachelle said, the commissions, the funding streams,
773 the entry of that little word “ethicist” or “bioethicist” to the membership on things.
774 It’s kind of interesting to see when that happened.
Swazey: My response to this would be, it's not that we are ignoring it because it's clearly a central theme, but we didn't see it as controversial for discussion.

Caplan: But it skews certain interpretations of what's going on because it relates to the religion issue intimately.

Fox: I think we ducked it somewhat more than we should have, and for the following reason. I have never been able, and I don't think my colleagues have either, to figure out what of the factors precipitated the fact that at a certain time, which was the 1960's, there appeared in Congress figures like Kennedy, Mondale, and Rogers, who were deeply interested in issues that had to do with what we would now call bioethical, particularly around human experimentation and abuses in that sphere. And that to a quite startling degree, at the very beginning it wasn't considered to be a very peculiar thing for a Congressman to be paying so much attention to, because it was not yet institutionalized. I've never been able to figure out why at this particular moment in American history a Congressperson could not only get away with this but get prominence.

Caplan: If you took a survey of Senate and House members today, more of them might know what bioethics is, or respond to it, than if you took a survey of Catholic bishops or Orthodox Rabbis. I mean, literally, just sort of looking out there you
have a pretty good chance of electing a President who partly built a career looking
at bioethics issues. Gore is very well acquainted with bioethics, Lieberman to a
lesser extent, and their staff people know all about it. Not Bush but you can find
Hatch and some others who are quite willing to talk bioethics all you want, and
they know what it is. That’s very important relative to issues like religion.

Veatch: Certainly Tuskegee is the key event to look at.

Fox: That was the key event but it wasn’t the only thing that was happening, that’s the
thing that crested.

Caplan: That was my first point about echoing Rachelle’s comment to pay attention to
government. It’s not just the politics though, it’s the funding streams, it’s who’s
driving support. The NEH starts to do bioethics and then it gets captured by neo-
conservatives who don’t like it, and the funding moves elsewhere, and there’s
foundation maneuvering that goes on. Another current phenomenon that isn’t
captured at all here but ties up to the role played by religion and to some extent
medicine, is the emergence of biotech and biotechnology in the private sector.

Medicine didn’t go away, it just moved over. I think this clinical medical ethics
thing is interesting; half of medicine is sitting around trying to figure out if it’s all
going to be done down the street at a biotech startup company. Maybe it won’t,
that’s a somewhat hyperbolic response, but there are a lot of people today who
would say, “There’s plenty happening in medicine. The budget is getting bigger,
clinical medicine makes all these advances, there is plenty going on.” But there is
this underlying sensation that in the private sector and its relationships through the
pharmaceutical industry and the biotech industry, something’s cooking that’s like
the computer industry. I spend a lot of my time talking to people that Dan and
Bob never would’ve talked to twenty years ago in terms of magnates of industry.
With respect to religion, and how that plays out in clinical medicine and where it
stands today, you don’t want to make definitive pronouncements because to some
extent that doesn’t fly, you had better have reasoning to go with it. There’s also
the phenomenon that you had better not sound too overtly religious in many of
these places or you’re going to step in it for lots of reasons. So, it’s not that the
things that you picked up on in your background materials aren’t interesting, but
they are closely tied to these other institutionalization-professionalization
phenomenon. It’s strange for me to say it, but I would say the friendliest home
today for bioethics might be arguably government, industry, and the media. It’s
academic home is so-so; I’m not trying to say that they are trying to throw us out
but it’s not thriving in this certain sense. You might say the academic medical
center might want to be friendly but it’s wheezing, it’s trying to trim its budgets
and health care is not sort of on the up side. How did that get to be?
838  Swazey: I think you're both absolutely right in terms the very pivotal role of government
839  agencies and public bodies, and funding.
840
841  Macklin: I want to come back to Renée’s question about what got it started or involved. I
842  think there are very different streams and quite different causes. Tuskegee was a
843  trigger event because the panel recommended that there be a commission set up,
844  and that established the National Commission, which had only to do with research.
845  A quite separate phenomena that Renée has discussed is the links between other
846  things happening in the United States at the time, other social movements in the
847  1960's. Look at Medicare and Medicaid: that was certainly something that came
848  out of the United States government in the 1960's, but that was in a climate of
849  trying to provide health care to under-served individuals, which had nothing to do
850  with research and everything to do with access to health care. So those are really
851  two very different interests that government had. When you talk about Senator
852  Kennedy, I don’t know that his interest has been in research very much, at least
853  not as much as the access questions in that stream of health policy. So I think
854  there were different trigger events that led to these different streams, and since
855  bioethics encompasses both there’s a temptation to lump them together.
856
857  Swazey: Among those first hearing, the Kennedy, Mondale, Rogers hearings, it really was
858  research, genetics, and transplantation. They really didn’t bring in access to health
Access to health care even was a problem on the President’s Commission because it was always a weak reed, and it was always a question as to whether this was really part of bioethics. Was this being ethical or was this being social?

But that was also the most starkly political thing, it was polarized, with people lined up on both sides very sharply depending upon their political and social views. Whereas, otherwise you’d find people mixed or divided up.

What I wanted to point out was that even inside of the President’s Commission there was a debate. There was a very great reluctance on the part of the commissioners to accept doing an inquiry into the problems of the access to health care in our society as an ethical question. Everybody piously said, “Oh, this is a very important question but it’s social, not ethical, and this is an ethics commission.” It was only by virtue of a certain interaction of commissioners and staff that we got it passed. Alex Capron supported that we could go in that direction, and I frankly think it’s the weakest of all of the things that that Commission turned out, partly because there was not the strong conviction that this was an ethical issue.
I urge you to look behind the hearings that created the National Commission, which were in November 1973, and start cataloguing the number of major governmental interventions in bioethics that pre-date those hearings. Most dramatically, the Supreme Court abortion decision was January, 1973, months earlier, but even prior to that there were state laws on the definition of death and the executive branch agency that created the December 1970 Yellow Book on human subjects guidelines. We shouldn’t lose sight of the judicial branch’s interventions, particularly around informed consent issues, that go back to 1957. It seems to me that the sociological event that underlies all of this activity is the technological developments in medicine that slow down the decision making process, that give us as a society enough time to have a public debate over medical decisions. I think particularly of the evolution of the respirator, which meant we had critically ill patients in front of us and enough time to sit and debate the decisions. The Quinlan and pre-Quinlan debates and the informed consent debates all presume that we have a set of patients or family members who are healthy enough to engage in discourse about decisions. Their disease is chronic enough that they have time to get educated about it. I think that inevitably forces decisions into the public arena, and once they’re in the public arena, into the governmental arena. Certainly brain death requires somebody who’s lying in bed in this intermediate state between life and death long enough to have a big public discussion about it. Quinlan is a little later than the period that we’re talking about.
and certainly illustrates that, but the Kansas and Maryland laws are all dependent
on the evolution of chronic illness as the modal disease replacing acute infectious
illness as what’s on the American mind. Until we have a ventilator and certain
other halfway technologies that give us time for lay people and the profession to
think about what ought to be done in these cases, the government has much less of
a role because there is not enough time for us to use the machinery of government
to adjudicate decisions.

Fox: What will the return of infectious disease, the emergence and re-emergence of
infectious diseases which we have not conquered, do to your picture?

Veatch: In so far as the infectious disease is AIDS, it exactly fits my picture, because we’ve
got even more time and more healthy people who organize patient groups around
their disease to involve governments in rights claims and the like.

Lidz: Their care is heavily politicized in that sense, forced into the public arena.

[Weisbard]: xxxxxxxxxxxxxxxxxxxxxx

Veatch: But there was an issue to adjudicate only because the patient lived long enough for
somebody to make a conscious decision.
Veatch: Even the cases that are decided not in real time are focusing on events that could not have happened a decade earlier because we didn’t have the technology for a decision to be made. Brain death is a good example. You need a patient suspended with a dead brain but with a beating heart before you can even discuss a state-based definition of death.

Fox: People have talked about not feeling particularly rueful about forfeiting a certain kind of relationship to academic philosophy departments. Yet, I heard Dan make a very astute set of comments on the fact that bioethicists of the stature of the people around this table, who are excellent in their own disciplines, have not gotten another kind of academic recognition like election to the American Academy of the Arts and Sciences, the American Philosophical Society, things of that sort. I’m talking now about institutional recognition that isn’t just whether the department of philosophy smiles upon you, but other forms of intellectual recognition of that type bioethicists have and have not enjoyed, whether they’ve been penalized.

Callahan: I’d like to add that I think there has been an interesting trend in the Institute of Medicine nominations; fewer people in ethics are making it.
943 Fox: Do you have any comments to make about that? Not necessarily to say anything
about that you haven’t been elected to this or that, but do you think that’s a
phenomenon, that you’ve been also marginalized from eligibility for certain honors
of that kind not just because the academic philosophy department doesn’t always
think you’re a philosopher?

948

949 Macklin: I want to hear your examples again. I’m not as familiar with them as you are. The
American Philosophical Society, the one founded by Benjamin Franklin?

950

951 Callahan: Right.

952

953

954 Macklin: But are there philosophers who are members?

955

956 Callahan: It’s distinguished people, very distinguished people, and there are some
philosophers in it.

958

959 Macklin: First, I want to know who are the philosophers who are not bioethicists who have
been elected to those? I don’t know the answer to that.

961

962 Callahan: Martha Nussbaum I know is in the American Philosophical Society, I don’t know
who else.
Macklin: I'd like to know who among the philosophers of our generation, a little older, and our age, and maybe a little younger? Martha Nussbaum is exactly one example. See, I don’t know....Are there lawyers or physicians? They wouldn’t be in the American Academy of Arts and Sciences.

Fox: As a matter of fact, when we examine the CVs that we do have from the people we have interviewed, and some people we haven’t interviewed, what is very striking about them is that the CVs do not have the number of honors of the kind that I’m thinking of on them, no matter what field they come from.

Macklin: It’s interesting for me, at this point, as a older philosopher. Those two examples are ones that never came up on my screen as a philosopher working in straight philosophy and having a lot to do with philosophers. Now, perhaps there are distinguished philosophers or other people from the field who are in it, but it’s not like the Institute of Medicine, which everybody in bioethics would like to be nominated and elected to. As a philosopher I have no sense of, nor in discussions with my colleagues have I heard them say, “Gee, if I get to be a prominent philosopher maybe I’ll be in the American Philosophical Society.”

Callahan: It took me about twenty years to catch on that there are these super, very elite organizations; they don’t publicize themselves. They’re very quiet, you wouldn’t
hear about it. I finally started picking up on it. I started going to the American Academy of Arts and Sciences' various events that they have in Boston, which runs Daedalus. I said, "Wow, there's a whole crowd that's getting elected to this group! Nobody I know is getting elected to this group."

Macklin: So, is it an "old boys" network?

Fox: No it isn't an old boys network because I was elected very, very early to the American Academy. Then Talcott Parsons was the president of it at one point.

Caplan: There is a difference though, in this sense: there probably are doctors and lawyers in some of these organizations but there aren't veterinarians, no schools of agriculture, there are very few engineers who would ever appear in the outfits we're talking about. There are no pharmacists. So, if you said bring the kids back to look at bioethics through the core disciplines, if you're going to say, as sometimes I do, "Who the hell cares what they're doing in the humanities, it's not of interest, there's much more doing practical applied work that's closer to agriculture." Literally, I don't mean that as a joke, I mean it as that's what we're doing! Now, I would expect the fields that I just rattled off will never appear in those groups, they have a disciplinary stance with a nod toward the importance of the legal and medical profession that capture the theoretical. Steven Bryer is a
Acadia Institute Project on Bioethics in American Society
Advisory Committee Meeting, Sept. 8, 2000
page 49

1006 member of the American Academy. It’s funny, I talk to all these people, so I know
1007 who they are. They’re clearly auditioning me to see if I’m civil enough to sit there
1008 and dress up, but at the same time there’s a view of what core disciplinary work is.
1009 Some of the people in other parts of practical affairs will never go there. So where
1010 bioethics is on that scale, I don’t know. That’s why Dan can say he doesn’t see
1011 those names go by; I’m sure half the in people there don’t know any of the people
1012 in bioethics. It wouldn’t occur to them to not, they still hear them, so to speak;
1013 they’re intellectual voices, they’re an intelligentsia, savvy, a savvy sophisticated
1014 physician and a good jurisprudence.

1015 Fox: They have a category in the American Academy of Arts and Sciences for people
1016 who are in public affairs, that would include all kinds of people.

1017 Callahan: Could I add one other example which would lead my list and, that is, why is it,
1018 given that this field has been around for thirty years, that there are probably at
1019 most two or three foundations that specifically have bioethics as a funding area?
1020 This, to me, is really strange. You’ve got Greenwall, you’ve got Haus in
1021 California, I understand Pew was thinking of doing something, and that’s it. The
1022 Hastings Center always has gotten money over the years; we go to the other
1023 foundations but not one of them has seen fit to make it an area of specialization.
1024 That should say something about the prestige because they sure support all sorts of
other interdisciplinary, multi-disciplinary fringe fields, but not this one.

Macklin: Well, the Ford Foundation did support areas that were within bioethics, but not the field in general.

Callahan: But I mean lists that say we are interested in bioethics, which Greenwall does. All of them you can get money from if you go through some way, but it's not even listed. It's not a priority, it just ain't there! That has been a mystery for years, you get no explanation for that one at all.

Messikomer: Getting back to the academy, I want to move the discussion along a little bit. In our review of several masters programs, which we have been told are among the best in the country, they seem to be ignoring the foundational history of bioethics. In reviewing all the course syllabi and so forth, very few readings from the early years. We wondered how you would react to that, and if you believe that early history should be in there, some of the early thinkers in the field? We also have been told by some of the editors of journals that in terms of requests, they rarely get a request for early work, only for something very recent on a hot topic.

Caplan: What did they mean by that last thing? People don't ask for old issues?
Messikomer: They’re not requesting bulk copies of something that was a seminal piece in the field.

Callahan: I wonder if this is a phenomenon in other fields as well. Fields are changing very fast, an article three years old is an old article.

Kaye: It’s often taken to be a sign of scientific status and progress. The frequency with which you cite earlier work conveys the message that there hasn’t been progress and advancement.

Caplan: I’d say, by the way, that I think that if you’re talking about master disciplines or modes of discourse, the publishing paradigm in bioethics is much more in tune with what medicine and science does. Medicine and science have no citations that go back more than five years, and rarely cite books. Bioethics in a peculiar way also is under-cited on books. You don’t get promoted for writing a book in medicine or science.

Swazey: Would you say Art, that bioethics is emulating medicine and science?

Caplan: Yes, that’s what I mean. It seems to have matured that way. That’s where the audiences are, the big classes of medical students, the big classes of doctors and
CME courses. If you showed up and said, “I want you to read five books,” in most medical schools they would laugh at you.

Swazey: What about in a masters program?

Weisbard: 

Caplan: I agree. The master frame, I guess I want to say publication and scholarship, looks much more like science and medicine.

Weisbard: 

Veatch: By contrast, in the Georgetown teaching program we offer roughly twenty graduate courses in bioethics. We have explicit history, and by history I mean by and large recent history, 1950 to 1975. LeRoy Walters converted his bioethics course to what amounts to a history course. Several of the other courses have substantial sections that are mentoring students in the historical revolution in the field.

Macklin: A couple of things. First, an anecdote. In putting together a course for first-year medical students in bioethics my colleagues and I were compelled to include
entertainment value in the course. We were compelled to do it by virtue of the fact
that this exists within a larger course called, “Introduction to clinical medicine,”
that has everything including hired actors who come in and do role playing, and
they are good actors! -- in New York, as you can imagine, they’re unemployed but
they’re actors -- and films and exercises and all kinds of things in order to get the
students interested in this and take seriously this “soft stuff”. So in course, for
which we are given four sessions we, of course, couldn’t cover the waterfront.
We were instructed or told that this is not going to be popular, you can’t stand up
there and lecture. You gotta have a dog and pony show for whatever you do.
Well, we included a panel here, a video tape there, a little role playing. Included in
the video tapes were the classics in bioethics; Renée Fox, John Fletcher, Sidney
Callahan, and Robert Cook talking about the Hopkins baby. The original of the
Seattle dialysis committee, not the remake, but the original lengthy film. The point
of this is when we got the reviews from the students, this was just this past year,
one student said, and I think it was reflected in some other comments, “Tell the
faculty to get some newer material!” [Laughter] We thought this was the Charlie
Chaplin and Bella Lugosi of bioethics! But to MTV watchers this was old stuff, it
was too old, they couldn’t watch a black and white video without surround sound!
[laughter] So, that’s one point. I don’t know if it’s true of the masters program,
but there’s another point to this. Some of the earlier writings, surely not all, but
some of the earlier writings were addressed to topics that have become settled
issues. One example is articles by people who objected to informed consent, like that Ingelfinger article about uneducated consent.

Swazey: But as an historian, I would argue that people need to know that that wasn’t very long ago, and that we still have problems with it.

Macklin: In that case then you’re calling for a historical course that addresses the history of the field as well as the issues. I agree with you, that could be an important part, or should be an important part. It would be a course called the history of bioethics, and not contemporary issues in death and dying.

Swazey: I don’t agree but maybe over lunch we can discuss it.

Macklin: There’s another thing about some of the older articles, and I’m trying to include things by people around this table: they might sound funny to today’s students, I still think that Bob Veatch’s article, “Models of Medicine in a Revolutionary Age,” had some wonderful stuff in it. Those models and the discussion of those different models, it’s a very important thing to debate at any point. But revolutionary age? Students look at the title of that and say, “Was that the American Revolution or the bioethics revolution?” So I think there are things that one uses in teaching that are going to appear old even if the content is still sound, or should be looked at
and may then be discounted by students who live in a very fast moving world.

Swazey: I also would say that I think in sorting out what should be taught and read, we need to distinguish between teaching medical students and teaching masters students in a bioethics, MA program, and the graduate courses you give at Georgetown with your doctoral students. I think those are three different types of student populations.

Caplan: My sense is that the masters programs do have readings of the classics....

Swazey: Some do, but very, very little.

Caplan: I think we do in our program.

Fox: Arthur, we don’t.

Caplan: Well, what happens often is we try to discuss or present the history in discussions. When I use transplants in a pro seminar I go into the history and try to walk up to how we got to where we got to. But I suspect the other reason that to some extent the literature isn’t there is that there is still not an agreed upon canon, because of all the disciplinary problems. I bet we could get agreement on some
articles, I’m not saying it’s impossible, but it’s still hard. Interdisciplinary nature pulls on the core development on a canon kind of thing, if that’s what you’re getting at.

Messikomer: Okay, just one last question in this section. In our work we noticed a kind of disconnect between academic bioethics and the state level and community level bioethics networks across the country. We wondered if you could give us some insights on why that might be the case?

Swazey: Our sense has been that if you look at, say, the American Health Decisions Network and the various state groups, those have primarily been the work of local community leaders and a lot of community doctors.

Callahan: They’re not academic, they’re not scholars, they’re not writers in the field?

Swazey: Right. Mainstream bioethicists have not really gotten involved in that level.

[Weisbard]: xxxxxxxxxxxxxxxxxxxx

Fox: New Jersey is different because of the Karen Ann Quinlan case and the role of Paul Armstrong and people like that who want to do something to capitalize and
continue involvement.

[Weisbard]:

Swazey: Alan, are you saying that there doesn’t seem to have been an impetus to hook up in the broad public education sphere with what the state and community level bioethics groups are doing?

[Weisbard]:

Callahan: Bruce Jennings is one of the few people I can think of who’s really very active in all of that. It’s very hard to think of other figures who have that same kind of interest.

Macklin: This isn’t exactly the same thing, but one kind of connection is where those of us in the academic world are invited to participate in programs that are not aimed at bioethicists who are not within an academic center. My example here is the New York Academy of Medicine, that has now made a link to New Jersey and to a citizens’ group, I think it’s based on Long Island, and people from that group and people from community hospitals in Westchester come to the meetings. Alan Fleischman organizes these programs as the senior vice president, and has brought
bioethics into the work of the New York Academy of Medicine. The public programs have academic bioethicists as speakers and panelists but they’re not talking to a professional audience of bioethicists, they’re talking more to practicing docs.

Caplan: Here’s another comment in threes. One, I’m not sure the state-based units have been uniformly strong. I think the main activity was strong, but Bruce Jennings found it frustrating in some ways to pull together enough people over the years to have a consortium of these state-based groups. Secondly, it’s fair to say that the state-based grassroots people have an attitude toward bioethics that some in the philosophy department had toward bioethics, which is, “We don’t want the elites to come out here and talk to us. They talk funny. Who knows what the hell they’re talking about.” You can’t put them in front of the guys down at the diner sort of phenomena. We put a grant in to Robert Wood Johnson in the state of Pennsylvania and they said that the grassroots organizations said, “Who wants those elitists? No thanks.”

Swazey: Which is interesting because the state bioethics groups have been largely upper middle class, so that they’re certainly not strictly grassroots.
Macklin: Even upper middle class doesn’t mean academic.

Swazey: That’s right.

Caplan: My third comment is the autonomy about what’s going on with the state groups. So if you wanted to have an impact, you went and looked to Washington or to St. Paul, Minnesota or something like that.

Fox: Are bioethicists interested in what it is that the ordinary people, be they upper middle class or not, are thinking and feeling in this realm of bioethics, and how would you have access to that?

Caplan: You’re asking someone who’s on too many talk radio shows.

[Weisbard]: xxxxxxxxx

Callahan: At the Hastings Center we used to debate the activism role from time to time. People would say, “You all write papers but you don’t do any follow up. You don’t get out there and really talk up the stuff.” I think the answer is, first of all, people really got tired, they didn’t want to spend the rest of their career going around and giving lectures on the same subject. Secondly, we felt that we can’t take on the next subject if we keep spending time on the old subject. So there is a
little bit of the intellectual who is sort of flirting around, I must say. The idea is it
would be rather boring simply to constantly retail different positions that you’ve
already taken.

Caplan: One other thing about this in terms of activism or engagement with what people
are interested in. I actually believe here it is a part of the story that isn’t well told.
If I look back on Minnesota, where I was for a long time, there’s a law about how
to deal with Christian Scientists. There is a law that is on the books now there
about trying to deal with organ donation. Dan knows when I was at Hastings I got
very involved with legislation to push along required request and some other things
about improving organ donations. I know Dan Brock has told me he has been
involved with some things about surrogate decision making in the state of Rhode
Island and some legislation there. I bet if you looked you’d find different roles that
people have played in their home state’s home institutions. In the business about
Kevorkian and physician-assisted suicide, Howard Brody was very active. He and
his colleagues went and collected a lot of things, and they were talking to the
legislature. What I’m saying is there is something there but it may not be a well-
told tale. I’m not sure it’s nothing, I’m just not sure it’s seen in the same way.

Fox: Another thing that’s involved in this of particular states, which Judith and I saw
when we’re doing our study of the Northwest Kidney Center and Belding
1258  Scribner. We got very intrigued by the fact that the ethos of the state of
1259  Washington was quite particular. You would really need a sociological analysis as
1260  to why there is a certain kind of populism, a certain kind of community
1261  involvement in issues that would be conducive to drawing in and inviting more
1262  people like bioethicists into active discussion in places like Minnesota, Oregon, and
1263  New Jersey.
1264
1265  Macklin: There are at least three different phenomena that we are now talking about. One is
1266  active engagement with existing citizens’ groups, and from what we’ve heard
1267  Bruce Jennings is probably the most active person in that. A second is what Art
1268  mentioned, and that is something pops up in a certain state that gets a lot attention,
1269  like Kevorkian in Michigan, and bioethicists, be they lawyers or philosophers or
1270  whatever get involved. Your example, Art, is very different from working with a
1271  community group but it’s still in a public role of bioethics. And the third, I think,
1272  is closer to what Dan mentioned and that is isolated or one-shot speaking
1273  engagements. Sometimes it’s in a church or a temple, sometimes the invitation
1274  comes from a college or university that has a public program, something in the
1275  evening and those are always open to the community. I think most people in
1276  bioethics have done the third; the second, the Kevorkian type, depends on what
1277  may or may not be happening in one’s own area. But the first, namely getting
1278  actively engaged, requires a different mind set of activism, a commitment to the
particular cause, and since so many people in bioethics work in so many areas, it may be only a small intersection of those people working on precisely the issues that are going to help the state or community groups with the issues and decisions they're working on; and surely not the issues that many other people are involved with.

Arthur identified a fourth one, the talk show kind of interaction.

A fourth area is, do you want to engage the public in discourse in academic settings, or in church settings, or in school settings, and so on? Then there is the notion of engage them through the mass media or reach out to other audiences through different kinds of journals and so on.

Of course, we're talking about a two-way flow here, so the whole mass media thing would not necessarily put you in touch with what people are thinking.

The radio call in shows, I think that's what you mean, the drive time shows, but that is a very specialized audience...that is a grim audience. [Laughter]

Don't forget it's part of this package. There used to be battles about whether you should or you shouldn't engage a public audience in the fourth category that you
are talking about. The new phenomenon that appeared is the discussion about how to use the Internet. There is plenty of dialogue in this building about how we do that, or we shouldn't do that, what it looks like, responsible, irresponsible. Discussions that Dan used to have with me about engagement with media I now have with my junior colleagues, who would say, “Talk radio? What is that? Some fossil thing?” They are doing instant communication, they are talking to people literally on the Internet real time back and forth. Technology has shifted around what it means “to engage.”

Callahan: I’ve done that a few times, it’s just incredibly boring! [Laughter]

Lidz: I’d be curious to hear from the bioethicists what their activity and the field’s activity is in relationship to IRB’s, which is an institutional outcome of some earlier bioethical discussions. It seems to me there are a whole lot of ethical stickler-types of issues that come up in the routine operations of committees. There are issues about how IRBs are set up and operated at particular institutions. There are issues about the relationship with government regulation, that’s been shifting very rapidly with the suspension of clinical research at various medical centers by OPRR. Now every other one is looking over its shoulder and trying to clean up its records and worrying about what’s going to happen at its next inspection, and who made a snap decision about what could be expedited four
years ago which is now coming home to roost with a problem. So it's a very
active period, and I'm curious as to whether this is sort of beneath attention or is it
gaining a lot of concern? I'm curious as to how that stands.

Macklin: I can speak from my own experience. The single most time consuming and labor
intensive activity I do in the place that pays my salary is service on the IRB. That
means not only as a member of the executive committee that meets in addition to
the IRB it means not only attending the meetings and doing those reviews, but
answering a lot of questions and dealing with a lot of the expedited things, making
policy. So it's *extremely* time consuming and quite interesting. Some of the things
really are compliance issues and how do we make sure that the feds don't start
snooping around and this and that, and that's pretty boring. But we also have real,
genuine issues, very much. What's cranked up even more, I mean escalated, is the
federal requirement that IRB members have education, and that has now taken
even more time because with other colleagues, Nancy Dubler and Victor Sidel, we
had to put together a program offered several time a year and then decide what to
do next year for those people who already had it this year. So this is really an
escalating activity in terms of time and attention and being asked to consultant in
other places. I sit on five different committees that do IRB-type things. One in my
institution, one in New York City, one at the government, which is a specialized
one within the NIH, and two international ones. So, the answer is: yes, a lot.
Swazey: Next year you are going to have to educate all the investigators and their research staff too.

Caplan: The Penn program is a big program, there's lots of bodies. It turns out that the research ethics area is a big area here so there are probably eight people who do nothing but research ethics. I was telling Ruth that one of the areas that's expanding for us very fast is the private sector interest. We also have a relationship forming with NASA, and I'm on another one of those NIH IRBs. There is a lot of personal involvement but I think there's an emerging area of backup support, oversight, chat. It's not new because Hastings has had that publication, IRB.

Callahan: Yes, we have the only publication there is. They are going to change the format and have a whole Internet thing.

Lidz: Is there any effort to engage the government in its mode of regulation?

Caplan: Absolutely.

Lidz: Because it seems to me that things have shifted rapidly over the last few years to more and more regulation from without. And the original idea of really delegating
the regulation to a local institution that would develop its own culture and its own
standards and so on, has practically gone by the boards with the, “Yes, that’s true
but your regulations have to match our regulations word for word, and you had
better follow them.”

1368  Swazey: It’s going to get worse before it gets better.

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1370  [Weisbard]: xxxxxxxxxxxxxxxxxxxxxx

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1372  Caplan: In the sense that you’re asking, debts and scandals have often proven very
beneficial to the bioethics business. [Laughter]

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1375  [Weisbard]: xxxxxxxxxxxxxxxxxxxxxx

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1377  Callahan: Mainly, Art, because you get on the TV and then somebody in Congress picks up
and they say, “Don’t write papers for Congress, get on the TV and then they’ll do
something.” [laughter]

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1381  Caplan: Right.

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1383  [Weisbard]: xxxxxxxxxxxxxxxxxxxxxx
Lidz: What you say about the possibility of an appeals level committee to be organized maybe regionally is really an interesting idea.

Swazey: That's been proposed for twenty years!

[Break for lunch]

TOPIC 3. THE PRESENCE AND INFLUENCE OF RELIGION IN AMERICAN BIOETHICS

Messikomer: We're going to have to shorten our discussions because we ran over this morning. Next on the agenda would be our discussion of religion and bioethics, and we wanted you to know that we essentially devoted one session to religion as opposed to the relationship between bioethics and other disciplines or domains because we found it to be the most problematic for us doing our analysis. So we're hoping to get some useful information from you on that.

Fox: It isn't because we thought this was more important than some other things or that we left them out but, and we're not being smug, we think we've got a better grip on some of these other things, including the part of bioethics that's in the public domain that has to do with the polity and government and so forth, even though it sounds as though we're placing a lot of emphasis on religion.
Messikomer: We have more questions about religion than we do about some of the other issues that we’ve come across in this study. We’re defining “religion” more as dealing with the core human condition issues and questions, rather than defining it in sociographic terms by the number of people who attend church and synagogue in an institutionalized form. So we’d like you to keep that in mind as we go about the discussion. We thought we would lead off this afternoon by asking you whether you think bioethics would have taken a different form had it come alive in another decade, for example, in the 1990’s when religion has been, and now in this presidential campaign, for example, has become so prominent, both in politics and on the American landscape more generally.

Fox: The question being that in the period when bioethics arrived in the late 1950’s, early 1960’s, the ambience around religion on the American scene was different then than it is now, even in academia.

Callahan: To me the crucial variable is the most interesting question. Most of the people drawn to bioethics have been secular. There are some religionists around but there aren’t very many, is my strong impression. And that basically mirrors the intellectual elite in this country; academics by and large are not high up in the polls on this religious thing. So I think if you have sort of the same feel from the same cohorts, so to speak, of people trained at the leading universities in this country
and raised in an intellectually developed atmosphere, it wouldn’t be a hell of a lot different.

Fox: That’s not what the biographies of the bioethicists who we examined tell us at all.

Callahan: I’m saying, would it be different now?

Fox: But they don’t turn out to be as secular as you say.

Messikomer: Most of the bioethicists we spoke with, first of all, none were neutral to religion at all, and religion played a major role in most of the lives of the bioethicists we interviewed, not all, but most.

Fox: Maybe what you mean by secular is a little bit different from what we’re thinking. For example, you may not be practicing the religion into which you were born, but religion has been an important variable in your personal intellectual life and your intellectual work without your necessarily confessing a particular faith. We found, as a matter of fact, that many bioethicists did grow up in families in which religion was critically important, even if they themselves may not be living their family lives in that particular way. Dan, you just ended up confessing that you wrote an essay on Pope Pious IX that you forgot.
Callahan: Yes, but that was during my religious phase which I left. That was thirty-five years ago. Again, it’s a question of who you are talking to. Why did I for twenty-five years have to fight, and fight, and fight to get anybody with the religious perspective to our meetings? This was basically a kind of scorn.

Fox: Who were you fighting?

Callahan: The staff, particularly the people in philosophy.

Caplan: He was fighting with me! [Laughter]

Callahan: Absolutely!

Fox: Tell us what the form of that fighting took.

Callahan: The fighting was “Why them?” You can hear it from them directly. [laughter] But my impression was that the philosophers felt that these people were guided more by religious faith than by clear thinking, that they tend to be fuzzy minded, and basically they are not up to the standards of the philosophical analytical discourse. And finally that bioethics is essentially a secular discipline working in the public square and that there is no real role for religious commitments in the public square,
which conducts its life in secular manner.

Fox: So did you really object to people like Paul Ramsey, and Jim Gustafson, and Hans Jonas?

Caplan: I objected to them only when I fell under the sway of Ruth. [Laughter] I'm the public square guy, I'm more in that mode of saying we've got to get a discourse that is presentable, saleable, can move outside the realm of where religious voices start. The religious voices sometimes don't want to make that move. So I would be more like Dan's comment about how to do bioethics in public, that's probably me talking. I mean, not just me but that's the kind of an argument I might have.

Callahan: It wasn't to get rid of the Ramseys, they were there. [Laughter] No, the question was, let's keep this tradition alive, let's get the younger theologians and let's make sure these people are well represented. I got hardly any support over the years for that move at all. You weren't going to delist anybody but you sure as hell weren't going to reach out and make sure they were well represented.

Swazey: Did that make bringing in people like Bill May difficult?

Callahan: I thought Bill May was terrific, but I think it's fair to say that for most of the
philosophical ethicists Bill May was not considered a major figure. To me, he was a great figure, but he didn’t talk the talk, right?

Fox: And Dick McCormick was in that original cluster?

Callahan: Well, Dick McCormick really stayed within Roman Catholicism.

Veatch: Bill May began his association with Hastings in December of 1970. So he was certainly in the very early phase of the Center.

Callahan: Even Hans Jonas was not taken seriously by the analytical philosophers.

Macklin: This was really a split, I would say, that stemmed from the schism within philosophy, that schism between philosophy and religion. For those of us who were educated in the analytic school, they were not the same thing at all. They were just very, very different enterprises. And, the further schism within philosophy, which is noted in your materials, among the analytic people and the phenomenologists, the Continental school. We are products of our background and our education in very much the same way that you probably wouldn’t expect an allopathic physician to be engaged in homeopathic medicine. I mean, it’s a professional way of life and an intellectual way of life. I think, interestingly, Dick
McCormick, who was within the Roman Catholic tradition, was more acceptable because he was so analytical.

Callahan: But he didn’t go to the typical bioethics conferences and meetings and he didn’t take part in any Hastings projects. So he wasn’t in the center of things.

Fox: There was a wonderful, very illuminating memorial piece written about him in *Theological Studies*, a Jesuit journal, by Charles Curran, in which he analyzes the positions McCormick took and also the phase movement of his career. In the end, with great tribute to him, Curran nevertheless concludes that he will not be remembered in the annals of theology because he did not create a thorough and creative systemic theology of his own. But he was useful, it seems to me, partly for that reason and because of the tightrope he walked and positions he took with regard to bioethics.

[Weisbard]:

Fox: May I interrupt to say, why, if you identify Catholic and Orthodox Jewish, do most of the pre-eminent figures one could identify at the particular time, in early bioethics, are Protestant? It’s the Protestant thinkers who seem to be most incorporated...Jewish bioethics, for example, comes along much later.
Veatch: Let me take a perspective from the mid 60s to early 70s that is quite different, I think, from Art and Ruth's perspective. In that period the main difference between religious ethicists and philosophical ethicists was that the religious ethicists were very much oriented to applied ethics. At Harvard, the philosophy graduate students and the religion graduate students both did most of their ethics in the philosophy department under Rawls and Firth, but the religious studies graduate students were the ones who were excited about race relations and the war movement.

Fox: You took your qualifying exam in sociology.

Veatch: That's right. So that at least in that period the people working in philosophy were not at all interested in bioethics. Whereas, the movement for the religious ethicists from the war movement and race relations to patients' rights had nothing to do with the duties of physicians and the AMA and the like. It had to do with the rights of an oppressed group who were being pushed around. To some extent that was the beginnings of the women's movement that showed up in birth control and abortion debates, but it was even more the hostility to medical paternalism. I think it's not at all an accident that if you make a list of the twenty-five people in that period who were working aggressively in biomedical ethics, twenty of them are trained in Protestant religious ethics, and their militant anti-paternalism, anti-
physician authority, I think, reads right off the Protestant doctrine of priesthood of all believers. If Martin Luther can be hostile to the authority of the Pope, then the 1960's Protestant theologians can be hostile to the authority of the AMA.

Callahan: It seems like they're the same thing.

Veatch: Well, there were people who talked about the priestly vow.

Macklin: Bob, your experience is exactly the same as mine. Since I was in philosophy I was a graduate student during that period and then a junior faculty member; there was nothing in ethics, there was certainly no applied ethics.

Veatch: We had ethics but not applied ethics.

Macklin: Yes, there was metaethics. It was metaethics, and in fact, of all the subdisciplines, all the areas in philosophy, the only one lower on the totem pole than ethics was aesthetics. So you're certainly correct in that. It's only slightly later when the first thing that happened was that we began to teach courses in these applied areas when we were permitted to do so. We could use books in our 101 class that dealt with the current issues, the Vietnam War, and it was soon after that when bioethics wasn't called bioethics by anyone except Potter. It was one of the things that drew
me to the field, as I said in my interview, the fact that I was going to the teach-ins and wearing arm bands which was completely divorced from my life as a philosopher in the classroom. It was the beginnings of this field that attracted me because it brought together an interest that I had in social ethics in that world.

Fox: It turns out, Ruth, that even in our relatively small sample of bioethicists there are a substantial number of persons who had a very important relationship to the rights movement and the civil rights movement even before they ever heard of bioethics. That's one common pattern. I'm not saying there is a cause-effect thing but it's a common biographical fact.

Veatch: There is a cause and effect thing.

Macklin: I want to go back to Alan's point about the different centers. This is one of my provocative points. In your first paragraph [in the religion and bioethics overview] this is the last two sentences -- because of course I see myself in here -- you say "It was also true of those who identify themselves as agnostic and the occasional one or two" -- that's me if it's one -- "who call themselves atheist. They spoke with intensity about who they are in a religious sense at this period in their lives as well as about the religious milieu in which they were reared." Reared is one thing, but what does the term "in a religious sense" mean here?
Messikomer: We weren't talking at all about people practicing the rituals of religion.

Macklin: I understand that, but Alan said, and I am just following up here, that the word “religion” or “religious” is being used in different senses. What is the use of the term “religious” here?

Lidz: Isn't atheism a religion? I think that's the sense.

Fox: Apart from calling atheism a religion, I think Carla, as you or somebody else attuned to these larger human condition issues, I don't know whether you would call them moral... One of the things, incidentally, in the language of the bioethical literature that is very confounding is that people who have some resonant relationship to religious questions, let's put it that way, are alternatively called “religionists,” “theologians,” “moral theologians.” There are a whole series of sloppy terms so that we don't even know what these distinctions are. I can think of people who are secularized in a certain way and to a certain degree so that they're not really attuned to larger questions of meaning, larger moral issues and so forth. I guess that's partly what you meant by it. But the vocabulary is hard to find.

Messikomer: Right.
I’ve been collecting quotations over the past year of anybody who is critical of biotechnology, cloning and the like. The usual accusation about the critics is that behind it all is religion. The people never even mention God or religion at all, but it’s assumed that hostility towards some of these technological advances stems from some attitude either on the secular side of mystery, or don’t mess with nature, or don’t mess with God, one or the other. But religion is a putdown term and it’s used a lot these days.

Do you agree with that, Ruth? That’s what I’ve argued, in the sense in which bioethics isn’t just bioethics but it deals with questions of ultimate values and beliefs, larger value issues in American society. Even ponderables and imponderables like what is life and what is death? I know you can’t make a decision about that, but actually those are the meta questions underlying the definition of death kinds of things.

Why is a discourse based on American liberal individualism and autonomy not exclusionary also?
Lidz: I think it's because that has been institutionalized as our public discourse for 200 years.

Callahan: No, no, religion has been a part of our public discourse for 200 years, equally strong I would say.

Lidz: I don't think so. I think that we had our private discourses and our public discourses and that our religious discourse has been strongest in the private domain. We have had, since the time of our Constitution, a public discourse that is based on individualism, the premises that underlie individualism, individual rights, a belief in equality that as DeToqueville worked out very nicely is far more radical than what one finds in European tradition.

Callahan: I've just been reading DeToqueville, and within one week of coming to the U.S. he said, two things: "Everybody talks about money, they all want to make money here, and they all talk about religion."

Lidz: Yes, but as he followed it through there are discussions about religion that have a kind of limited scope and are different from European discussions of religion. He talks about the degree to which Americans had a public discourse on politics. There's that wonderful passage where he says, every American wants to grab the
other person by the collar and tell him what the truth is on matters of current
politics, and that was where there was a kind of a direct engagement of one another
as citizens. I think that part of the problem in the series of essays that you’ve
[Acadia] presented is that the capturing of the secular frame of thought isn’t rich
enough. I think you tend to put it as having its source in analytical philosophy, but
my own view is that it comes from a sort of indigenous secular culture which is
more respect-worthy perhaps than is suggested, and more complicated, including
legal and constitutional.

Caplan: When we were talking about cultivating the next generation of religious voices, I
might’ve been saying at that time, when I was at Hastings, that they are too
exclusionary. We’ve got to get people in who can talk across fields, we’ve got to
get people who can talk to the doctors, and the doctors don’t like to talk about
religion; it is going to turn them off. They’ll never listen to us. We might’ve been
able to sneak it into a foundation of ethics discussion group. If we’re going to have
a psychosurgery panel or a genetic counseling panel, we’ve got four young
theologians there who are talking from their traditions, and science-doctor types
whose eyes are going to roll up in their heads. We’ll never get anywhere. So I
wasn’t as hostile, I was just wanted more of the discourses of this type today.

Callahan: It was not exactly a prophetic stance, Arthur. [Laughter]
Veatch: Even though my claim is that in the formative period in the 1960's and 70's the emergence of bioethics was dominated by religious ethicists, particularly Protestant religious ethicists, it is not a random group of Protestant religious ethicists. In particular it is Protestant religious ethicists who are trained at secular mainstream universities, who are at least as comfortable in departments of philosophy and social relations as they are at their divinity schools. And in fact, I suspect that the main difference between me and Ruth with regard to theology is that during my formative period, I encountered what I would describe as very sophisticated and agile theologians. When I was thinking, you know, "all this God-talk is just a myth" my Divinity School teachers would respond, "Of course it's just a myth!" That is what our theology is committed to. We retell the story, we read people for whom converting the simple version of Protestant religion into a sophisticated and more agile version was just part of growing up. The result was every one of us on the list of the people I'm talking about does a fair proportion of his or her work in a very secular vein.

Fox: I see that in the kind of thing you're talking the people who have studied with Jim Gustafson. I've seen Jim's PhD dissertation; he could've gotten a doctorate in a sociology department because of the analyses that he did in the sociology of religion. They are masterful, and the people who studied with him represent one of
the crucibles of that kind of work.

The same is true of the Harvard cadre, which produced ten or twelve Protestant religious ethicists who did bioethics.

And Chicago also?

Chicago to some extent, certainly during Jim Gustafson’s time there. But it’s also true of Union Theological Seminary, which is Columbia’s divinity school. All of these people not only studied in other secular departments, but they are also at least as comfortable talking the lingo in a secular way. I happen to have recently served on the national Ethics Committee for the national Methodist Hospitals and Homes organization, which has a fair number of people who insist on working in explicit theological terms. I have been forced to recode from secular to religious language. When I talk about the rights of the patient, I’m talking Martin Luther and John Wesley to them. I think it is probably true for everybody on this list that they move back and forth between the secular formulations and the religious formulations.

You said that in publications they use a different language when they’re writing in a religion journal.
Veatch: Well, in a few cases, for example Tom Beauchamp, the shift has been to the point that the theological ties have been severed. That is also true for both John and Joe Fletcher, who late in their careers said, they were tired of the recoding of their symbolic language back and forth. They just quit using the religious language and shifted over to use secular language. But I am convinced that in all of those cases what they are doing in the secular world is shaped by their underlying and primitive theological convictions. They have been secularized and de-mythologized.

Fox: Trying to get a hold of it is so elusive. That's a wonderful analysis, but how do you get ahold of this except to say you have an intuition that that's operating below the surface unless they write in two voices, which somebody like Jim Childress still does. He still migrates back and forth between the two worlds and the two sets of languages.

Callahan: I think there's a peculiar phenomenon, at least I've never seen anybody write like this, this is based on my experience. There are a fair number of people who work in religious contexts and teach and write but are basically not religious believers. Because there's a whole side of religion which says it is acceptable -- we understand, St. Paul spoke of double. But there is a fine line between that and sheer hypocrisy. They just simply don't believe at all but they remain in the institution. You just couldn't find that in many other disciplines, I think.
Fox: How do we distinguish between religious ethicists, moral theologians, just plain theologians, and religionists?

Callahan: Moral theologian is a traditional term. Religious ethicist is a newfangled term.

Veatch: Moral theologian is much more likely to be used in Catholic circles. Religious ethicist is the more Protestant term.

Callahan: That's a more recent term, wouldn't you say?

Macklin: I think it's a term that distinguishes people in the field of ethics who are not philosophers but who come from religious studies backgrounds.

Swazey: The bioethics literature uses them all sort of interchangeably.

Macklin: Yes, but here's the difference. I sometimes string a bunch of terms if I'm talking to people or writing about something for the people who work in the field of bioethics. I name the original disciplines, and then a person with a religious studies PhD is not a theologian. So "religious ethicist" then is a kind of place holder for the longer term of "a person with an advanced degree in religious studies." That's the way I always use it.
Veatch: It is a person with an advanced degree in religious studies who specializes in ethics.

Whereas a theologian is a person with an advanced degree in religious studies who specialized in theological questions, not ethics.

Macklin: And the moral theologian is the theologian who specializes in ethics.

Fox: Which is the same thing as a religious ethicist. Is it always Catholic?

Veatch: No, but if you look at the usage in the academic world, it works out that way 80 or 90% of the time.

Callahan: The funny expression these days is when somebody says, "At this conference there will be lectures by philosophers, theologians and ethicists." And then you say, "Who is this third category?"

[Weisbard]:

Sometimes religionist refers to a clergy person.

[Weisbard]:
Veatch: It sometimes is used for those who engage in the scientific study of religion.

[Weisbard]:

Veatch: I would refer to Bob Bellah as a religionist; he is certainly not a theologian.

[Weisbard]:

Fox: Except they are not necessarily trained in theology, and some of the people trained in theology have played cardinal roles in bioethics.

[Weisbard]:

Kaye: And then there are the others who are just simply religiously informed or religiously influenced rather than being religiously committed. I imagine that you put Dan Callahan more in the religious category.

Callahan: I consider myself literally an atheist as much as Ruth does, but to me religion is a viable way of looking at things. They are wrong but not stupid, so they ought to be part of the discourse.
Kaye: So I think someone who would fit, not in the atheistic category but someone whose approach is influenced by....

Fox: Dan has approached this on a different level than the fact that he is enormously religiously erudite, and particularly erudite within a certain religious tradition. He is an intellectual who has played an important role in the stream of religious ideas.

Callahan: Well, I sort of retired from that role.

Macklin: I've heard Dan referred to by many people as one of the leading, if not the leading, lay Catholic intellectuals.

Callahan: But that's wrong. I left that 35 years ago.

Macklin: I mean, in his past life Dan Callahan was the most prominent lay Catholic and that certainly is meant to convey a role in religion.

Callahan: But they don't know that I've left the church and religion all behind me. I never wrote about it, I just did it.

[Weisbard]: xxxxxxxxxxxxxx
What you described as DeToqueville was civil religion, rather than non-religion.

That's also what Bob's talked about with the recoding.

Bob's discussion of civil religion talks about how the religion is used to frame a context of moral thought, and I think has always been deliberately been non-denominational, even in the phases in our history where it was not inclusive of non-Protestant thought. I was going to ask the question: Are there any bioethicists of African-American religious background?

The number of Black bioethicists can be counted on less than one hand.

We have graduated a half dozen, at least at the masters level. None of whom are names with a national prominence.

On some of the issues that have been in bioethical discussion, certainly abortion and death and dying issues and various other things, most of the African American churches have been on the conservative side rather than the liberal. I think most African Americans' religiously informed commitments tend to be conservative in the personal, private domain of religion rather than on public issues. So I'm just
suggesting that maybe their religious commitments sort of block them out of this
type of discourse.

Macklin: Well, Pat King doesn’t consider herself a bioethicist, she will always say she is not. She says she’s a lawyer in public policy, and she’s an African American.

Swazey: As Dan suggested if you go to the professional meetings you just get hit in the face by how overwhelmingly white they are.

Fox: But this is part of a larger thing, not just in terms of social and cultural analysis. Bioethics is not very multi-cultural even within the American society. I mean that more subtly than just the demography of how many whites and how many blacks, and how many Asians.

Caplan: Nothing in academia is.

[Weisbard]: xxxxxxxxxxxxxxxx

Fox: Academia has evolved very slowly but there is some change in my lifetime. Bioethics is more like the block that academia used to be, not just in terms of the population of people who are bioethicists. It’s outlook tends to be quite monistic in
terms of the underlying cultural analysis it has assumed about American society.

Let's not even talk about going abroad and looking at ethical issues as they play out in other societies. We are not very pluralistic in our bioethical thinking about ourselves.

Macklin: The International Association of Bioethics has a lot of people from all over the world who come and attend these meetings, and because it's regional and takes a lot of money to get there, you usually find more people from the region where it's being held. So when it was in Europe there were primarily Europeans. The last meeting was in Japan and there were a fairly large number of Asians. There are some very active bioethics organizations in South America, and active bioethicists. There is a very sharp split between those that are dominated by the Catholic church and are very conservative and not really mainstream, not only because of the religious roots but on all social questions including the birth and death ones. There are very many people within those countries in South America, Dan knows this as well, who are very active. So it is multi-cultural on the world stage.

Callahan: But not in the U.S.

Macklin: Not in the U.S.
We’ve had an Asian bioethics program at the Kennedy Institute for twenty years, and a European bioethics program, both of which have done comparative and cross-cultural studies. We’ve had a fledgling Hispanic bioethics program that never developed very far. Certainly the Asian program connects into the people that Ruth was describing in Japan; it’s been a serious program here for a long time.

Can we sum up in terms of whether you think bioethics would’ve taken a different form, had it come alive in another decade?

Dan didn’t think so.

It’s as if there is a big funnel and in the end everybody’s sort of got to talk the way you describe this secular mainline talk.

You can be explicitly religious in part because the field has grown to the point where there are audiences with particular interests that you can address with religious points of view. The culture is attuned to bioethics and there are lots of mass audiences. I’m told there’s a meeting that’s going to take place soon of Seventh Day Adventists, to consider xenografts from an Adventist point of view.
I'll come back to my comment. If you are going to do bioethics in the American public square and affect public policy, you cannot talk in an explicitly grounded religious language for long. You can go in front of a commission and say, "This is my religious point of view," and testify and put it in there, but if you don't translate that pretty quick, it's irrelevant. It will not be accepted by others.

[Weisbard]:

Fox: When you made a more sophisticated version of that point at the symposium a year ago and when Carla and I made it giving our paper at the University of Virginia, Charlottesville, Jim Childress, however exquisitely polite he is, vehemently disagreed about the fact that the religious input did not get integrated into the report on cloning. I can't go further than that, but he felt, not personally offended, he felt we were just plain wrong about the analysis that you just made.

[Weisbard]:

Macklin: But the cloning report had an entire chapter on the views of...

Callahan: He's saying, did it make a real difference in the end?
Macklin: Well, that’s right! That’s because they heard the Jewish view, the Protestant view, and the Islamic view. So what view was there to put in the end? Art’s point I think is that any one denomination, or religion, or sect, cannot fly, and then when the Commission hears from three or four in the public space because it’s going to offend the other guy, it’s exclusionary!

Kaye: It’s potentially very explosive.

Macklin: On the one hand, the Commission heard religious views and had a chapter to report to the world: we heard these views and here’s what they were. But to the extent that they differ how could they possibly choose one or the other to push it through?

[Weisbard]:

Caplan: You don’t need all that because you can get that same level of discomfort from just anybody. It’s nice to transform it through the prism of organized denominational views but someone will be out there saying, “It makes me feel creepy!”

[Weisbard]:

Caplan: But Dan is saying that when someone is worshiping at the altar of utilitarianism like
Peter Singer, that makes people very nervous.

Callahan: He is very sectarian in a curious secular....

Caplan: The response to this nervousness, or whatever it is, is to put it back in the liberal, democratic argot and handle it as: how do you deal with minority dissent, or minority points of view, or the spooky zealotry that you don't want to take you off?

That's precisely what American civic discourse looks like. If I could make it personal for just one second. I debate religious people in the media. I am never going to say, "You're just a Mormon, ha!" I might be thinking who the hell cares! But what I'm going to try to do is say, "Alright, it's a diverse society. I heard your disquiets." How can I come up with some language to say, "There is minority dissent, there is a need to have the big tent." I'm sounding like George W. Bush here, I'm not sounding like I'm talking in religious language at this point. I'm trying to make a political point. Bruce Jennings and I talked a lot about this, you try to make a political response to the diversity issue but you're not enveloping yourself or wearing anybody's theological thing. I'd extend it over to a hard-nosed, even theoretical, outlook like utilitarianism. Dan and I always battled about this over the years somewhat. I've never been persuaded to go far in public discourse even with a theory.
1972  Callahan:  No, no, I agree with you on that one.
1974  Kaye:  I just want to follow up on what Alan said. There is no uniform religious point of view, there is no common ground that you are going to find even within the same religious tradition. You are going to find the same range of points of view on particular issues among each religious denomination as you find among purely secular thinkers. So they don’t coalesce around any shared point of view.
1981  Fox:  Ruth is really saying that the deficiency of the cloning report from the point of view of the way they utilized their religious testimony assumed you could have each person give that particular traditions’ perspective and no attempt made to find this level of commonality.
1986  Callahan:  It’s as if you chose your bioethicists by saying, “We want a deontologist, we want a utilitarian, we want a natural law person.” And of course, they would’ve disagreed. But they lump them into all the people who represent the different schools and sects and everything else.
1991  Swazey:  For NBAC’s stem cell report, Eric Meslin was dumbfounded to learn that there was divergence within the Catholic thought. He must’ve talked to me for ten minutes
about that. “I couldn’t believe it,” said Eric.

Veatch: I’m inclined to think that insofar as religion is presently influential in bioethics, it is not at the level we have been discussing about where a particular denomination has an endorsed policy on something like stem cells. How is it, weak as it was, that the President’s Commission could produce an endorsement of a policy of a decent minimum of access to health care for all in spite of the fact that the Hippocratic ethical tradition is devoid of such a notion. You can’t get there from the libertarian ethical tradition; you can’t get there from Hinduism. You can get there very quickly and gracefully from both Christian and Jewish ethics. And insofar as those fundamental religious commitments have been recoded into secular language, there is enough of a consensus in secular society where we at least got an endorsement of the decent minimum requirement.

Macklin: Maybe if you code it back into religious language it will give a little political will to our religious legislators in the Congress.

Veatch: I am inclined to think they overwhelmingly all start from the same place: the Judeo-Christian heritage’s views about the equality of human beings. They go through several centuries, if not millennia, of revisions, and then you end up with Rawls.
For the life of me, I can’t figure out where he gets his principles. I think he is bootlegging Judeo-Christian views and doesn’t know it. That, to me, is the role of religion in secular bioethics today.

Well, that’s the sense in which I think we started this discussion: saying that we found that there was nobody in bioethics who was indifferent to religion on that level, who tuned out. It isn’t a question of whether they feel dread, or whatever it is, about cloning on that level. Also, that certain value issues were not only on people’s minds individually, but these are value issues that seem to have welled up in the society at the time in its history that the history of bioethics spans. That comes from the deep structure of our cultural tradition also, and from our taking stock of the way in which we are living up to it or not. That also has religious, in that sense, as well as secular foundations, in the case of equal access to a decent level of health care and so forth.

It’s rather striking that we developed that consensus in spite of the fact that it is blatantly contrary to the Hippocratic tradition and essentially contrary to the AMA until very recently. And yet, we have produced a statement upon which everybody can agree.

Out of some moral sense that it’s the right thing.
Hollander: If you looked at Elizabeth Anderson’s article in the *Journal of Ethics*, called “What is the point of equality?”, you would look at a writer who is in a secularist philosophical analytical tradition who provides a pretty good basis for a social decision for universal access to health care. It does not depend on a religious foundation. Now, that is not to say that a religious foundation doesn’t have a great deal to do with the political and social will to proceed in a certain direction, or to recognize certain foundational commitments. It’s just to say that you can get there without it. Also, you can look at the work of Muriel Babeau with Jim Rest and the way that they are beginning to think about the development of an ethical professional and what the different components are that go beyond a sort of rationalistic approach to practice, that you need to think about that in developing educational programs for graduate students. You begin to see how the field is progressing beyond this kind of narrow analytical rationalistic approach to what it is to understand and to practice, and not just have a certain belief structure but make your decisions and follow through in a certain way, and what you need in order to be prepared to do that in various contexts. So I think there is beginning to be an expansion of this, which I think relates to some of the conversations here about philosophy not being the master discipline in this evolution of the field of bioethics.

Callahan: I think sociologically it’s important to take into account that people only get upset with so-called sectarian religion when it’s bothering their values. If the Catholic
bishops banded together and used nothing but scriptural and papal statements to
support universal health care, I don’t believe there would be an outrage. And of
course, Martin Luther King did it on race. If you like their cause it’s fine, if you
don’t...if it’s abortion, then why are they bringing in this narrow parochial dogmatic
stuff! Whereas, a lot of the bishops now are anti-capital punishment, why are they
introducing religion into the capital punishment issue? If you’re against capital
punishment you’ll love having an ally; who cares what their arguments are? Most
of the arguments turn on where there is a sort of a split between secular consensus
and often a more narrow conservative consensus.

Fox: It increases the divisiveness and the danger of the divisiveness.

Callahan: But when there is an overlap and they agree, then suddenly there’s no objection
over the sectarian, as long as you’re on my side you can use any damned argument
you want.

Caplan: I’m going to say though, that in part it is more a reflection of secular political
practice. You never go after your allies, no matter how nutty they are. In the
physician-assisted suicide debate I had lots of people who were untraditional allies
of mine because I was sort of arguing on the slippery slope or equity grounds. So
that all kinds of conservative groups, and da da da da. I had my views that Dan’s
talked about. and their source of opposition was something I wasn’t so comfy with, but in the political arena I got nothing to say! How many votes do you have?

Callahan: Well, that may be. This is my joke at the beginning. There’s ethics and there’s the real world, you know. You’re talking about the real world, but theoretically if you are against sectarian interventions for purely sectarian reasons, people don’t like that.

**TOPIC 4. THINKING SOCIA LLY AND CULTURALLY**

Fox: Let’s move on to the next section, on thinking socially and culturally. We won’t cover that whole agenda, but I guess we would be interested in several things. When and why bioethics began to move progressively in the direction of thinking more, or incorporating thinking socially more successfully with thinking about individualism on such an “autonomy unbound” kind of a basis. Also when the move toward a more empirical kind of approach to bioethical issues began: the notion of, not only paying attention to the lived ethical situation but actually going into the field in some form suitable for the particular endeavor, to learn something about the lived ethical situation other than just reflecting on it. I’ll put these all together and if you accept the idea that the most popular form of contemplating doing any kind of empirical investigation of bioethical issues seems to take the form of what is called ethnography in the literature, although we raise questions about the rather peculiar conception of ethnography that some of the people writing about
it in the bioethics framework have. As a matter of fact, it has been some fascination

to us that there is this enthusiasm about ethnography and unaccompanied to some

extent by what I would think would be much more of an epistemological interest.

If people not trained in social science and who never learned how to do field work

and so forth, but now want to take it on and want to examine bioethical phenomena

in that particular way, what is it that a bioethicist who is trained in philosophy might

be looking for and looking at which would be different from what somebody trained

in sociology or anthropology using the same methodology might be and how they

might be inquiring into it? What kinds of questions would they be asking? I guess

from that, these are somewhat more factual questions about the development of

bioethics toward being more socially and culturally incorporative, toward being

more empirical, toward doing its own version of fieldwork, and exactly how and

when and why that happened. Then, where it got its peculiar conceptions of

ethnography from which don’t coincide with the anthropological and sociological

understanding of ethnography. And also implies that people who want to do this

don’t know that literature. And finally, the thing I think that most interests us, and

you can pick up these questions where you want to is, is dealing with cultural


differences. Ruth’s written a magisterial book on the issues of universalism and

particularism and the tensions between them. Not necessarily getting into that so

much today, noticing the differences between philosophy and social science in that

regard. But we would like you to comment on the whole question that if you are
going to take on looking at and at a culturally pluralistic setting like the United
States, or if bioethics is moving into a more international arena, and even what is
sometimes called a more global arena, doesn’t one have to have some cross-cultural
competence in order to do this? Do we manifest that competence at the present
time? Although we’re not writing a prescriptive book, once again we come back to
the question of what do we mean by an interdisciplinary field? Can one imagine
that the people from different disciplines might be working together to manifest
some real competence in being able to work with material that come from societies
and cultures other than our own? Assuming that though the universal ethic is an
aspirational vision, that there are enormous differences between some groups in our
society and to say nothing of between societies and cultures outside of our own.

Caplan: I have a couple of comments about social and cultural thinking and international
bioethics, which I think is overly represented in this room today. There are two
people who’ve spent a lot of time in the past few years thinking about international
bioethics. There’s one person involved from an institution that’s made an effort to
sort of go international. I do not feel, my personal view, that bioethics in America
is still particularly international. In one sense I’m not sure if it’s gone international
at all. There have been some people who are trying, or interested, or do it, but
when I go to symposia or meetings or other centers, or whatever, I’m not
overwhelmed with the amount of people worried about international bioethics’
issues. My disclosure is that I’m not sure about international American bioethics is, or how much it cares to be or is consumed by that.

Fox: But people like Ruth are being called in as authoritative voices in the arena of international bioethics.

Macklin: Yes, but not so much in this country. There is a different phenomena that I’ve seen growing and that is the multi-cultural workplace, the hospital with the multi-cultural setting, born of the reality that there are a lot of house officers, residents from Asian countries, a lot of patients, especially in public hospitals, but in any inner city hospital from recent immigrants to this country. What you have is a polyglot situation where people are supposed to be communicating with each other on a doctor-patient relationship and they don’t literally speak the same language nor are they from the same social class. So this is an area that’s now drawing some attention.

Swazey: Can I interrupt to ask, is it drawing some attention in that bioethicists are looking at it, or are being called in, or both?

Macklin: Well, being called in at least. I’ll give two examples. I was asked to give a talk two years ago at Brooklyn Hospital on the question of ethical issues, or ethical
dilemmas, in the multi-cultural urban setting, born of just these kinds of issues. The
Kennedy Institute of Ethics Journal published an extracted chapter of my book on
relativism and universalism on multi-culturalism in the United States. The VA
system has a central ethics committee, which periodically issues a report that comes
out of their work group. One of their reports was on the multi-cultural patient
population and then they began to study the multi-cultural professional workforce.
So I think there's a growing interest, as we read all the statistics on immigration
and who the medical personnel are.

Fox: Can I interrupt you just to say that in the early history of the sociology of medicine
that's exactly the role we played, that's exactly one of the major reasons why there
was any place at all for social scientists to stand in medical institutions. So that
raises the question not of what happened in the intervening years, but also the
question, even with the short history of bioethics, why it took a good part of that
history for bioethicists to get anywhere near those kinds of issues. Also, it sounds
as if they are being asked to do it rather than bioethicists having initiated that. It
reinforces the notion that the early phases of American bioethics were kind of
omnistically American without taking into account this tapestry, which isn't just a
recent phenomenon.

Callahan: It only lasted ten years and then I think by the 1980's it all began to change.
Fox: Do you think that’s when it began to change?

Callahan: Yes, that’s when we started having international programs. We got a grant from the Soros Foundation in the mid 1980’s. We began running workshops in different parts of the world. So it really did change then, it was very striking.

Veatch: I would suggest even earlier. I sense that in your [Acadia’s] work you may be underestimating both the international character of bioethics and the social character of bioethics. I suspect you may be doing that, not because of your observational skills but because a lot of informants may be missing a lot of what is going on, and therefore not giving you the signals you should be getting. Dan mentioned international work in the 1980’s at the Hastings Center. In fact, when the Hastings Center started there were four research groups, one of which was population, which was clearly social and demographic in character. The group’s second project was -- at our initiation -- a un-sponsored effort to study the ethics of international population aid.

Callahan: I, of course, spent a year at the Population Council in 1969 while founding the Hastings Center. So I was talking with the development people.

Veatch: Certainly by the mid 1970’s the Hastings Center was actively trying to study the
ethics of linking international population aid to parochial American values about the way fertility should be controlled. And we were having to sell that to the UN, not terribly successfully, I might add. At least, they had a version of it that did not square with ours. That is very early on.

Fox: Judith came up with the list of the first members of the board of Hastings. I'd forgotten that Don Warick was on it.

Veatch: He was a serious part of that. It was not only clearly a social problem we were dealing with (population) but it was an explicitly international question.

Callahan: Very much focused on the cultural question of importing Western values to these different cultures and bad sorts of manipulation, what's good and bad, and how do we deal with other cultures.

Veatch: The way that project evolved, there were, I think, ten countries involved with international participants at every meeting. So, the evidence is there, but may not be getting communicated to you. I feel even more strongly that we should date a social ethics for bioethics earlier than has been suggested. I've already mentioned that population was there in 1970. The early bioethicists evolved from the anti-war movement and the civil rights movement. It is true that the rights language got
converted into patients' rights, which showed up in the right to refuse treatment in very individualistic themes, but behind this was a set of very social controversies. Certainly by 1975 at Hastings we had our four research groups and there was an explicit proposal and development of a fifth group on ethics and health policy. That was 1975. The commitment was that we could not just look at genetics and behavior control and death and dying; we had to look at health policy as a social phenomenon, questions of access and the like. So that fifth group emerged. If I remember correctly, it was actually in place in 1975. The first product of that was the book I did with Roy Branson that was published in 1976. I think that the spinoff from the civil rights and the women's movement of the 1960's was an acute awareness that patients' rights were being abused. It was sort of a crisis mentality in early bioethics: we have a first problem to clean up. Let's fix the problem of the rights of patients, informed consent, and right of refusal. That, to most of us, looked like an easy question. There was obviously an abuse taking place. We should fix it the way we were fixing the civil rights problems, then we would go on to the tougher, more social issues.

Macklin: I agree entirely with what Bob said. I guess I want to just add this one point of a kind of corrective. I sound like a broken record because I've said it many times, in many places. The focus on autonomy was not then, and I believe not later, meant to be the autonomy of the individual versus the community. It was the autonomy of
the patient versus the paternalism of physicians.

Veatch: Exactly!

Macklin: That's where the term got it's original meaning: it was respect for the patient both in the research setting, under respect for persons, and in the patient setting. Somehow or other, critics of what they consider the excesses of autonomy have transformed the picture of bioethicists writing about autonomy into limitless demands on the health system. But that was not the original meaning, and, in fact, most of the people who wrote about autonomy certainly spoke more in the autonomy with regard to rights in the rights movement. So I'm glad Bob said it this time before I did because I sometimes feel like I've said it too much. One other observation. Sam Gorovitz who was one of the people who was causally responsible for getting all these philosophers in. Remember, there was another seminal event there: the institute that was sponsored by the Council for Philosophical Studies of which Sam was then the executive director, or whatever. He got a grant from the National Endowment for the Humanities and invited all these philosophers to come for six weeks to do some stuff on bioethics in the summer of 1974. When you look at that group photo and imagine how everybody looked then with all their hair [Laughter], and identify the numbers of those philosophers who then came and started working in the field, this was a kind of a
little pool that spawned a lot of the work. But, what I wanted to say, was that Sam and I edited what I guess was the first anthology in bioethics, *Moral Problems in Medicine*. Sam had a very hard time getting a publisher which eventually was Prentice-Hall. We had the standard conceptual categories, they were sort of philosophical conceptual categories, but one section was called “Philosophy on a Social Scale.” We had the gift relationship in there, we had the blood donation, we had the stuff on human experimentation, as it turned out it was there for some reason that had to do with regulation, and we had access to health care. We had arguments against universal access and of course, arguments for. So there was an interest and it may have been in a smaller number. Bob’s just given an account of the Hastings Center and its international work; that doesn’t represent the bulk of bioethicists but it certainly was a phenomenon that was there from the beginning and so was the social scale.

Callahan: I would just like to say something about multi-culturalism. It seems that there are really three ways of looking at it. One way is sort of pragmatic; you’re running a hospital and you’ve got all these different cultures. The second level is to really ask the question: What might we learn of ethical value from other cultures? The third question is: And to what extent should that be the principles for universal or local? There have been debates. I happen to have been influenced very strongly in a lot of my writing by spending a lot of time in Europe. I don’t often put it in my writings
but it made a difference. They are not so obsessed with health over there. They think it's okay for people to die, you get old and you get sick and that's the way things are. If I put this in my writing I'm accused of being a Luddite. I am interested in health care rationing from the British way of handling it. Everybody worked pretty well over there and people lived as long, but boy, you raise it in this country and you get totally dumped on. In any case, there are different levels. I guess if you're asking the interesting question, which I think is, is there a universal bioethics and a sort of local one, to use Mary Jo Goode's categories, I think that's probably the case. And Ruth, we believe there are some universal ethical principles and meanwhile there are some local traditions and values. There are three different levels that you can ask the multi-cultural questions, and to me at least, the second has interested me the most. I've looked at these countries with different values systems and how they organize their health care systems. Why do the European countries have no problem at all with universal access, while we seem to have a terrible problem with it? That's fascinating, and what can we learn?

Caplan: I want to disagree with two claims that are on the table. I think that as for international bioethics, cultural sensitivity may have been once present at Hastings early, but it has not been part of the mainstream of American bioethics. And I think I know why that is in part. It comes back to whatever happened to the doctors. If you're housed at a university you are probably housed at the medical school. If
you're housed at the medical school, a lot of the bioethics of interest is to treat
American problems, often technologically driven. International health isn't a big
deal in most medical schools; most schools don't have a public health school. You
go in there and say that you are interested in malaria, they will say who cares! Dan
will remember my saying that there is this much literature on the artificial heart, and
this much literature on this is what you're going to do about sanitation, or dying
from oral dehydration. So, even though I acknowledge that this isn't a problem of
founder indifference or something. It's the social structure: if you look at a key
program like the University of Chicago, a clinical medical ethics program, I don't
think there's too many bedside consults for what the Kazakastanis think about some
health care problem. One thing that's missing here is the drive toward attending,
for the bioethics-based university, and particularly medical school; based programs,
in the 1980's and probably even until now, to the people who pay their salaries.

The other thing I was going to say is that it seems to me that there is a social
conscience. I don't think anybody in bioethics ever misunderstood or didn't get the
idea that ethics was not in the abstract but that it was rooted in history and culture
and this sort of thing. However, it does seem to me that a lot of the problems that
came up for the reasons you started to talk about, such as with the President's
Commission access report when I can remember people saying, "We don't do much
health policy!" We do a lot of individual...not autonomy individually but focused
on clinical, focused on cases, and charting all that out. We go for the glamour and
the fun and it might've even been the resolvable part. There's definitely been an
absence of health policy and meta policy analysis in a lot of bioethics discussion and
teaching for a long time. But I wouldn't mix that up with an indifference to the
social or the cultural, it just sort of, again, serving your master. The doctors are
very important. I can remember -- a little autobiographical note -- I proposed that
we do some health policy stuff at Columbia. The dean looked at me like I'd lost my
marbles. What the hell did health policy or social aspects have to do with anything
they needed for their clinical practice?

Fox: The current rejection-reaction phenomenon in the medical school of trying to
incorporate these things into the medical educational process under whatever name
it's called, whether it's psychiatry, or public health, or behavioral science, or
bioethics and so forth, that the problem is recurring.

[Weisbard]:

Fox: I just want to respond that you have inadvertently raised something that conflates,
the move toward narrative with this whole strange amalgam in bioethics of
narrative, storytelling, ethnography, social science, and all this confusion.
Hollander: I'm going to go back a step and it sort of relates to what you're saying because it relates to the health policy question that Art raised. I heard an interesting talk not too long ago by Robert Cook Deegan, who certainly has an interesting view of the evolution of bioethics in the United States. He was pointing to what he took to be shortcomings in the ELSI program at NIH. One of the areas where he said he thinks it has really failed is in the kinds of social questions or policy related questions that get beyond issues related to the clinical setting. So you really didn't have a lot of support, let's say, for some of the people in ethics who wanted to look at health policy related questions with respect to developments in genetics. You didn't really have a lot of support for some of the sociologists or anthropologists who might want to take a look at some of these questions even as they were being played out in clinical settings. He takes it to be perhaps because of some of the touchiness of the politics and the role of the physicians and the investigators at the NIH and what they were really interested in, in promoting the progress of genomic science there. And he looks at questions, for instance let's say, conflict of interest, and why those weren't being attended to early on, as arising from that kind of discomfort with paying attention to those kinds of issues. Now that isn't to say, it seems to me, that both the philosophers and the social ethicists and the sociologists in the end would all be interested in those questions, but the politics of the situation was such that those questions really weren't going to get a lot of attention. They
would make people uncomfortable and would be difficult to handle. On the other end of things it seems to me that there are some ways in which it's been interesting to watch the evolution of engineering ethics in this country, and maybe there are certain kinds of analogies that might be useful. One of the things that you see is that the people who do engineering ethics who come out of philosophy have this analytical approach and struggle with some of the same kinds of questions that people in bioethics do. Some of the people in the field of science and technology studies are also getting involved in this issue area, and they take a different approach, a more social science oriented approach. They raise some questions about the framework in which the people in philosophy approach these questions. In a lot of cases you would think that people who are faced with engineering ethics problems, are working in organizations where there are sort of amoral calculators. They make a decision, let's say, with respect to the Challenger explosion; one of the interpretations of that is that they've made a decision to simply let this thing go ahead and knew that it was a terrible risk and they just made a calculation that was an amoral calculation. But in fact, if you look closely at what's going on there it wasn't such a simple story. You have a kind of a risk rationalization that occurs and that people no longer see; they've gotten to the point where they don't calculate the risk in that way. So what you have is what Bill Freudenberg calls "the atrophy of vigilance" in organizations. So to really understand what it is to be a moral agent versus a moral judge, which is Caroline Whittback's classification, you
have to give people coping skills way in advance of when that crisis occurs so they can recognize what’s happened in the organization. That’s kind of a different point.

The first point is that certain kinds of questions that philosophers and social scientists would like to approach in these fields don’t get approached because of social and political reasons that make it difficult for them to be approached. The second point is that there are certain ways where you really could see progress being made in a field if these kinds of interactions occurred and people did their thinking in different ways.

Fox: That’s one of the major points I think we’d like to make, and I take everything absolutely seriously everything you’ve said in correcting us...maybe there’s a skew in this. But to get down to the question that we were discussing about the interpenetration of thought, that brings us back to one of the earliest questions we discussed today, the nature of interdisciplinary work. We’re not holding up the ideal model, or a pitch for the social scientists to play the role that philosophers played in an earlier era and become preeminent. What we’re interested in is the nature of the interaction that does and does not take place between persons participating in the bioethical arena who have some kind of training or background experience that could contribute to the common pool and to the way of thought of the field. So that, for example, to me it’s very interesting to think of people who are not social scientists going into the field to do an ethnographic study. I’m less
2413 concerned about their technical competence in a narrow sense, and more with the
2414 thought that might go into this business of what you are going to look for. There
2415 are, for example, deeper epistemological questions that I would think philosophers
2416 rather than social scientists would be into. Also, what kind of competence do you
2417 have to have, for example, to tackle the multi-culturalism of some of these
2418 American milieu that perhaps we haven’t looked at in quite that way before? Or to
2419 address the fact that whether there are X number of people or not in American
2420 bioethics participating in international bioethics, there is much more activity of that
2421 kind and preeminent American bioethicists are invited to be participatory in an
2422 international arena to a greater extent. There’s no ideal model I have in mind. For
2423 example, Carla and Judith and I were talking at lunch break about the fact that one
2424 of the peculiarities of a field like bioethics is that when it goes into an area like
2425 organizational ethics, some of the people who start working in this field know
2426 nothing whatsoever about social organizations. You can’t have even taken
2427 introductory sociology without learning something about formal and informal
2428 organization. Why should the dilettantism, if you want to call it that, go so far in
2429 bioethics that somebody thinks that because they are a bioethicist, and because the
2430 area of organizational ethics is now lit up, they can just sail in and do organizational
2431 ethics?
2432
2433 Macklin: Isn’t this exactly the obverse of what Bob told us this morning about the physician
who became the bioethicist by self-anointing himself? [Laughter] This sounds like

exactly the same phenomenon! People without knowledge and without requisite

skills to do a type of analysis are engaged in it! I think there’s just as much hutzpa

on the part of the philosophers as it is anybody calling himself or herself a

bioethicist!

[Weisbard]:

Macklin: And they read the literature.

[Weisbard]:

Macklin: That’s reading, thinking, and writing. That is not going out and using a technique

on how to conduct an empirical study and botching it up because you don’t know

anything about it.

Fox: That’s not talking to colleagues in disciplines who are relevant to things you are

trying to tackle and sort of learning with them and from them. I want to add to that

the whole business about what kind of competence one needs cross culturally. I

don’t think bioethicists have to turn into anthropologists, but I also think you have

to know something, even if it’s by virtue of a colleague who knows that society and

that culture with whom you have some sort of a collaborative relationship about the

societies and cultures you are working with. Dan Wikler, for example, as much as I
respect him going to Geneva to do what he’s doing at the World Health
Organization, has no background in thinking about other societies and cultures in a
professionally competent way. So what does he do about that?

Caplan: Let me rise to a stirring defense of ineptitude. [Laughter] First of all, again, you’re
missing one source of experiential phenomenological immersion, which is the
clinical apprenticeship of a whole generation of bioethics. Nobody taught me what
to observe about anything when they said, “Go hang around a surgical unit, or the
neonatology unit.” I know this is true for Ruth; she spent time on those hospital
floors prowling and no one said, “You’d better take a short course in ethnographic
observation.” You just went out there and watched. Doctors do that all the time,
they get expert in psychiatry by a three week rotation. There’s no ethnographic
training in anything! There’s this “watch one, do one, teach one” kind of thing.

Messikomer: As long as they don’t practice psychiatry.

Caplan: They sure do! You look at the training level the first year resident or the fourth
year resident gets from their experiential base; it’s short. What I want to say is this:
the morres are not those of social science for direct observation, they are the
morres of clinical apprenticeship. I got accepted at Columbia Medicine because I
hung around this unit for a month and stayed overnight, then you’re part of this,
you're one of us, you've been there. I didn't claim to be an anthropologist, I
claimed to be more like a medical student.

Fox: But you had a mentor and he was watching over your getting a certain kind of....

Caplan: There's better and worse of this. I'm simply saying some of the experiential side of
bioethics to go to a place cold and sort of pick up and see what you see is based not
in the social science model, but in the clinical medicine model with apprenticeship.
Secondly, to do some of the observing we always used to tell ourselves it was
better that we were outsiders. I don't want to have any trained anything, I want to
see things like the patient does. When sometimes you would say why not get
training or understand the theories, you might say, "Well, you're distorting the guy
who comes into the emergency room from the 168th Street neighborhood, or the
West of Philadelphia, they don't have training either." They just see what they see,
so can't we identify or empathize better if we come sort of as they would? There's
an attempt to jump not to the role of the studier but to that of the recipient. It's a
patient alliance type of activity. That's my second comment in defense of
ineptitude. I asked Larry King if he reads these books that he interviews people
about. He said, "No, my audience doesn't read them so why should I? I ask the
same questions they would, they don't know anything either about these guys!"

What he's trying to say is he is trying to look for the questions with less of a
My third quick comment is about how far can you go. I think that the ethnography aspect is overplayed in your papers. Most young bioethicists today who are not in medicine or social sciences say, “There’s no role for me. I do not have a masters degree in epidemiology and I’m doomed.” Because the bulk of papers that run in The New England Journal, JAMA, Annals are not ethnographic anything. They’re surveys, they’re questionnaires, empirical studies, physicians write many of them. There are some social scientists writing some of them. But they are absolutely methodologically driven by people who punch the masters degree ticket. There is no parallel to that in ethnography, I’ll grant that but that’s a heavy movement in it’s own right and many of today’s classic papers are of that type.

Veatch: Could I make three points that I hope might become small footnotes in this section of the analysis. First, it seems to me that the United States is a large, isolated, dominant society so that to say that American bioethics is parochial does not surprise me. If we read law review articles we discover a lot of them only discuss United States cases. I dare say if we read the American Journal of Sociology we find papers in there that only sample the United States. So it seems to me the focus here should be on whether American bioethics more or less parochial than this effect of being an isolated, linguistically-limited culture would suggest. I don’t know whether bioethics is more or less parochial, but I assume that these kinds of
concerns arise in every American intellectual discipline.

A totally separate point; with regard to the apparent individualism of early bioethics and the suggestion that there is not enough of a social perspective: I think we have to keep in mind that the classical terminal illness right-to-refuse treatment case that we were all working on in the early 70's had as its implication that if we just give this poor patient the right to decline treatment, there are no economic implications in terms of cost to society. If we turn off the ventilator, the patient dies instantly, and all of the analysis with regard to social economic ethics that I might be required in a more complicated setting short-circuited because there are no costs. In fact, just giving the patient his right to refuse means the system saves a lot of time, money, and energy.

My third point: it seems to me that the nature of people who are committed to a multidisciplinary field like bioethics is that they are willing to risk not mastering disciplines. It's the nature of being in bioethics that one wants to learn a little philosophy, economics, law, medicine, social science. Those of us who have committed to a field like bioethics I suspect have gotten the message many times that you could be more expert in law, or in philosophy, or in sociology, if you just narrowly worked only in one discipline and joined a regular department. So it doesn't surprise me that there are tendencies to dilettantism in people working in bioethics. They've made an intellectual commitment that there's a lot of fun and a lot of profit to be gained by taking two fields that normally you don't bump into,
putting them together, and seeing if you can add a little to the discussion.

But Alan was contending earlier that he thought that there had been quite a lot of interblending by virtue of that sort of working with colleagues from other fields. That may very well be the case in the context of certain kinds of groups that were organized at Hastings and that worked together for months and sometimes years on a given topic, and gradually formed a kind of solidarity of their own and something other than just good comradeship, a certain exchange of what took place between them that had enduring impact on the people who participated in. I guess I find some of this especially worrisome because of the kinds of responsibilities that bioethicists are being asked to undertake, particularly because bioethics is a field that is not just what is happening in the academy but has policy implications.

Let me push it a little. Part of the problem of those in the field is that every other discipline tells us, “By God, you’ve got to look at our stuff!” Take organizational ethics: a historian can say, “My God, there is a whole literature on the development of the American hospital and the clinic and you’ve really got to master that historical literature.” There’s a whole lot of fiction and fascinating stuff about what’s going on in organizations. There’s the literature like Packard’s The Organization Man. We’re also supposed to master the sociological literature and the history. The proof is that everybody is telling us their field has got to be
ingested for us to do our work properly, and sometimes it’s hard as hell to try to
ingest everybody else’s field. Here’s the question I’m putting to you: if you have
limited time would you say the sociological literature on organizations is far more
important than the history?

Fox: Organization is your field, Carla. What would you say?

Messikomer: I think I agree in ways with what you have all suggested. My concern, observing
meetings in bioethics and looking at the literature and so forth, is people writing
about certain concepts that clearly belong in the purview of one academic discipline
but they’re writing as if this is a completely new concept. They don’t even allude to
the fact that there have been literally hundreds of empirical studies on that concept
in the past, as if it’s new, and bioethics as a field has allowed these people to be the
spokespersons for that concept. That’s the part I don’t understand.

Macklin: I just want to ask you and Renée about this point. I’d like a couple of examples.
Your last point, as a field bioethics has allowed...I don’t think the field allows.

Messikomer: If you Ruth, for instance, have a closed conference and you invite someone to
present on that topic....
Macklin: Then one has to talk about the individuals who do the inviting and who they invite, and that they may not pick the right person. I want to know also about publications, when you talk about ethnography nobody's named except for the people that you quote. Is anybody published? You don’t even have to give names if you’re talking about attending a meeting, that’s a different matter. But certainly, if there are publications, even there it’s not the field but the editors who would publish something that might be incompetent methodologically by a philosopher posing as an ethnographer. So I’d like a couple of examples of the ethnography or even a couple of the concepts.

Messikomer: I think one example is a pretty stark one, it’s this whole idea of community. We’ve seen this presented at various meetings and we’ve seen it published. For instance, there’s a recent issue of Science that has the community perspective published. First of all, the whole concept of community is one that has been around for 150 years and there was no allusion to all the empirical work that has been done on the concept of community. It’s all as if it’s new and there’s no citation to any literature whatsoever. It seemed from at least what we’ve been able to tell from attending meetings and reading the literature on various concepts that are what I would say current in the field, that there is no recognition that work has been done in other disciplines on these various concepts. Another example is care giving. I remember specifically having a very vigorous discussion with 8 or 9 people in Virginia about
this at a conference that they had invited many bioethical figures to. There were
several people talking about care giving and I mentioned to them that the concept
of care giving has been threaded through the nursing literature, the gerontology
literature for the past 25 years. The response, basically, was that it didn’t matter, it
wasn’t bioethics. If it’s not in the bioethics literature it doesn’t exist. If community
wasn’t in the bioethics literature it didn’t exist. So that would be more my concern
and my question. I’ve never been concerned that people in an interdisciplinary field
don’t have grounding in the multiple disciplines that form that field to begin with. I
think that has been true of most interdisciplinary fields; like neuroscience and
gerontology are two prime examples. I’m very familiar with one of those, and
Judith is familiar with the other. I haven’t seen that same kind of behavior there.
I’m just absolutely curious about it because I’ve never seen that before. Do you
have a response to that?

Fox: I can’t cite a particular ethnographic piece of work that a bioethicist has done that I
consider to be incompetent. Although there is this verbal enthusiasm about
ethnography, there aren’t that many bioethicists who have rushed into the field to
do ethnographic studies. But if you read what they think it is, I shudder to think of
what kind of a study would come out of that kind of a definition. I think one of the
best ethnographic accounts of the kind of things we’ve been talking about from
time to time today about the tragic lack of communication between doctors and
patients and their families, which really is due to the cultures out of which the
actors come, including the fact that medicine is a culture of its own, is Ann
Fadiman's book, *The Spirit Catches You When You All Fall Down*. She's not a
social scientist, she's a writer. One of the things she did incidentally, which I'm not
sure many people in social science are willing to do nowadays either, is an
ethnographic study that took a number of years, not two weeks. She happens to
have a clinical gift and so forth, but she had to master one culture and she had to
master medical culture. The power of that book lies in the fact that there are no
heroes and villains. There are good doctors and there are suffering patients and
patients' families, and yet the communication between them broke down
completely. If you were to take then, the descriptors of ethnography that I can cite
that are in the bioethics literature and imagine somebody trying to do some kind of
first-hand observational piece of work that way, it's a very strange twist on what I
thought participant observation and in situ interviewing would entail. It also
suggests that it's seen as something you can just quickly do, that you can do it the
way that Art said he felt was not adequate; dash in for a couple of weeks and take a
look at some phenomenon that you want to look at and run out again and write
about it with pathos and humanity because you will have a narrative kind of data to
evoke a sentimental understanding of it. I'm conflating narrative storytelling,
medical humanities with ethnography, but the literature does that, that isn't just me.
Callahan: Just a quick question of clarification. I take it, if we’re working on a problem we do a literature search in the anthropological literature. We read the literature, we don’t go out and get the surveys, we simply try to adjust the literature. Would you consider that adequate? We don’t actually do it ourselves, we draw on other people, from a secondary source.

Absolutely.

Callahan: I’ve started thinking, these days when people do literature searches, typically in bioethics, you plug into the bioethics line. You don’t plug into whatever your databases are for anthropology, sociology, organizations. But that’s an interesting point, maybe that’s where we’ve got to search. Okay, sure you did the bioethics but here are five other fields we’ve got to plug into and see what they’re up to.

Macklin: If it’s a conference I think there is another answer to this, and I think this may be false. Now I’m going to lampoon my own field. Philosophers are exquisite at conceptual analysis. Of course, they have historically been faulted for not only not caring about empirical facts, but making them up as they go along. Hypothetical, what if, counterfactuals, hypotheticals, and desert island cases. Now, the reason that some of us actually came to a field like bioethics and liked it so much is because it is anchored in reality, and one does have to know the facts. As Norm
Fost has always said, "The good ethics begins with good facts." You can't just sit there and make it up as you go along. One of my very early experiences teaching medical students, when I brought someone else's cases, was that they called them "abstract." I said, "What do you mean abstract?! They are concrete! They're cases!" But to them they were abstract because they weren't their cases. But, you get bioethicists who are philosophers and tell them we are going to have a panel or a discussion about community and the bioethicist philosopher will do exactly what is the time-honored work in philosophy, which is sit down and do a conceptual analysis. That doesn't mean make up the facts, but it does mean try to analyze the concept. The person who puts together a conference like that should certainly, in my interdisciplinary view, have a sociologist and someone with expertise who knows that literature, and if you can't expect the philosopher to go do the search in the sociologic literature, at least have representation from people who have expertise.

Fox: I would say the same thing about cross-cultural competence. What we're going to write about is not going to be a critique but a mystified account of the geist of the kind of multi-disciplinary that bioethics seems to epitomize.

Caplan: One small addition. There has been a lot of endless bashing over the years of principlism. It's always hard to find principlists who come forward. Peter Singer is
one who won’t admit it. The founders of principlism deny it, and so it’s kind of like
fighting Maxists because there aren’t any around sometimes. But, in beating up
principles one of the things that happened was a turn towards so-called narrative
ethics. I don’t know what it is exactly, but whatever it is, it was a movement that
sort of said, tell by case, by analogical reasoning, Toulmin and Jonsen’s book were
important here, but other things subsequently as well. I wouldn’t confuse narrative
with ethnography but we may be doing that because there’s certainly lots of
storytelling that goes on, and parables and paradigmatic analysis. The reason I’m
laughing at this is because I don’t think any of it is consistent with principlism but it
is not to be confused with... That is, if you said to me, “I heard you tell a story at a
meeting about how you were the consultant to Pfizer on Viagra. You said this
happened, and you said this happened. Now, how do you do that without being
trained?” I would’ve said, “I don’t know, I’m just telling you a story. Don’t work
yourself into a sweat. It’s just kind of a story.” I think some of the attitude of
some people in bioethics is they’re telling a story as a mode of analysis, not to be
confused with a precise social or ethnographic account.

Fox: There we have got to do something you probably won’t be able to deal with today,
and that is that none of us have invoked the convergence of the humanities, so-
called, with the development of bioethics, and even the tension that still continues
to exist within the merged national association between the two, and my great
uncertainty about what medical humanities are as compared to the humanities.

There also is the whole relationship between the storytelling narrative tendency and
the critique of an inadequate medical history technique. In some ways the ideal
story it’s supposed to tell is really what the perfect medical history would be, which
is richly social in culture and psychological, and takes time to hear about the
patient’s life and family, and so on and so forth. But instead a whole series of
quasi-sentimental, it seems to me, literary-like things have been dragged in as a
corrective to that.

[Weisbard]:

Lidz: Years ago I used to read, admire, and even teach a book by Kai Erickson called,
Everything in its Path, about destruction of a village in West Virginia after a large
dam broke and so on. Then after having been through the book several times, and
having taught it a number of times, I suddenly had an insight that I’d not had
before, and that is that everything that he presents as data, as if it were sociological,
ethnographic data, in fact came from having seen the lawyers’ briefs. They were all
quoted, all out of personal narratives that people had told as a ground for their legal
claim against the mining company, which twists what the data means radically.
Obviously, for the lawyers to proceed that way was perfectly correct. They were
building a case, they were developing this narrative material to document a case and
make a claim for damages, but that’s not the sort of impartial sociological analysis
we would usually expect. There is an analogue of constructing a legal case in
bioethics. It seems to me the mode of abstraction from events is probably different
from what one puts in a medical case history, and different from what belongs in a
sociological study. It really would be interesting to try to outline what are some of
the categories that organize a bioethical argument and how you synthesize that.

[Weisbard]:

Lidz: What matters is its vulnerability or invulnerability to a different interpretation by the
other side in the case, not the primary events.

[Weisbard]:

Macklin: You were cheating!

[Weisbard]:

Fox: One of the things that you are helping me very much is the need for a fairly good
phenomenological description of some of the ways in which the bioethicists do use
some of the concepts, the methods, the ways of thought and so forth, that do
happen to have a special relationship with some of the disciplines that make up this
amalgam. I guess they do work some very special transformations over them and
some of them are a bit perplexing. But as you have been speaking I’ve been sitting
here thinking about the sort of enthusiasm about ethnography and the way in which it kind of blurs into cases and storytelling. It strikes me as a particular form of witnessing on the part of bioethicists. Not only is this enriched by a greater amount of humanity than the desiccated case presentation might be, but it's a way of not only testimony but also really a form of advocacy. There you could bring in pastoral witnessing, witnessing of a moral, of a more pastoral, of a legal, and so forth kind. That may be one of the reasons why the notion of ethnography takes on a very particular kind of flavor in bioethics that really doesn't coincide with the definition of it and the use of it in a more purely social science context. Except again, to follow up on what Carla says, for example there is at least one article in The Hastings Center Report on some of the ethical issues that doing first-hand field work might involve if in fact bioethics was going to go in this direction. The one concept in that article that was used was the notion of thick description from Clifford Geertz's essay. This kind of documents what Carla was saying, this total obliviousness to at least fifty years, maybe a hundred years of literature written by people who have done ethnography. As a matter of fact, it would be interesting to have a philosopher analyze the moral issues that have been involved in doing participant observation, particularly in societies or cultures other than your own, so that anybody who ever teaches field methods or anybody in social science who ever writes an ethnographic work always feels compelled to write very fully about the various kinds of role conflicts and moral dilemmas and so forth that are involved in
this very peculiar kind of form of social interaction that ethnography represents.

The fact that there is an obliviousness to the very rich narrative accounts of these problems of moral problems connected with ethnography, just as another minor illustration. I don’t think is totally easily justified obliviousness.

[Weisbard]:

Fox: If bioethicists really took to the field seriously they would be confronted with very serious and complex ethical issues. If they didn’t tackle then it would be pretty ironic.

[Weisbard]:

Callahan: Because we’re good people.

Messikomer: Another point that I wanted to raise with you is that in doing the interviews with directors of some of the masters programs across the country, it seems that most programs require students before they graduate to do some kind of a project, be it research or clinical. In the programs that we looked at it’s usually a research project. In interviewing people and going over syllabi we then checked with the program directors, and I said, is it usually clinical or research. They said, “Well, the
majority do research.” I said, “It’s interesting, I’m going through your course curriculum, I don’t see any research requirements. Are there any?” They said, “No.” There are no research methodology courses required, I said, “How do they learn it?” They said, “Well, you know we just hope that they pick it up by working with someone.”

Macklin: Do you mean empirical research?

Messikomer: Yes, empirical research.

Macklin: You mean explicitly in these masters programs people have to do either clinical or research?

Messikomer: Clinical or a piece of empirical research.

Kaye: It has to be empirical?

Messikomer: That’s the term they use. That raises another difficulty in the study that we found, Ruth, which is very interesting to us. When we talked about the drive within bioethics to now become more empirical and do empirical research, we asked people, “what do philosophers mean when they say, ‘We’re doing that now,?’” We
haven’t been able to get an answer, so we’re hoping that maybe you could help us.

Caplan: I can tell you in our program....

Messikomer: What is it?

Caplan: I’d say for us, some people come with the tools. So we let them do their thing and we don’t have to teach them anything. Probably as many as a quarter of the class is ready to go, they are empirically friendly in something. Then, I’d say we try to track people so that if you wanted to do certain social science things you should take the social science oriented courses as part of the way you go. So some people would be more social science course oriented. Then, third, is a generous understanding of empirical, meaning anything that has a fact in it. [Laughter]

Swazey: Very generous!

Caplan: It could be legal, it could be historical, you know, an accordion-like definition of empirical.

Callahan: A number is even better! [Laughter]
Macklin: I give you another using the narrower, straight forward meaning. In the last several years there have been RFAs, RFP requests for proposals coming from the NIH for the first time in the field of ethics, setting aside the ELSI program. All of these required that the studies be empirical studies in the narrow sense, making observations, gathering data, developing and using instruments, etc. Now, I know that other philosophers and bioethicists have applied for those. The first set was on informed consent. As soon as I saw the RFA I thought, boy, this is interesting but certainly not for me! I don’t do empirical studies, I don’t know how to do them. I do have colleagues, but the trouble is when you are just in a medical school and one that is separated, if not divorced, from a university of which it is allegedly a part; Albert Einstein College of Medicine is where I am, and then there is this other place, Yeshiva University in another borough. There’s no connection, there is no possibility; there are some social scientists in the medical school but they are locked into departments where they all do their own work and they are almost service personnel for the people in their departments. So I couldn’t do the one on informed consent; too bad because that’s something I’m interested in. When the panel was put together for informed consent the person who was Executive Secretary, the NIH person, called me up. I think she asked me to be on the panel. It turns out I couldn’t make it on that date. She said, “You know, we have a little problem here because we’re now funding all these empirical studies.” I knew her because I had been on ELSI study sections. So she said, “Do you know any people in bioethics
who know anything about empirical work? Since clearly there is an area of
expertise, this is a scientific study section.” I actually suggested the people who
have done empirical work, they’re not philosophers. Bob Perlman has done
empirical studies at the University of Washington. Joel Frader has done empirical
studies. There are a couple of other physicians who do that kind of work, like
Stuart Youngner. So, yes there are some people, there are bioethicists but there are
people who have done that kind of work.

The second RFA came along and it was a broader one within the NIH, not limited
to informed consent but other ethical issues, also empirical research because that’s
what NIH funds. So I had some good ideas and I went scrounging around looking
for some empirical scientists, found a few, and we got a high score as it turned out.

It was not funded and it was methodologically flawed. It was their fault, not mine,
but it was very interesting to read the pink sheet because what they said was the PI
on this grant is a well-known and highly respected bioethicist but she doesn’t do
empirical studies and she’s never done empirical studies, etc. etc., which was clearly
true! And that’s why I surrounded myself with what I thought were highly
competent colleagues who it turns out, later on, to their credit, they said, “Yes,
these things aren’t right. We didn’t think these through.” So I don’t know any
philosophers who go in as pure philosophers without the aid of social scientists,
epidemiologists, or others. I can’t imagine that they would be getting funded from
the NIH. Maybe they do something without funding so they don’t have to go
through a peer review process, and maybe they write it and some journal editor or
some peer reviewers who also don’t know anything about empirical studies and the
decide, “Yea, this looks interesting and we’ll publish it.” But I can’t imagine that
anybody would be able to get the kind of grants that the NIH funds.

Swazey: They’re talking about getting funding and we don’t know what they’re....

Macklin: So what are they doing?

Swazey: We really don’t know.

Macklin: It seems to me there is only one way of doing it. I’m now thinking of applying for
another empirical study, and once again have brought in a social science colleague
and said, “Look, I can help conceptualize this. I can think of the research
questions. I can help provide a framework and look at the ethical issues that I think
are worth looking at. But you guys have to tell me what the design is going to be,
have to look at the methodology, have to talk about the sample size and develop
the instruments and all of that.”

Caplan: One other way to say what goes on in the training end, and I’m reminded of by
what Ruth has said, is that you might put together a seminar where you presented
your masters students in bioethics with empirical approaches so that they knew
what the universe looked like. For example, we are running some content analyses
that we do with the Annenberg School of Communication and I've learned enough
about content analysis to know what I don't know. So I can sort of say, "Well, I'm
not sure that this grid is the right way to analyze this particular text," or something
like that. So we might show to students different people, who do the graphic work,
surveys, content analysis, and so on. We don't intend them to go out and do it, but
then they know what they need to ask.

Fox: But the model that you're both presenting...I remember that you told me a couple
of years ago, Ruth, something that enormously impressed me: that in the
international research you've done, you know that you're not an anthropologist and
you're not doing research the way an anthropologist would do it. The model that
you're both presenting inadvertently is of, let's say, those colleagues in other fields
becoming simply the people you consult in order to be your technical specialist in
methodology, and not putting the way that they would look at the questions that
you're examining into the conceptual framework.

Caplan: I wouldn't buy that, not completely.

Fox: I'm just saying that basically that's technical expertise in terms of how do we design
a study. I'm just going back to this whole business of what would bioethics look
like if it were more interdisciplinary?

Macklin: It would be a team! It would be a resource team!

Caplan: That's what I was going to say. We had a team. Bob Arnold, Laura Siminoff, Ed
Vernig and I did a slew of organ donation studies. Joanne Lynne and others did a
slew of end of life care studies, the support studies. That was not a group where
three statistical consultants met to talk to the philosopher and then moved on. They
all shaped it, they added questions, they engaged together; that's a team.

TOPIC 5. TAKING STOCK OF BIOETHICS

Swazey: We have now half an hour left for the next two-hour session, and we obviously
can't get through all the questions we posed in our "taking stock" hand out. I
guess what we will do is simply ask you to respond to the last question we pose on
page six, which is thinking about what bioethics has accomplished in its first three
decades or so. "Bioethics has accomplished much less than it should have in over
three decades" is a statement made by Dan Callahan in his Daedalus paper, which
we turned into a question.
2938  [Weisbard]: xxxxxxxxxxxxxxxxxxxxxxxx

2939  Fox: What is such a new opportunity for bioethicists’ to respond to in that way, or be
2940  pro-active about?

2941

2942  [Weisbard]: xxxxxxxxxxxxxxxxxxxxxxxx

2943  Fox: Is it a larger question about bioethics not having dealt with the whole phenomenon
2944  of iatrogenesis, which is an inevitable and irreducible of biomedicine, with certain
2945  forms of mistakes and deviant practices being a part of that. One of the major
2946  moral issues that every physician faces continually is that there’s virtually no
2947  intervention you can make that doesn’t have potential for some side effect.

2948

2949  [Weisbard]: xxxxxxxxxxxxxxxxxxxxxxxx

2950  Callahan: I’ve been fascinated with the problems of co-optation for a long time and I think I
2951  basically agree with you. For instance, my concern about co-optation these days,
2952  and here I’ll use cloning as an example. When the first cloning debate began, at
2953  that time almost everybody was much more strongly anti-technology, and most
2954  people were skeptical of it, and it was pretty much seen that the job of people in
2955  ethics was to make sure you slowed down the train of progress, to ask the hard
2956  questions. Do we really want it? Do we really need it? Now, what I see these days
2957  is many more people in bioethics are cheerers, they say, “Great! Great!” They
2958  spend their imaginations figuring out why you don’t have to oppose it. In fact,
there even are people in ethics sort of dismissing ethics: “ethics is standing in the
way of this progress.” Have they been co-opted? Well, I don’t know. I tend to
think so. People are co-opted by their own backgrounds and by the culture in
which they live. This is the tricky part, to me one of the sad things. I really mean
this: you name X bioethicist, you tell me his religious, his cultural background, his
age, his sex, and I’ll tell you what positions he probably holds. It shouldn’t be that
predictable, but unfortunately it is pretty damn predictable. Is our role to be that of
the outsider who is the critic, the nag, the ethical nag? Always raising questions?
Or at what point do you bust what goes on? Even if you in your heart think it
should be best, you feel your job is to create problems as a good teacher. We do
this in teaching, we argue against ourselves, but when we are asked to give
testimony none of us are against ourselves. That’s probably where it would be.
Anyway, I’ve been following the debates within religion where this constantly
comes up; whether the culture is capturing the church on this or that issue. The
conservatives usually stand there against the culture. On the other hand they are
right wing, and they’re unthinking and they are dogmatic, and they should adapt to
the times. To me, I suppose the model person in bioethics ought to be basically a
kind of troublemaker and this means a kind of capacity to argue against yourself, or
continently play that devil’s advocate kind of game.

Swazey: I think I heard all four of you saying that bioethics, in an earlier period, did have
that social critic role focusing on medicine.

Macklin: But phenomena have changed. I have two points to make about whether it's accomplished less than it should have. In part, it's accomplished less than it should have because it couldn't, in some ways. Two examples of reasons at least that I've seen, and both of these are in the clinical setting. It may be a reason why I do practically no clinical work now as a bioethicist, even though I'm in a medical school. I don't sit on a hospital ethics committee right now. My name is officially there but I don't go. I don't do as much clinical teaching, I don't do clinical consultations, and that was mostly what I did when I came to a biomedical center. The first reason is my head nemesis, the risk management department, which has overwhelmed bioethics in hospitals. In earlier days when ethics committees first got started there was a lot of discussion about the ethical issues. There was no guarantee that a recommendation that an ethics committee made would actually fly, but it didn't turn into an arm of the risk management department, where the main person on the hospital ethics committee/clinical ethics committee was risk management and looking at risk management issues within the hospital. Which, of course, serves the interest of the hospital and not necessarily the interest of the patients, and sometimes it's a direct conflict with the interests of the patient. Those kinds of things happened at meetings. One time, I remember this quite vividly, a brief description of a case was handed out to the members of the committee, it
happened to be a neonatal ethics committee. The risk manager in the room, who
didn’t want anything in writing so that there wouldn’t be any paper trail for
anybody in case -- who knows what could happen -- in case someone swooped
down from the sky. The risk manager ran around and collected all the pieces of
paper and was ready to put them in a non-existent shredder because of this fear. So
we didn’t even have a case in front of us. So the overwhelming of ethics by risk
management in the clinical setting -- this is exactly what happened and when I
objected, talking about being co-opted, this is within an institution where I work --
I was criticized by one person saying, “Do you want the institution to go under?” I
said, “Isn’t that a rather extreme consequence that’s likely to follow if one doesn’t
pay attention to what a risk manager is doing, who wants to do the ethical right
thing?” So this is obviously a picture that the whole institution will go under unless
you have risk management running it, and I’ll bet it’s true in a lot of other settings.
The second one is a weariness, maybe others have not had this experience, but an
utter weariness and dismay in how year after year, after year, after year the house
officers, who are the ones who are superior to the medical students and do a lot of
patient care, of course in the public hospital don’t know the DNR in New York
state, they don’t know the hospital policy on DNR. They use the words “brain
dead” to mean persistent vegetative state, they make false claims about what the
law says. For example, “Well, you can withhold the treatment but according to law
you can never withdraw a treatment.” So misinformation and ignorance on the part
of house staff.

[Weisbard]:

Macklin: Exactly! Despite years of educational programs, and despite the fact that some of these house officers are the same medical students who we taught, and they were eager, and they complained about the house officers! The impotence of bioethics in the hospital setting at least, the impotence and the inability to bring about change through education was, to me, finally just...my eyes glaze over. I do go into the hospital when somebody asks me to do this, that, or the other thing, but it’s certainly not my favorite activity. It really is a kind of dismaying consequence.

[Weisbard]:

Swazey: I think it’s very common and I’ve said the same thing and I’m sure a lot of you have. When you’ve worked on human subjects issues for twenty or thirty years you think, where have we gotten? Have we gotten that far? I know LeRoy said when I talked to him a couple of months ago he felt the problems we still have in human subjects research are really depressing. I think it’s the same phenomenon.

Callahan: I guess what I want to say about progress is that it is a subject that is now talked
about at the national level and there are conditions and the like. The language of
ethics and values has been introduced. It started at a time when positivism was
riding high in the medical schools and in the medical world. There was the role of
hard facts and the role of values and all that mushy stuff. I think that’s pretty much
disappeared. There is an incredible amount of ignorance out there. But on the
other hand, if one wants to raise all these issues you don’t have to fight the uphill
battle you once did. They are not likely to say things like patients are too dumb to
give informed consent so much anymore. The problem is it’s hard to tease out
bioethics from a lot of other stuff going on at the same time. A lot of people are
interested in patient rights who are not in bioethics. Lawyers have gotten into the
act, so what do you attribute directly to bioethics? I think the great impact has
been in the clinical area. The area that I’ve worked in in recent years, the health
policy area, I think has been like zero. If you read the literature in the field of
health, the main health policy journals have practically nothing on ethics and their
articles never cite anybody in ethics, even if they’re talking about justice and ethical
issues. The main medical journals will have lots of stuff on ethics these days, but
the field of policy which is now lead by economists and quantitatively oriented
analysts pretty much has been impervious to ethics as far as I can see. Is that your
impression too? That’s a tough crowd.

Macklin: Yes! One other thing, which this goes back to Alan’s claim about how bioethics
has followed rather than led. Managed care; all of a sudden all the bioethicists
rushed to talk about managed care. There was a symposium, there were articles,
there was this and that. Without yet the evidence of (A) what’s going on in
managed care? And (B) did it actually or will it actually succeed in lowering costs?
Which more and more it now seems like it hasn’t. I have an economist colleague
and when we were asked to talk as a duo, the economist and the ethicist, in our
own medical center, I expected him to come out with some economic projections,
do a little analysis, say something about administrative costs. What you would
expect an economist to do. Well, he didn’t do any of that, which was a little bit
disappointing. Therefore, there was very little that I could say other than how this
might affect the doctor-patient relationship, and fewer choices, and gag rules, and
all of those things that were at the time in managed care. I’m preaching to the choir
now. You have to have some data, some evidence. You can speak hypothetically
but all the brouhaha about managed care led to a rush; all of a sudden everybody
was writing and talking about managed care.

Callahan: And of course managed care was changing. To collect good data on a situation
that was radically changing from year to year would be the tricky methodological
issue anyway.

[Weisbard]: xxxxxxxxxxxxxxxxxxxx
Swazey: I guess this will be a final question. It's one that when we were doing our study of graduate education and we asked senior academic scientists: Would you go into science today? Let me ask you all the same question. As bioethicists, if you were making a career decision now, would you all become bioethicists?

Callahan: I certainly would. Now, whether I would do it through philosophy I'm not quite so sure. Interestingly enough I was sort of drawn, if not to social science, maybe the history of ideas. I would've come in through some broader kind of route, partially because there's a lot you have to learn to get a PhD in philosophy that is not particularly pertinent to ethics. Yes, it's been interesting and compared to what I see most other people doing in the world, this has been a fascinating field. It's constantly changing, it's in the news, people love to talk about it. In fact, Ruth and I are both travelers. I hate people on airplanes who say, "What do you do?" I was on a plane playing with my computer, I was writing a piece on euthanasia, and damned if the guy in the seat next to me said, "I see you're interested in euthanasia. What do you think about that?" But nobody ever says, "Oh, that's boring." They all say, "Wow, that's so interesting!" So yea, it's been an exciting, different field, sure better than staying in straight philosophy which is an incredible bore.

Macklin: Exactly, which why it was good to get out of it. I think it's a hard question to answer for this reason: Would you go into it today knowing you could do what
you’re doing today? In other words, would you, Ruth, go into it today and be able
to do what you’re doing. The answer is absolutely yes! But there is a different
hypothetical. Would you go into the field as a young person and having to chose
between the study of philosophy, going into medicine, perhaps going into law, and
then scrounging around for a job that might not be a very good job, or might be a
job where you have to teach philosophy and one course in bioethics. In other
words, it’s a hard question to answer because we don’t know what you would do if
you went into it today. Knowing what I know now, if I were a young person
wanting to go into this field, I’d probably go to law school because it’s the shortest
educational route. You can get into this field by any of these different disciplines
but it’s less time. It’s true it has as much irrelevance as philosophy but it takes a
shorter period of time to get through law school. Most of us are self-taught in
bioethics anyway! How did those old fogies around this table get into this field?
We wrote some of the literature. We read what each other wrote. We read what
other people wrote. And it’s still what people in the field do today, when they do it
academically. There was certainly nothing in my education that enabled me to do
clinical ethics, or sit on an IRB.

Swazey: What about you, Robert Veatch?
Veatch: There’s another way to put the question that is more realistic, and that is: Would
you stay in the field, now that you’re here and you could retire? I discovered the
other day that the pension that I started at the Hastings Center in 1972 when we
joined TIAA-CREF is such that if I retired today my income would go up by 50%.
I suppose there are a lot of people in that spot considering the last four or five years
of the stock market. So I realized that if I’d like a 50% raise all I would have to do
is walk away.

Callahan: You’re not 65. I cashed mine in and I’m still on the Hastings payroll, so I’m really
making money like crazy! [Laughter]

Veatch: My point is that financially I and a lot of other people in the field could quit
anytime. And I spend my time worrying about are they going to make me retire
when I get to 70? 75? How is Ed Pellegrino holding it off? He’s 81 and still going
strong! I would certainly like to stay in the field for....

Macklin: As long as your brain is working!

Veatch: Well, maybe after that! [Laughter] To answer your original question, I can’t
imagine a more interesting way to spend a career. I had the advantage of being in
on the founding of the Hastings Center and being at the cutting edge of the field.
I’m not sure whether another bioethicist who is getting his degree today has that
same feeling of being at the cutting edge. But assuming I could go back to Hastings and be there at the start again....

Swazey: I'm not giving you that assumption. I'm saying you're going to start out in 2005 or whatever. It is a different time. I also want to hear what Alan has to say.

Veatch: I'm very much committed to interdisciplinary work at the fringes of academia, preferably at a place where I can be in the public policy arena. I can't see any reason to change that.

[Wieisbald]: xxxxxxxxxxxxxxxxxxxxx

Callahan: But bioethics is a normative area. If you're interested in right and wrong, good and bad....

[Weisbald]: xxxxxxxxxxxxxxxxxxxxx

Callahan: That's what we thought we were doing in bioethics.

[Wiesbald]: xxxxxxxxxxxxxxxxxxxxx

Callahan: What about those old, old questions? They are still going to be there after we live
our lives in the context of information technology. I think they'll still push back those same issues. They’ll sound like we sounded like.

[Weisbard]:

Callahan: Well, the way to start is to start questioning. Is the Internet really so good? Do you think this e-mail stuff is good? Try that one and see how far you get!

[Laughter]

[Weisbard]:

END OF DISCUSSION