June 14, 2000. Interview with Robert Streiffer, PhD, Assistant Professor, Program in Medical Ethics, University of Wisconsin Medical School, and Department of Philosophy, University of Wisconsin - Madison. The interview is being conducted by Dr. Judith P. Swazey at Professor Streiffer’s office.

Swazey: To start, why don’t you tell me a little bit about your family background.

Streiffer: I was born in 1970 in Baton Rouge, Louisiana, the state capital. I stayed there until I was 18, at which point I went to Portland, Oregon to go to Reed College, where I majored in philosophy.

Swazey: What do your parents do?

Streiffer: My mother was a CPA, she passed away in 1988. My dad did computer programming, he now does more general computer consulting.

Swazey: Do you have brothers and sisters?

Streiffer: I have two older brothers. One is a scientist, and one just got his law degree. I also have a half-sister who just got her undergraduate degree and now she is going to go to veterinary school. She just got married and she was a nationally ranked soccer player; she went to the last Olympics as an alternate.
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23 Swazey: Wow! That was the game of the century!

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25 Streiffer: She didn’t get to play but she was close.

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27 Swazey: That’s great! Did your family follow any particular religious tradition?

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29 Streiffer: My mother was Catholic. My dad comes from a sort of a non-practicing Jewish background. I was raised mostly Catholic. When I went off to Reed I sort of lost an active interest in going to church, but then a group of friends started me going to an Episcopal church. When my wife and I started dating she had just converted to Catholicism, so we started going to a Catholic church. But decided we didn’t like Catholicism so much because of some of their attitudes towards women, and went to an Episcopal church again. When we moved here, for some pragmatic reason we didn’t like the Episcopal church so we started going to a Lutheran church. My new son, who is five months old, was baptized in the Lutheran Church. The ceremony was very nice but my grandfather from my mother’s side, who is Catholic, had a difficult time with the fact that it was done by a woman pastor.

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42 Swazey: How did you pick Reed?
They picked me. My mother had died just about this time so the process of trying

to find a school got disrupted. My mother and dad were divorced by this point, so

I didn’t really know what to do and didn’t actively do much looking. Reed sent

me some literature and I filled out the application in the back, and after being on

the waiting list for a while, I got accepted. I think it’s served me very well. It has

one of the best undergraduate philosophy departments in the country. They

routinely send at least one undergrad on to Princeton for grad school. They sent

me to MIT.


What attracted you to philosophy?

Well, I liked the philosophy courses a lot that I just happened to take among the

regular liberal arts education. Also I liked the political science courses that I was

taking. I decided that what I really liked out of the political science courses was

the political philosophy. So when I had to declare a major I went into philosophy

and that was pretty much all I did for the last two years. I think I liked the rigor of

it; that was something that was new to me. Analytic philosophy in general, and

Reed and MIT in particular, put a very high premium on rigor. I like that. I found

the problems fascinating, as many people do. I had some very charismatic

philosophy teachers in college.
Swazey: What did you see yourself doing with a philosophy degree?

Streiffer: Going to grad school. At the very beginning it was just that I had to decide on a major and this is what I most enjoyed doing. But shortly thereafter when I started thinking about what was going to come of this it was pretty evident that there are not many other options for philosophy majors, so I was thinking of going to graduate school.

Swazey: Were you thinking of an academic career?

Streiffer: Yes, that’s what I wanted to do. My family doesn’t have much of an academic background but my wife’s family certainly does and it looked attractive to me.

Swazey: Why MIT for graduate school?

Streiffer: Well, I sent out seven applications and was accepted at UCLA and MIT and was on the waiting list for Michigan. The waiting list was just so upsetting that I didn’t want to think about it, just in terms of putting off the decision. So it was really a decision between UCLA and MIT and I would much rather live in Boston than Los Angeles. I didn’t know all that much about the faculty except that it was
Swazey: You got a fellowship?

Streiffer: Yes, from MIT, from graduate student funding.

Swazey: Tell me about the kind of philosophy you studied.

Streiffer: MIT has a very good series for the first year graduate students; they take all the prosemnars, which makes sure that they all have pretty solid familiarity with analytic philosophy. So that was most of the first year, doing that series.

Swazey: It was heavily concentrated on analytic philosophy?

Streiffer: Yes. In fact it was solely analytic.

Swazey: Did you have much analytic in college?

Streiffer: Yes, apart from David Reeve, who is an analytic philosopher, but he did teach ancient philosophy and a course of history of philosophy. But the other classes I
took in epistemology, metaphysics, and logic were all done by hardcore analytic philosophers just out of Princeton. So that was the training that I was getting. I took one Continental class, which I have to say I enjoyed but I didn’t go back to it. So at MIT, coming out of Reed, I thought that I was going to do something with the philosophy of language, which is what I did my undergraduate thesis on. But you get to a place and you see all these wonderful people doing all these wonderful new things and you just want to tag along. So I just took a wide array of courses and ended going to work with Judith Thomson. We fuzzed around for various dissertation topics and we decided on moral relativism, which we had been looking at in some of my classes. It was something I was interested in and she had just put out a book in conjunction with Gilbert Harmon at Princeton; the title was *Moral Relativism and Moral Objectivity*. Harmon was a very vociferous moral relativist writing the part on relativism and Judy writing the part on moral objectivism. They each had their own section of the book but at the end they had replies to the other person’s section. Judy did a wonderful job devastating Harmon’s part of the deal. So she had been thinking of it in terms of writing her response to someone’s formulation of relativism, so it was something that she had been working on recently.

MIT, I think, did a very good job of keeping my feet on the ground. Even though I’m sure, by a lot of people’s standards, I was way up in the
clouds. But I didn’t get as crazy as some people!

Swazey: How much applied ethics did you do at MIT?

Streiffer: Almost all of it came through my teaching so I didn’t have much course work. I had course work in metaethics and political philosophy, but all the work in applied ethics that I had done before I came to Wisconsin in 1999 was as a TA or a TF at Harvard. I did the philosophy of public affairs class twice. I did justice once, with a sort of applied ethics mixed with ethical theory and Supreme Court decisions. I did two semesters at the Kennedy School at Harvard, which was their required ethics course for people who were taking a masters in public policy. Very few of the masters students had a philosophy background but they were all very bright and all had had an introduction to political issues. That was really great, and I think it really sparked my interest more than any of the stuff that I’d done before. I expect that the fact that I had done that, and had done it well, and learned a lot from it was probably part of the reason why I got this job. Given that I hadn’t done any medical ethics before, but I’d done a lot of political philosophy and public policy and that sort of thing which relates to medical ethics.

Swazey: Did the MIT program have courses in areas like Continental philosophy?
Streiffer: No, the closest they would come would be in some of the political philosophy classes you would do people like Hegel as political philosophers, but it was Josh Cohen teaching it so he would sort of impose an analytical structure, which I find very helpful. It's always nice to see how much you can get out of Continental philosophers if you really get reading them and understanding them, but it's a lot of work.

Swazey: One of the things about Continental philosophy is that very few philosopher-bioethicists we've interviewed have had any exposure to it. It's understandable given the dominance of analytical philosophy in American bioethics but it also seems to us, looking at the development of bioethics, that Continental philosophy, as you said, can be very rich and rewarding.

Streiffer: Yes, the time I've put into it I have found very rewarding, even though it takes a lot of work to make any headway. It's aggravating in a way that many analytical philosophers feel like they don't understand anything until it's been spelled out twelve times in the clearest of terms. Given that my exposure is somewhat limited I would say that it would be rash for me to make any huge generalizations, but from what I've read and what I've heard from a biased group of peers, there is an argument that Continental philosophy is usually very interesting and very rich,
but it takes a heck of a lot of work before you can actually say you are satisfied
with the level of rigor that I'm comfortable with. When a subject matter is
particularly murky analytic philosophers don't usually delve into it, even though it
may be relevant material. It also has a very heavy emphasis on the use of
intuition. I find it enjoyable but a lot of people find it either unrealistic or too
conservative in a sense that the theories that you end up with are just validated on
the basis of intuition.

Swazey: When you were in graduate school you saw yourself getting an academic job in
philosophy. You said you had not much experience in medical ethics.

Streiffer: I had done work on abortion a couple of times, and some work on euthanasia and
physician-assisted suicide in the philosophy of public affairs class, which is sort of
a contemporary moral issues class for undergraduates at MIT. They did things
like abortion, physician-assisted suicide, punishment, pornography, all the things
that people are talking about.

Swazey: What then got you here, to Madison?

Streiffer: Part of the reason why I was happy to move in somewhat of a new direction was
because the ethics job market was looking very good. When I was finishing my
PhD the market was pretty phenomenal. I think I applied to over 100 jobs, where
a lot of the people I was graduating with in other areas were only applying to
thirty or forty, which actually was quite good for the standard philosophy job
market. However, the numbers got small very quickly. I had nine interviews at
the APA, which itself is a very large number. Out of that only one of them
materialized into an offer, which was a one-year job at Virginia Tech.

Swazey: Was this in ethics or straight philosophy?

Streiffer: This was ethics. In addition to the standard job market stuff, I also applied for a
fellowship at NIH in bioethics and at the very last minute they called and wanted
to fly me out for an interview for that. At the same time I got a call from Dan
Wikler saying that they were interested in me for this position. Also a professor
that I had TA-ed for at Harvard is in charge of one of the graduate fellowships
there in the program on ethics and professions, and he encouraged me to apply for
that as well. After I applied he said that I could have it if I wanted it. So a
number of things materialized at the very last minute. I thought the interview at
NIH went terribly because when you write on something like moral relativism
everybody expects that it’s going to be relevant to applied issues, especially in
some of the international issues that come up in bioethics. But none of the work I
did had any relevance that I could see to applied issues; it was much more abstract
than that. So it made for a very frustrating conversation with NIH. They kept
pressing me, “So what exactly does your work on moral relativism imply for
issues of cross-cultural judgement?” I said, “Nothing as far as I can tell.” But, my
perceptions may have been mistaken, or the strength of other aspects of the
process outweighed my bad interview, because they offered me a fellowship, a TA
bioethics post-doc. So that was going on, and at the same time I came out here for
an interview with Dan, and Norm, and Alan, and Patricia Becker. I gave a
standard philosophy talk here for the philosophy department, which went over
really well, just part of my dissertation. Then the interview and discussion I had
with the medical ethics committee went very well, they liked it a lot. So I ended
up getting an offer from here and an offer from NIH, and an offer from Harvard.
There was some temptation to take the offer from NIH because in coming out of
NIH your job prospects are very good. But since I had two other offers, in terms
of career progress it wasn’t clear that I needed the NIH at that point, although I’d
definitely like to go back and take advantage of some of the faculty fellowships
that they have because I think it would be outstanding to work there so close to
actual public policy.

I hadn’t had much familiarity with medical ethics programs but I
think we’ve got one of the best, and the philosophy department itself is outstanding. I also think Madison is one of the best places to live in the U.S., especially for someone with a wife and two kids. Going to Bethesda didn’t sound anywhere as nice as moving to Madison.

Swazey: What were your expectations about being involved in medical ethics as you were getting ready to move here.

Streiffer: I was excited because the work that I had been exposed to in this area I liked a lot, especially some of the aspects of political philosophy and policy making. I was worried because I had a lot of catching up to do, because I hadn’t done much course work in the area and my research wasn’t in that area. I still feel worried about that quite frequently. One of the things that I’m charged with, that was the primary motivation for why my position was created, was to do a course on modern biotechnology and ethics. Alan Weisbard already does a biotechnology course, Alta does a biotechnology in law graduate seminar, Pilar Osario is doing a biotechnology class, but they are almost all focused on the medical and human aspects of biotechnology, which is one of the areas that Wisconsin is heavily involved in. Partly to avoid overlap, I’m looking more at the agricultural side. I’m doing stuff on genetically engineered foods, and animals, and that sort of
thing. I feel like I’m bringing a good background of ethics and political
philosophy to it, but as far as the science goes I feel like I need a fair bit of work.
It’s a transition moving from people at MIT who, without naming any names, but
I can quote, said, “The facts are just static,” as opposed to Norm who says that
your ethics are only as good as your facts. So here I have to actually dive down
into economics, and the science, and the sociology.

Swazey: Are the facts static in respect to biotech or anything?

Streiffer: With respect to ethics, if you think about the topic of abortion, almost all of the
good work on abortion is done by people who don’t have any intimate knowledge
of the actual medical procedure. You know the basics, you’re interested probably
in some of the sociologic and economic factors about why women have abortions,
what the impact on their lives is going to be if they don’t have access to abortions
and that sort of thing. As far as known medical facts, it’s a relatively safe
procedure compared to carrying a baby to term. You know that it pretty much
inevitably results in the death of the fetus.

Swazey: One of the things that’s interested us for years now is the virtual absence of social
science in bioethics. There’s a lot of fault on the social sciences side of it, but
there’s also the sense of many philosophers, as you indicated, that the facts are static or not relevant.

We do thought experiments but we don’t need to know what the actual facts are. We’re looking for necessary ethical truths, apart from facts about what’s the nature of the medical procedure they are talking about and that sort of thing. In some ways it’s nice in a big way to get away from the facts, but as you were just pointing out, in a lot of applied ethics issues the facts are not static. One of the amazing things to me with research I’ve been doing on biotechnology is that the stuff that I’ve been gathering from the beginning is becoming out of date in a couple of months now. As a philosopher I’m not used to having to deal with that.

I think for those of us who’ve been in the social sciences and medicine the real world can be very messy, it’s a very messy place and it’s not all rational. So it’s a very different way as to how you look at the real world. People like Renée and I have done a lot of qualitative sociological studies of transplantation and other topics, which bioethicists call descriptive ethics but there’s not much work like that being done in bioethics.

One of the things that I’m hoping to get out of this course is really learning a lot.
I'm doing it as a small discussion class this first year, and I'm hoping to compile a very motivated and bright group of students from a number of different disciplines, because I think in order to make ethical judgements about the biotechnology issues that I want to look at, you need an interdisciplinary group. We're going to look at the science behind it, we're going to look at the sociology, we're going to look at the economics, we're going to look at technology studies, we're going to look at political philosophy, we're going to look at risks, we're going to look at democratic theory. I think all these things feed into the biotechnology debate in very interesting ways. I think most of the literature out there on biotechnology is oblivious to all of those influences. The sociologist has the sociological point of view, the scientist will look at the science. I hope to get people to appreciate that there are disciplines out there that have a lot of things to say, not directly on this topic but that can be applied to it.

Why so much interest here in biotech courses?

I'm sure part of it has to do with the role that the University has played, both in the basic science and the medical side of biotechnology. And stem cell research and transplantation issues are coming up again. That's my understanding. On the agricultural side it's a hot topic nationally, and we have a large number of
researchers in that area. My understanding is that the legislature wants to make
sure that the University maintains its competitive place in the biotechnology field,
so it’s funding all this money for new labs and research and new positions.
Somebody said, “Hey, we should have somebody who looks at ethics in these
things.” And that’s how my position came about; it was funded by the
Legislature. I don’t know if what they had in mind was more agricultural versus
medical or what, but given the coverage of the medical issues I thought that I
would look at the agricultural side. It’s been wonderful so far.

Swazey: What was it like to be plunged into the Ethics Committee and the IRB?

Streiffer: Nerve racking! I’ve never had to make those kinds of decisions that affect people
in that way. A lot of the ethics training I’ve had helps me in some ways, but when
I sit down and I’m going to read the protocol carefully and think about the
regulations and what we talked about, a lot of it is just applied common sense
combined with a lot of energy and thoughtfulness. It’s been very rewarding and
it’s certainly been a great introduction for me into research ethics that I hadn’t
been exposed to.

Swazey: I was talking to Norm and your IRB administrator about what a strong IRB you
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... have in terms of staffing. I don’t know of any other institution that has IRB staff with advanced degrees in fields like anthropology and law. It’s extraordinary.

Streiffer: I think it’s worth doing. A lot of places have complained that they didn’t have the funding to comply with all the regulations, and the staff wasn’t equipped, and so forth. I have some sympathy with that, probably not as much as Norm does. My response is that these things are important, and you have universities that can or should do that.

Swazey: You realize that most universities don’t do it still, and after thirty years that’s discouraging. A lot of institutions say that the human subjects regulations are just paperwork; too much of it is, but it obviously isn’t just paperwork.

Streiffer: I’m not good with the actual numbers, but if you think about the large number of people that are affected and the large amount of money that’s involved and the potential for ethical problems when you are dealing with human subjects, it seems to me that it obviously deserves more money. Even our IRB has changed in a number of ways that are not mere administrative changes. The tone of some of the IRB meetings is different now that OHRP reviewed it.
What has it been like for you on the Hospital Ethics Committee?

I’ve only been to a couple of meetings so far. It’s been interesting. One of the issues we’ve dealt with so far is surrogate decision making, which I thought was very interesting. There was another case with someone who had anorexia and probably a lot of other mental disorders. The issue was she keeps being treated in the short term and then she goes out and she’s back again: is there anything we can do to stop this or should we refuse to see her? I thought that was interesting, and it raised a number of questions that I don’t know enough about in terms of how treatable these things are or not, and the resources that are available for people who are in trouble. Norm is good at highlighting the issues and having a discussion and bringing things to a close, which in some ways is very nice but in other ways it’s a little unsatisfying. I think, “wait a minute, I’m not sure I’m clear on how we got to that conclusion.”

Norm certainly is busy with various ethics committees.

Yes. He chairs the IRB, the Bioethics Advisory Committee, the Hospital Ethics Committee, and the biotech advisory group.
What does the Bioethics Advisory Committee do?

I just joined. They convene when there’s some ethically sensitive topic that’s coming up because of some research that’s going to be done, or is being done. The people on the Committee get together and they write a set of...I’m not sure that they are recommendations, maybe just a report on ethical issues. I’m not sure if it started with it, but it convened for our report on embryonic stem cell research with Jamie Thompson. I think we’re going to get into some stuff on genome transplantation. I don’t know how much impact they actually have on what happens. I don’t know how much of it is the administration wants to be able to point to a relatively independent committee and say, “they said this” about whatever the issue is. I don’t know.

Are other people like Alta and Alan on that committee?

I think they both are, and a number of molecular biology people I believe are on it. I just got a list.

So as a relative newcomer to the field of bioethics, what is the animal? How would you characterize it?
I think it’s more properly termed “medical ethics” than bioethics because bioethics suggests it’s ethical issues having to do with life of just about any kind including animal and plant. Bioethics as it’s practiced doesn’t do that. It’s not any sort of criticism, just a comment on where the focus is given. As a philosopher I feel that I should be able to give you some subtle and nice definition of the field that I’m working in! It’s ethical issues that arise from medical practice, I would say.

Is it a discipline?

I don’t think it’s a discipline. I think it occurs at the intersection of other disciplines. I wouldn’t say it’s a discipline. I’m not sure what it means to say that though. Would it be bad for a college to have department that just did bioethics? Probably not. Can you get trained in bioethics? Should you be able to get a degree in bioethics? Sure, but my guess is that it’s more the application of theories and concepts that are already properly in other fields to specific subject matter.

There certainly are a lot of disciplines in bioethics as a field, not a discipline, which is rather similar to public health. People will talk for ever about “what is
It raises the interesting question of, if you get a PhD in bioethics, what are you concentrating on? What methodology are you teaching?

It’s not any one methodology; it can be medicine, ethics, political philosophy. Sociology and economics cover some of the macro level worries about health care, access and distribution of resources and that sort of thing. I don’t think there’s going to be a bioethics methodology. Maybe one of the ways of approaching what it means to say that it’s a discipline is to say, is it better for students to be taking courses in other core areas as background, as opposed to already having a focus on medical issues? So would it be better for someone who is going to be doing bioethics to have a curriculum that had them do straight ethics courses, straight philosophy courses, straight economics courses, and so on and so forth? Or is it better for them to be dealing with bioethics right from the beginning? My impression, and it’s not much more than an impression, is that it is better for them to get those core courses in other areas and then bring them to bioethics.

I think that the prevailing feeling now about a PhD in bioethics is that it’s better for the field for people to have a terminal degree in philosophy, or law, or medicine, or the social sciences, with a concentration in bioethics.
I think maybe that does a disservice to the interdisciplinary nature of bioethics then. I told you that my family doesn’t come from an academic background, but I spent six years in graduate school sitting in my office reading and writing. I’m very brand new to structure of university and that sort of thing, but why have a terminal degree in bioethics if the courses that you take are in other areas and then you turn to bioethics. Is that somehow antithetical to the way universities are set up?

Probably not, but certainly in public health you would concentrate in something, maybe epidemiology, or biostatistics, or international health to get your core courses.

But if you have to get a philosophy degree in order to do bioethics, as much as I like philosophy, if I were interested in bioethics that’s not the most efficient way to do it because you probably don’t care that much about history of philosophy, you probably don’t care that much about a lot of areas. What way are you going to focus? Epistemology or medicine? Why would anybody be studying a particular type of logic in order to do well in bioethics, instead of ethics and political philosophy and economics and biology....?
As you said, it might help to get an interdisciplinary blend and bioethics is still a pretty new kid. Do you see yourself getting into clinical ethics consulting work?

No, just some work with IRBs and Hospital Ethics Committees.

Is clinical ethics something you’d like to do?

I like the comfort and protection that working in a group with other people provides me. I don’t know exactly what the consulting opportunities are like, or other outside work in clinical ethics, but I like the security of the faculty. I like having a number of other people around who are thinking about the exact same thing and conversing about it, and when we come to some rough consensus about what should be done, that reassures me that we’re on the right track.

That’s very different from getting paged to do an ethics consultation.

I suspect that’s going to happen with this committee; it would be the next step but it will be a while before I’m the one in charge of a consultation.

What kinds of courses would you like to be doing in addition to the ones you are
Streiffer: I want to do an ethical theory graduate seminar, with metaethics, political theory, and also a little applied at the end, and I’d like to do a straight metaethics course. I’d eventually like to be doing some graduate seminars on political philosophy and a seminar on theories of rights. I’d like to do something on the graduate or undergraduate level on abortion, a sustained look at issues there.

Swazey: Is the medical ethics program just undergraduate courses?

Streiffer: Yes, and the list of courses is quite long but I don’t know how many are regularly offered, especially given how frequently people are away.

Swazey: They seem to be away a lot! I’ve seen Alan Weisbord in Philadelphia for an interview but haven’t been able to connect with Alta or Dan Wikler.

Streiffer: I’m going to do the biotechnology and ethics class as a seminar this first semester but it will probably be extended into a large lecture class after that because I think the student interest is going to be very high. I had eleven departments express an interest in the course so far. Doing it as a large lecture course may be moving to a
bit of a more of a survey as opposed to an in depth look at some topics, but I think
it is something I’d like to do.

Swazey: When you teach how much do you use principles, or a principlist approach like
Beauchamp and Childress?

Streiffer: I’m not sure if the sorts of arguments that I’m most comfortable talking about
would be characterized as principlist in that sense. We deal with cases by trying
to extract the general principle at work and move it over and see how it applies in
another area. But I’m not sure if what I’m calling a general principle fits in with
the term used in the literature, which I’m not that familiar with. I haven’t read
Childress but I know I should.

Swazey: Have you gotten interested yet in the tension in bioethics between so-called
“objectivism” versus “relativism,” particularly in relation to the adoption of
principlism in many other countries? What particularly interests us, as social
scientists, is the objectivist view that ethical norms or principles, because they are
objective, are or should be universally applicable to all people at all times in
history.
A relativist, at least in ways that I carve up the terrain, is saying something along the lines of “we have to understand these principles as being relative to a particular set of historical and cultural circumstances. Once those are included then the principle is true, because we’ve included the culturally significant factors.” I would be inclined to think that in the end a lot of correct moral principles are going to make reference to cultural facts that don’t hold across the board. I don’t think I would say that they all do that.

When I talked with LeRoy Walters, who is very much attuned to history and culture, about these issues, he said, “I guess if there is or should be one universal principle, it should be respect for persons.” Obviously there have been a lot of cultural interpretations of what that involves.

If you had asked me that, I do think there’s a principle of respect for persons such that all people ought to comply with it. And moreover, that it provides a feasible reason for sometimes making other people comply with it.

It will be interesting for someone your age starting out in bioethics to watch and possibly participate in the way it is playing out on international principles. We have people from many other countries coming over here to learn American
bioethics. We also have people who have not studied here, people from Japan, China, Europe, and other places, who are adopting American bioethics but often modifying it in terms of their own cultures, their own professions.

Martha Nusbaum gave a presentation on the manuscript of her new book. I don’t remember the title, but the gist of it is an idea of political legitimacy based on the promotion of human capabilities, which provides a ground for political action and political pressure. She has some nice historical examples from Africa, where there have been a lot of the things that anti-objectivists would say is the U.S. imposing its local views onto another area. In fact, though, Africa was on board with a lot of these ideas long before we were. It’s just that the politicians didn’t get on board; the people were on board a long time ago with respect to something like women’s rights. They had a medical rights movement long before we did, I think. I’m not so good with history, but the gist of it was, you have to be careful about what the facts are because it’s not always “us” imposing our political views on “them.”

Probably the most distinctive feature of American bioethics is its emphasis on individualism and the principle of autonomy. To me, that’s one of the major things that has to play out in the “globalization” of American bioethics, because
Europe, much less other cultures, has much more emphasis on community and responsibility, as do most of the major faith traditions in this country.

Streiffer: One way to spell out the respect for persons principle along contractualist lines in respect to government policy is something like, you shouldn’t use the government to coerce people if you can’t justify it to the people who are being coerced in terms that they wouldn’t reject as unreasonable. That’s something that I think is a very nice idea, something that I hope to be looking at. It comes up not only in bioethics but also in the biotechnology area. One of the international issues that comes up is the use of genetically modified crops and whatnot, that some people object to. The hard question is whether they are reasonable in objecting to that sort of food or the process that has been used on that sort of food. I like that framework.

Swazey: Do you see yourself staying in medical ethics/bioethics?

Streiffer: Yes, definitely.

Swazey: You’ll never run out of issues.
Streiffer: It’s nice. It’s been a transition but I’ve been very happy, and I think it will stay that way.

END OF INTERVIEW