March 26, 1999. Interview with Robert M. Veatch, PhD, Professor of Medical Ethics, The Kennedy Institute of Ethics, and Professor of Philosophy, Department of Philosophy, Georgetown University. The interview is being conducted by Dr. Renée C. Fox and Dr. Judith P. Swazey at Professor Veatch's office.

Swazey: Could you tell us a little bit about your family background? Where you were born? Where you grew up and something about your parents?

Veatch: I was born in Utica, New York. My parents moved almost immediately to the Buffalo area and then to the New York City area. I would have been about age 7. And then to the Chicago area, Evanston, Illinois in 1948...fourth grade. Evanston was important in my nurturing. I immediately connected to my parents' Methodist church there which happened to be the home church of all of the professors at Garrett Biblical Seminary. Garrett was the dominant liberal Methodist intellectual center certainly in the midwest and in many ways nationally. I've often thought that was a critical first influence on my thinking.

Fox: Why did your family move so many times? What was your dad's occupation?

Veatch: My father was a pharmacist, which also turns out to be of some importance, and he worked for major drug manufacturers. He worked his way up in various sales positions. By 1948 he was offered management for Warner Lambert for the

Eastern third of the United States, which would've meant another move, but instead he decided local pharmacy was his real interest and he was able to buy a very elegant drugstore in Evanston from a man that he actually worked for decades earlier. And so from that point on he worked as a retail pharmacy owner and surely oriented me to medicine while I was also being oriented to interests in religion and in liberal Methodism; it is sometimes hard to tell the difference between religion and ethics. So by that 1948 move when I was in fourth grade I had these two major influences. By the time I finished high school I knew I wanted to do something that combined the two. I wasn't the slightest bit interested in medical missionary work, which would've been sort of the first way you could think of combining the two.

Fox: I think some of the kinds of Methodists you're talking about were the Methodist missionaries I knew in Zaire.

Veatch: Garrett Methodists are a very different sort. They're much more oriented to Christian socialism and always, from my earliest recollections, a little bit hostile to the paternalism of the missionary mentality.

Fox: I think there was a small group of them in, believe it or not, in Katanga. They had

some of those characteristics, but there were others. There were southern Methodist types who had a quite different orientation.

Veatch: Exactly. Garrett Methodism was Social Gospel Methodism at its most rigorous, which meant anti-war, anti-racial discrimination, very egalitarian, left wing Methodism. So I...a quick side story. I was once invited to University of Texas Medical Branch to give the Courtney Townsend Lecture at a time when he was still alive. He was a Texas southern pietist Methodist.

Swazey: A very different stripe!

Veatch: As different as could be. And he was actually thrilled that they had a Methodist lecturing. I didn't have the heart to tell him that our Methodism was an inch away from Marxism, at least in my formative years, and very far away from his pietist Texas version of this religion. The fact that it was Methodist made him just delighted. I'm not sure how he responded to my lecture, which wouldn't have been terribly threatening to him.

Swazey: You didn't burst his balloon.

Veatch: He was just so pleased. In any case, I wasn't at all oriented to missionary work or even parish ministry, although I had a serious interest in theological education. I went to Purdue University to get my Baccalaureate degree in pharmacy but had a good enough high school education that I had a lot of extra time as an undergraduate. I actually developed a minor in philosophy and another minor in government and political science. I was able to test out of a lot of the basic science that the pharmacy students were taking, the math and physics and so forth. I just took the exam. Having had college level courses in high school, I did fine. So that gave me a lot of freedom to take a lot of extra courses at Purdue. When I finished I said I want to get some kind of medical science education and I want to get some religion or philosophy. I applied to a PhD program in pharmacology at the University of California Medical Center and I applied to Harvard and Yale Divinity Schools. The package of fellowship was much richer at the Medical Center in California and my fiancee at the time got a fellowship to Berkeley. So that took us to the University to California, living in Berkeley and I commuted to San Francisco doing neuropharmacology work. At the time the question I wanted to answer was the physiology and pharmacology of ethics.

Fox: Oh my goodness!

Veatch: That is, what happens in the brain that gives one an ethical experience, a feeling of moral revulsion or moral approval. And closely related to that is whether ethics is subject to pharmacological manipulation. In the back of my mind I was troubled with the idea that ethics could be reduced to the neurophysiology of brain synapses.

Fox: Was anybody suggesting that it could be?

Veatch: No, but this was the era of B.F. Skinner.... There were various reductionistic views of morality as well as social relations and we were getting more and more impressed with neurological explanations of what didn't seem at first like neurology. The pharmacology department at the University of California was very much into neurotransmitters and MAO inhibitors. It was pretty obvious to some of those professors that psychological experience was subject to pharmacological manipulation, and as a graduate student I was asking the same questions about ethics.

Fox: That's fascinating.

Veatch: My gut feeling was that it would end up that there would be some level of

neurological explanation of ethics and that this fact would not make a whole lot of difference. Ethics would still be important in life. So that was the first way I figured out how I might combine these two areas. For masters degree topic I chose morphine pharmacology, not because I had any interest in the euphoria experience but because I thought it would be the easiest way for a graduate student to study the interplay between the physiology of a cathethtic experience and the non-physiological components. To put it crudely, it was obvious you could give someone in any culture in the world a drug called morphine and you would very predictably get an 'I like that' as a response. That has, to this day, intrigued me.

Fox: It's coming close to ethical approval.

Veatch: That was exactly it. I knew that the euphoria of morphine was not ethics but it was the closest thing in a lab that was being reduced to pharmacological models.

Fox: Wouldn't that be a great title for an article, "The Euphoria of Morphine is Not Ethics"?

Veatch: Something like that. More and more I came to the view that I wanted to approach

this interplay between medicine and ethics from the ethics side as well as from the medical science side. I had a Nigerian roommate in college who became a close friend for many years, at the same time the woman I had married was doing graduate work in African studies. So both of us had an orientation to Africa and this was the time for us to see some of the world before we had children. We applied to the Peace Corps, which was a big thing, in 1962, second year of the Peace Corps. And we were sent to Nigeria which gave her a basis for doing more work in African studies. I taught first in a pharmacy school and then the pharmacy school hired more faculty than they knew what to do with. I asked to be transferred to teach in the secondary school and got out into what I would describe as a village of 150,000 people. It was sociologically a village, had no refrigeration, no modern shopping facilities, the Yoruba live in town. So this was a big city with the social characteristics of a village.

Fox: They were Yoruba not Ibo?

Veatch: Yoruba, although my college roommate was Ibo. That all produced a little bit of tension in our lives. My gut sympathies were with the Ibos rather than the Yorubas at various times. In any case, we were there for most of two years. At that point I decided that when we came back to the states I wanted to renew my

acceptance into divinity school, and Harvard was attractive for all sorts of reasons. It was pretty soon thereafter that we [nodding to Dr. Fox] met. I arrived there in 1964. I was there from 1964 to 1970.

Fox: Actually it wasn't until about 1968, I think, that you and I met.

Veatch: That's about right. Three years at the divinity school, and then I applied to the PhD program, stating that I wanted to work in the religion in society program focusing on medicine. And that meant sociology of medicine, sociology of religion, as well as work in the philosophy department...John Rawls and Roderick Firth, and the people at the divinity school.

Fox: You and I were both there when John Rawls was at his height and I completely missed that. That just goes to show you how parochial not only I was but also the department in social relations, which was having its own internal problems at that point. It didn't open out on to that at all.

Veatch: Well, the divinity school students in ethics were acutely aware of the philosophy department.

Fox: Yes, I would hope so.

Veatch: And several of my colleagues as graduate students, particularly Ron Green and Charlie Reynolds, really made their home in the philosophy department and are Rawlsian to this day. Whereas I was much more eclectic, I described my graduate education as one-third theology subjects, one-third social relations, and one-third philosophy. And in social relations, in addition to you, Bob Bellah, Talcott Parsons, and Stanley King... Stanley King was very helpful to me because he was able to introduce me to the medical campus and the school of public health. He was much more empirical and had good ties at both the school of public health and the medical school. Another somewhat influential thing that happened. I came from University of California Medical Center's pharmacology department. The chairman of that department, a man named Bob Featherstone, was interested in the pharmacology of anesthesia. And when I told him I was going to go to Harvard instead of coming back to finish my PhD in pharmacology he said, "I have a buddy at Harvard, a man named Harry Beecher, and you ought to look him up!" Before I had a chance to place the phone call, the first month I was at the divinity school I got this call. Harry Beecher was on the phone and said, "Can you come by and see me? I understand you're a friend of Bob Featherstone." So very early on I got to meet and be friendly with Beecher because of our pharmacology

interests. At the time I had no idea how important he would become in medical ethics. This would have been 1964. He published his human subjects research piece in The New England Journal in 1966. He'd done some work on the ethics of human subjects research but that key article had not yet appeared.

Fox: Did he discuss that with you?

Veatch: I'm sure he did. We had three or four meetings over the course of a year or two. The first one was a long and intimidating conversation from the point of view of a new graduate student at Harvard. He had a massive office arrangement. What I remember most was this mammoth office with a total of seven rooms he had assigned to him at Mass General.

Fox: We just learned from Jonathan Moreno from Charlottesville, that in doing some research he unintentionally turned up the fact that Harry Beecher's name was not really Beecher. That is, that he had on his mother's side, his direct ancestry with the Beechers. What was his name? It's a Hungarian name.

Veatch: He took his mother's name?

Swazey: According to Jonathan it was when Beecher wanted to go to Boston. He figured Beecher would fly much better. Which just fascinates us!

Veatch: I had never heard that story.

Fox: We were shocked. Jonathan was not out to do research on the biography of Henry Beecher and looking for some kind of scandalous revelation or whatever. But it's an extremely difficult central European name and he came from Iowa. I don't know what the other part of his biography is that goes along with that is. Isn't that interesting?

Veatch: Yes.

Fox: Because he was the quintessential Brahman.

Veatch: Oh, he certainly was!

Swazey: Bob, going back to your own graduate work, you really were the first one to create a medical ethics degree for yourself, weren't you?

Veatch: I think that's correct. You can see how I was oriented to combine medicine and ethics very early on. The religion and society program within the Committee of Higher Degrees and Study of Religion at Harvard asked each of its students to formally pick an area in society for concentration. So it was a natural for me for doing religion in society and medicine. At the time other graduate students were doing civil rights, 1960's ethics and war, Just War theory and the like. I flirted with the idea of doing civil rights ethics but it seemed that my interests lent themselves to medicine, and it was a much more unique focus. Every graduate student in the '60's had some interest in war and civil rights. I had to make a formal decision at the time of applying to the PhD program; it was in 1966 when I wrote that application and made the decision then that I would focus on medicine and ethics.

Was there any resistance?

Veatch: No. By that time Ralph Potter and Art Dyck had been hired to work in the Population Center as well as the Divinity School and I had actually taken Ralph's course in population ethics, so at least two members of that faculty of that program understood that there was some link between ethics and a medical topic.

Fox: What was happening in philosophy at that time? Were the academic philosophers getting involved at all in issues like civil rights?

Veatch: If they were it was very hard to see it. This was still the era of metaethics, ethical theory. I got essentially no support from the philosophy department pursuing my interests in medicine. Nothing like the interest that was available in social relations.

Fox: There's a lot of revisionist history that turns around bioethics, but I guess one of the things I've heard stereotypically is that in this era, to the extent that academic philosophy was as yet ready to come out from under a very abstract analytic philosophical perspective, some academic philosophers were beginning to get involved in issues of war and peace and especially civil rights as applied to racial issues. Is that just an inaccurate...?

Veatch: Inaccurate in my experience in the department at Harvard.

Fox: Okay, that's good to know.

Veatch: I spent a fair amount of time in that department strictly learning theory.

Fox: And what did theory consist of at that time?

Veatch: Theory consisted of the debate in metaethics, the emergence of prescriptivism, emotivism as an alternative to more realist theories in ethics. I actually found Firth to be more influential in my theoretical development than Rawls was.

Fox: Who's Firth?

Veatch: Roderick Firth was a senior professor in the philosophy department at the time and taught a wonderful, advanced, dual-level course that was an introduction to theory. He wrote an article that was terribly influential, at least among the graduate students who were my peers, called "Ethical Absolutism in the Ideal Observer Theory." That article in essence produced a secular theory in meta-ethics where a hypothetical ideal observer functioned in a way that was very parallel to the way a god figure functions in religious ethics. This was influential in the thinking of Art Dyck and Ralph Potter. And that led my graduate student peers to find this material interesting as well.

Fox: What kind of a journal would he have published that in?

Veatch: Philosophy and Phenomenological Research, a very theoretical, philosophical journal.

Fox: I thought that phenomenology was not exactly the kind of thing that real philosophy departments were into at that time. Was he an exception in that regard?

Veatch: Well, I would not describe this article as having much to do with phenomenology.

Swazey: It was just the journal that it was in.

Veatch: That was the journal where it found its home for whatever reason. I've since learned that articles sometimes find their way into journals for reasons that are strange.

Fox: But why was it so critical to find the theory that somehow or other could be cast in the secular framework?

Veatch: Well, I'm not sure that was critical. It minimized the gap for our graduate students between philosophy and theology. That is important. And the Firth

theory is both empiricist and realist, and that's also been crucial in my intellectual development.

Fox: So not too abstracted from the complexity of empirical reality.

Veatch: Well, it's empiricist in the sense that it has links to British philosophical empiricism; Locke and Hume as opposed to Kantian rationalism or to any of the prescriptivist theories that were very fashionable at the time. Now keeping in mind that my original graduate level training was as a research pharmacologist, an ethical theory that had empiricists roots was attractive to me. I remain, to this day, convinced that graduate students in an interdisciplinary field are heavily influenced by their first graduate training. In fact, for people who are dual-trained in science and in ethics, science and philosophy, science and religion, the first question I ask is, "Which came first?" Occasionally that's not a good predictor but I'm intrigued by how you can understand a person's thought by seeing the evolution of the graduate training and which thought patterns the student is introduced to first.

Fox: Where would prescriptive ethics have carried you which would've fit less with your own orientation?

Veatch: Not only prescriptivism but also the Kantian rationalism. Prescriptivism is much more compatible with coherentist theories about the ethical relativism. Empiricist realism has at its root the conviction that there is some way in which it makes sense to think of ethics as imbedded in reality. Now I would very quickly learn notions of social constructivism and how ethics can be a social construct. And I've been influenced by that, but bedrock is the view that sometimes there are social constructions of reality that get constructed the way they do because there is a reality there underlying the construction that leads people to construct the way they construct.

Swazey: Constructionism not withstanding, right?

Veatch: Exactly!

Fox: You don't need to convince a social scientist of my era about that.

Veatch: Empiricist metaethics is congenial to those who believe there is something very real in nature that is producing ethical responses in human being. Not that we deny that there is a very heavy overlay of social influence in not only the ethical judgements that people make but also in the way they talk about ethics.

Empiricist metaethics provided a very sophisticated, secular way of saying "it's okay to think of ethics as something that has roots in reality beyond mere societal construction." At the same time the social relations department is letting me see how pervasively influential a social and cultural framework is in the way ethics gets articulated.

Fox: I don't think bioethics has managed to integrate all these things to the extent that you hope you have in your own thinking. These seem to me to be continuous problematic issues in the bioethics that we have wrought.

Veatch: I agree.

Swazey: Sticking with this thinking socially and bioethics, have you seen any signs of a greater rapprochement?

Veatch: I think we're moving in that direction.

Swazey: What accounts for it?

Veatch: I have a theory that actually is finding its way into a book manuscript that I'm

working on now about the societal influences of the 1960's on the development of medical ethics. Let me stop for a second to tell you about this book project. The title that I have assigned this book, tongue in cheek, (and the more I think about it the more I think I am going to demand the editor let me use this title), is Why Physicians and Philosophers Quit Talking to Each Other at the End of the 18th Century and Didn't Start Again Until 1970.

Fox: That's a long time!

Veatch: My actual title is probably going to be The Isolation of Physician Ethics, which I think occurred approximately 1800. And the corollary of that is a reconvergence of physician ethics and ethics in other fields, roughly 1970. I have been working on this project for five years or so, including field research in Edinburgh and London and in New Zealand. I began with the observation that the founding fathers of modern Anglo-American physician ethics have their roots in the Scottish Enlightenment of the 1770's, particularly John Gregory, Thomas Percival, and in the United States Benjamin Rush. These turn out to be Enlightenment figures who are physicians deeply embedded in social and cultural processes of the day. The most important is John Gregory, who is literally a professor of philosophy before he became a professor of medicine. Now being a professor of

philosophy in the 18th Century doesn't mean the same thing it does today, but in addition to doing natural philosophy, the sciences, Gregory was a serious student of philosophy in the 20th Century sense of that term. He read not only Bacon and Newton and Locke but Plato and Aristotle and the classic figures as well. The thesis was that the people doing medical ethics at the end of the 18th Century were Enlightenment figures who were very comfortable having conversations between medicine and the humanities. This is symbolized by the fact that John Gregory was a member of a philosophical club in Edinburgh in 1770's along with David Hume and Adam Smith. They were heavily influenced by Francis Hutcheson, the early philosopher of the Scottish Enlightenment. To do medical ethics in the 1770's it was just naturally assumed that you took the cultural events of the day and you figure out what it meant for medicine. It's not only Hume and the philosophers; it was also the Scottish National Covenant and the influence of John Knox and Scottish Presbyterianism. You learned an interesting tidbit from Jonathan Moreno. I have a tidbit from my research. I learned that the oath that the medical students took at the University of Edinburgh when the medical school started had absolutely nothing to do with the Hippocratic Oath. In fact, the medical school came along long after the University of Edinburgh had been founded in the 1500's and the University from its very first graduate required of every student and every faculty member that they take an oath. The oath that the

students took on graduation was an oath of loyalty to the University of Edinburgh, to the National Covenant, and to the king. When they began to give medical degrees they said, "Well, medical students are no different from any other academician in our institution. They also will take an oath and we'll fix it up a little bit to make it oriented to their profession of medicine." They tinkered with it a little. They put in a clause about confidentiality. I actually went over to the registrar's office and got four big leather bound volumes where every graduate had physically signed this oath back to the first student in the 1580's.

My point is that medical ethics at the end of the 18th Century was an intimate conversation where the leading intellectual physicians were in close conversation with the leading intellectuals in the full range of other disciplines, economics, political economy, philosophy and the like.

Fox: That's going to be a wonderful, fascinating book.

Veatch: That material is all drafted. I carry it into the beginning of the 19th Century where, in a very dramatic way, medicine becomes isolated from the other intellectual disciplines. Part of the social science project is understanding why that occurred. There are three or four good reasons. The obvious one is the mushrooming of scientific knowledge. To the end of the 18th Century it was not implausible for the

academic physician to say he had read everything, but very soon that became impossible. You get specialization, you get interest in whole careers on much more mundane matters. The three generations of Alexander Monro. But I think it's more complicated than just science gets overwhelming. I suspect it has something to do with medicine becoming more middle class rather than the intellectual elite that dominated the 18th Century. One great puzzle is how these 18th Century medical students learned the classics. They get to medical school very young, 16 is not unusual. So they're not like 20th Century students having a rich undergraduate humanities education. That's not possible. I think the 18th Century students learned their classics in their home from their families and also from the elite primary schools that they attended. I'm still working on figuring all of that out.

Fox: To this day the medical students at Oxford, for example are really undergraduates.

Veatch: That's right throughout Britain. The 18th Century students are actually going to medical school younger than they do now. There was a rule at Edinburgh for a while, that they would not accept anybody under the age of 12.

Swazey: Sticking on the leeches, right!

Veatch: In any case, however, the 18th Century physician became agile in the broader cultural aspects of the intellectual life. That's lost by the early 19th Century and doesn't reemerge until, to put it overly simplistically, 1970. Whether it's mid-60's or a little later than that, it's the phenomenon that Al Jonsen was recording, except I'm much more interested in the social science dimensions of what happened in the '60's up through 1970.

Fox: So what do you think was happening?

Veatch: The simple hypothesis is two things were happening. First, medicine changed very radically. It changed from acute illnesses to chronic illness as the modal concern within the profession. That has remarkable influence on the way not only physicians but lay people have an opportunity to think about choices that get made. In the days prior to antibiotics if you have acute pneumonia you get deathly sick and then you die. You don't have profound conversations about foregoing life support and the like. If such conversations take place the patient who is deathly sick does not become involved. And quite frankly the physician doesn't have a lot of critical decisions he can reflect on at great length. But with the emergence of chronic disease as the model medical problem, we get if we can use the trite phrase, halfway technology. Halfway technology stabilized patients at a

point where they are reasonably healthy and able to reflect on what is happening to them. They or their families and certainly their physicians have time to think and talk while at the same time not "solving" the patient's medical problems. Whether you're talking about cancer or heart disease or strokes or end stage renal disease, all these have in common leaving patients and their physicians with long periods to think about technologies that have not fixed the patient's problem. They open up opportunities to make choices, stop ventilators, walk away from dialysis machines and the like, and also leave all parties involved wondering whether this is the way we ought to be doing things. So in this sense your [Dr. Fox and Dr. Swazey's] dialysis story is not unique to dialysis, it's played out for virtually every important disease starting in about this period. CPR, ventilators, the high tech machinery, and halfway successful cancer interventions produce the same response. We stabilize the patient and have months or years to think about how we're going to use these treatments. So point number one of the thesis is medicine has changed to give people the opportunity to think about what they're doing. And it's not only the professionals who get to think about it, but it's lay people as well.

Quinlan is later, Quinlan is 1975, but that case is a perfect example of what I'm talking about. Quinlan in 1960 would've died quickly and nobody would've thought about her care. In 1975 she's caught and stabilized at a point

where society has ten years to think about whether this is the right way to treat this patient. The first thing you discover is the physician's socialization about the right way to treat a patient is very different from her Roman Catholic parents' way of thinking about these matters. They, the family as well as physician, have the time, they have a social structure that lends itself to a conversation about "are we doing the right thing?" This never would have happened earlier in the century.

The second thing that happens, which to me is equally important, is the 1960's social revolution. And for the purposes of medical ethics what is important is the emergence of the rights movement and egalitarianism. We have the anti-war movement; we have the civil rights movement; we have the women's movement; we have the students' movement. Wonderful days, if you can recall, while our social relations class met, the protests were going on and the big issue was, do you come to class or do you stay loyal to your fellow students. All of those rights movements were the training ground for the patients' rights movement.

Fox: We agree with that 100%. That's one of our basic premises.

Veatch: If one looks at the intellectual leadership of bioethics (as opposed to physician-generated ethics), one can make the list of 20 people, who I assume you are

interviewing. The Harvard people included Karen Lebacqz, David Wills, Charles Reynolds, Ron Green, myself, and Duane Freison, who doesn't do much in this area anymore. There are ten people nurtured in the ethics programs of the Divinity School at Harvard in the 1960's who make contributions to this field. And exactly the same thing is happening at Yale and at Union and a little bit at Chicago. Princeton as well. At Yale you have Tom Beauchamp, LeRoy Walters, Stan Hauerwas, Al Jonsen, the list goes on, Margaret Farley. All religious ethics people who get oriented to medicine, and what are the themes of that movement? You can read them right off the other rights movements of the 1960's. A patients' rights movement went to school on the Vietnam War, the idea that war can't be left to the Defense Department authorities who are professionals in the field. So I'm fairly comfortable that I have some idea of why things come back together in roughly 1970. The immediate trigger is surely the technology; the underlying cultural influence is the rights movement.

Fox: But let's go back a minute. This is the framework in which Judy and I have been thinking for years and documenting it as you're trying to do. But you're also saying this grew out of religious ethics, not out of the academic philosophy departments.

Veatch: Philosophy departments are not doing applied ethics. But the religious studies people are people focused on applying ethics to the real world. I could have gone into civil rights ethics; I could have gone into public lobbying on moral issues. These issues were all very interesting to me but I said, "I need this same sort of activity oriented to medicine." If the religious ethics people have a tension in their career building, it is whether to become an academic applied ethicist or to become even more applied. To become Martin Luther King, go out in the streets or go into the local churches. The religious ethics graduate students had no trouble understanding that they wanted to be applied.

Fox: What's their relationship to religion? Religious ethicists at this particular point, are they persons trying to deal with religion in a more secularized way?

Veatch: They're analogous to the religious efforts in the war movement and the civil rights movement, all of which orient to the secular manifestations of the problems they understand in religious terms. Martin Luther King is a perfect example of somebody who is raised in a theological tradition, who is, as I was, part of that liberal, intellectual, left-wing, Methodist tradition. In King's case, it was at Boston University. Paul Dietz was his professor. Boston University and Garrett are very close in this era. The thinking is very similar. So Martin Luther King is

oscillating back and forth between a respectable intellectual academic version of Christian socialism and more radical activism.

Fox: The reason I ask that question, and this may be an intervening variable that has nothing to do with the larger social developments that you're talking about, is that so many of the people who were shapers of what became bioethics seems to have had trouble with personal religious histories of their own. They were having certain kinds of struggles in their own relationship to their faith community in which they developed.

Veatch: Some do, yes. In my own case I would not describe it as a troubled relationship. I was nurtured in religious institutions for whom being very social and being secular were comfortable.

Fox: Yes, clearly that is not applicable to you.

Veatch: I've often thought that if you compared my history to, say, Tom Beauchamp's I was blessed from the very beginning by being engaged with theologians who were quite sophisticated about these matters. I never had the problem of discovering that my Sunday school religion was excessively simplistic because it wasn't. It

was rich and nuanced. It was, if you like, understanding that the old religious metaphors of a God producing moral natural laws are very similar to Roderick Firth's metaphor of an ideal observer theory. I was comfortable with all that. Whether I worked with religious metaphors or secular metaphors didn't bother me too much, never has, to this day it doesn't. I move back and forth between the two. You probably see more of my secular writings but I'm a member of the United Methodist Association's national ethics committee, where we articulate the patients' rights movement in the framework of John Wesley's writings on the subject. I am comfortable doing it in theological language in communities where that makes sense. So I didn't have the same problem that a lot of religiously nurtured people did, especially as I came to understand religion in terms of its function in cultural symbolic terms. Discovering that religion often speaks in metaphor and in myth and symbol didn't bother me. I had heard that in elementary school Sunday school classes and from my friends whose fathers were Garrett Seminary professors who had come to terms with all of that. I also heard it in graduate school from people like Parsons and Bellah.

Swazey: Bob, when did philosophy departments start doing applied ethics? You said they weren't in this 1960's early 1970's period.

Veatch: I'm not sure to this day that we can think of philosophy departments as having a dominant influence in applied ethics. What we have now is departments that have a few specialists in applied ethics. And when did that occur in philosophy departments? Late 1970's, early 1980's. Are you going to interview people like Dan Brock and Alan Buchanan?

Fox: We may.

Veatch: They're the cutting edge of that generation where they are philosophers who do applied ethics. For the National Commission, if I remember correctly, Tom Beauchamp was the only staff person who was a philosopher, at least at the beginning. Tom Beauchamp, it's important to stress, is divinity school educated. Even though he's not oriented that way anymore I think you still can't overlook the fact that he was oriented that way. Incidentally, he was in Methodist circles as was Stan Hauerwas. Stan and Tom Beauchamp grew up together in high school. I grew up with David Smith, the Indiana University bioethicist who studied under Paul Ramsey.

Swazey: But there certainly were people before Alan Buchanan and Dan Brock who were trained in analytic philosophy in philosophy departments, who went out on their

own.

Veatch: Who do you have in mind before....

Swazey: I'm thinking about people like Baruch Brody.

Veatch: But Brody is a serious Talmudic scholar as well as an analytical philosopher.

Fox: I guess I was going to ask the question turned the other way around; I don't know which is the better way to ask it. What accounts for this extraordinarily heavy overlay of Anglo-American philosophy in the predominant conceptual framework of bioethics, which is obviously undergoing some transformation? Who are the messengers, or the emissaries so to speak?

Veatch: I have a pretty good sense of what happens at Harvard. I don't know that it applies at the other schools. I'd indicated to you that both Ralph Potter and Art Dyck, but especially Art Dyck, were important in reflecting the analytical influence. Art Dyck did his PhD dissertation for Firth, and there's no question that he is the first person that oriented me to the philosophy department. Not only to Firth but to W.D. Ross, who's one of the fathers of analytic philosophy with the

current generation.

Fox: What I was thinking about for example, is where did Tom Beauchamp and James Childress, who obviously have been deeply influenced by...?

Veatch: I don't know what happened at Yale. They are both from Yale as is LeRoy Walters.

Fox: We'll find out. We're going to see Jim Gustafson in New Mexico.

Veatch: He certainly would be one who could tell you the Yale story of the 1960's. Tom Beauchamp went from Yale to John's Hopkins in philosophy and that's probably an important way to get at that transition. What's important, at least in my own case, is that analytic philosophy was never more than a piece of this story. It was, as I described it, one-third of my graduate education. But certainly the social relations department was at least as important. I think that it's not an accident that these 1960's religious ethics people tend not only to come out of the rights oriented movements of the '60's, they tend to be Protestant. One nurtured in Protestant theology, learns the affirmation of the lay person, that the text belongs in the hands of the lay person. Priesthood of all believers is the religious doctrine

that I think is terribly overlooked in its importance in the training of these Protestant religious ethicists of the 1960's. If we're moving into an era where we're discovering the affirmation of the underdog, the lay person, we're going to challenge the authority not only of the military generals and the elites in the institutions that perpetuate racial discrimination. Remember, we're also challenging the elites in the university setting. We're going to have a student movement that puts students on boards of trustees and so forth. What could be better as a theological underpinning of that than the doctrine of the priesthood of all believers? The lay person can be trusted with the information and can make choices on his or her own. And so of the fifteen people I named off, the only non-protestants in that list are Ron Green, who is Jewish but is oriented to Christian ethics academically at Harvard, and Al Jonsen, who is Catholic but also oriented to a very eclectic ecumenical environment at Yale. I think you can only understand that first generation of bioethics, if I can distinguish bioethics from physician ethics, if you realize that the religious ethicists have to be understood as affirming the dignity, the responsibility of the lay person.

Fox: If that's the case, and since that involves, in your own case though maybe not in the case of these other people, a very strong connection also is social ethics, what happened to the social dimension?

Veatch: Social ethics means very different things to different people. It can mean, as you and others in the social relations department would have said, understanding the social and cultural dimensions in studying the phenomenon of ethics. What a lot of the people who were in the '60's and early '70's bioethics movement would understand as social ethics is understanding the resource allocation and justice dimensions of analytical philosophy, of ethics the way it's understood in the religious community. Many of the ethicists I'm talking about are slightly offended at the suggestion that they don't do social ethics, because what they think they're doing is confronting the ultra-individualism of traditional physician ethics and saying, "We have big social problems here. We have a right of access to health care. We have human subjects research. We have a genome project, we have social resource allocation problems, right of access problems. And so how are we going to address that? We are going to reach into the social ethical dimensions of our tradition," by, which they mean Judeo-Christian notions of social responsibility and the idea that we are interconnected as a moral community.

Fox: But that doesn't describe very well the strongest aspects of early bioethics.

Veatch: Well, the very earliest aspects of bioethics took on what seemed to be the first

major offense of medicine of the time, which is its incredible paternalism. And that meant we latched on to the principle of autonomy and we affirmed the right of individual patients to make choices in the most individualistic Protestant priesthood-of-all-believers sense. You're absolutely right that in the early period the individualism was the most troublesome aspect of medical ethics as it was received, but patients weren't informed and that patients had no rights of choice.

Fox: It's probably also, the greatest achievement of bioethics in terms of attention to those issues.

Veatch: In my view that lasted five years as the dominant focus. In my own personal history from 1970 to 1975 that was a big issue.

Fox: What superseded it? What came next?

Veatch: Well, let me tell you a story. At The Hastings Center we started out with four research groups: death and dying, which was the focus for studying this individual medical paternalism of physicians making choices; genetics, which, the way it was understood then, was very individualistic, it was not very social; and behavior control, which also was heavily individualistic, were three of the groups.

Remember this was the psychosurgery era, there wasn't a deep social dimension to a lot of what was done then. The fourth research group at Hastings was the population group. That started with Dan Callahan's interest in birth control and abortion. But it very quickly began to move into the social dimensions of population, population control. We did an early project on the ethics of donor countries linking their international fertility control aid to recipient countries adopting what the donor countries thought was the right moral point of view (for example, an exclusion of abortion). So even in the first five years in population work we had a little bit of social relations. We involved people like Don Warwick and Herb Kellman who were in the very early phases.

By 1975 at Hastings I specifically said to Dan, "We're missing a huge area of our field. We need a fifth research group. We need a research group on ethics and health policy." This was in the era when we thought of the research groups as quite separate, free-standing activities. We kind of lost that later on at Hastings. The ethics and health policy research group was proposed by me. It convened in 1975, so probably it was a 1974 idea for me, as a way of getting the Hastings Center to look at justice and health care resource allocation. The early hints of managed care, at least the HMO movement, were emerging. All of these were on the agenda.

Our first project of that group was the production of a book called Ethics

and Health Policy, an anthology that Roy Branson and I did. It was published in the late '70's. So by 1975 at least some of us were thinking of medicine as overly individualistic. I wrote a piece for The Hastings Center called, "Autonomy's Temporary Triumph," which was my desperate way of saying, "Quit thinking of me as just the autonomy person. There's a lot more to ethics in medicine than just the fight between autonomy and paternalism." I still get labeled as the "autonomy person" but I sure don't think of what I'm doing as exclusively autonomy oriented.

Swazey: No, there were a relatively small number of you at that point who were saying, "We really need to broaden the focus of bioethics into more of these macro social justice issues."

Fox: Even on the President's Commission, the report that we did on assuring access to health care was a point of great dispute. Many Commissioners didn't want to do it because they said that although they were deeply concerned about these problems of distribution and access to health care, this was a social problem, not an ethical problem. This is an Ethics Commission and we should get back to doing ethics. Obviously I made my little speech about as a social scientist I can't handle having to dichotomize these things and to be forced into this position that

ethics doesn't have a social component and that a social outlook doesn't have ethical ramifications. Alex Capron swung the balance but it was a weak consensus that we got and it was a weak monograph that we wrote. It wasn't the one that had the greatest impact for the President's Commission.

Veatch: Although the point of view of people concerned with the social ethics of health care was that it was very important work. The appendices permitted people like Alan Buchanan and Dan Brock to begin serious work. I never had any doubts that a social ethics of medicine was part of medical ethics.

Swazey: You were "deformed" by your training at Harvard to think that.

Veatch: I think that's ultimately where it comes from. My reservations were the enormous difficulty of doing social ethics. When I confronted an abusive authoritarian physician who was ordering a patient to do something that the patient didn't want to do the ethical analysis was manageable. We knew pretty well how to work up that kind of issue. When I'm confronted with the fact that some large percentage of the American population, let alone the rest of the world, doesn't have adequate access to health care, at the least we needed to have a John Rawls and a development of the theory of justice. And we still know that there is an enormous

gap between the very abstract analytical work of a Rawls and a policy question of how you allocate health care.

I think the typical ethicist was overwhelmed with the nature of the problems in social ethics. One way we handled that was to cut our teeth in social ethical questions on human subjects research, which raised conflicts of the interests of the individual and the interests of society, in a much more manageable way than broad questions about policy.

It is very easy to get seduced into John Rawls theory of justice and literally spend your whole career working on that theory. And that's the kind of thing that people who are inclined to be philosophical theorists will still to this day do. They don't spend their lives on metaethics anymore but it's easy to spend your life on Rawls's theory of justice without it ever being applied to an area of social policy. I have recently published an article that links Rawls to social policy on directed donation of organs. I must say it's one of the articles I am most pleased with in my academic career.

Fox: Where did it appear?

Veatch: The Journal of Medicine and Philosophy. I had a hard time getting it published. I submitted it to three places before I could get anybody to take it. It started with a

very real organ donation issue, a case in Florida. A man was mugged in Florida, beaten over the head; somebody stole $5 from him, left him dead by brain death criteria. The family was asked to donate organs. The family said, "That's a nice idea but our loved one was the grand dragon of the Ku Klux Klan and we're sure he'd want his organs only to go to Caucasians." And in fact the Organ Procurement Organization in the middle of the night quickly did a moral calculus and concluded we could save some lives if it took the organs. It said, "We don't like this but we'll take the organs on that basis." That generated a huge dispute, and it is now national policy not to take organs that are directed by race, religion, and so forth. People forgave the nurse in the middle of the night who had to make up her own answer. But now that we've thought about it, we're not going to take those organs.

It turns out that the problem of directed donation raises a very critical question for John Rawls's theory. Under many interpretations of Rawls, directed donation is a justified social practice. The essence of the argument is that when one takes organs on this basis it discriminates against the well-off in favor of the worst-off because it is the worst-off people who get the advantage. We don't need to spend time on this, but the point is that I saw society couldn't solve this very practical social problem without confronting a major issue at the most theoretical level in Rawls. So this article goes back and forth between Rawls and pragmatic

UNOS social policy questions. And one of the key fixed points in the analysis is that there is an overwhelming national consensus in the United States: we will not take these organs that are limited to a single social group even though people will die because we decline them.

Fox: Another kind of question: if indeed these kinds of very serious and worthy problems are going on inside the bioethical community, why has there been no overt discussion in the bioethical community about what kinds of issues people were wrestling with then? I don't think the literature reflects anything like pieces saying "if we're going to deal with these issues in a broader social framework, we have real problems both on the theoretical level and on the level of pragmatic policy and so forth." I guess maybe we've gotten a distorted view of what was happening in the field because there is not very much we can find in the literature that documents that. Only if you go and talk to people like you are we being educated about what issues were really being wrestled with.

Veatch: I may disagree with you a bit. I think that at least the bioethicists who are theoretically inclined are discussing these on a fairly regular basis. I can remember a half a dozen conversations with colleagues, the gist of which was to say the most important work we can do as bioethics theorists is to bridge between

that analytical philosophy stuff and social policy issues.

Fox: Is it in the literature?

Veatch: It's in the literature sometimes in obscure places.

Fox: Why is it in obscure places? Why can't it be published in the non-obscure places, or why didn't it get published in the non-obscure places?

Veatch: I would point to Tom Beauchamp and Jim Childress as people who've been saying these kinds of things for a long time. They clearly move into applied ethics quite regularly and yet their projects are oriented to basic theoretical issues quite predictably, quite regularly.

Fox: One of the things we've found very insight provoking in talking to James Childress is how lucidly and intentionally he and his colleagues seem to have been in pointing their work toward it's potential applicability to taking on policy issues. But he made very explicit that his frame of reference is a modern, liberal, democratic, pluralistic society. That is a very interesting way of framing it, too, because it then raises the question of whether the Principles of Biomedical Ethics,

or principlism, can be applied automatically to societies which do not fit those descriptions. As a matter of fact, it is much more explicitly American than I had even dreamt it was, which is not to criticize it. Interestingly enough, at University of Virginia visiting Childress and others is a person who he described as absolutely remarkable, and she proved to be Pakistani woman pediatric surgeon. She pointed out to us that the Principles of Biomedical Ethics is the major text that's being used in Pakistan at this point. The problem she has with this is that there are many premises on which it is based which are not automatically applicable to Pakistani society. Is it in the Principles of Biomedical Ethics other than sort of in a subtly hidden way that the book is that oriented policy, or that it is that oriented to policy in a society which has these major attributes of our own society? Judy and I have to go back and re-read the book, but neither of us remembers, in its various editions, this policy orientation having that leap out at us from the text.

Veatch: I think Tom in particular is very consciously committed to bridging between applied work and theory. And he's also deeply committed to the thesis that these principles are what he calls the "common morality." He's going to challenge your claim that what's appearing in their book is liberal western philosophy. And I've heard him argue that thesis in places like the IAB meetings in Tokyo last fall in

front of the whole group.

Fox: That's what Ed Pellegrino was speaking about, that they argued that was common morality and that the Japanese.... What would you say in that context? Either that the Japanese are going to recognize one day that it is or that they're going to come around to seeing life the way we see it. How could you argue that?

Veatch: I don't completely agree with the empirical claims here, but certainly that's Tom's view and on this issue he and Bernie Gert are in a long and rich conversation. They both believe they are able to articulate moral theories that have roots in something called a common morality. And in that sense they're not unlike Catholic moral theologians who believe that reason can produce an understanding of the natural law that is universal. We've been publishing articles explicitly dealing with these kinds of issues, in the Kennedy Institute of Ethics Journal. There has been a long, long piece by Bob Baker. He and Tom Beauchamp are in a fight about universal morality and Baker's efforts to challenge Tom on these kinds of issues.

Fox: That seems to us to be a very important set of issues, epistemologically and morally, in bioethics. As a social scientist, I must say that I understand what the

issues are, but I don't think they are irreconcilable I can think of how one could aspire to, let's put it this way, a universal human ethic that has some relationship, whatever we hope is common humanity, which we share that transcends cultural, social, etc, differences. And at the same time acknowledge the very great importance of social and cultural differences without trivializing them. And also having to see that the notion of universal human rights for example, is very imprinted with Western thought and that it is not as universal as it appears to be.

Veatch: I've tried to make that point to ethics people in non-Western cultures many times over many years and I've found them not buying the claim. The first place this happened was during the project at Hastings on international population aid and linking the aid to the values of the donor countries. We had a very cosmopolitan international research group, ten countries represented, and the project was to see if we could develop some universal ethical principles. I and a couple of others kept saying, "You have to be very careful here." "Rights" is a Western notion. I had this conversation particularly with an Egyptian demographer, "We don't want to impose our rights framework on you." She said, "Oh no, we subscribe to the United Nations Declaration of Human Rights." She was quite comfortable buying into the rights framework. The people that Westerners have these conversations with are Western educated. The same thing happens in Tokyo; the lawyers I

talked to in Tokyo are all schooled on Western rights-oriented legal philosophy.

Fox: The reasons this issue is of such great interest to me is first of all because of my own moral convictions. But I also think this is one of the issues causing the tension between social science and bioethics. We've been impaled on these issues because the minute you begin to suggest that one must take social and cultural differences respectfully into account, people get very nervous about so-called cultural relativism. As though this is instantly going to drag you into the worst kind of ethnocentricity and particularism, to say nothing of tribalism and so forth. You reach a very difficult impasse. I'm also very interested in this relative to human rights witnessing. Ethicists with a certain kind of more than parochial social sensibility feel that it is part of their moral responsibility to pass judgement of some kind on beliefs and behaviors on the face of the globe that they consider to be repugnant in the name of a larger sense of humanity, like what's happening today in former Yugoslavia and so forth. There's kind of an impasse over these issues in bioethics that I don't think we're out of yet.

Veatch: The very least we can say is that bioethicists are explicitly talking about these kinds of problems today.

Fox: That's good.

Veatch: The Kennedy Institute Journal has published this piece by Bob Baker and rebuttals by Tom Beauchamp and Ruth Macklin, and then a response from Baker. There's a lot of concern about how one can avoid being crudely ethnocentric in your ethic without becoming utterly relativist. Tom Beauchamp has picked up on some theoretical work by a philosopher named Henry Richardson, who is here at Georgetown and was trained at Harvard. Richardson has introduced the term "specification" and Tom is using it a lot in his writings where, to put it crudely, one has universal principles of the sort Tom is talking about that are compatible with unique cultural specifications of the implications of those principles. It seems to be a rather promising turn in the theoretical conversation.

Fox: Is this inherited from philosophy, this tremendously powerful commitment to aspiring to being able to formulate things on the universalistic level? Is this really one of the exalted goals of philosophy its this classical form?

Veatch: Certainly it is in the traditional metaethics that was challenged in the '60's by the prescriptivists and the emotivists. One of the things that was most frustrating in that metaethical movement was this sense that you were left with this notion that

ethics didn't amount to anything. Ethics is just your gut feelings, "emotions." An ethical expression is a gutteral utterance of one's feelings, and to the extent that ethics is nothing more than that, it's not only troublesome but leaves one wondering on what basis one can give witness at the level that you were talking about, particularly at the cross cultural levels. There's a real quest for avoiding implications in both cultural analysis and in ethical theory that will leave you either with this notion that "ethics is a matter of either culturally determined feelings," or, and (notice how this connects back to my earliest interest), it is "biologically determined structures in the brain that lead you to feel one way or another." We're deeply troubled by excesses of cultural relativism just as we're troubled by excesses of ethical imperialism.

Fox: And yet what that leads to is a kind of canonical position which as you said reminds you of Catholic moral theology in a sense, because it really is not at all neutral. It's quite ideological in a certain kind of way.

Veatch: I think at least my generation of people working in ethics was equally afraid that the excesses of relativism would lead people to end up saying, "Well, that's the way the Nazis did it," or "That's the way the South Africans did it." Each culture had its own roots. It's easy for anybody in religious ethics to explain South

African Apartheid and its Dutch Reformed roots. The liberals in the '60's are worried that cultural relativism undercuts our vantage point for international social criticism. We have the model of the sort of traditional Roman Catholic authoritarianism that makes for very old-fashioned moral stances. We're not attracted to the natural law implications that pull us in that direction but we definitely want to be able to say there is something really wrong with South African Apartheid. We want to do the social analysis to understand how people got the way they did, but we sure want to be able to say... "and that's very wrong." One needs something beyond relativist accounts of morality to be able to do that.

Fox: I think, to some extent, given the agenda of what it is that ethicists want to do with the analysis, and not just the analysis itself, it ends up potentially making any acknowledgment of differences problematic. You want to say that what is going on is Bosnia at this moment is not tolerable to the larger human community. You can't say, "Well, that's Yugoslavia and that's way Serbs are." I understand that. But from a more abstract point of view, and an empirical point of view too, it washes out and disrespects differences to a degree that is, I think, over determined because of that agenda. I don't know whether bioethicists recognize that or not but I have problems with it as a social scientist. I don't think reconciling these things is easy. But I can manage these things in the same framework without

feeling that I'm in danger in tipping over into cultural relativism of the kind that you're taking about, or that I'm in danger of exoticizing how people are in Bongo Bongo Land as if they didn't belong to the human race at all because they are so different. But that seems to fuse those two things in bioethics seems to be really a problem. But you're saying they're carrying a certain baggage from earlier phase movements in the history of philosophy and of bioethics. And they also have a certain orientation as to how this could be used and misused.

Veatch: Exactly. I couldn't agree more.

Swazey: This will be a quick structural organization question: how does Ed Pelligrino's Center for Clinical Ethics relate to the program here?

It's a complicated story. There has always been a medical ethics presence at the Medical Center and since Ed has been here he has been the focus of it. The original design of the Kennedy Institute was that it was to be at the Medical Center. In fact the original from the Kennedy Foundation was to put a floor on one of the buildings that would be for the Kennedy Institute. Andre Hellegers in his wisdom talked the Foundation into trading the money for the floor for two chairs. So we have two chairs and the Foundation got in exchange a promise from

the University to provide housing for the Institute. By the time I came here we were housed in the old DC car barn, which is a block or so down the street, a lot of space...not very nice space but ample, huge offices. The Kennedy Institute evolved as a very interdisciplinary group with some law school presence and a lot of main campus presence. Physically we've always been on the main campus. Some of us are not all that interested in doing the clinical service part of ethics consultation. The net effect is that we became a free-standing research institute and library and someone has always been assigned at the Medical Center to do the hands-on clinical consultation and teaching. Warren Reich did that for many years. Ed expanded it so that there is now this Center for Clinical Bioethics. When Dan Sulmasy was here it appeared he would be the ideal person to take it over permanently when Ed retired. Dan in addition to being a member of a religious order and a physician is also PhD in our program in bioethics. Unfortunately he was stolen from us this last fall. He went to St. Vincents in New York City.

Fox: What religious community does he belong to?

Veatch: Not Jesuit. He is a Dominican. He was the obvious leader but since he has left we're now trying to figure out how to piece together a long-range plan. Ed stays

perpetually young and energetic. He's pushing 80 and as sharp as ever, as far as I can see, and energetic, but a long-term plan needs to be developed.

In any case, there are two relevant distinctions. The Medical Center does applied, hands-on, clinical teaching and consultation, whereas the faculty at The Kennedy Institute is much more comfortable doing our own research projects and in so far as we teach, we teach PhD's in bioethics in the philosophy department much more than we teach at the Medical Center. So there is a distinction between clinical consultation and a research institute although all of us at the Institute are at the Medical Center fairly regularly for one thing or another. We're in a minor adjunct role at the Medical Center.

The second difference is there is always a tension here about how Catholic the bioethics is going to be. And there are forces who would want the ethics works in a Jesuit university to be very Catholic. Andre Hellegers, a very wise man, said, "We want to do Catholic ethics seriously but we also want to take seriously other religious traditions and secular work." So our purpose it to set up a facility where there can be a real conversation across lines. The net effect is that the Kennedy Institute has always been very eclectic; maybe half the people here have religious commitments, half don't. A few of our people are militantly secular, forcefully atheistic. We've got three or four people with Catholic religious affiliations, and several of us with Protestant affiliations. We have

formally always tried to have at least one person with Jewish scholarly interests although it's been difficult to maintain that. We do have two or three people who are Jews here but they're not Jewish Talmudic scholars.

Swazey: Back to the tension about how Catholic the ethics will be here -- does that imply that the clinical ethics at the Medical Center is more Catholic in nature than the work at the Kennedy Institute?

Veatch: I think that's a good generalization. We have wonderful working relations with everybody at the Medical Center. Ed Pellegrino obviously has Catholic interests. The other key person there right now is Carol Taylor who is a nun with a PhD in ethics. A tough, bright, intellectual nun when she wants to be, but a nun. The visiting people there are often out of Catholic groups. There's no question that the Center for Clinical Bioethics does its work in a more Catholic framework. They tend to sponsor courses for physicians that are much more explicitly Catholic than what the Kennedy Institute does. The Kennedy Institute will have one or two explicitly Catholic sessions in a week-long course, especially for those who want to attend an optional session on Catholic thought in bioethics, but that's not our focus. Whereas the Medical Center might have an entire course just on an interpretation of a Vatican statement on genetic reproductive issues.

Fox: It's probably very helpful to you; it gives you greater freedom to do as you want, doesn't it?

Veatch: It also gives us the freedom not to have to be on the phone constantly with little clinical consultation problems. Some of these are extremely valuable to theorists to get their fingers on a real problem, but the tenth or twentieth time you've had the same "the patient wants to refuse the treatment, is it okay?", you get tired of it after a while.

Swazey: I guess the other sort of wrap-up-this-visit question is, how would you characterize bioethics today? What has it become over three decades?

Veatch: Bioethics today is much more eclectic than it was in the '60's and '70's. If you made a list today of the key people in the field the list would be 200 names instead of 20 or 30. And if you started looking at the affiliations and disciplines you would find not only religious ethicists, who are still very present, but also secular philosophical ethicists in significant numbers. You find more and more physicians who are serious about this work, some serious to the point that they get a masters or a PhD studying the field on top of their MD degrees. You have a serious group of nurse bioethicists who are in many ways very stimulating and

enjoyable. You have feminist theorists who come both from nursing and from philosophy, people sort of nurtured on Carol Gilligan who have challenged the traditional theoretical framework. You have lawyers. An interesting question for you is probably the presence of social scientists. The fact of the matter is, there is a small cadre of historians, there's a small cadre of psychologists, and a small cadre of sociologist/social scientists. It's a lingering question why the social scientists are not more in the conversation. There is no question there are social scientists who follow and do empirical research of one kind or another, the two of you, Charles Bosk, if he's in the field of bioethics. He's in but he's not at the center of the bioethic conversation. There is some way in which his interests don't quite engage the full range of the discussion. There are other people with social science background.

Fox: As I have analyzed it, it comes from both sides of the equation. It has to do with social scientists not being responsive enough to be even recognizing that bioethics exists and what it really is. And then there are some issues on the other side. What about theologians?

Veatch: Are you distinguishing theologians from religious bioethicists?

Fox: Should I?

Veatch: It's a distinction people in that area would make. I and all the other people you would immediately name in bioethics from a religious point of view are religious bioethicists. If you look at the departments in the Divinity School, there's an ethics program and there's a theology program. At Harvard they're actually one department but we all understand that the methodologies are different, the subject matter is different.

Fox: So there are no Ramseys and Gustafsons...

Veatch: They are not nearly as prominent today as they were in 1970. Then there was not only Ramsey and Gustafson, but also Joe Fletcher. You had a number real theologians, but even the people we've just named are ethicists rather than theologians. H. Richard Niebuhr at Yale and R.R. Niebuhr at Harvard, they've never picked up an interest in bioethics the way Ralph Potter and Art Dyck and even Preston Williams did. They're analogous to the philosophers who just don't do applied work.

Fox: Do you agree with the view of those people who are trying to take stock of where

bioethics has come from and where it is now that it was "more religiously resonant" in the early years than it is now?

Veatch: No question about it...no question.

Fox: In what sense?

Veatch: Certainly the people working in the field in the early '70's were heavily out of a religious ethics background. Even those of us who didn't work explicitly on religious themes brought to bioethics a theological nurturing, as illustrated by my earlier remarks about the doctrine of the priesthood of all believers. I just don't see how one could make sense of bioethics in the 1970's without understanding that doctrine, in spite of the fact someone could look through every bioethics textbook on the shelf and the doctrine is not there. I mention it but very few people express it in that language. Today bioethics is much more eclectic, with every discipline we've mentioned having key people who are working in bioethics at the interdisciplinary frontiers. The AMA is interesting in this regard. When I first worked in bioethics the AMA was an embarrassment in it's ethics. Ed Holman was the staff person at the AMA for ethics. He was a lawyer. He was the most menial, subservient kind of lawyer, whose main job was to say to doctors,

"Of course, I don't understand any of this. This is for you doctors to decide." And academically he never wrote and I'm sure he never read anything in the discipline of ethics. We've come from there to the two most recent staff people, for the Council on Ethical and Judicial Affairs. Currently Linda Emanuel, doesn't do bioethics quite the way I would do it but you have to take her very seriously as a physician-PhD who's at the center of the interdisciplinary conversation. She does empirical fieldwork that isn't quite the way you would do it, (or I would do it) but it's competent as survey-type work. That's just one example. The same is true of the lawyers who've come in especially David Orentlicher, Linda's predecessor. I suspect that in every discipline you could identify a cadre of serious scholars who are able to carry on the interdisciplinary conversation. It's the thesis of a book that I'm working on that we were all forced to come back together. A good example is my own case: I got backed into history. As you know I had an interest in social sciences but history was not particularly one of them, however the more I worked on the tensions between doing medical ethics Hippocratically and doing it out of some other tradition, the more I simply had to do the history work, so that now I'm writing this book on medical ethics in the 18th and 19th Century.

Swazey: You never know what you'll do when you grow up, do you?

Veatch: That's still my statement about why you should go to Harvard. I went to Harvard because I was intrigued with Paul Tillich who had essentially no influence on my education at Harvard. But what I discovered was that for every interest I developed academically, like social relations and analytic philosophy and public health and so forth, there are first-rate people there that you can attach to that you didn't know existed when you went.

Fox: You talk more freely, with no hangups whatsoever, about these issues that have to do with the relationship between religion and bioethics and social thought and bioethics and so forth. We find in our conversations, not that people aren't amenable to speaking with us, but they don't have the ability to articulate these things beyond a certain point as if, as a matter of fact, either there was either some kind of taboo about getting to deeply into these issues, or as if they're not able to put into words what seem to be rather neuralgic areas in bioethics today. Your picture is a little bit idyllic in terms of the nature of the interdisciplinary relations in the field and people working on some of these difficult issues. And yet we've been remarkably struck by not being able to get beyond a certain point in the conversations we've been having with people who've been very cooperative with us.

Fox: I have the impression that these areas are still sensitive... people are not being difficult, defensive in the classical term but they're not easy things for people to discuss and there isn't that much forthcomingness. Maybe this kind of conversation flows in a more inner circle of bioethicists, when certain bioethicists get together.

Veatch: I don't think it does. I think you're perceiving accurately what the situation is. I am in a unique spot because I've always existed in a world that flows comfortably between the religious framework and the secular framework, and also across disciplines. Maybe that starts when you go to college and have the majority of your courses in the humanities and social sciences even though you're a pharmacy major. It certainly happens by the time you can't decide whether you want to go to graduate school in pharmacology or in theology, so you do both. I trace it back to a certain embarrassment in ethics, particularly religious ethics, with a trivial fundamentalist understanding of ethics. People working in ethics, especially physicians, start out where the first message would be "I'm a physician, I have important things to think about. I don't worry about religion and ethics." They bring to the conversation the idea that ethics is something utterly trivial and Sunday school-like for them. When I started the teaching program at Columbia I would get case discussions for the students by asking the physicians, "Tell me

about an ethics problem you've faced on this hospital floor recently?" One physician said, "I had an ethical decision to make once several years ago." And what they mean by that is they had a Jehovah's Witness who, on religious grounds, did something he thought was silly. Or should you steal money from the patient when the patient isn't looking. Their idea of ethics is so utterly trivial and stereotyped that those of us working in the field are on the defensive immediately, not wanting to make it sound like what we think about as ethics is what you got in elementary school or Sunday school that is stereotyped and simplistic. Our idea is that ethics is complex and rich. And furthermore, the physician cannot interact with a patient without making some ethical and other value choices. So the project is one of trying to bring physicians and others into a richer understanding of ethics, and because we don't want to get forced into saying ethics is just that religious Sunday school stuff, we'll do our ethics in a very secular way. We're on guard against....

Fox: 'On guard' is a very good term.

Veatch: We want to make sure that we don't convey that what we're talking about is the same thing that was this pietistic and trivial version of ethics.

Swazey: So do you think that translates into the problems the people we're interviewing are having describing or characterizing bioethics for us? The same 'on guard'?

Veatch: That's a hard question. I would assume the people you're interviewing ought not to be that defensive with you.

Fox: They're basically not accustomed to talking about these things, and a little bit on guard. Also, my feeling is that if you yourself seemed to be too spiritual, that's a thing not to be.

Veatch: That's probably right. There's a certain sense that the highest status players in the field of bioethics are those who are the most tough minded.

Fox: Rational intellectuals.

Veatch: Exactly. Hence analytical philosophers are the epitome of the ideal, and you probably are picking up some of that.

END OF INTERVIEW