Scholars' Luncheons Highlight Issues

The Kennedy Institute affords the opportunity for scholars from many disciplines to interact, both formally and informally. As part of its regularly scheduled activities, the Kennedy Center for Bioethics holds weekly scholars' luncheons, at which work in progress is discussed, topics of mutual interest are explored, and a basis for future cooperation is established. Participants use this occasion to present articles they are writing to their colleagues for criticism. Guest speakers are frequently invited, both to lecture and to discuss their fields of expertise.
upcoming events

First Bibliography Due in Summer

The first of three annual bibliographies of bioethics will be published this summer by Gale Research Company. Included in this first bibliography will be a thesaurus of bioethics, a comprehensive index of bioethical terms which is intended to facilitate research in the field.

The bibliographies are part of the work of the Kennedy Institute's Information Retrieval Project, funded by the National Library of Medicine. Project Director LeRoy Walters, Ph.D., is also Director of the Center for Bioethics. Dr. Walters has had a keen interest in developing bibliographical resources for the study of bioethics since joining the Kennedy Institute in the fall of 1971.

Members of the Information Retrieval staff, from left to right, are: Ms. Carol Hetler, Ms. Maureen Canick, Ms. Renee Johnson, Mr. Emilio Jaksetic and Ms. Nancy L. Rosenblum. Part of the IR project includes production of three annual bibliographies of bioethics.

There are presently seven IR Project staff members, three of whom are professionals in library and information science. Ms. Maureen L. Canick, the Project's Senior Bibliographer/Lexicographer, holds an M.L.S. degree from the University of Maryland and a B.S. degree in microbiology from Pennsylvania State University. Since 1971, Ms. Canick has participated in major thesaurus' development projects at the Educational Resources Information Center (ERIC) and the Bureau of the Census.

Ms. Renee Johnson, the Junior Bibliographer, holds a master's degree in education and has done graduate work in library science at the University of Maryland. During the past five years, Ms. Johnson has had extensive experience in indexing, abstracting, and bibliographic control in positions with ERIC and Psychological Abstracts.

Ms. Doris Goldstein, Librarian for both the IR Project and the Center for Bioethics, holds master's degrees in German and library science. Her experience includes three years of college teaching and one year of cataloguing and bibliographic control in positions with ERIC.

Three people perform essential support functions in the Project. Mr. Emilio Jaksetic, Research Assistant, monitors current indexes and law reports for pertinent documents, secures the documents, and assists in the task of scope definition. Ms. Nancy Leroy Rosenblum and Ms. Carol Hetler, Secretaries to the Project, aid in developing bibliographical formats, editing, and maintaining current files.

With the storing on computer tape of all bibliographic entries by the third year of the project, automated demand searches on any bioethical topic will become possible. "Each demand search will provide a list of the research, writing, and commentary on a particular topic," Dr. Walters said. "For example, a state legislative committee drafting a law on the definition of death could request a printout of all previous legislation on this topic. Other potential users are university scholars working on specific problems in bioethics, or hospital committees attempting to develop guidelines for the protection of human subjects in biomedical research."

Scholars Write On Fetal Research

Three members of the Kennedy Institute were asked to prepare papers on various aspects of fetal research for consideration by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Created by Congress for a term of two years, the Commission is charged with the task of reporting to the Secretary of Health,
Education and Welfare the basis on which guidelines may be drawn to govern research.

Ten papers were solicited on the subject of fetal research. Nine dealt with ethical and philosophical considerations. Of these, Dr. LeRoy Walters wrote “Ethical and Public Policy Issues in Fetal Research,” and Fr. Richard McCormick wrote “Experimentation on the Fetus: Policy Proposals.” Another paper was prepared by Paul Ramsey, noted ethicist and former visiting Kennedy Scholar, on “Moral Issues in Fetal Research.” The tenth paper was on the medical considerations; it was prepared by Leon Kass, M.D., Ph.D., and was titled “Determining Death and Viability in Fetuses and Abortuses.”

Calabresi to Give July Lectures

The Kennedy Institute has invited Dr. Guido Calabresi to lecture on the subject of “Critical Choices.” Dr. Calabresi is the John Thomas Smith Professor of Law at Yale University Law School; he is a former Rhodes Scholar and a top-ranking Yale law graduate. He has served as a member of Nelson Rockefeller’s Commission on Critical Choices, and has become recognized as a commentator on such difficult and complicated issues as the functional concept of birth and death.

Dr. Calabresi will deliver two lectures at the Kennedy Institute, on July 8 and 9.

Scholars to Lead Panels in Seattle

Several members of the Kennedy Institute’s Center for Population Research will be leading sessions at the Population Association of America’s convention to be held in Seattle, Washington, April 17-19.

Dr. Conrad Taeuber, Director of the Center for Population Research, will be leading the panel on “The Bucharest Population Conference.” Dr. Henry Shryock, Professor of Demography, will be organizing a session on “On Methods of Migration Analysis.” Dr. Jeanne Clare Ridley, Professor of Sociology, will be Chairperson of the session on “Sexual Differences in Status.”

The Kennedy Institute Scholars

- Richard A. McCormick, S.J., S.T.D.
- Thomas McDonald, M.A.
- Seymour Perlin, M.D.
- Ralph Potter, Th.D.
- Warren T. Reich, S.T.D.

- Conrad Taeuber, Ph.D.
  Director of the Center for Population Research
- Eduardo Arriaga, Ph.D.
- Murray Gendell, Ph.D.
- Haitung King, Ph.D.
- Jeanne C. Ridley, Ph.D.
- Jacob Siegel, M.A.
- Dorothy S. Thomas, Ph.D.

- Paul Bruns, M.D.
  Director of the Laboratories for Reproductive Biology
- Robert C. Baumiller, S.J., Ph.D.
- Yvonne Brackbill, Ph.D.
- Robert Cefalo, M.D., Ph.D.
- Ronald Chez, M.D.
- Dessouky A. Dessouky, M.D.
- Peter Ramwell, Ph.D.
- John J. Schruefer, M.D.
- Joan Simkovich, Ph.D.
issues at hand

Death and Dying: Should Acceptance Be Sought?

by Roy Branson, Ph.D.

Since the publication of Death and Dying five years ago, thousands of Americans have come to regard Dr. Kubler-Ross not only as an obviously sensitive and compassionate psychiatrist, but as a wise thinker on the subject of death. The setting for Dr. Kubler-Ross' new book, Questions and Answers on Death and Dying, underlines the wide reception her work has received. It is a compilation of typical answers to questions asked of her "in approximately seven hundred workshops, lectures and seminars" since her first book appeared.1 Even her professional colleagues have acknowledged her national prominence. A recent collection of articles by psychologists and psychiatrists on death and dying begins by recognizing that "the Kubler-Ross book was the beginning of a frank and vivid discussion about the implications of death in our modern society."2

But Dr. Kubler-Ross' new volume reveals that some are now challenging the core of her reputation, the famous five stages of coping with death: denial, anger, bargaining, depression and acceptance. A fundamental objection is that the stages are not simply descriptive, but prescriptive. She explicitly denies the charge. "Our goal should not be to help people through the five stages and reach the stage of acceptance . . . Our goal should be to elicit the patient's needs, to find out where he is, and then to see in what form and manner we can help him best."3

But her disclaimers have to be put within the context of her remarks generally. Statements in even her latest book, where she is sensitive to the issue, strongly imply that with her scheme of stages Dr. Kubler-Ross does not simply report; she recommends. Dr. Kubler-Ross herself says that her stages do not describe a necessary sequence of emotions exhibited by terminally-ill patients when they receive notice of their impending death. "Most of my patients have exhibited two or three stages simultaneously and these do not always occur in the same order."4 Furthermore, the fact that "many do not flow from stage one to stage five in a chronological order" is "totally irrelevant to their well-being."5 Obviously, Dr. Kubler-Ross does not think individuals have to complete one phase before passing through another, as in other schemes that involve stages. The thought arises, if sequence is not crucial then instead of stages perhaps denial, anger, bargaining, depression and acceptance might more accurately be called types of response to apparently certain death. But Dr. Kubler-Ross would not accept such a suggestion because she is committed to calling one response—acceptance—the final one.

Dr. Kubler-Ross is not upset if a patient moves back and forth among emotional responses to death—unless they reach acceptance and then leave it again. A patient's moving from acceptance to another reaction she calls a regression. It is evidence that either the therapist is failing, or that the patient resists overcoming his longstanding problems. "When a patient has reached a genuine, true stage of acceptance and he begins to regress, this is often because we do not allow the patient to let go . . . It is in this last stage especially that a regression is usually a sign of our inappropriate handling of the patient. This is not true in other stages."6

If a patient does not even reach the stage of acceptance it is because he "has no intention of really accepting his finiteness," or because he "has been angry all his life,"7 or "has been a depressed personality and is filled with self-pity."8 For a person with such background, "it is very unlikely that he will be cheerful and that he will accept his own dying with a smile on his face and a sense of equanimity."9 These people will either die in a state of denial, anger or depression, or they will reach resignation, a counterfeit stage of acceptance. "People in the stage of resignation are very often indignant, full of bitterness and anguish, and very often express the statements 'what's the use,' 'I'm tired of fighting.' It's a feeling of futility, of uselessness and lack of peace which is quite easily distinguishable from a genuine stage of acceptance."10 It would appear that denial, anger, bargaining and depression are stages because acceptance ought to be the last response to death; that Dr. Kubler-Ross' terminology implying sequence has been dictated by normative consideration.
A research scholar takes a critical look at the writings of Kubler-Ross.

Not only does Dr. Kubler-Ross describe the condition of those who cannot achieve or remain in a condition of acceptance as a failure, she clearly declares her approval of acceptance. "The ideal would be if both the dying patient and the patient's family could reach the stage of acceptance before death occurs." Unlike those who remain angry and depressed, "patients who are in the stage of acceptance show a very outstanding feeling of equanimity and peace. There is something very dignified about these patients." Dr. Kubler-Ross goes into some detail describing the patient in the ideal stage of acceptance. He "will be tired and in most cases quite weak. He will also have a need to doze off to sleep often and in brief intervals...a gradually increasing need to extend the hours of sleep." She reports that in this stage a patient's circle of interest diminishes. "He wishes to be left alone...Visitors are often not desired, and if they come the patient is no longer in a talkative mood...moments of silence may be the most meaningful communication." Being neither depressed nor bitter about his fate, the person in the stage of acceptance "will contemplate his end with a certain degree of quiet expectancy." Many rely on Dr. Kubler-Ross not only for analysis but for guidance in how to encourage persons to achieve the stage of acceptance. They might well consider whether they wish to identify with Dr. Kubler-Ross' attitude toward death and the meaning it has for her. Even more, they may wish to examine the presuppositions supporting peaceful acceptance of death.

In both volumes, Dr. Kubler-Ross' attitude towards acceptance rises fundamentally from her assumption that death is natural. Death, like birth, is a part of life. In *Death and Dying*, Kubler-Ross said that acceptance, devoid of turbulent emotions, can be:

Perhaps best compared with what Bettelheim describes about early infancy: "Indeed it was an age when nothing was asked of us and all that we wanted was given. Psychoanalysis views earliest infancy as a time of passivity, an age of primary narcissism when we experience the self as being all."

And so, maybe at the end of our days, when we have worked and given, enjoyed ourselves and suffered, we are going back to the stage that we started out with and the circle of life is closed. In her latest book, Dr. Kubler-Ross still sees death as natural, and because it is a part of nature it is only rational to accept it. "Acceptance of death is the most realistic thing that a person can work through since all of us have to die sooner or later." As in *Death and Dying*, she thinks patients should accept "the reality of their own finiteness." With or without belief in life-after-death, Dr. Kubler-Ross' approval of acceptance leaves her well within what Reinhold Niebuhr called "classical naturalism." In that tradition her comments coincide at many points with the Stoics. Her description of the stage of acceptance as "almost void of feelings," except for peace and tranquillity, echoes some of what the Stoics meant by apathy. That too was a condition where the emotions were to conform to nature and reason, even in the face of death. "I cannot escape death: am I not to escape fear of it? Am I to die in tears and trembling? For trouble of mind springs from this, from wishing for a thing which does not come to pass." Epictetus explained that death was not something to be frightened of, but accepted as part of the rhythms of nature.

What is death? A body. Turn it around and see what it is: You see it does not bite. The stuff of the body was found to be parted from the airy element, either now or hereafter, as it existed apart before. Why so? That the revolution of the universe may be accomplished, for it has need of things present, things future, and things past and done with." Marcus Aurelius recommended "waiting for death with a cheerful mind." Like Epictetus he assumed that men should not fear or oppose that which is natural. "Why should a man have any apprehension about the change and dissolution of all the elements? For it is according to nature, and nothing is evil which is according to nature." To fear death was "inconsistent with honouring reason." Stoicism's acceptance of death represents one defensible tradition concerning death, but that is only one tradition. Many others cannot accept death as the final end of man. Rein-
carnation insists that another life follows death. Islam and some strands of Judaism are convinced that life, not death, is the normative condition of man. Even reformed Judaism promises that man will live on in the memory of the community.

One tradition relevant to American culture is, of course, Christianity, and "orthodox Christianity" declares that death is evil. Though he himself had some problems with the interpretation, Reinhold Niebuhr insisted that Athanasius, Irenaeus, Gregory of Nyssa, Augustine, Aquinas and Martin Luther all believed that death was a consequence of sin, a conviction they correctly thought conformed to that of St. Paul's.

Of course, some contemporary Christian theologians could not themselves attribute death so unequivocally to man's sin. But many theologians would be far clearer than Kubler-Ross that death, whatever else it is, is a part of man's condition of sinfulness. John Macquarrie of Oxford is clear that "While we have criticized the view that links death exclusively to sin and fails to see that death is also implicit in finitude, nevertheless there is a profound truth in the thought of death as a consequence of sin."23

One theologian and New Testament scholar who can forthrightly identify with the position of "orthodox Christianity" is Oscar Cullman. In one of the strongest recent attacks on the assumption underlying Kubler-Ross' position, Cullman argues that Christian doctrine "presupposed the Jewish connection between death and sin. Death is not something natural, willed by God, as in the thought of the Greek philosophers; it is rather something unnatural, abnormal opposed to God ... Death is a curse, and the whole creation has become involved in the curse."24

As have so many theologians before him, Cullman found the locus classicus for the Christian position connecting death with sin and evil in the Scriptures of the Christian community. God created man, not death. Man, the new creation rebelling against the Creator, brought death into his experience, since "the wages of sin is death." (Rom. 6:16) Death, the avenger, was set loose by man's own hand. With Adam's disobedience, "sin came into the world through one man and death through sin." (Rom. 5:12) Of course, with the resurrection of Christ death was defeated, the enemy conquered, and it is time to exult. "Death is swallowed up—in victory! O death, where is thy victory? O death, where is thy sting?" (I Cor. 15:54 ff.) In Cullman's interpretation of Paul, the decisive battle has been won in the resurrection. D-day was the crucial triumph, but V-day, the Parousia, lies ahead. Now there is the mopping-up operation. Paul, while confident, remains implacably hostile to death. "The last enemy to be destroyed is death." (I Cor. 15:26) Coinciding with Paul's negative attitude is the Re- reator's promise for a certain and glorious future when "death will be cast into a pool of fire," and "death will be no more." (Rev. 20:14).

Christians like Cullman who believe that "the whole thinking of the New Testament is governed by belief in the Resurrection," will no doubt join him in denouncing all attempts, ancient or contemporary, to make death a natural phenomenon.25 For them, the resurrection is robbed of its crucial significance if it is not a triumph over an awesomely powerful evil. Other Christians, even if they are hesitant to affirm a physical resurrection, will surely balk, if they take the New Testament seriously, at following Dr. Kubler-Ross' chatty recommendation that "it might be helpful if more people would talk about death and dying as an intrinsic part of life, just as they do not hesitate to mention when someone is expecting a baby."26 It is one thing to acknowledge death as a mark of man's finitude. It is another to discuss death calmly, if not cheerfully, as an ordinary biological counterpart to birth.

Dr. Kubler-Ross is not convincing when she tries to make death more acceptable because it is part of some natural cycle. Indeed, many may conclude that Dr. Kubler-Ross' stages of dying describe a circle of their own: from denial through anger, bargaining and despair, back to another form of denial called acceptance. In fact, it may well be that acceptance of death returns the dying to a juvenile inability to face the facts: that the infant-like dependence and passivity of Dr. Kubler-Ross' stage of acceptance of death is the greatest sort of denial of death's true reality.

Dr. Kubler-Ross herself reports that her patients consistently recoiled from death.

In listening to our terminally ill patients, we were always impressed that even the most accepting, the most realistic patients left the possibility open for some cure, for the discovery of a new drug, or the
"last minute success in a research project," ... No matter the stage of illness or coping mechanism used, all our patients maintained some form of hope until the last moments.\footnote{27}

All her patients hoped to avoid the horror of death. They had to be encouraged, if not persuaded, to accept death as a natural part of life. It would be ironic if a generation of pastors and chaplains urged on others an attitude of acceptance that conformed neither to ordinary human perception of death as dreadful, nor the New Testament characterization of death as an enemy.

If one rejects Kubler-Ross' view of death, some concrete implications follow for care of the dying. While everyone must applaud Dr. Kubler-Ross for virtually leading an entire nation back to the beds of the dying to show respect for their dignity, not everyone must assume that calm acceptance is the ideal towards which the dying should be moved.

A person who rejects Kubler-Ross' acceptance of death will be convinced that he is the true realist. He will expect to find the dying rejecting the prospect of death, angry at its destructive finitude, depressed at the loss of friends and family. He will not feel compelled to urge the dying with these emotions to move on to a condition of peace and tranquility, because the responses he finds impress him as understandable, indeed appropriate, responses to impending annihilation.

Of course, if the dying can find assurance from a belief in life-after-death, can put confidence in a conqueror of death, those who differ from Kubler-Ross, including the Christian, will be grateful. None of us should attempt to make Stoic heroes out of the dying. We can accept the challenge Dr.

Kubler-Ross has forcefully given us to stop and listen to the dying, but we must further face the prospect of hearing patients who are not able to speak peacefully and calmly about death. With many dying patients, especially those who cannot affirm a life-after-death, we will expect to share what we consider to be their justifiable anger and pain. Whatever other meanings for man's finitude we might find in dying, we will accept death for what it realistically is—the implacable foe, "the last enemy to be destroyed." No matter how gentle and kind she is, we will not impose on the dying one psychiatrist's view of death. We will not force the dying to accept the unacceptable. □

FOOTNOTES

4. Ibid., p. 25.
5. Ibid., p. 71.
7. Ibid., p. 36.
8. Ibid., p. 37.
9. ibid., p. 36.
10. Ibid., p. 36.
11. Ibid., p. 34.
12. Ibid., p. 34.
15. Ibid., p. 112.
16. Ibid., p. 120.
17. Kubler-Ross, Questions and Answers on Death and Dying, p. 38.
20. Ibid., p. 72.
22. Ibid., p. 300.
25. Ibid., p. 19.
27. op. cit., pp. 139, 263.

Roy Branson, Ph.D., is a Senior Research Scholar at the Kennedy Institute Center for Bioethics. He is particularly interested in the role of the physician: what it is, and what it ought to be. One aspect of the physician's role and authority is his relationship to the terminally ill, and it is in this area that Dr. Branson has been working.
Seymour Perlin
Research Scholar

Seymour Perlin, M.D., Senior Research Scholar at the Kennedy Institute, and recipient of the Joseph P. Kennedy Jr. Fellowship in Medicine, Law and Ethics for 1974-75, has had extensive experience in many areas of psychiatry, ranging from biological and clinical to psychoanalysis and psychiatric research administration.

From 1954 to 1959, Dr. Perlin was with the National Institute of Mental Health, as Acting Chief of the Psychosomatic Service of the Laboratory for Psychosomatic Investigation from 1954 to 1955, and as first Chief of the Section on Psychiatry in the Laboratory of Clinical Science from 1955 to 1959. While at N.I.M.H., Dr. Perlin made significant contributions towards defining criteria for the selection of schizophrenic and “normal control” subjects. In 1960, he founded the Division of Psychiatry at Montefiore Hospital, New York, and was Chief of the division until 1964. From 1964 to 1972, Dr. Perlin was Director of Clinical Care and Training at the Henry Phipps Psychiatric Clinic at Johns Hopkins Hospital, Baltimore. Most recently he was Visiting Fellow at Princeton University in the Fall of 1973 and Visiting Professor at Oxford University in the Summer of 1974.

Dr. Perlin’s work in psychiatric research has led to the publication of several articles, papers and chapters. He was a member of the team that contributed the first paper on the effects of d-lysergic acid diethylamide (LSD-25) on cerebral blood flow and metabolism, and he has also written extensively on the effects of human aging and on the implications of community services in a defined geographical area. He was also involved in the well-known study of the Genain quadruplets (The Genain Quadruplets: Heredity and Environment in Schizophrenia, Basic Books, Inc. 1963) both as therapist of one of the quadruplets and as researcher.

The recent publication of A Handbook for the Study of Suicide (Oxford University Press, 1975) culminates work begun in 1967. The book, completed at the Kennedy Institute while on the Joseph P. Kennedy Jr. Fellowship in Medicine, Law and Ethics, surveys both the humanities and the sciences to synthesize the philosophical perspectives on suicide.

Is there a “new” ethics of suicide? Are we moving towards a “new” theology of suicide? What is the current view of the rationality of suicide?

These are some of the questions focused upon in this book. Other issues discussed include suicide as a civil right, vis-a-vis duties to family, society and God; suicide and assisting a suicide as a crime; the relationship between the morality of suicide and the morality of euthanasia.

The study of the ethics of suicide is complemented by a review of cases reflecting the ethical issues. These cases have been collected from newspaper and periodical accounts, Kennedy Library for Bioethics files, hospital rounds and colleagues. Dr. Perlin has been assisted in this phase of the work by Peter Black, M.D., also a Joseph P. Kennedy, Jr. Fellow in Medicine, Law and Ethics, currently in neurosurgery training at Massachusetts General Hospital, after studying for a Ph.D. in Bioethics at the Kennedy Institute.

Dr. Perlin is the recipient of a Bicentennial Medallion awarded by the Faculty of the College of Physicians and Surgeons of Columbia University. The Medallion, recognizing Dr. Perlin for his achievements in psychiatry, was awarded in 1967. Dr. Perlin is one of five living alumni of the College of Physicians and Surgeons to be so honored.

Founder and second president of the American Association of Suicidology (1969-70), Dr. Perlin is also a fellow of the American Psychiatric Association, and of the New York Academy of Medicine. He is a member of the American Psychosomatic Association, the Washington Psychoanalytic Society and the World Federation of Mental Health. He serves as a member of the Advisory Council on Health Services of Princeton University and is on the Editorial Board of the Journal of Life-Threatening Behavior, which he helped establish.
Dr. Childress Joins Institute

James F. Childress, Ph.D., has been named the Joseph P. Kennedy, Sr. Professor of Christian Ethics at the Kennedy Institute.

A recorded minister in the Society of Friends, Dr. Childress received a B.A. from Guilford College in 1962, a B.D. from Yale University Divinity School in 1965, an M.A. from the Department of Religious Studies at Yale University Graduate School in 1967 and a Ph.D. from the same department in 1968. His dissertation was titled: “The Bases and Limits of Political Obligation: A Theological and Philosophical Analysis of Civil Disobedience.”

Since 1968, Dr. Childress has been a professor in the Department of Religious Studies at the University of Virginia. He was named Acting Chairman of the Department in 1970 and Chairman in 1972. From 1969 to 1972, Dr. Childress was Chairman of the Committee on Educational Policy and Curriculum, and he has been a member of the University Senate and of the Committee on Danforth Fellowships since 1971. He has been responsible for the introduction of a doctoral program in Religious Studies and for the expansion of the Department. He has also designed and taught several courses, including a seminar on Nonviolence in Theological Perspective.

Dr. Childress has been the recipient of several fellowships. While at Yale he held the George Day Fellowship, 1965-1966, a Yale University Fellowship, also for 1965-66, a Kent Fellowship, 1966-1968, and a Rockefeller Doctoral Fellowship in Religion, 1967-68. He held the 1969 and 1970 University of Virginia Faculty Fellowships for Summer Research in the Humanities and Social Sciences.

On leave of absence from the University of Virginia in 1972-73, Dr. Childress spent the year as Fellow in

James F. Childress, Ph.D.

Law and Religion at Harvard Law School and as the American Council of Learned Societies’ Study Fellow. In 1974 he was given the Huntington Library Research Award.


Dr. Childress is also a contributor to a forthcoming book on compulsory sterilization of the mentally retarded, edited by Frederick Carney, Ph.D., of Southern Methodist University and a Visiting Scholar at the Kennedy Institute, 1973-74. The book is the result of a symposium on compulsory sterilization of the mentally retarded held at the Kennedy Institute in 1973.

At present Dr. Childress is working on a book tentatively titled The Imago Dei in John Calvin’s Ethics, an attempt at a historical understanding of Calvin’s ethics. He is also working on an essay on Francis Lieber’s interpretation of the laws of war and its impact on political ethics.

As Joseph P. Kennedy, Sr. Professor of Christian Ethics, Dr. Childress will be devoting his time to writing, research and teaching. He is planning a graduate seminar on public policy issues in bioethics, and a book on the same topic, stressing such issues as the ethics of consent and the allocation of scarce life-saving resources.

James Jones Receives Grant

James H. Jones, Ph.D., has been awarded a grant by the Joseph P. Kennedy, Jr. Memorial Foundation to write a book on the Tuskegee Syphilis Study. He will spend the next six months at the Kennedy Institute.


Dr. Jones’ research has involved a systematic search of the medical literature, both journals and textbooks, and extensive pursuant of Public Health Service and other Federal records. He also consulted the private papers of Dr. James Jones, recipient of a National Institute of Mental Health Predoctoral Research Fellowship from 1970 to 1972, became interested in the Tuskegee experiments while doing research for his dissertation, “The Origins of the Institute for Sex Research: A History,” presented at Indiana University, 1972. He began doing intensive research on the forthcoming study in 1972-73 while a Kennedy Fellow in Bioethics at Harvard Medical School.

Dr. Jones’ research has involved a systematic search of the medical literature, both journals and textbooks, and extensive pursuit of Public Health Service and other Federal records. He also consulted the private papers of The Julius Rosenwald Fund at Fisk University in Nashville, Tennessee. In addition, he examined current newspapers and periodicals for public reaction to the disclosure of the Tuskegee experiments.

The questions which Dr. Jones hopes to answer include: what role did racial thinking play in how physicians perceived disease in blacks? what was
the state of the art for syphilis treatment in the 20's and 30's? what kinds of things were going on vis-a-vis human experimentation? why did the experiment continue for forty years? what is the public's sense of medical ethics? and, what have we learned from the study?

These questions will be woven into the narrative of what is essentially a historical account of the experiment's origins, development and demise.

Dr. Jones will begin his study with a discussion of the attitude of white physicians toward disease in general, and syphilis in particular, in blacks during the late nineteenth and early twentieth centuries. After demonstrating how racial attitudes at one time made physicians callous toward syphilis in blacks, Dr. Jones will trace the impact of scientific medicine and a vigorous public health movement on these attitudes. Special attention will be given to the interaction of private philanthropy and the Public Health Service in bringing about the first large-scale attack on the problem of syphilitic blacks in the rural South.

It is ironic, argues Dr. Jones, that the first members of the medical profession who launched a serious effort to treat syphilis in blacks are the same individuals who began the Tuskegee Study. The irony is soon reduced to a logical development, however, for Dr. Jones explains that these men were scientists as well as healers. Members of the medical profession in the 1930s generally agreed that an important difference separated the ways in which syphilis affected black and white people.

By the 1930s, explains Dr. Jones, medical science had produced a study of untreated syphilis in whites, and there was considerable interest in conducting a similar study on blacks.

After tracing the origins and development of the experiment, Dr. Jones' study will examine the criticisms that eventually caused the experiment to be ended. The criticisms originated within the Public Health Service and resulted in a high level re-

Ralph Potter, Visiting Scholar

Ralph Potter, Th.D., joined the scholars of the Kennedy Institute during the Fall, 1974 while on leave from his post as Professor of Social Ethics at Harvard Divinity School and member of Harvard's Center for Population Studies. Dr. Potter's project was an essay on the history of thought on the ethics of population policies for the Encyclopedia of Bioethics, now being produced at the Kennedy Institute. During his term, he was able to take advantage of the resources of the Institute to research the population question.

In seeking to clarify the sense in which the pressure of demand upon resources is to be perceived as a problem of population rather than of inequitable distribution, inadequate production, or excessive consumption, Dr. Potter has framed a great many challenging questions. What types of strategies have been proposed in response to the population problem? Should policy aim at increasing resources? at reducing demand for exhaustible resources? at restricting the standard of living for some nations? at decreasing the birth rate? How can society persuade couples to regulate the number of their offspring? Should couples give great weight to national interest? What ideas about the meaning of life motivate family planning?

Dr. Potter is well aware that population policies, which may favor one group and disadvantage others, are potentially explosive issues. For this reason, "solutions" must be sought not only in innovative contraceptive technology and techniques in motivating family planning, but in reflection upon the social, political and ethical issues generated by the effects of differential fertility that enhance some ways of living while threatening others.

Dr. Potter is spending the remaining six months of his sabbatical as theologian-in-residence at the American Church in Paris.
Physician Studies Bioethics

What should a doctor do when a terminally ill patient asks to die? Does his choice depend on the law, social factors, a medical code, or personal preference? Is there a way to devise guidelines for this kind of decision? Aristotle, Hume and Kant expounded on what humans should do and how they should decide what to do. Do these philosophers’ claims apply today?

Questions like these prompted Peter Black, M.D., to study philosophy before beginning a five-year residency in neurosurgery at Massachusetts General Hospital. As a Joseph P. Kennedy, Jr. Fellow in Law, Medicine, and Ethics, he is the first medical doctor to seek a Ph.D. degree in bioethics at Georgetown University. His interest is primarily in concepts underlying medical judgements: concepts of disease, health, person, and death.

In the course of pursuing his studies, Dr. Black wrote an article entitled “Criteria of Brain Death: Review and Comparison” for the Magazine Postgraduate Medicine, 57:2, Feb. 1975.

Francisco Abel: Bridging a Gap

Francisco Abel, S.J., M.D., has been at the Kennedy Institute since 1972 pursuing a variety of interests. Born in Barcelona, Spain, he received his M.D. in 1957 from the Faculty of Medicine of the University of Barcelona. He specialized in obstetrics-gynecology because of the opportunities it offers to deal with patients clinically, surgically and psychiatrically. From 1957 to 1960 he practiced in a Barcelona hospital. He joined the Society of Jesus in 1960 and was ordained in 1967 after receiving a B.A. in Philosophy in 1964 from San Cugat del Valles in Barcelona. Fr. Abel also received an S.T.L. from San Cugat del Valles in 1968.

While working on his degrees, Fr. Abel joined several other Western European doctors in founding Medicus Mundi (International Organization for Medical Cooperation). As part of the organization’s activities, he participated in medical programs in Algeria. His experiences as an obstetrician-gynecologist and as a Jesuit convinced him of the need to help in bridging the gap between science and theology, to bring the skills of technology to the complex fields of population and human reproduction.

Returning to Barcelona from Algeria, he became Assistant Obstetrician of the Faculty of Medicine of the University of Barcelona, serving as both teacher and counselor of medical ethics. As Assistant Professor of Moral Theology at the Faculty of Theology of San Cugat del Valles, he lectured on pastoral theology to scholastics in the Society of Jesus. From 1969 to 1970 he was also Superior of the Scholastics of the Society of Jesus.

On leave of absence from the University of Barcelona School of Medicine, Fr. Abel came to St. Vincent’s Hospital in New York in 1970 to join a research project in endocrinology headed by Dr. Ivan Young. Fr. Abel’s goal was to complete a Ph.D. in fetal physiology. He was also interested in making contact with American ethicists and demographers.

In 1972 his allotted time at St. Vincent’s ended, with the original research project still in the beginning stages because of organizational dif-
difficulties. Thinking that he would have to return to Spain without having accomplished his goals, he came to Washington to visit the Kennedy Institute, where he met with Dr. Hellegers. Dr. Hellegers offered him the opportunity to work as an Associate Scholar in Bioethics while collaborating with Dr. Hellegers on a fetal physiology research project funded by N.I.H. Arrangements were made with the University of Barcelona to allow Fr. Abel to do his Ph.D. in fetal physiology under Dr. Hellegers' direction and he was given an appointment as Clinical Assistant Professor in Georgetown University's Department of Obstetrics-Gynecology.

Financial difficulties temporarily halted Fr. Abel's medical research. He took advantage of this lull in his schedule to acquire an M.A. in Demography from the Kennedy Institute's Center for Population Research. This was made possible through a grant from the Robert Sterling Clark Foundation. Having received his M.A. in November 1974, Fr. Abel is now back at work in fetal physiology, studying the relationship between the placental surface and fetal development.

As Associate Scholar in Bioethics, Fr. Abel has participated in the scholars' weekly luncheon seminars and has done general research in bioethics in preparation for teaching.

When Fr. Abel finishes his work at the Kennedy Institute in September 1975 he intends to return to the University of Barcelona to teach in the Department of Obstetrics-Gynecology in the Faculty of Medicine and in the Faculty of Theology of San Cugat del Valles where he will teach bioethics.

The Kennedy Institute has provided Fr. Abel with a home base for his activities. With the unique combination of talents and expertise found here, Fr. Abel believes that nowhere else could he have accomplished so much in his varied areas of interest.

**Pilot Program in Ethics**

The Joseph P. Kennedy, Jr. Foundation took advantage of the academic lull at the beginning of the new year to sponsor a pilot program at Georgetown University through which fifty physicians, health-care administrators and scientists were brought together for ten days of study and discussion of ethical questions as they relate to medicine. Conceiving it as a "total immersion in ethics" course, the sponsors sought to provide doctors and others responsible for health care with an opportunity to study, discuss and reflect upon the ethical issues which lie behind many medical decisions.

The content of the course was planned by a steering committee consisting of Arthur Dyck, Ph.D., Mary B. Saltonstall Professor of Population Ethics, Harvard School of Public Health, who acted as director; LeRoy Walters, Ph.D., Director of the Kennedy Institute Center for Bioethics, who served as deputy director; and Edmond A. Murphy, M.D., Professor of Medicine and Director of the Division of Medical Genetics at the Johns Hopkins University School of Medicine. Arrangements were made through the Kennedy Institute, whose staff acted as organizers and hosts.

The first eight sessions were taught by Dr. Dyck, and were devoted to the study of ethical theory, so that the participants would have a background from which to approach the medical-ethical decisions in the cases later discussed. The second set of lectures dealt with specific medical problems and cases. The topic of death criteria was addressed from a legal point of view by William Curran, J.D., School of Public Health, Harvard University, and from a medical point of view by Desmond S. O'Doherty, M.D., Department of Neurology, Georgetown Medical School. The difficult decisions faced by physicians in the treatment of infants born with spina bifida were described by John M. Freeman, M.D., of the Pediatrics Department of the Johns Hopkins School of Medicine; the ethics involved in making these decisions were treated by Dr. Warren Reich of the Kennedy Institute. The questions arising from considering research on patients that may involve courses of treatment that are either therapeutic or nontherapeutic were discussed by Guy McKhann, M.D., Department of Neurology, Johns Hopkins School of Medicine, who used the genetically transmitted Tay-Sachs disease as an illustration. LeRoy Walters, Ph.D., spoke about the ethical aspects of research.

An important part of the schedule was the small group discussions, held after each lecture. Interaction was further promoted by the living arrangements during the ten-day course; participants were housed together at the Georgetown Inn, and were bussed to the campus for meals and for the daily sessions, thus affording the maximum time for discussion. Time and materials were also reserved for the participants' reading. By this process, the material of an entire semester's course in ethics taught by Dr. Dyck at Harvard was telescoped into ten intensive days.

Since this was a pilot program, opinions on its effectiveness were sought from the participants. The response was unanimously affirmative. Improvements were suggested, but there was universal agreement that a course of this kind was of value to health practitioners. The organizers of the program were gratified at the response, especially when it included such comments as: "This was the first time in nearly twenty years of medical practice that I have had an opportunity to think in depth about the ethical implications of my experience without demands of my work and family distracting me." The indications are that the course did indeed fill a need, particularly among practicing physicians.
Father Doyle
Assistant Editor

Father James J. Doyle, C.S.C., an ethicist and educator, has been appointed Assistant Editor of the *Encyclopedia of Bioethics*. Fr. Doyle is on leave of absence from King's College (Wilkes-Barre, Pa.) where he has been Professor of Theology since 1960. He has also taught courses in medical ethics for many years, and in the summer of 1974 participated in an innovative program in which the faculty of King’s College conducted “bioethics seminars” in seven Pennsylvania hospitals.

Fr. Doyle will assist Editor-in-chief Warren Reich in the final stages of editorial planning; he will edit manuscripts, do research, and oversee all bibliographic data verification for the 1,250,000-word *Encyclopedia*.

Articles and book reviews by Fr. Doyle have been published by *Ave Maria, Catholic Charities Review, The Catholic Light, Pennsylvania Mental Health Bulletin*, and *Perspectives*. He has also been editorial correspondent for the *Bulletin of the Council for the Study of Religion*, and associate editor of the *Journal of Ecumenical Studies*, a Temple University quarterly.

Gendell Studies
Women’s Jobs

Murray Gendell, Ph.D., professor of Sociology at Georgetown University and Director of the M.A. Program in Demography at the Kennedy Institute’s Center for Population Research, has recently conducted studies of household composition, women’s (especially mothers’) employment, premarital pregnancy, illegitimacy and infant mortality.

Dr. Gendell’s interest in women’s employment has been concretized by the fact that three times in his career his immediate supervisor has been a woman. In 1956 he assisted Gertrude Bancroft of the U.S. Bureau of the Census as she authored *The American Labor Force*, one of the 1950 census monographs. As Senior Statistician at the New York Department of Corrections from 1957 to 1968, he worked under Commissioner Judge Anna Kross. After completing his Ph.D. in Sociology in 1963, he worked for the International Labor Organization in Geneva from 1963 to 1964, where his supervisor was Mme. Antoinette Beguin.


At present, Dr. Gendell is at work formulating study designs for the analysis of the important changes which have occurred in the degree and pattern of mothers' labor force participation in the U.S. during the past 25 years. Once conclusions have been formed, he may go on to study the extent to which the same changes and their explanations have taken place in other industrial societies. Dr. Gendell is also considering studying the relation between marital stability and childbearing, as well as continuing to pursue his interests in household composition, premarital pregnancy, illegitimacy and infant mortality.

Thesis Explores Parental Choices

If parents could predetermine the sex of their children, how would their decisions affect fertility, the sex composition of births, and society at large? A master's thesis by Ms. Christine Bachrach explores these questions.

Ms. Bachrach based her study on survey data collected between 1966 and 1971, showing the numbers of sons and daughters considered ideal in three developed and six developing populations. Because the study is based on a hypothetical model, the results of the study are valid only in the context of the assumptions employed in the model.

The study is based on the premise that without the ability to preselect sex, parents who desire a certain number of sons and a certain number of daughters will have to have, on the average, more than their desired number of children in order to satisfy their desire for specific numbers of each sex. Ms. Bachrach used a probability model based on three alternative assumptions concerning the extent to which parents would continue having children to satisfy preferences for children of each sex.

She found that with the practice of sex control, average family size in the nine populations studied could decrease by 11% to 39%. The size of the decrease depended primarily on the number of children parents were assumed to have in efforts to have children of the desired sex, and on the average number of children parents consider ideal in each population. Because of the larger family-size ideals in developing countries, these populations would have larger families than developed populations both with and without the ability to control sex; and, on the whole, they would experience a smaller percentage decrease in average family size once sex control was practiced.

If all parents in the nine populations used sex control to have exactly their ideal number of sons and of daughters, then the sex ratio of births—the number of male births per 100 female births—could change radically. According to Ms. Bachrach's survey data, such sex control practice would cause the sex ratio of births (male to female) to rise from a normal level of about 106, to 111 in Hungary, 115 in the United States, 159 in Korea, and between 121 and 128 in West Malaysia, Taiwan, and India. In these populations, parents would have a higher proportion of male births than they now have. In Belgium, on the other hand, parents would use sex control to have more daughters: overall, 11% fewer sons than daughters are considered ideal.

The ability of sex control practice to upset the normal proportion of males to females in a population has many long-term implications. An excess of either men or women would mean that many people could not marry. Unless current norms change drastically, fewer marriages would mean fewer births, and perhaps relief from population pressure. The presence of a large group of men or women who are unable to marry would have many effects on society, social norms, and the economy. These effects provide an interesting topic for speculation, but ultimately depend on so many factors that prediction is impossible.

Ms. Bachrach carried out this research at the Kennedy Institute's Center for Population Research while employed under the graduate work-study program in the Office of Population of the Agency for International Development. Her thesis advisor was Dr. Jeanne Clare Ridley. She obtained data on family size ideals from Drs. Lolagene Coombs and Ronald Friedman of the Subcommittee on Comparative Fertility Analysis of the International Union for the Scientific Study of Population. Ms. Bachrach is now studying for a Ph.D. in Demography at Johns Hopkins University.

Brackbill Studies Babies' Comforts

Yvonne Brackbill, Ph.D., a developmental psychologist at the Kennedy Institute's Laboratories for Reproductive Biology, has been conducting research experiments with children, newborn to one year old, in order to determine the effects of "continuous stimulation," e.g., sound, light, and swaddling. This continuous stimulation is seen as an effective method of comforting children, so that they might sleep longer, and conserve their energies.

Dr. Brackbill has conducted most of her research experimentation with light noises—sounds similar to static on the radio. One of Dr. Brackbill's assistants, Joan Kane, noted, "We have found that the babies cry less and sleep more," because of the stimulation of the sounds.

In the long run, since the newborns, exposed to continuous stimulation, cry less, Dr. Brackbill sees it as a logical step toward reduction in child beating incidents: she has noted that troubled parents, unable to control their children's crying (among their other problems), have resorted to child battering in many cases.
from the director

Bioethics: Four Years Later

by Andre E. Hellegers, M.D.

Four years have not yet quite gone by since the Kennedy Institute was established at Georgetown University. Initially many must have thought it an esoteric enterprise. Some thought, and others still do think, that bioethics must be some form of moralizing or sermonizing or anathema pronouncing on alleged evils in medicine and biology. Worse—with names like "Georgetown" and "Kennedy" attached to the enterprise it must to some have seemed like some popish plot to dump diaphragms, to abort abortionists or to frustrate fetal physiologists. Little was it realized that one of the attractions for establishing the Institute at Georgetown was precisely its strengths in demography and in fetal physiology. There are probably few Institutes in the country whose staff members have been elected by their peers to as many positions of leadership in these fields as work in the Institute. The same holds true in the field of ethics.

Little could it have been predicted, four years ago, that here we would be, four years later, with more than 30 medical schools teaching courses in bioethics, let alone the colleges which have established such courses. But this development has not been restricted to universities.

The National Academy of Science has held two public meetings on the subject. The A.M.A., the N.I.H., the F.D.A., the American College of Obstetrics and Gynecology and other learned societies have established consultant committees on the subject. British, Dutch and Belgian organizations have sprung up, to name but a few. The National Endowment for the Humanities and the National Science Foundation have funded projects in the subject. And scarcely a month goes by without magazines, newspapers and television stations carrying some article or program on some issue in bioethics. Rare, incidentally, is the article, or the program, which does not make some reference to the Kennedy Institute at Georgetown. A good indicator of developments is the Bibliography of Bioethics produced at the Institute under the direction of Dr. LeRoy Walters. Its first annual issue, to be published in June, contains no less than 250 pages of references to articles in bioethics published in the English language alone in the year 1973.

Perhaps there are still some, or even many, who find the role of Georgetown in this field surprising. I do not. From the beginning it was clear that Georgetown was bound to play a major role in the development of bioethics. Among professionals in the field of bioethics, nationwide, it came, I think, to be rapidly known that the Institute was to be, as one paper called it, "a haven for scholars". Instead of a procession of hooded monks, visualized by the ignorant, there appeared instead a series of scholars of any and all religious denominations, and of none! From the beginning only one criterion for incorporation was accepted and that was professional competence. Obviously scholars with expertise in religious ethics were welcomed, for it is a fact that religions have long addressed themselves to ethical problems. Over the past four years the program has seen the presentation of scholarly publications and lectures by individuals coming from the Episcopalian, Jewish, Lutheran, Mennonite, Methodist, Presbyterian, Quaker and Roman Catholic traditions.

If that places Roman Catholics last it is not because they are least, but because that is the way it comes out alphabetically.

Again, bioethics is not be be confused with moralizing or sermonizing. Rather is it to reflect about how society and its value systems are affected by developments in biomedical technology. It is not dependent on religious presuppositions. Religious presuppositions may color our perceptions about the consequences of biomedical technologies. But they do not govern the enterprise.

As we enter the second four year phase of the existence of the Kennedy Institute at Georgetown, I think I can convey a message learned from my personal experience and exposure in this field. It is that there is abroad in
the world a very powerful tool or method. It is the scientific method. It enables us, through the modern language of mathematics and statistics, apparently to grasp, for good or ill, how things like our behaviour and subjective feelings seem to correlate with modern notions of genetics and neurophysiological causes. Yet if we lie awake at three o’clock in the morning, we tend to think of ourselves, and perhaps especially for our children, as more than genes and neurones. Are we just the result of our molecules or do we have, inbuilt in us, purposes and ends? What is the specifically human in human nature? That is what Darwin and Monod have made us reflect upon. The question is not religious. It is equally as much biological.

All I would want to convey in these notes today is that these are questions not just for the Catholic, the Protestant, the Jew, the agnostic or atheist. They are questions for all of us—scientist, ethicist, policy maker. And what the Kennedy Institute of Georgetown, amongst other things, is all about is precisely that. How do you relate the objectively quantifiable of the scientific method, to the subjectively perceived of the human?

Dr. Andre E. Hellegers, Director of the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics, is also Professor of Fetal Physiology, Obstetrics and Gynecology at the Georgetown University Hospital.

The Kennedy Foundation grant will make it possible for the Library to broaden its areas of information to include sociology, history and philosophy of medicine, legal medicine, mental health, science, civilization and general reference. These acquisitions will add a historical perspective to the present collection and will aid in placing the bioethics collection, essentially multidisciplinary, within a broader context than is available with the present emphasis on current works.

New periodicals being considered for addition to the Library include Commonweal, The American Journal of Obstetrics and Gynecology, Annals of Internal Medicine, Pediatric Research and the forthcoming Biological and Medical Ethics, to name a few. The expansion of the collection and the addition of space and staff will make the Library a more efficient resource for the growing numbers of scholars, physicians and lay persons interested in linking technology and ethics.

Scholars Lecture At Wheeling

The Joseph P. Kennedy Jr. Foundation has cooperated with Wheeling College to bring to the community of Wheeling, West Virginia, a series of lectures on "Ethical Questions of Life and Death." Ten scholars of the Kennedy Institute gave presentations in their particular field of expertise, first in seminar form to students at Wheeling College, and in evening lectures to the general public.

The first lecture was given by Dr. Andre Hellegers; he described the origin and the present state of bioethics. Succeeding speakers were: Fr. R.A. McCormick, "Life-Death Situations in Contemporary Medicine"; Warren Reich, "Decision Making in Bioethics"; Seymour Perlin, "Suicide"; LeRoy Walters, "Research on the Human Fetus"; Roy Branson, "Secularization of Medicine"; James Childress, "Who Shall Live When Not All Can Live"; Leon Kass, "Teleology and Darwin’s Origin of Species”; Fr. Charles Curran, "Genetics and the Future of Man”; Fr. Robert Baumiller, "Genetic and Ethical Problems".

The series has proved so successful that Wheeling College has had enquiries from other institutions about how to set up a similar program.