New CPR Scholar’s Research on Rural Brazil Aided by Grant

Dr. Thomas W. Merrick, Senior Research Scholar at the Kennedy Institute’s Center for Population Research, and Adjunct Professor of Economics at Georgetown University, has been awarded a grant as a result of a competition sponsored by the Ford Foundation and the Rockefeller Foundation. The grant will provide additional research support for an extension of his previous work on marriage, fertility and land availability in rural Brazil. He will devote one-third of this time to this research during calendar year 1977.

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Thomas W. Merrick, Ph.D., joined the Center for Population Research in the Fall of 1976.
Dr. Merrick, who joined the Institute last fall says, “The purpose of the proposed research is to analyze the relation between household behavior (migration, marriage and fertility) and land availability in rural Brazil. The principal hypothesis to be investigated is that formation of rural households depends on availability of and access to agricultural land. Increased migration, later marriage and declining fertility are expected as land becomes expensive and scarce. A further hypothesis is that these demographic responses are conditioned by the extent to which farm households own land and are motivated by aspirations to start their children in life as property owners.”

An earlier study of six states in Southern Brazil confirmed the land availability hypothesis from an analysis of marriage and fertility rates in a combination of recently settled and older, more established regions. Dr. Merrick’s research will extend this analysis to Northern and Northeastern regions of Brazil and assess the impact of their different rural socio-economic structure on prospects for a decline in rural fertility.

Potentially important areas of his study are farm labor contributed by children, the complementarity between work in agriculture and childbearing by farm wives, the capacity of the available land to support larger farm families, constraints on the realization of childbearing aspirations imposed by infant mortality and the disruption caused by rural migration. In rural areas land is likely to be a more important factor in children’s chances to succeed in life than education. This is encouraged to improve employment and earnings opportunities for children growing up in an urban setting.

There are many similarities between conditions in the United States around 1860 and those of Brazil in recent decades. There is evidence that fertility is indeed declining in more settled Southern regions as a response to decreasing land availability. This lends support to the view that the southern region’s reproductive norms may be conforming at least in part to the pattern observed in the United States during frontier expansion. Differences, however, between the United States and Brazil in rural socio-economic structure are more pronounced in the Northeast where the Brazilian land tenure system has traditionally favored large land owners.

The recently published 1970 censuses of population and agriculture provide a wealth of information on settlement patterns and fertility at both the state and county (municipio) level in Brazil. Additional tabulations are being requested to provide needed detail for the rural population of microregions under study. To the extent that anthropological studies of this region exist, they have been and will continue to be used as a supplement to the census data that are being analyzed in this study.

Dr. Merrick says that the results of his research will be disseminated through papers submitted to meetings of professional economists and demographers, and to scholarly publications in the United States and Brazil. He maintains close relations with Brazilian academic and government planning institutions. In addition, he is currently an adjunct staff member of the economic demography masters program at the Federal University of Minas Gerais (CEDEPLAR) in Belo Horizonte. Many of his articles have been published in Brazilian journals.

Dr. Merrick and his wife lived in Brazil for three years while he taught and conducted research. Their home was in Belo Horizonte, about 250 miles north of Rio de Janeiro. Located in the interior of Brazil—the old colonial gold mining area—it is Dr. Merrick’s favorite place in that country which has a land mass comparable to the entire United States. It is a fascinating place to study, he says, because “eventually Brazil will be one of the largest countries, even now having the seventh largest population in the world, and its size and diversity make it extremely interesting. It has some of the poorest areas, and yet some of the most prosperous. Interaction between Brazil’s population and economic development will ultimately have an important effect on major world issues as we begin to study what is happening in the Third World.”

—Dorothy Rainey
Visiting Scholar

Joseph A. LaBarge, Ph.D., joined the Center for Bioethics last fall as a Visiting Research Scholar. He is taking a one year sabbatical leave from Bucknell University in Lewisburg, Pennsylvania where he is an Assistant Professor of Religion.

Dr. LaBarge chose the Kennedy Institute because of the resources available he Center for Bioethics Library and the stimulation of the on-going contact with other staff members. Partial support for his research is being provided by Bucknell University.

He is focusing his studies on “the Natural Law tradition in ethical theory and its relation to bioethical issues.” Briefly, this philosophy recognizes a responsibility and duty to humanity and formulates ethical theory while maintaining respect for the individual.

Some modern ethicists have rejected this approach and deal primarily with the “greatest good to the greatest amount of people” as their justification of the means by which “good” is accomplished.

Dr. LaBarge became involved in biomedical ethical issues approximately four years ago when he taught courses on death and dying at Bucknell. Since then he has taught several courses in medical ethics and initiated consultations with members of the medical staff of the Geisinger Medical Center, Danville, Pennsylvania. The consultations concerned the development of courses in bioethics in connection with Bucknell University.

—Lynn Taylor

Dr. Walters Appointed To DNA Advisory Committee of NIH

LeRoy Walters, Director of the Kennedy Institute's Center for Bioethics, has recently been appointed to a four-year term on the Recombinant DNA Molecule Advisory Committee of the National Institutes of Health (NIH).

The 14-member committee advises NIH on health and safety issues in a vital new area of basic biomedical research. Originally comprised of natural scientists, the committee has recently been expanded to include a social scientist and an ethicist, Dr. Walters.

During 1976 and early 1977, the committee developed guidelines for recombinant DNA, or "gene splicing," experiments. In June 1976 the guidelines were formally issued by the Director of NIH and distributed to American scientists, scientific societies, and foreign governments. The committee will continue to refine its recommendations in the light of additional research results. It will also certify newly developed host-vector systems.

Dr. Walters had previously served as a consultant to the NIH Director's Advisory Committee which reviewed a preliminary draft of the committee’s guidelines in February 1976.
Jewish Scholar Appointed Senior Research Fellow

Seymour Siegel has become a familiar face around the Kennedy Institute's Center for Bioethics. Students and faculty variously address him as Doctor, Rabbi, and Professor, for he is all three.

On sabbatical leave from the Jewish Theological Seminary of America, in New York City where he is the Ralph Simon Professor of Theology and Ethics, Rabbi Siegel has been appointed as Senior Research Fellow for the 1976-77 academic term. A man of wide-ranging interests, he serves as Chairman of the Committee on Jewish Law and Standards of the Rabbinical Assembly, the highest authority in the Conservative movement in the field of Jewish law. Doctor Siegel also serves as Adjunct Professor of Jewish Studies at the College of the City of New York. Professor Siegel served as part of the United States Delegation to the United Nations Conference on Population held in Bucharest Rumania in 1974, and served as a consultant on ethics for the National Commission on the Protection of Human Subjects.

The Rabbi is pursuing three objectives during his year at the Kennedy Institute. First, he hopes to complete a book of scholarly essays on bioethics within the year. This will be an addition to his already considerable number of published books and articles. His book *Conservative Judaism and Jewish Law* is soon to appear in print, as well as a book on Jewish prayer.

Secondly, Rabbi Siegel is teaching a course in Jewish ethics this term attended by about fifty students, both undergraduate and graduate. Besides his course at Georgetown University, Rabbi Siegel conducts a more informal discussion group of students and professors at George Washington University on the subject of the Talmud (Jewish law). He also regularly leads a discussion group of Rabbis from the Washington area.

In addition to writing and academic education, Rabbi Siegel's third area of concern is that of the Washington community, where he is in great demand as a lecturer to civic and professional groups. He recently spoke to the Social
“What does the Jewish tradition say about the problems of medicine and ethics?”

Workers at the Jewish Home for the Aged in Washington, D.C., and on the topic of “A Jewish View of Medical Ethics,” he spoke to the Washington Hebrew Congregation.

Rabbi Siegel is interested in several specific areas of bioethics and the contribution that can be made from the perspective of Jewish ethics. He has recently written an essay on truth-telling, particularly in respect to whether physicians have the duty to tell patients the truth about their conditions. He is devoting his attention also to the controversy between a respect for life per se and those situations where extraordinary means are used to continue life.

Rabbi Siegel felt that the quote he had included in Who’s Who in America, 1975-76, was a good means of “knowing” how he viewed himself.

“I have tried all my life to guide myself by the values inherent in the Jewish tradition. These values are a sense of the holy; responsibility to God and to fellowman; the development of the rational faculties; a reverence for tradition; and a healthy good humor about the failings and foibles of human beings.”

We feel that he has chosen his description wisely.

—Carol Hetler

Seymour Siegel

The Ethical Dilemmas Of Modern Medicine:
A Jewish Approach

Should hopelessly ill patients be permitted to die? Is it moral to sign a “living will” permitting the cessation of heroic means to keep a person alive? Is abortion really like murder? Can we interfere with the genetic process to produce children grown outside the womb? These and many other questions are now high on our society’s agenda, representing some of the complex issues now facing physicians, scientists, and the families of those who are seriously ill. They are the basic questions now being asked by those working in the field of biomedical ethics.

What does the Jewish tradition say about the problems of medicine and ethics? Of course, these are highly complex issues. Let us, however, state some of the basic principles inherent in the Jewish view of life and see how they can be applied to the agonizing questions of our time.

1) The maintenance of physical and mental health is not only good for our well-being; it is a mitzvah, a divine commandment. Moses Maimonides, himself an outstanding physician, writes in his great code, the Mishneh Torah:

Since when the body is healthy and sound one can learn the ways of the Lord, it being impossible to understand or know anything of the knowledge of the Creator when one is sick, it is obligatory upon man to avoid things which are detrimental to the body and acclimate himself to things which heal and fortify it.

(Hilchot De’ot 4:1)

Judaism rejects the notion that somehow it is good to suffer. Although there are many who are ennobled by pain and sickness, and while we are bidden to accept that which befalls us with faith and trust, we are also exhorted to fight against disease and illness. To strive to be healthy in mind and body is a divine imperative.

2) In the Torah we are bidden not only to accept the world, but also to do what we can to better it. Even nature, God’s handiwork, is not completely finished. Human beings have been given the facilities and should improve upon nature whenever possible.

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These three principles—the duty to strive for health, the duty to improve creation wherever we can do so, and the recognition of the sacredness of human life—are the basis of the Jewish way of relating to medical ethics.

There is a striking story in rabbinical literature which illustrates this idea:

Once Rabbi Ishmael and Rabbi Akiba were walking in the streets of Jerusalem and another man was accompanying them. A sick man met them. He said to them, “Tell me how I can be cured.” They said to him, “Take this and this medicine until you are well.” The man accompanying the sages said, “Who smote this man with illness?” They said to him, “The Holy One Blessed be He.” He said to them, “And you have interfered in something that is not your affair. He smote him and you heal him?” They said to him, “What is your work?” He said to them, “I am a farmer; note the spade in my hand.” They said to him, “And you interfere in something that is not your affair?” He said to them, “Do you not see the spade in my hand? If I were not to go out and plow the vineyard and fertilize it and pull out the weeds, would it produce anything?” They said to him, “Just as the tree, if it is not cared for, will die, so the body is like a tree; the medicine is like the fertilizer and the doctor is like the farmer.”

Although creation is God’s handiwork, it is the duty of man to make it productive; we do not rely on Providence alone for that. If illness strikes, we are bidden to utilize all of our skills to restore health. This is not to deny Providence, but to obey God’s command.

3) The whole outlook of Jewish teaching is based on the sacredness of human life. Human life is a great mystery, a gift of the Creator. Wherever human life exists, be it in a fully grown, healthy man or in a feeble old woman on her deathbed, it is sacred and priceless. All of the Torah’s prohibitions, barring three, are suspended when there is a human life to be saved.

These three principles—the duty to strive for health, the duty to improve creation wherever we can do so, and the recognition of the sacredness of human life—are the basis of the Jewish way of relating to medical ethics. The application of these principles in three areas should prove to be valuable.

A) Before Birth

What is the status of the unborn fetus? In the current debate we have representatives of two extreme views. One segment of our society believes that the fetus is to be considered as a child who is already born. In this view, killing a fetus is equal to murder. On the other extreme, we find advocates of the view that the fetus is no different than any other part of the mother. Just as a woman has the right to cut her hair or fingernails, she has a right over her body and may remove the fetus whenever she wishes to do so.

The Jewish view rejects both of these extreme positions. The fetus is not the same as a born child. In a famous passage in the Mishnah the rabbis say that if a woman is giving birth and the fetus threatens her life, it is permissible to destroy the child; her life takes precedence. This is not the case in Jewish law where the child has already been born.

However, as potential human life, the fetus is not like a fingernail or gall bladder. It has the right to our protection and care, as long as it does not threaten the life of a living woman. The fetus enjoys the benefit of our bias for life. As potential life, it is not the same as a born baby. As potential life, it should be protected and allowed to realize its destiny; that is, to be born as a human being. The fetus as life-in-process cannot be destroyed except where it threatens the life of the mother.

In a responsum on abortion written by Rabbi Isaac Klein for the Committee on Jewish Law and Standards of the Rabbinical Assembly it is stated: “Our conclusion, therefore, must be that abortion is morally wrong. It should be permitted only for therapeutic reasons.” Of course, the question as to what is “therapeutic” is still being debated. Does it refer only to the physical health of the mother? Can it be interpreted to cover situations where the economic health or social health of the family is involved? These are questions that have not as yet been solved.

B) The Situation Before Death

The problems of death and dying are agonizing and complex. There has been much discussion about the definition of death and of how to determine when a person has actually died. This is important in relation to transplants and for determining when life-support systems may be terminated.
The basic Talmudic definition is that death occurs when respiration ceases. The cessation of heartbeat was also taken into consideration. There are many today who believe that a better definition of death should be based on the cessation of brain activity as evidenced by the absence of EEG’s (brain waves). When the brain waves stop, spontaneous breathing and heartbeat are impossible, and therefore the patient can be said to be dead even though his systems may be moving by means of machines. It is felt that when the rabbis defined death by referring to the circulation and breathing, they were reflecting the best scientific information available in their day, but now that we have means to measure the activity of the brain, the organ which is the central mechanism for the support of life, new criteria for death should be adopted.

A more serious question is that of euthanasia. This term is based on two Greek words, meaning a pleasant death. Can a hopelessly sick terminal patient be put out of his misery? Here the tradition is abundantly clear: “We may not close the eyes of a dying man. Whoever touches him and moves him (thus hastening his death) is a murderer. For Rabbi Meir used to say: He can be compared to a lamp which is dripping (going out); should a man touch it, he extinguishes it. Similarly, whoever closes the eyes of a dying man is considered as if he had taken his life.” Therefore, any form of active euthanasia, that is, doing something to end the life of an individual, would be prohibited by Jewish tradition. However, there seems to be good evidence that “passive euthanasia”—that is, the removal of artificial impediments to death—would be permissible. Rabbi Moses Isserles in his glosses to the Shulchan Aruch states: “If there is anything which causes a hindrance to the departure of the soul such as the presence near the patient’s house of a knocking noise such as woodchopping or if there is salt on the patient’s tongue, and these hinder the soul’s departure, then it is permissible to remove them from there because there is no act involved in this; only the removal of an impediment.” (Yoreh Deah, 339:1)

On the basis of this passage, which is based on an earlier source in the Sefer Chasidim, it would seem permissible to remove those “impediments” which prevent the coming of death. Does this mean that the removal of a respirator which is keeping a hopeless patient alive would be permissible? There are authorities who think that this would be allowed on the basis of the passage we have just quoted. Others believe that there is a difference between stopping the chopping of wood, which the ancients thought kept the soul from leaving the body, and the sophisticated machines that are now used to keep individuals alive. These issues are still being discussed.

In regard to the use of organs of dead people for transplant purposes, there seems to be general agreement that this would be permissible. Although it is forbidden to have any benefit from a corpse, the saving of another life would override any prohibition against the utilization of a dead body. It is a cardinal principle of Judaism that pikuach nefesh, the rescue of a human being, supersedes all other prohibitions except those against murder, incest, and idolatry. The same principle would permit autopsies where the procedure can help save the life of someone else. Of course, during the autopsy and afterward the human body should be treated with dignity and seriousness. Even though a person is dead, his earthly remains still reflect the glory of human life which once inhabited the body.

C) Genetic Engineering

One of the exciting new fields in medical science involves the field of genetics. It is possible now to test the fluid in which a fetus exists and to discern possible genetic malfunctions which would result in congenital disease. Where there would be a tragic situation involving the suffering of a child to be born, Jewish ethics would be in favor of experiments and tests to prevent this tragedy from occurring. Genetic counseling now so widespread should be encouraged.

Problems arise, however, with respect to radical changes in nature’s ways, such as test tube babies, cloning, and freezing. The Jewish world view would seem to be that although we can improve nature, we should not tamper with the basic structures of Creation. To make it impossible for a newborn child to have the benefit of a real mother and father who created him or
her in an act of love, and instead to have his birth arranged through some artificial means, would seem too radical a procedure to be ethically right. We will have to be on guard so that society does not destroy some of its basic values because of what seem to be scientific advances.

When all is said and done, the basic problem of medical ethics is to educate those who deal with the issues of life and death to be sensitive to the ethical dimension involved in their work. Unless physicians, nurses, technicians and administrators become more sensitive to the needs of their patients, unless they recognize the personhood of all humans, our discussions and analyses will be worth little. The ethical task, as always, is to create the kind of people who will be aware of their own humanity and the human dimension of those whom they serve. All the rest is commentary.

Dr. Gendell Directing Assessment of Family Growth Survey Methods

Georgetown University has received a contract from the Health Resources Administration of the U.S. Department of Health, Education and Welfare. This agency has been conducting a biennial National Survey of Family Growth, which has collected information on childbearing, family planning, and health-related matters. The sample for these surveys has been limited to currently or previously married women.

The agency now wishes to consider including women who have never been married in the sample. To this end it has contracted for an assessment of the data needs, methodological issues, and problems of study design that should be considered in the justification and planning for such expanded coverage.

The Center for Population Research of the Kennedy Institute will conduct the assessment under the direction of Dr. Murray Gendell. The contract requires the Center to prepare a detailed report of this assessment, including recommendations concerning priorities among the scientific and policy data needs and methodological issues considered. There are also important questions bearing on the rights and privacy of respondents that need to be taken into account. Particular attention is to be given to the advisability and feasibility of including single females younger than age 18.

The duration of the $56,000 contract is from January 1, 1977 to December 31, 1977.
Agricultural Economist Joins CPR

Raphael Shen, S.J., joined the Institute last September as a staff member of the Center for Population Research. He is studying the economics of the world food problem. The following some questions he is raising in his study: Given the institutional setups, can the world adequately feed its people? Are there sufficient natural resources to support future population growth? Should people of the developing nations be helped in their struggle against hunger and poverty? Who will help and under what circumstances? In his research, Father Shen will attempt to find answers to these and other questions.

A Jesuit and an agricultural economist, Father Shen received his Ph.D. in 1975 from Michigan State University. In addition, he has masters degrees in philosophy, sociology and economics. His fields of interest are: production economics, economic analysis, contemporary economic issues in mainland China, and the contemporary sociological structures in China. His previous academic appointments were at Fu Jen University in Taiwan and Xavier University in the Philippines.

Explaining his research, Father Shen says, “My belief is that in the long run the Third World countries must feed themselves. They are capable of so doing. The food problem rests less with production than with distribution. Reality in many of the Latin American nations would bear out my contention.” He adds, “The current world population is slightly over four billion. If all the cultivable land were to be pressed into service, and given adequate complimentary inputs, forty billion people could be adequately fed.” His work will include information about possible food resources from the sea and finding alternative sources of food calories.

Father Shen suggests that the Third World countries are capable of converting their natural resources and human resources to an adequate food supply. The ones which truly need assistance for extended periods of time are the Fourth World Nations. They are usually small, geographically isolated, and are very poor in natural resources. Fortunately, they are few in number.

In another facet of his study, Father Shen will examine the social and cultural factors in the developing economies which might countervail efforts of well-meaning economic policy-makers. According to Father Shen, cultural factors do play a significant role in the formation of current economic conditions in most nations, and social institutions—products of policy and politics—are the key to mitigating the world hunger problem.

Information Retrieval Project Awarded Three-year Grant

The National Library of Medicine has awarded a three-year grant to the Kennedy Institute for the continuation and development of its computerized bioethics information retrieval system. The renewal award will extend the project through February of 1980.

During the coming year the staff of the Information Retrieval Project will be collaborating with the National Library of Medicine in a program designed to make the bioethics data base available to all subscribers to the Library’s MEDLINE network. Details will follow in the next issue of the Quarterly Report.
Preview: Encyclopedia Articles on Aging

We can all be sure of senescence, but that's where the certainty stops. In today's youth-oriented society, insecurities of old age are unpleasant to contemplate. As we grow older we face prospects of deteriorating health, loneliness, dependence, and discrimination: changes in medical technology, however, make the prospects for growing older less grim. But the changes that make life easier may raise many difficult ethical questions about aging.

Articles on aging in the forthcoming 1.25 million-word Encyclopedia of Bioethics explore these questions—and suggest some answers. These articles, along with more than 300 others on a wide range of issues in ethics and the life sciences, are scheduled for publication in the Encyclopedia early next year by the Free Press, a Division of the Macmillan Publishing Company.

The staff members of the five-year Encyclopedia project, directed by Warren T. Reich, Editor-in-Chief, will finish compiling the contents of the four-volume work at the Institute this summer. Sponsored by the Institute's Center for Bioethics, the Encyclopedia project is supported by the National Endowment for the Humanities, the Joseph P. Kennedy, Jr. Foundation, the Raskob Foundation, and the Commonwealth Fund.

In the Encyclopedia category of "Aged and Aging," four major topics will be discussed. An article written by Ernie W.D. Young, Ph.D., Lecturer in Medical Ethics at Stanford School of Medicine, on "Health Care and Research in the Aged" reviews past and present attitudes toward old people in society, their medical care, and experimentation involving the elderly. Describing attitudes from the time of Plato to those of the twentieth century, Young concludes that though there has been a callousness developed toward the aged, there has also been a growing interest in alleviating their plight. His survey of medical care includes three areas: hospital services, nursing homes, and mental health care. Listing some facts and figures, he includes that one-fourth of the nation's health expenditures are spent on those age 65 or over—the same group that consumes 25 percent of all drugs and most frequently uses long-term hospital facilities.

With respect to one moral issue involved in experimentation with the aged, Young asks whether the aged should be regarded as a "captive" population. He suggests they are a "captive" group because old people are more institutionalized and tend to be more politically, socially and culturally deprived, than the young. If considered "captive," he asks whether they should be exempt from research or receive special consideration. Other issues discussed by Young focus on the informed consent of the elderly who may be in various stages of physical or mental disability and public review for safeguarding elderly research subjects.

Perhaps the most intriguing of the articles on aging is by Leonard Hayflick, Ph.D., Professor of Medical Microbiology at Stanford University Medical Center. In "Theories of Aging and Anti-Aging Techniques," he writes that one theory says that aging is caused by gene mutations. Another theory is based on the idea that an animal's body becomes less able to adapt to stress as it ages. Hayflick also discusses a popular question: Are there ways to postpone aging? He considers the two possibilities for increasing life expectancy: eliminating the major causes of death, and biomedical research to discover changes involved
with aging. One way to delay aging may have been discovered in some interesting laboratory studies with animals. The results of those studies have shown an increase of 50 percent in longevity with a dietary method of reduced caloric intake. The dietary method used in the experiments were controlled to cause undernutrition, but no malnutrition. Hayflick points out that no humans have tried this method as a way of postponing getting old. He postulates that this may be an indication that people think quality of life more important than quantity.

Bernice L. Neugarten, University of Chicago Professor, Department of Behavioral Sciences, reviews the changing relations between age groups in her article on “Social Implications of Aging.” With the increasing number of elderly people, the change in age distribution in society poses the following questions: How does society meet the needs of older people? How does their increasing presence affect other groups in society?

One trend Neugarten discusses is the increasingly early retirement of men. It appears that as soon as they are financially able, men are retiring at age 55, and the number is growing. Whether this trend will continue depends on such things as economic and technological growth and the number of women workers.

Neugarten also analyses the role of the family, diversity of life styles, educational programs, and work for those she terms young-old (ages 55-75) and the old-old (over age 75).

Writing about “Ethical Implications in Aging,” Drew Christiansen, Research Associate, Woodstock Theological Center at Georgetown, assesses anti-aging techniques such as nutrition, physical fitness programs, new treatments for diseases, or advanced prosthetic devices. He considers the kind of technology in question, its place in health policy, its social impact and its moral and anthropological effects.

Christiansen discusses some common attitudes as well. Attitudes toward work and leisure, he hypothesizes, seems to be shifting in favor of leisure. This is due somewhat to social security, retirement plans, and other factors offering a good life after retirement. Freedom and independence tend to be dominant values for the elderly, but also the cause of difficulty in adjusting to changes brought on by age. Freedom he implies, may not be synonymous with independence. Fear of sickness, which would mean not being able to take care of themselves, may be related to the elderly’s desire for independence. Similarly, after retirement, adjustment to closer interpersonal relationships with family members may conflict with attitudes toward independence. Christiansen suggests thinking about whether any set of values is appropriate to only one or two phases of life and not to others, whether it builds the moral strength needed in misfortune and whether it overcomes preoccupation with the body.

These articles on aging and the issues discussed should be considered in the broader context of other articles to be included in the Encyclopedia. Although aging brings with it a special set of circumstances and problems, there are some circumstances which are also common throughout other stages of life. Other Encyclopedia articles such as “Freedom and Behavior Control,” “Humanistic Medicine,” or “Human Experimentation” and “Rights” may lend some perspective.

—Valerie Nye
"Brevity is the soul of wit . . . "

Ethics and Public Policy Program Under Way

“In complex and confusing times, straight, unadorned facts are beautiful. Brevity is the soul of wit, and it may be the heart of solid news.” So wrote Dr. Ernest Lefever, director of the Institute’s recently established Ethics and Public Program, in TV Guide.

In his new program, Dr. Lefever is planning three projects to analyze the values, ideas, and policy advice carried by influential media—high school texts in social science, pronouncements of religious bodies on current issues, and network television news.

Dr. Lefever’s Program, an autonomous operation within the Kennedy Institute, has received a five-year grant from a European foundation and additional grants from two American trusts.

As with the other Institute scholars, who are involved in applied research, Dr. Lefever teaches at Georgetown University and lectures to outside organizations.

Last fall he taught a graduate course on “Ethics and National Defense Policy.” This semester he is conducting a newly developed course, “U.S. Foreign Policy and the Mass Media,” which is closely related to his Program. The classes will study the role of the press, radio and television in providing news, information, and opinion of major U.S. national security and foreign policy issues.

Outside the classroom, Dr. Lefever lectures in the U.S. and abroad. During the past year, he participated in an international conference on the “Strategic Significance of Raw Materials” in Swaziland and a social ethics seminar in Arnhem, The Netherlands.

Dr. Lefever also writes articles on current topics. On January 6, his “The Case Against Blanket Amnesty” appeared in the Wall Street Journal. This was followed by “The Rights Standard” in the January 24 New York Times.

Before coming to the Institute last year, Dr. Lefever had been a senior fellow for 12 years on the Foreign Policy Studies staff of the Brookings Institution. Author of several books including Ethics and United States Foreign Policy and Crisis in the Congo, his most recent is TV and National Defense: An Analysis of CBS News, 1972-73. From 1961 to 1964 he was a senior researcher at the Institute for Defense Analysis and has been a consultant to the State Department.

Dr. Lefever holds a Ph.D. in social ethics from Yale University and has taught international politics at the University of Maryland and American University. He is a member of theInternational Institute for Strategic Studies (London), the Washington Institute of Foreign Affairs, and the Johns Hopkins University Society of Scholars.
Legal Scholar Now Teaching at the University of Miami Law School

Kenneth Casebeer, a Visiting Legal Scholar at the Kennedy Institute since September 1975, is teaching "Constitutional Law" and "Bioethics and the" at the University of Miami Law School in Coral Gables, Florida, this semester. As a result of being appointed Assistant Professor of Law at the University of Miami, Casebeer says, "I have hopes of eventually expanding the interdisciplinary offerings beyond this subject to other aspects of technological development."

"Being at the Kennedy Institute has obviously been of great importance to my future teaching," says Casebeer. He taught a course at Georgetown last spring on the "Philosophy of American Constitutionalism." The course attempted to reduce the basic principles behind such constitutional doctrines as separation of powers, due process, enumerated rights and equal protection to still more fundamental philosophic premises about the definition of the self, the acquisition of knowledge, the nature of value and the relation of the individual to society.

Ring the course, Casebeer compiled a 600-page casebook of commentary and notes to be used as course materials.

While at the Institute, Casebeer has frequently supplied other staff members with legal perspective and background for their research and studies.

Aside from the Institute staff, he has also collaborated with Harvard Professor Laurence Tribe, J.D. on an article for the Center's forthcoming Encyclopedia of Bioethics. The article, "Technology and the Law" examines the broad frameworks underpinning environmental law.

In a consulting capacity, Casebeer has responded to legal questions from the family attorneys of Karen Quinlan, from local groups on living will legislation and questions posed by the American Association of Pediatrics on policy concerning children as Federal Drug Administration mandated research subjects.

Likewise, he says he has found it useful to take advantage of the Institute's interdisciplinary faculty to collaborate on various writing projects. He and Dr. James F. Childress, for example, have written an article "Public Policy Issues in Genetic Counselling" for the forthcoming book entitled Genetic Counseling. Another article, "Obscuring the Role of the Physician," Casebeer co-authored with Dr. Roy Branson. It appeared in last February's Hastings Center Report.
Ethics and Health Care Seminar Planned

A series of Humanities Seminars for Medical Practitioners, sponsored by the National Endowment for the Humanities, will be offered again this year to members of the health professions, including health officials, nurses, hospital administrators, and executives of professional societies. James Childress, Joseph P. Kennedy, Sr. Professor of Christian Ethics, at the Institute’s Center for Bioethics, will conduct one of the four seminars during July 3-29. The topic of his seminar, held at Mt. Vernon College in Washington, D.C., will be “Ethics and Health Care.”

The seminar directed by Dr. Childress will provide health care professionals with a broad humanistic perspective on current dilemmas in biomedical practice and health policies. According to Dr. Childress, biomedical ethics is one area of applied ethics, the application of general ethics to special areas where moral dilemmas and quandaries arise.

It is thus parallel to political ethics and business ethics. He says that there is continuity between the norms that apply to these various areas, even where the moral problems have different nuances because of the technical data, exigencies, and professional imperatives that may be peculiar to that area. The application of norms depends on the prudence of decision-makers, whether they are policy-makers or medical practitioners. Ethics, he suggests, as the systematic and critical reflection on morality, is relevant to their decision-making.

Dr. Childress explains that many traditional courses approach the ethics and health care topic through certain “problems” or “dilemmas” such as abortion, euthanasia, and genetic engineering. While such problems or dilemmas are important and unavoidable—especially in the case studies that will be central in his course—they need to be approached through a rigorous and imaginative interpretation of general moral norms and notions in their philosophical, cultural, social, and historical settings. Therefore, this seminar will concentrate on an examination of moral notions such as care, consent, paternalism, and justice in order to determine their content, presuppositions, and implications for practical decisions in medicine and policy-making.

Other seminars in the series will be presented throughout the country and will be directed by the following: John E. Smith, Yale University; Melvin M. Tumin, Princeton University; H. Tristram Engelhardt, Jr., University of Texas; John Lachs, Vanderbilt University; and William F. May, Indiana University.

For the seminar conducted by Dr. Childress applications are invited from those physicians and other members of the health professions who are interested in participating. For more information, write to Dr. Childress, Center for Bioethics, Kennedy Institute, Georgetown University, Washington, D.C. 20057. Application deadline for this seminar is April 15 and selections of participants will be announced at the end of April.
Bioethics Library Serves Scholars And Public

The Center for Bioethics Library at Georgetown University's Kennedy Institute is the largest reference library of its kind with more than 3,000 books, 7,000 article length documents, and a large collection of specialized bibliographies. Selected newsletters and journals from the fields of philosophy, medicine, law, sociology, and science, as well as all English language journals devoted specifically to medical ethics or bioethics are also on hand in the library.

Anne Kiger, Acting Librarian, says, "We attempt to collect all the information being published in the field of bioethics including journal articles, books, pamphlets, government documents, and special issues of journals, and along with the Information Retrieval Project scan all relevant bibliographies and indexes so that the library is complete and up-to-date. We then provide catalogs to all these materials so that both special subject and specific citations may be found."

In surveying all the material in this field, the library offers a monthly listing of new acquisitions organized by subject, "New Titles in Bioethics." To save in book selection and current awareness, this listing is available at cost to subscribing libraries, organizations or individuals.

Suppling research materials for the Kennedy Institute scholars since May 1973, the library is also open to the public from 9 a.m. to 5 p.m. weekdays.

The library is located on the third floor of the D.C. Transit Building, 3600 M. St., N.W.:

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A Note from
The Director

This Quarterly Report brings with it the news that Dr. Thomas Merrick, economist and demographer, formerly of the University of Pennsylvania, has joined the staff of the Center for Population Research.

For many years the Center for Population Research has been staffed by some of this nation's most outstanding social demographers, including several Presidents and Directors of the Population Association of America. The addition of a demographer-developmental economist is a major event. From Malthus onwards the literature has linked demographic and economic factors, both at the macro and micro levels.

Often the demographic and economic links have seemed to me oversimplified. It has not been uncommon to imply that if third world families would have fewer children their nations would have more industries. It has also not been uncommon to imply that industrial pollution in the U.S. would diminish if we had fewer children. Fewer children would mean—or so it would seem—more factories abroad but fewer factories at home. Why this should be so is far from clear—it is easier to proclaim slogans than to stave them.

There is even a certain irony in hearing the young pollution fighter at home proclaim that zero population growth is good for combating excessive production, consumption and pollution, while the U.S. industrial establishment is assured, in the Report on the President's Commission on Population Growth and the American Future, that decreasing births will have no deleterious effects on industrial activity. There is no attempt at dissimulation in any of these statements. There is just a paucity of data to establish whether and where the links exist between demographic and economic variables.

It is a felicitous fact that Dr. Merrick has been involved in this area at both the academic and programmatic level. His service with the Agency for International Development and the Ford Foundation has given him extra-academic experience. His work at the University of Pennsylvania and at a Brazilian University gives him insight into how both U.S. and Third World academicians view the subject. Most fortuitous of all, his area of specialization is in the country of Brazil, a nation with both a booming demographic and economic growth rate, which seems to defy all the conventional wisdom about the demographic-economic links.

Given the fact that the population question and issues of economic development have been proclaimed, by the International Federation of Catholic Universities, to be priority subjects for study at Catholic Universities, Dr. Merrick's arrival represents a long planned step in the orderly development of this Institute's capabilities. His having taken a degree in philosophy, prior to embarking on his studies in economics is but one additional asset to the Institute.

The issues at stake are neither provincial nor denominational. They are cross-cultural and few are better trained to address them than Dr. Merrick. I, for one, am delighted to welcome him on board.®

Editor's Note: Due to the change of Quarterly Report editors, this issue combines the Fall 1976 with the Winter 1977 issue.