New Chair Established

Rosemary Kennedy Endowed Chair in the Philosophy of Medicine

H. Tristram Engelhardt, Jr., M.D., Ph.D., has been appointed to the first Rosemary Kennedy Endowed Chair in the Philosophy of Medicine. This professorship is being jointly funded by a grant from the Joseph P. Kennedy, Jr. Foundation and the University. Dr. Engelhardt will hold a joint appointment as a professor in the Departments of Philosophy and Community Medicine, and as a Senior Research Scholar of the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics at Georgetown University.

Dr. Engelhardt has been a frequent visitor and contributor to the activities of the Kennedy Institute for several years. He is a contributing author and an associate editor of the Encyclopedia of Bioethics.

In his new position here Dr. Engelhardt will be involved in integrating the efforts of a primarily research Institute and an ongoing medical school program. Teaching, writing and research will all important.

Dr. H. Tristram Engelhardt

This fall Dr. Engelhardt will be directing a seminar sponsored by the National Endowment for the Humanities for medical practitioners, titled, “The Delivery of Health Care: Physicians’, Patients’, and Society’s Rights.” In the spring of 1978, he will be teaching a course for graduate and medical students on “Historical and Philosophical Concepts of Disease” in the University.

Dr. Engelhardt is in the process of writing several books. He anticipates that his textbook of Medical Ethics will be finished by the end of the academic year. He is also involved in writing a book on John Hughling Jackson and the development of the concept of cerebral localization in the 19th Century, and is in the process of gathering an anthology of readings on the history of the concept of disease.

He is co-organizer of the Symposia on Philosophy and Medicine. This series of Symposia is designed to produce literature in a field which up to this point has had a dearth of published material. The proceedings of each symposium is being published, and together they are being called the Philosophy of Medicine Series. At this time 3 volumes have been published of at least an 11 volume series. Those volumes now in print are Evaluation and Explanation in the Biomedical Sciences; Philosophical Dimensions of the Neuro-Medical Sciences; and Philosophical Medical Ethics: Its Nature and Significance. A fourth volume, Mental Health: Philosophical Perspectives, will be out in print in October 1977.

Within Georgetown’s Medical Center, Dr. Engelhardt will be working with the resident staff and the medical students in the field of pediatric mental health through the University Affiliated Facility. He is very interested in the concept of “levels of capacity” for the mentally handicapped in the sense that mental handicaps are generally uneven. That is a person may be handicapped yet still have many areas in which he can develop and flourish as an individual. Within the U.A.F. program, Dr. Engelhardt will be working with staff, students and families, concentrating on the ethical issue arising in the prevention, diagnosis and treatment of mental retardation. His interest in mental health has led him to devote two volumes in the Philosophy of Medicine Series to the subject of Mental Health.
Interview with Dr. Beth Soldo

Q: Gerontology is the study of aging. Exactly what does aging mean to a gerontologist?

A: Aging, fundamentally, is a process, one that is both unidirectional and irreversible. Chronological age is used as an indicator of a developmental stage in that process. Because of its utility, chronological age has widespread administrative use.

Despite its administrative appeal, chronological age is beset with conceptual problems. The first, and perhaps most obvious, is its failure to capture inter-individual differences. The elderly population today is neither a social, economic or demographic monolith. It’s a very heterogeneous population. Distinguishing between groups of individuals simply on the basis of their chronological age negates very fundamental differences between individuals not simply at the latter end of the life cycle, but throughout it.

Q: What else accounts for the gerontologist’s uneasiness with chronological age?

A: Chronological age also masks intra-individual differences. Aging, as a social concept, refers to both the rate of development and the stage of development along multiple dimensions. There’s the dimension of health status, functional capacity, cognitive acuteness, integration of roles, and so on. All these fit into a complex of dimensions that we in society tie up into a neat bundle and label “age.” And yet an individual can look very old in the sense that all of the visual cues are present—gray hair, wrinkled skin—and yet this same person can kill you at tennis. To some extent the multiple dimensions of aging are interdependent, but they’re not perfectly correlated. So somebody could be very old along a social status dimension, and yet relatively young along a health status dimension.

Q: Why then does society continue to make so many assumptions about people based on age?

A: Primarily for its convenience. If I simply know your age, I don’t need to...
elicit all kinds of detailed information about you. In social interactions, age serves as a convenient proxy or surrogate variable. I know a lawyer who insists before he goes into the courtroom that he know the age of the opposing attorney. He's found this to be a shorthand way of getting a grasp on what kind of approach the opposing attorney will take, the kind of argument he'll make, how fast you can throw things at him where his weaknesses may very well be. In other words, if he's a young attorney, he may be up on book knowledge, but very inexperienced in terms of courtroom maneuvers or staging techniques, as opposed to an older one who may be very apt at the theatrical aspects of courtroom presentations but may not be as knowledgeable about the nuances of legalities as a younger one may be. And everyone, not just an attorney, uses this type of shorthand.

Q: Why then is gerontology defined above as the “study of aging”? Aren’t all of us aging, every day?

A: In a certain sense, aging begins the moment you’re born. From that moment on, an individual accumulates time and age-related changes occur. I think it’s much more meaningful to talk about gerontology as the study of change along the dimensions that are associated with age. That also immediately focuses attention on the fact that age does not exist in a life cycle vacuum. There’s nothing magical that happens to individuals when they cross the threshold into chronologically-defined “old age.” In fact, an individual at 70 is responding to his or her accumulated life history as much as to current circumstances.

Q: Do you think the post-war “baby boom” has aggravated the difficulties of the older generation?

A: The baby boom created both problems and help for those who are currently elderly; problems, for example, in the sense that given a fixed or limited amount of societal resources, and given the large baby boom cohort knocking on the door of the labor force and demanding entry, one of society’s ways of coping with the problem is to ask (in fact, provide incentives) for the elderly to leave the labor force. This can happen 10 years before there’s any health-related reason for them to retire, or any desire on their part to do so. On the other hand, I think the baby boom is responsible for much of the attention we are currently focusing on the elderly. Because the baby boom has considerably taxed every social structure it has touched, much of our concern for the elderly today is based on the fear of what will happen when these young adults reach the older ages.

Q: Do you think that our elderly today differ very much from the elderly in past generations?

A: Our elderly are probably the most adaptable cohorts ever to pass through our system. They were born into a time of no electricity, minimal indoor plumbing, no cars or airplanes, and they’ve had to adjust and even master all these innovations. By no means should we sell them short on their ability to adapt.

Q: What can we do to increase their chances for a good life?

A: I would say our primary concern should be to give them options, along every dimension which is of social concern to us. But a flexible retirement age will generate other problems in other places in the life cycle for the population as a whole. So when you propose any kind of intervention, you must be careful that while it may be good for the elderly, it may also generate a problem for the young.

Q: Is that due, not only to better health care, but because of a lower birth rate?

A: More the birth rate than anything else. From a demographic standpoint, populations age because of a decline in fertility. I’m sure that most people expect that the increase in proportions of elderly can be directly related to improvements in survivorship and reduction in mortality rates. Since the 1900’s certainly the mortality rate has declined, but most of that progress has
been made in conquering the childhood diseases. So what follows from medical intervention is, (1) individuals survive their infancy, and (2) higher proportions of each cohort survive to the point where they themselves have children. Today approximately 95 per cent of any cohort survives to age 30, so any further reductions in mortality will probably have to be in terms of the chronic diseases.

Q: Can you make any predictions about the elderly up to the year 2000?

A: The problem with trying to predict the proportion of elderly is that it's highly dependent on the birth rate. The birth rate has been declining since the early sixties, and we're about at replacement levels now. But there is one hypothesis that the women of the baby boom are postponing their fertility, and we may see a flood of babies born within a certain year when these women reach their 30's and face their last chance to have children. We can predict the relationship between mortality and fertility, and what it means for the age structure of the population around 1990 or 2000, but beyond that the accuracy of our projections is dependent on how closely we can predict the course of fertility. And fertility, of all the demographic processes, is the most subject to "guesstimate" error.

Dr. Warren Reich Appointed to Department of Community Medicine

The Georgetown University Medical Center has announced the appointment of Dr. Warren T. Reich as Associate Professor and Head of a new Division of Health and Humanities in the Department of Community Medicine.

In making the announcement, Dr. Robert R. Huntley, Chairman of the Department of Community Medicine, said, "This is the beginning of a major new program in bioethics and health-related humanities for the entire Medical Center, based on the work of a University-wide planning committee."

Dr. Reich who, since 1971, has been Senior Research Scholar at the University's Kennedy Institute, will develop the new program for the Schools of Medicine, Dentistry, and Nursing. In addition to Bioethics, which will be at the core of the curriculum, the three Schools intend to develop a curriculum that will include Literature, Philosophy, Theology, Art, History, Sociology, and Law.

The purpose of the program will be to provide a stimulus for the identification of value issues in health care and the biomedical sciences, and to develop intellectual skills for understanding and resolving the increasing ethical dilemmas raised by the contemporary life sciences, health sciences, and health care.

Dr. Matthew McNulty, Chancellor of the Medical Center, emphasized that,

"The physician, the dentist, the nurse, and the other health scientists of the future will be called upon for increasing and broader service to society. "To provide that service, a knowledge and understanding of basic bioethical, moral, social and economic issues is important to complement an ever increasing body of scientific knowledge. Georgetown University Medical Center intends to maintain scientific excellence but also to provide a curriculum that is both interdisciplinary and interprofessional for the scientist/scholar of the future."

The new program will draw on resources in other parts of the University, such as the College of Arts and Sciences, the Graduate School, the Kennedy Institute, and the Law School.

Dr. Reich will retain a joint appointment in the Kennedy Institute's Center for Bioethics, where he is completing work as Editor-in-Chief of the Encyclopedia of Bioethics.
Dorothy Swaine Thomas

The Kennedy Institute announces with sadness the death of Dr. Dorothy Swaine Thomas in May of this year, after a long illness. Dr. Thomas joined the Kennedy Institute's Center for Population Research in 1972, and she was important to the early organizing of the Center's teaching and arch program.

Born in the last quarter of the nineteenth century, she was educated as a social research scientist in a time when there were few such professionals, and among them only a handful of women. She demonstrated that a professional woman could make it on her own long before the current discussions over women's rights or ERA became matters of everyday concern.

In college she decided to concentrate on Economics and Sociology rather than the English and Latin that she had studied for years, and began to work under the tutelage of William Fielding Ogburn. Her work with him resulted in a joint publication, "Are Inventions Inevitable?" which was published when she was only 21. Her second paper with Ogburn was "The Influence of the Business Cycle on Certain Social Conions." She maintained her interest in economic and social cycles throughout her life, and she was collecting material for a further study on this general topic when her physical disability prevented further work of this type. Her doctoral dissertation from the London School of Economics, under the title, Social Aspects of the Business Cycle, remains a landmark in the field some fifty years later.

Upon returning to the United States in 1924, Dr. Thomas experienced great difficulties in obtaining a position on the faculty of a first-rate university. The Federal Reserve Bank did want her and she became involved with time series analyses. A post-doctoral fellowship led her into more training in the behavioral sciences. Together with W.I. Thomas, she used psychometric and sociometric techniques on an investigation of child development which resulted in The Child in America. Further research on children was done at Columbia, and later at Yale.

It was at the University of California at Berkeley in 1940, where Dr. Dorothy Thomas reached a major career goal—to become a full professor with tenure at a first-rate university. Being on the West Coast led her to study the Japanese after Pearl Harbor and the evacuation of American Japanese. The evacuation and ultimate resettlement was reported in two books, with co-authors from among the re-locatees, The Spoilage and The Salvage.

In 1948 she joined the University of Pennsylvania where she remained until compulsory retirement at Penn brought her to the newly formed Kennedy Institute at Georgetown. Together with Simon Kuznets, a former fellow student, she started a major project on population redistribution and economic growth. In this project Dr. Thomas saw a demonstration of linkage of economic and demographic change "by a continuous chain of interdependent variables," a complete change from the economic determinism which she thought she had found in her earlier research.

While her work in migration research probably gave her the most professional fame, she is remembered by her students for her gracious hospitality while she wholeheartedly taught and defended academic freedom.
Medicine and Mental Retardation

The explosion of scientific knowledge during this century has fostered a specialization and consequent division of labor in our medical services to an unprecedented degree. Indeed, ours is an age of “vertical” medicine: doctors construct towers of medical knowledge and expertise over extremely narrow areas of interest. The successes of such vertical medicine have been impressive, especially in the elimination and containment of infectious diseases. As a consequence, we find ourselves as a nation increasingly prone to chronic ailments whose medications and therapies leave us lingering with drastically restricted activities and altered lifestyles. The modification of lifestyle is also central to the prevention of such chronic illnesses, e.g. lung cancer and heart disease. Our health concerns have thus become “horizontal”: medical problems and their solutions are now more than likely to have broad, long-lasting effects on us, touching almost every phase of our lives.

Unfortunately, the remedies of “vertical” medicine can no longer meet the needs of “horizontal” health care. Some would contend that such inadequacies are the temporary inconveniences of scientific progress; but the victories of vertical medicine are now so Pyrrhic that many are questioning the very foundations of the medical enterprise. The clash between vertical and horizontal is thus echoing throughout our health care system, but nowhere are the difficulties thrown into sharper relief than in the case of mental retardation.

The medical student who begins to study seriously the causes and consequences of mental retardation soon encounters both the strengths and weaknesses of our scientific progress. From a diagnostic perspective, the genetic nature of Down’s Syndrome is now clear, and we understand how certain abnormalities of enzyme metabolism may lead to severe diseases, such as phenylketonuria. But numerous cases of mental retardation are of “etiology unknown”, often apparently the result of poor nourishment in utero and inadequate perinatal care. Many deficiencies are not manifest until several years after birth. In fact, “mental retardation” may become a misleading term, so varied and numerous are the developmental disabilities to which it refers. Learning handicaps can no more rigidly be labelled than strictly physical handicaps; yet the labels persist, often merely blurring the precise nature of a particular problem, and obscuring the distinctive needs and potentials of an individual child.

Scientific progress from a therapeutic standpoint tells much the same story. Hydrocephalus, once thought incurable, can now effectively be treated by the use of a shunt: cerebrospinal fluid (the “water”) is prevented from accumulating within the brain, minimizing damage to the nervous system and often allowing a child to lead a perfectly normal life. Pharmacologic advances have helped control the seizures which may accompany severe brain damage, and a drug such as thioridazin can be effective in containing hyperactivity. However, large dosages of this agent may produce permanent eye damage and may even lead to a loss of vision. In certain cases it produces paradoxical effect and can actually increase a child’s restlessness and uncontrollability. “Hyperactivity” itself is a misleading label, a phenomenon largely in the eye of the beholder: the availability of parents, their attitude and understanding, the patience and enthusiasm of a schoolteacher are all powerful determinants of alleged cases of hyperactivity. A quick medical solution for such agitation is the prescription of an antianxiety agent or tranquilizer. Yet the causes of a child’s difficult behavior are more often familial and social than organic in nature. Titrating a young person into placidity through sedatives may be the easiest route for parent, teacher or physician, but the genuine needs of the child may be camouflaged; his problems may actually be growing worse but may go unnoticed by those concerned primarily with his social conformability.

The categories and solutions offered our vertical medicine may thus ignore or even disguise the unique needs of a child. Even where some specific medical assistance is appropriate and avail-
able, shuttling between various subspecialists may compound a child's problems. Confusing and conflicting therapeutic regimens often leave parents bewildered as to the meaning of a particular diagnosis and the relative importance of any single medication. As a result, these interpreters of medical directives may not be able to distinguish a significant abnormality in their child's appearance or behavior from which is not. The success of medi-
tervention is often totally dependent on the parent's precise understanding and cooperation in maintaining a strict diet or detecting early certain signs and symptoms. The well being of a severely atypical child is factually determined by the education and adjustment of his parents as well as by his own.

Effective parental cooperation requires far more, however, than a coordination of medical subspecialties. A severely retarded child can generate enormous pressures within a family structure. Siblings are often jealous of the enormous time and effort required on behalf of their brother or sister; children's feelings of shame or uneasiness may be a reflection of parental attitudes as well, especially if there is anxiety about a retarded individual's social behavior. Suppression of guilt at having caused the problem and the fear of having another handicapped baby may also weigh heavily on parents. The lives of the entire family can come to be defined by the requirements of a retarded child, which usually makes everyone less effective at dealing with the continual strains and problems of their own lives; consequently they become less and less able to deal with great demands of an atypical youngster. Guidance and counseling may be essential to the health of the family, and should not exclude the consideration of such alternative programs such as care in a residential facility, which may afford at least temporary relief. Parents themselves are often reluctant to consider such an option due to the understaffing and inadequate supervision of many institutions. At this point the family physician may be in the best position to offer guidance with his previous experience of an institution, his knowledge of the child's history and needs and his insight into the total family situation. His concern is for the health of the entire group, and he may be the first to notice when the unrelenting demands of any one member have become genuinely destructive of the familial fabric. Painful pressures often prove corrosive even in the most loving of families; should the marriage dissolve no one is well served, least of all the developmentally disabled child.

In order to be effective therapeutic allies, it is imperative that physicians understand the horizontal details of the personal and familial dynamics surrounding a mentally retarded child. Traditional medical education is notoriously lacking in developing such complementary perspectives, but the establishment of University Affiliated Programs for Child Development in the past decade has taken a great step forward in this area toward fusing the vertical and horizontal components of health care. The programs of the facilities are essentially interdisciplinary: neurology, orthopedics, speech pathology, occupational therapy, psychiatry and other hospital resources are all available for investigation and evaluation. Each service consulted during a case comes together in a joint, interdisciplinary staffing, where the various reports are made and the recommendations compiled. The staffings not only allow the member of the subspecialties to hear what the other disciplines are proposing in relation to a patient, but they must agree on a consistent set of therapeutic priorities: this reduces the potential conflicts among many narrow vertical perspectives. Finally, educational and social service members of the team then present the broad horizontal dimensions of the child's situation and examine how feasible a proposed therapeutic regimen may be in the particula circumstances. Such staffings are invaluable learning experiences for health care professionals. Not only does the primacy of the team reduce possible conflicts among the subspecialties by forging a common set of priorities, but the particular familial and social factors which are the essential context of any intervention are explored and evaluated. All the problems, solutions, obstacles and potentials of health care find a common forum and single focus in the staffing. Here, at last, vertical and horizontal squarely intersect.

Medicine has made great strides from the time when a doctor could only say...
"Your child is retarded, there is nothing we can do for him. Take him home and love him as best you can." The love is still essential, but we can now do a great deal to help him reach toward independence and self-sufficiency with our increased knowledge and expertise. The challenge here, as in so many other areas of medicine, is to resist being so dazzled by our successes that any inability to provide an immediate and total solution is considered a failure and a professional embarrassment. Diagnoses still remain frustratingly undifferentiated, medication is sometimes only empirically successful and often there may be no cure: for the large majority of developmental disabilities our vast armamentarium still offers no technologic "fix". The continuing problems of mental retardation in education, medication, growth and development are sobering reminders of our professional limitations and common human frailty. But health care does not cease simply because there is no cure; indeed the more difficult challenge to physician and health care team is to help these children reach their own potentials, however limited. In accepting that challenge we may even find our own human potential mirrored in theirs: not in what little they will come to do for themselves, but in the great deal they may do for others.

Kennedy Institute Hosts Third Annual Intensive Bioethics Course

For the third year the Kennedy Foundation, in collaboration with the Kennedy Institute and the Harvard Interfaculty Program on Medical Ethics, presented its annual week-long Intensive Bioethics Course in early June. The course is designed for leaders in medical and nursing education and health administration who are in key positions in policy formation and decision making in their respective institutions. The invited participants come from district and national institutions across the country, the course providing a forum for exchange of common concerns and ideas at all levels.

Two of the participants, working here in Washington, were Dr. Joseph S. Drage, Chief of the Developmental Neurology Branch of the National Institutes of Health, and Dr. William Blanpied, the EHVIST Program Director of the National Science Foundation. Both Dr. Drage and Dr. Blanpied are responsible for deciding nationally which research projects will be approved and funded by their institutions.

The course in theoretical and applied ethics was presented to the 50 participants through selected readings, formal lectures and discussion groups using case studies. Attention was devoted to specific topics such as the relationship between law and ethics, the allocation of scarce medical resources, the care of the mentally retarded. These discussions were built upon a more general grounding in normative, utilitarian, and deontological theories of ethics.

The idea was stressed that as advances in medical technology increase, there must be an increase in society's awareness of the ethical implications of both the risks and benefits that such technology may entail—solutions to health care problems must have the input of both science and ethics.

Lynn Taylor
Towards a National Immunization Policy

Immunization and Informed Consent

Last year's threat of a swine flu epidemic precipitated an enormous amount of concern with mass immunizations in the United States. This fear in epidemic brought to a head the fact that many children are not being immunized against such infectious diseases as poliomyelitis, measles, diphtheria and other potentially debilitating, if not fatal, diseases. As of 1975, only 65.5% of children between the ages of 1-4 were adequately immunized against measles, 64.8% immunized against polio, and 75.2% against diphtheria. The potential exists for many of these diseases to be completely eradicated in the United States. However, the number of reported cases of measles, in particular, has continued to climb since 1973 when there were 26,690 cases reported, to 39,585 reported cases in 1976.

Responding to public concern over contagious diseases that can be controlled by mass immunization programs, the Office of the Assistant Secretary for Health (OASH) convened a National Immunization Conference in Washington, D.C. in November 1976. OASH, through a contractor, then created six work groups this spring to develop recommendations which would provide essential inputs towards formulating a national immunization policy.

Dr. LeRoy Walters, Ph.D., Director of the Center for Bioethics, The Kennedy Institute, was named the Chairman of the National Immunization Work Group on Consent. The Consent Work Group recommended that a National Immunization Policy Council be established which should include persons from a variety of professional disciplines related to immunization as well as representatives of the public who are not involved in the production of vaccines or the conduct of immunization programs.

The Consent Work Group emphasized in its Report that there be such a council with full powers of review to insure that safe standards of immunization programs are met. The Consent Work Group expressed concern that special informed consent procedures and safeguarding mechanisms be developed for children, who comprise 70% of those immunized, as well as others whose capacity to understand the consequences of their actions, for example, the mentally retarded and the elderly senile. The Work Group also emphasized that informed consent to immunization should not be viewed as merely the signing of a written document; rather, it should be understood as an ongoing process involving public participation in immunization, policy decisions, and the presentation of balanced information about immunization through mass-media health education programs.

Jewish Ethicist Appointed Visiting Research Scholar

Dr. Sid Z. Leiman, Associate Professor in the Department of Religious Studies at Yale University, has been appointed to a twelve month stay as a Visiting Research Scholar in the Center for Bioethics during academic year 1977-78.

Dr. Leiman is a specialist in Biblical studies and ancient Middle Eastern languages; he has studied in both the United States and Israel. Since receiving his Ph.D. at the University of Pennsylvania in 1970, he has published numerous articles on ethics in both Hebrew and English language journals, as well as lecturing on Jewish law and ethics at various universities in the United States. At Yale University Dr. Leiman has taught graduate and undergraduate courses in Jewish medical ethics, Jewish ethical literature, and Jewish legal text (for example, Maimonides' Code).

As a scholar of the Jewish ethical tradition, Dr. Leiman will be working at the Kennedy Institute on a research project concerning the concept of triage—the allocation of scarce medical resources—within the Jewish ethical tradition. Additionally, his presence here will insure that the Jewish ethical perspective will continue to be represented in the discussions and academic teaching programs sponsored by the Kennedy Institute, as well as in national and international consultation on many of the critical ethical issues we face today.

Dr. Sid Z. Leiman
Rose Fitzgerald Kennedy Lecture Series

The Rose Fitzgerald Kennedy Lecture Series was established in 1976 as a forum for eminent scholars to present series of discourses and meetings to encourage discussion, study, reflection and action on problems of ethics and contemporary life, with special attention to the poor, the powerless, and the forgotten, the mentally retarded, children and families.

Five guest lecturers have been invited to Georgetown University’s campus in 1977, and two European Cardinals have been invited to the 1978 Lecture Series, under the auspices of The Joseph P. Kennedy, Jr. Foundation, The Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics, and Georgetown University.
The Rev. Prof. Dr. Hans Kūng, professor of dogmatic and ecumenical theology, is Director of the Institute of Ecumenical Research at the University of Tübingen, Germany. He opened the lecture Series in February 1977, when he delivered three lectures on “Why Be a Christian?”

The debate has been long-standing whether there is such a specific entity as Christian Ethics which can actually be differentiated from General Ethics. Father Kung’s three lectures upon what and who is peculiarly Christian has been a part of that discussion. His book, Christ Sein (To Be a Christian) was a German bestseller, surpassed only by the Gulag Archipelago. The book, in English, has become a Washington bestseller, largely as a result of his provocative lectures at Georgetown.
Robert Coles, M.D., noted Harvard psychiatrist who has done extensive work and research with children and families, spoke on the topic “Children and Ethics” in April 1977.

Dr. Coles has written nearly 400 articles and 25 books. In 1973 he was awarded the Pulitzer Prize for nonfiction for the second and third volumes of *Children of Crisis*. The first volume of *Children of Crisis* was published in 1967, and resulted in his earning three awards: the Phi Beta Kappa Ralph Waldo Emerson Award, the Four Freedoms Award and the Wolf-Anisfield Award. The fourth and fifth volumes of the series will be published later this year.

His two lectures at Georgetown were an outgrowth of his current research in which he has begun to study children in different kinds of families around the world. He has been especially interested in how these children form ethical ideals and political values.

Dr. Jerome Lejeune, the renowned French geneticist, will deliver a lecture in the Rose Fitzgerald Kennedy Lecture series in September 1977.

In 1956 scientists discovered the correct chromosome number in man (46). Only three years later Dr. Lejeune and his co-workers discovered the first chromosome variance in man, known as Mongolism or Down’s Syndrome (usually 47 chromosomes). Since 1959, when Dr. Lejeune make his momentous discovery, the study of chromosomal variations in man has rapidly increased into a science of its own.

In September Dr. Lejeune will present his paper, “The Congruence Code; an Essay on Mutual Recognition Between D.N.A. and Proteins.” Dr. Lejeune gave an earlier version of this paper before the French Academy of Science. His lecture at Georgetown will be the first opportunity for Americans to learn of his most recent D.N.A. research.

Jean Vanier, Ph.D. Many American mentally handicapped adults are given care within *uncaring* institutions. Rejected by society, they lead dull, meaningless, marginal lives with little hope or idea of something better.

Jean Vanier, the founder and director of “L’Arche” (the ark), in his own search for a meaningful life, has sought to bring together into a single community both the mentally handicapped and those who assist them.

The beginning of his great effort was quite humble when he bought a small dilapidated house in France and moved in with two mentally retarded friends in 1964. The son of the 19th Governor General of Canada, Jean Vanier had received his doctorate in Philosophy from
the Institute Catholique in 1964 and had a commission in the Royal Canadian Navy. Coming out of this favored background, he chose to live with the unfavored and neglected.

In Jean Vanier’s own words we are given a glimpse of just what the message of L’Arche is all about:

More and more the world seems to be dividing itself into two. On the one hand there are those motivated by the accumulation of riches, by the need to possess, and by the need to dominate and be above others. On the other hand there are those who live in involuntary poverty and misery and who are in some way marginal to society (the aged, the handicapped of all kinds, the alcoholics, the mentally ill, and so forth, and those who live in misery in the developing countries). Is not the great challenge of the day to create communities which by their joy and simplicity of life draw the “rich” towards a life of greater simplicity and self-gift, and that draw the miserable towards a new hope? . . . Do we not need communities of those who choose poverty, happy to share their lives with the rejected in order to create a bridge between the two worlds?

Little more than a decade after he began his first home with his friends, Jean Vanier has seen his dream expand as others have joined him around the world in creating little village communities where all its members are helped to develop to their fullest potential as human beings. He will give the fourth Rose F. Kennedy Lecture on is subject in October.

Laurence H. Tribe, J.D., of the Harvard University Law School, will be the fifth 1977 Guest Lecturer in the Rose Fitzgerald Kennedy Lecture Series. He will present a series of four lectures on “Constitutional Theory and the Life Sciences” in October, at Gaston Hall, Georgetown University.

Professor Tribe is the author of Channeling Technology Through Law and is the co-author of Environmental Protection and When Values Conflict, a recent book of essays on environmental technology. He has also written several articles on environmental law, technology assessment, and policy science for such journals as The Southern California Law Review, Philosophy and Public Affairs, and the Harvard Law Review.

The Kennedy Institute has long been involved in a wide range of questions that concern bioethicists as well as the courts and lawyers. As the Kennedy Institute has increasingly delved into these issues, there has been a simultaneous expansion in the field of law concerning individual liberty and state interests as they affect decisions of life and death—such as the living will legislation in California, the Karen Anne Quinlan court case, and the Supreme Court’s decision on the rights of individuals to obtain abortions.

It is Professor Tribe’s hypothesis that the development of Constitutional theory can be used to influence the direction that biomedical science and technology takes today, and he is especially sensitive to the important role that law can play in shaping the earlier stages in biomedical scientific and technological advance. By planning sound legal parameters, the Life Sciences may continue to enhance rather than destroy the life and dignity of man. Dr. Tribe has been a frequent visitor to the Institute in the past year.
Kennedy Institute Invites Two
European Cardinals to 1978
Rose F. Kennedy Lectures

Cardinal Franz König of Vienna, and
Cardinal Jan Willebrands of Utrecht
have been invited to lecture in the 1978
Rose Fitzgerald Kennedy Lecture
Series. Both Cardinals are known and re-
spected for their diligent promotion of
ecumism. During the sessions of
Vatican II they sought to bring into
dialogue people of diverse backgrounds
and beliefs.

As Secretary of the Secretariat for Pro-
moting Christian Unity, Cardinal Wille-
brands helped make it possible for
leaders of the Roman Catholic and
Russian Orthodox faiths to meet to-
gether for the first time in centuries. He
has also promoted constructive ex-
changes between Christians and Jews.

The Cardinal was formerly a Professor
of Philosophy and while little of his
work has been translated into English,
he has written extensively in French,
German and Italian on the topics of
religious liberty and ecumenism.

Cardinal König is the author of a three-
volume work on comparative religion as
well as a number of other books and
articles. His intellectual researches have
led him into Oriental studies as well as
inquiry into two of the great "isms" of
our times—Communism and Atheism.
Since Vatican II he has sought to find a
"basis for accommodation" with Com-
munists and Atheists.

Modern science and natural history
have questioned long accepted "truths,"
some of which were integral parts of
the Old and New Testaments. Cardinal
König has emphasized that changing
science has in no way interfered with
either divine inspiration or inerrancy.
In his book, The Hour Is Now (trans-
lated by Herbert W. Richardson, Harper
& Row, 1975, from the original Die
Stunde Der Welt, 1971), he wrote:

The natural sciences have, for several cen-
turies, also developed new methods of gaining
knowledge. Technological man lives in
terms of his experimentally gained know-
ledge. Contemporary man has quite dif-
ferent expectations in the religious realm
than did the people who lived quietly on
farms during past ages. Science brings
many new questions. If we don't deal with
these questions and expectations, then we
ourselves will be guilty if technologically
oriented people don't find their way to
God and the Church, but are lost in con-
fusion."

Mrs. Rose Fitzgerald
Kennedy to Be
Awarded Degree

On Saturday morning, October 1, 1977
Georgetown University will confer the
degree of Doctor of Humane Letters
upon Mrs. Rose F. Kennedy. Mrs.
Kennedy is being honored in particular
for her many philanthropies, partic-
larly in the field of Mental Retarda-
An account of the Ceremonies will be
contained in the next issue of the
Quarterly Report.
Visiting Research Scholars

Patricia King, J.D., Associate Professor of Law at Georgetown University Law School, has been appointed as a Visiting Research Scholar for the fall academic term. She is a member of the Joint Commission on Prescription Drug Use, and a Commissioner of the National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research.

Professor King will be concentrating on research and writing on the interface between bioethics and the law during her time at the Kennedy Institute. In addition to her research and writing, she will continue her full time teaching at the Law Center. One seminar, entitled “Decisions in Human Experimentation and Treatment,” will give Georgetown law students an opportunity to explore current issues in an area of bioethics in which she is well qualified to teach.

John C. Fletcher, Th.D., will be a Visiting Research Scholar at the Center for Bioethics beginning Fall 1977. Dr. Fletcher is a prominent Episcopalian ethicist who was formerly the Head of INTERMET (the Washington Metropolitan Area Interfaith Seminary). He has been a member of the faculty in the Institute’s Total Immersion Course.

Dr. Fletcher spent a year as a Fulbright scholar at the University of Heidelberg and went on to serve for seven years in Episcopal parishes in Alabama and Virginia. He then entered the Union Theological Seminary in New York and was awarded his Th.D. in 1969. His dissertation, “A Study of the Ethics of Medical Research,” reflected an early interest in ethics and medicine. His teaching and writing continue to be focused on these issues, and he has done novel work with human subjects involving informed consent and amniocentesis. Several recent articles of Dr. Fletcher have been concerned with critical choices in the care of defective newborns.

Dr. Fletcher will work part time at the Clinical Center of the N.I.H. to help think through ethical questions relating to the work in that facility. His extensive experience in clinical, theoretical, and pastoral work in medical ethics will be a great asset to N.I.H. and the Kennedy Institute.

Vincent Burns, S.T.D., S.J., Professor of Moral Theology, has received a one-year appointment as a Visiting Research Scholar at the Center for Bioethics. He comes to us from Fairfield University, the Jesuit College in Connecticut, where he teaches bioethics in the School of Nursing.

During his stay at the Kennedy Institute he will be doing research and writing which will assist him in expanding his teaching program at Fairfield University.

Joan Sieber, Ph.D. is Professor of Psychology at the State University of California. She is an expert in cognitive development and related socialization processes, especially in children. Dr. Sieber has accepted an appointment as a Senior Visiting Research Scholar at the Institute. She will also do extensive consulting work for the National Science Foundation. Dr. Sieber, who is a former Associate Editor for the Journal of Applied Social Psychology is editing a forthcoming issue of the Journal of Social Issues on “The Ethics of Research on Social Issues.” She is also working on the ethics of behavioral research and hopes to complete a manuscript on the subject while at the Institute.
Dr. Mokrohisky

Pediatrics and Bioethics

Dr. Stefan T. Mokrohisky will be joining the Kennedy Institute this fall as a degree candidate in Bioethics with a unique set of credentials. He is a Norbertine Monk who has just completed his residency in Pediatrics at the University of Colorado Medical Center in Denver. During 1976-1977 he served as an Instructor in the Dept. of Pediatrics as well as being Chief Resident of the Colorado General Hospital Pediatrics program.

In addition to fulfilling all of his clinical duties, Dr. Mokrohisky also played an important role in the Colorado Medical Center in stimulating interest in bioethical problems. He established within the Pediatrics Dept. a monthly ethics conference which he chaired, where problem cases were reviewed and discussed. This was well attended by medical students, housestaff and faculty. He has not been afraid to face very tough and difficult issues for medical centers, including an open dialogue with Denver newspapers and their reporters regarding the bounds of their coverage of patients with special problems.

Dr. Mokrohisky firmly believes that there is an increasing need for ethical expertise in the training of nurses and doctors, and he feels that teachers with experience in clinical medicine and in the handling of difficult ethical situations are more likely to win respect for formal ethics education in the medical and nursing school setting.

His medical training in pediatrics has given him a particular interest in the process of development in terms of human potential. "Regardless of the starting point," he noted, "the right to be involved in that process must be preserved for all persons, including the mentally retarded."

In addition to his studies here, he will be available to the U.A.F. where he will continue his clinical work with the mentally retarded.

Dr. Kadlec

Immunologist to Study Bioethics

Josef Kadlec M.D., Ph.D., S.J., will be a Ph.D. candidate in Bioethics at Georgetown University this fall, arriving from the University of London where he has just completed his Bachelor of Divinity degree and been ordained a priest into the Jesuit community of the U.K.

Father Kadlec’s background is truly remarkable. Born in Prague, he studied medicine and became a physician in 1953. He then specialized in medical microbiology and immunology and from 1953-1965 he held a number of positions in research, teaching, and practice in immunology, allergy, and infectious disease control in Czechoslovakia. By 1967 he had received a Ph.D. in Microbiology and had become a Consultant with the Pan-American Health Organization-World Health Organization, operating out of Caracas, Venezuela and working on the control of infectious diseases in the whole Caribbean area.

Defecting from Czechoslovakia, he became a Venezuelan citizen, joined the Society of Jesus in 1971, and returned to Europe to study philosophy and theology, this time in London.
In addition to studying bioethics, Father Kadlec will also be studying the latest advances in immunology and microbiology at the Georgetown Medical Center.

It is planned that Fr. Kadlec will return to England to assume a leadership position in bioethics. With doctorates in Clinical Medicine, Basic Science and Bioethics he will be uniquely qualified for the task.

German Theologian Appointed Senior Research Scholar

The Rev. Bruno Schüller, S.T.D., S.J. of the Westfälische Wilhelms-Universita at Münster, Germany, will be a Senior Research Scholar at the Kennedy Institute. He is a world expert on moral principles and the relationship of other disciplines, particularly the natural sciences, to these moral principles. Known as a theologian’s theologian, Father Schüller is an extremely well respected critic. When theologians are breaking new ground, they often seek the comments of Father Schüller. If their work can withstand his critical inquiry, then it is likely to stand up to any other review to which it may be subjected.

Father Schüller has been appointed to a permanent position at the Kennedy Institute and he will spend two months at the Institute in the fall and two more in the spring during which he will devote himself to research and writing. In the months he is away from the Kennedy Institute he will continue his work in Münster where he holds the Chair in Moral Theology. His presence at the Kennedy Institute will contribute to the ecumenical international spirit that the Kennedy Institute fosters by bringing noted European theologians to the United States.
Recent Publications of Kennedy Institute Scholars

The following is a listing of book length publications by Senior Research Scholars and Visiting Scholars since the latter half of 1975. Several of these books were released after the departure of a Visiting Scholar yet are listed below since they were based on work done at the Institute.

Over 150 articles were also published by the Kennedy Institute Scholars during this period, in such journals as the *American Philosophical Quarterly*, *The Monist*, the *Journal of the American Statistical Association*, the *Journal of the American Medical Association*, *Industrial Gerontology*, the *Journal of Comparative Family Studies*, *The New England Journal of Medicine*, *Judaism*, *Hospital Progress*, *Quaker Religious Thought*, *Pediatric News*, and many, many others.

We are certain that significant bioethics articles by our Scholars will continue to be well represented in the important journals. A full list of articles published by Institute Scholars since its inception in 1971 can be obtained from the Institute at cost.


Demography Library

A visitor to the Kennedy Institute's Center for Population Research Library on the third floor of the D.C. Transit Building at 3520 Prospect Street would find several rooms of books, reference materials, reprints, and all the major journals currently being written in the English language on demography and population studies. Librarian Joan Helde says, "The prime reason for this library's existence is to support the M.A. in Demography Program of Georgetown University and the research activities of the staff here at the Center."

Reference materials include U.S. Census Reports from the 1970 Census which have come out in 262 separate reports, as well as all Vital Statistics of the United States and other publications from various government departments and agencies, that are basic to demographic research. All papers written by past and present scholars at the Center for Population Research are on file. An acquisitions list is put out regularly for distribution at the Center.

A number of Kennedy Institute Scholars, such as Dr. Taeuber and Dr. Shryock have made personal contributions of materials to the Library. This pasting the Demography Center became the primary recipient of the extensive library collection of Dr. Dorothy Swaine Thomas. A number of her books and other materials are duplicates of those previously acquired by the Demography Library and these materials, as well as those not urgently needed in the Demography Library, are being donated to Georgetown's Lauinger Library.

The Library maintains good relations with the Population Reference Bureau and participates in interlibrary loans with other facilities such as the Joint Bank Fund Library of the World Bank and the International Monetary Fund. Librarian Joan Helde has been elected Treasurer of the local Washington-Baltimore Chapter of the International Association of Population Libraries and Information Centers.

Joan Helde, Librarian

The Kennedy Institute Scholars

ANDRE E. HELLEGER, M.D.
Director of the Institute
WILLIAM P. KELLY, JR., M.A.
Associate Director of the Institute

LE ROY WALTERS, PH.D.
Director of the Center for Bioethics

TOM L. BEAUCHAMP, PH.D.
ROY BRANSON, PH.D.
VINCENT BURNS, S.J., S.T.D.
JAMES F. CHILDRESS, PH.D.
H. TRISTRAM ENGELHARDT, JR., M.D., PH.D.
JOHN C. FLETCHER, TH.D.
JOHN C. HARVEY, M.D., T.H.M.
PATRICIA A. KING, J.D.
SID D. LEIMAN, PH.D.
RICHARD A. MCCORMICK, S.J., S.T.D.
SEYMOUR PERLIN, M.D.
WARREN T. REICHS, S.T.D.
BRUNO SCHOLLER, S.J., S.T.D.
JOAN SIEBER, PH.D.

CONRAD TAEUBER, PH.D.
Director of the Center for Population Research

CHRISTINE BACHRACH, M.A.
LEON F. BOUVIER, PH.D.
DEBORAH DAWSON, M.A.
MURRAY GENDELL, PH.D.
HAITUNG KING, PH.D.
THOMAS W. MERRICK, PH.D.
JEFFREY S. PASSER, PH.D.
JEANNE C. RIDLEY, PH.D.
HENRY S. SHRUYOCK, PH.D.
JACOB SIEGEL, M.A.
BETH J. SOLDO, PH.D.

PAUL BRUNS, M.D.
Director of the Laboratories for Reproductive Biology

ROBERT C. BAUMILLER, S.J., PH.D.
ROBERT CEFALO, M.D., PH.D.
RONALD CHEZ, M.D.
DESSOUKY A. DESSOUKY, M.D.
PETER RAMWELL, PH.D.
JOHN J. SCHROUFAER, M.D.
JOAN SIMKOVICH, M.D., PH.D.
A Note from the Director

The article by Mr. James Ferrara (M.A., Oxon) is notable for two reasons: to begin with, it is the first time that a medical student has contributed to these pages. That is as should be, for students are a major constituency of the Kennedy Institute. Of course, not every student receives a full premedical plus a full classical education at the undergraduate level, as Mr. Ferrara did at Xavier University. Neither do students usually take their junior year in philosophy at the Sorbonne. Nor do many, if indeed any, proceed to read Classical Greats at Oxford, as Mr. Ferrara did. In fact, nowadays, only 100 or so students per year have the wits to do Classical Greats at Oxford at all. The odds on their winding up in medical school would baffle Jimmy the Greek.

But the second reason for considering this a noteworthy event is that Mr. Ferrara deals with the subject of mental retardation, the primary concern of the Kennedy family for whose parents this Institute was named. Mr. Ferrara rightly draws attention to the paradigmatic nature of the plight of the retarded. He does it in a way which parallels other issues with which the Kennedy Institute has grappled, most notably the issue of what is health and what might be the medical profession's role in maximizing it. Dr. Leon Kass wrote on that subject from this Institute as did Dr. Anne Neale, Dr. Roy Branson, and a college student, Mr. Ray Capone. I have dabbled in such speculations myself.

What particularly strikes me is that all of us—and many others—have debated the merits of disease curing or preventing as against maximizing an individual's fitness or health; disease abolition versus health enhancement, if you like. What becomes so clear is that Mr. Ferrara's treatment of the plight of the retarded is precisely an advocacy of talent enhancement, rather than disease curbing. That is what the needs of the mentally retarded so clearly demand at this juncture. The mentally retarded are therefore not just paradigmatic for the debate on ethical protection of the powerless. They are also paradigms for the reflection upon the duties of health care systems and the great philosophical debates on what the so-called Health Professions are about. Both the article and the author are welcome additions to the Institute.

5. Charles Sumner Bacon lecture, delivered at The Abraham Lincoln School of Medicine on March 5, 1976, Obstetrics and Gynecology Annual, 1977.

Encyclopedia of Bioethics Project Completed

All manuscripts to be included in the forthcoming Encyclopedia of Bioethics, the first comprehensive work of its kind in the field of bioethics, have now been delivered to the publisher, and a May 1978 publication date has been set. The compilation of the Encyclopedia and the editing of all the manuscripts has been an on-going project at the Kennedy Institute for the past five years under the direction of Warren T. Reich, Editor-in-Chief. He reports that The Free Press, a Division of the MacMillan Publishing Co., Inc., plans to bring out the 1 1/2 million word Encyclopedia in a set of four volumes for approximately $180.

There will be a total of 309 articles in the Encyclopedia. Each article will contain a comprehensive bibliography; in addition, the Editors have compiled for each article an extensive cross-referencing guide to the entire Encyclopedia.

Persons wishing to be included in the pre-publication notification list, should send requests to The Kennedy Institute attention, Managing Editor, Encyclopedia of Bioethics.