Teaching Ethics at Georgetown

James F. Childress, Ph.D., Joseph P. Kennedy Sr. Professor of Christian Ethics

H. Tristram Engelhardt, Jr., Ph.D., M.D., Rosemary Kennedy Professor of the Philosophy of Medicine


(Clockwise from Top)
Ethics Courses, Spring 1978

The question has often been asked: "Can ethics be taught?" For the research scholars of the Kennedy Institute's Center for Bioethics, the answer has been in the affirmative. Since its inception in 1971, the Institute has supported efforts to make ethics courses available to Georgetown students across the campus. The new Health and Humanities program in the Medical Center is a logical development of the growing interest in ethics by members of the entire Georgetown community.

Additionally, the research faculty of the Center for Bioethics offers courses to both undergraduate and graduate students on the main campus College and the Law School. This spring, Institute scholars are teaching courses in cooperation with the Philosophy and Theology Departments as well as the School of Summer and Continuing Education. These courses have been carefully developed to provide the students with: 1) the basic tool of analytical reasoning; 2) a knowledge of specific ethical theories and principles; and, 3) the opportunity to explore some of the complex problems involving the interface between medicine, philosophy, theology and the law.

Issues in Religious Ethics
James F. Childress, Ph.D.

Christian love or agape has frequently been discussed in conjunction with the idea of justice—the rendering to each person his due. What has "love" and "justice" meant in Protestant and Catholic writing over the last 40 years?

Recent moral theologians have debated the implications that differing definitions of love and justice might have upon the social order. James F. Childress, Ph.D., the Joseph P. Kennedy, Sr. Professor of Christian Ethics at the Kennedy Institute, is leading his students this semester in an in-depth analysis of 20th century Christian conceptions of love and justice. Students are reading works written from many perspectives, including those of Paul Ramsey, Joseph Fletcher, Paul Tillich, Emil Brunner, Gene Outka, Charles Curran, Reinhold Niebuhr, and James Gustafson.

A basic understanding of these differing conceptions of love and justice is necessary so that students may then discuss such modern social issues as war, civil disobedience and biomedical ethics. Much confusion exists today in these discussions since there is often no common understanding of the underlying principles of love and justice. Dr. Childress' students will be better prepared to make intelligent analyses of such critical concerns as the allocation of scarce medical resources, and the care of severely handicapped newborn infants by knowing on what bases they are making their decisions.

Sr. Carol Tauer, C.S.J., Ph.D.

Undergraduates Study Ethics and Biomedicine
Carol Tauer, C.S.J., Ph.D.

Undergraduate students in the Georgetown College are being offered several courses in biomedical ethics this spring term. One of these courses is being taught by Sr. Carol Tauer, C.S.J Ph.D., of the Georgetown Philosoph
Department. Sixty-two undergraduates are enrolled this spring, half of them being pre-med and nursing students and the other half from other programs throughout the University.

The lecture course provides students with a basic overview of normative ethical theories and the principles which follow from them, with special attention to theories of distributive justice. The major portion of the course is devoted to the application of ethical principles to selected contemporary issues in bioethics. Issues to which students are being introduced include concepts of health and disease and the distribution of health care resources, including the allocation of scarce resources. Other segments of the course are concerned with the health professional/patient relationship, informed consent, codes of professional ethics, euthanasia, care of the dying, abortion, experimentation with human subjects, and genetic intervention.

By discussing such a wide spectrum of contemporary issues in bioethics, on the basis of normative ethical theories and principles, Sr. Tauer hopes to develop an appreciation in the students of the numerous complex problems that involve medicine, philosophy, theology and the law, in that the students may begin to apply ethical decision making processes to biomedical issues.

Value Conflicts in the Practice of Medicine
Roy Branson, Ph.D.

Is medicine a biological science or a social science or perhaps a bit of both? Modern medicine has had a primarily biological orientation but there is a long tradition in medical history of a basic concern with the social/cultural and ethical aspects of health and disease. In fact the idea of health and disease may be as much a cultural or ethical phenomenon as it is biological.

Today's American health professionals have been overwhelmingly trained in the biological sciences and few have had formal study of the cultural/ethical aspects of medicine. Within the last decade there has been a growing recognition of the need for formal training in these long-neglected aspects of medicine for both health care professionals and lay persons.

Roy Branson, Ph.D., Research Scholar at the Center for Bioethics, is offering a course to Georgetown students, jointly sponsored by the Theology Department and the Kennedy Institute, which will enable students to look more closely into some of the value conflicts which seem to be "built-in" to modern medical practice.

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Doctors, nurses and other health care professionals as well as lay persons must face a whole range of these kinds of ethical dilemmas. Dr. Branson's course develops the analytical skills of his students, helping them to reach informed decisions on the possible resolution of such value conflicts in health care.

Bioethics and Public Policy
Continuing Education

Residents of the Washington Metropolitan Area have been given the opportunity this spring to explore the public policy dimensions of several central issues in bioethics.

The Georgetown University School of Continuing Education annually presents a series of courses and workshops entitled "Focus on Washington." This series is designed to meet the educational needs of both policymakers and interested citizens.

During the spring semester of 1978, several faculty members of the Kennedy Institute's Center for Bioethics are team-teaching a lecture/discussion series on "Bioethics and Public Policy." The course is directed towards four groups: persons involved in the formulation of health-care or biomedical research policy; persons involved in health policy research or teaching; persons involved in health
care delivery or biomedical research; and all persons interested in the public-policy aspects of issues in bioethics.

Course participants will be introduced to ethical and public policy dimensions of the following issues:

1. Concepts of Health and Disease, Andre E. Hellegers, M.D.
2. The Status of the Fetus, Patricia A. King, J.D.
3. Rights of Patients and Health Professionals, Roy Branson, Ph.D.
5. Recombinant DNA Research, LeRoy Walters, Ph.D.
6. The Allocation of Health Resources, James F. Childress, Ph.D.
7. Research Involving Human Subjects, H. Tristram Engelhardt, Jr., M.D., Ph.D.

Jewish Ethics at Georgetown
Sid Z. Leiman, Ph.D.

For the second year Georgetown University students are being offered courses in Jewish ethics by Kennedy Institute scholars. As Dr. Andre E. Hellegers, Director of the Institute, noted in the last issue of the Quarterly Report, the Institute and the University are interested in supporting catholic education (with a small “c”).

Sid Z. Leiman, Ph.D., a specialist in Biblical studies and Jewish ethics, has been a part of this catholic educational effort.

Dr. Leiman is at the Institute for twelve months as a Visiting Research Scholar, from Yale University’s Department of Religious Studies. While at the Institute he has been working on a research project on the concept of triage—the allocation of scarce medical resources—within the Jewish ethical tradition. (Dr. Leiman has written a special article on this subject for the Quarterly Report.)

In addition to his research and writing, Dr. Leiman co-taught the “Seminar on Bioethics: Religious and Humanistic Ethics” this past fall at Georgetown, along with Dr. LeRoy Walters and Fr. Richard McCormick. This spring Dr. Leiman is teaching Jewish ethics, through the joint sponsorship of the Kennedy Institute and Georgetown’s Theology Department.

In his course on Jewish ethics, Dr. Leiman has been reviewing basic historical texts and traditions and has been applying them to some of the ethical dilemmas confronting modern man. Biblical ethics and Talmudic ethics have distinct ideas and methodologies and Dr. Leiman is guiding his students through readings and discussions to help them focus on the connecting links between Biblical and Talmudic ethics, as well as on the differences that enable scholars to distinguish the one from the other.

As the students have gained better facility in distinguishing between these two traditions, Dr. Leiman has encouraged them to apply these ethical traditions to discussions of civil disobedience; self-sacrifice and the morality of suicide; contraception and sterilization; abortion; organ transplantation; and euthanasia. Dr. Leiman has also brought his students into discussion of his own research project—triage and the ethics of lottery.

In an effort to bridge the gap between religious ethics and cultural pluralism, Dr. Leiman has encouraged his students to explore the relationship between religion and ethics, and to focus on how particular religions relate their ethical teaching to those outside their faith. Specifically, the concern for a cogent public policy on ethical issues is borne in mind in any discussion of Jewish or religious ethics.

Human Values in the Health Professions
Warren T. Reich, S.T.D.

During the fall semesters of 1976 and 1977, a course in Medical Ethics was conducted for first-year medical students. Developed by Warren T. Reich, S.T.D., as an integral part of the curriculum for the Department of Community and Family Medicine, this course has been an important pilot effort in shaping the future curriculum in bioethics at Georgetown Medical Center. The newly evolved basic course in the Ethics of Health Care uses cases involving largely the
rights and claims of the socially disadvantaged for probing the ethical and conceptual issues in Health Care Delivery. Other courses, to be offered in an elective cycle, will include Death and Dying, Human Experimentation, and The Ethics of Genetics (with Dr. Baumiller).

During the current 1978 spring semester, courses are being offered in a new Health and Humanities program which have been specially developed under the joint auspices of the Department of Community and Family Medicine, the Philosophy Department, the Kennedy Institute, and the School of Nursing. Dr. Reich has been teaching “Human Values in the Health Professions” and Dr. H. Tristram Engelhardt has offered a course entitled “Philosophy of Medicine: An Examination of the Concept of Disease.”

Dr. Reich’s course in “Human Values in the Health Professions” is designed to achieve a deeper understanding of the value dimensions of health and the health care professions utilizing a variety of disciplines. One of the chief purposes of the course is to develop an appreciation and knowledge of a variety of methodologies for understanding and resolving value conflicts in health care.

“Human Values in the Health Professions” is interprofessional in makeup; it includes a total of 14 medical, nursing, and graduate philosophy students who were selected by inter-

view. During this experimental course, the perspectives of literature, sociology, and philosophy are all being used to examine the same themes and dilemmas in health care. The course relies on clinical cases, required and optional readings, and seminar-type discussions to cover such topics as: the concepts of health and disease, the purposes of the health professions, and the nature of the clinical judgment as seen in creative literature, sociology of medicine, and the philosophy of medicine.

Course facilitators are Dr. Reich; James Ferrara, M.A. (Oxon.), a second year medical student who initiated the planning of the course; Carol Buder, M.A., Assistant Professor of Nursing; and Elliott Dacher, M.D. The literature and sociology segments of the course are being taught respectively by Professor Thomas F. Walsh,
Ethicist meets with medical personnel. Shown here (from left to right) are: Dr. Frederick Smith, Clinical Research Fellow, Division of Medical Oncology; Fr. William Carr, Kennedy Institute; Mr. John Hobson and Ms. Susan Belott, first year medical students.

Ph.D., Chairman of the English Department, and Assistant Professor Marian Osterweis, Ph.D. of the Department of Community and Family Medicine.

Close coordination of the different subjects and perspectives are being maintained through the cooperative efforts of the instructors in faculty sessions. This course serves a dual purpose of further developing biomedical students' sensitivity to human values in the health professions and promoting faculty development in the area of health and humanities.

Philosophy of Medicine: An Examination of the Concept of Disease
H. Tristram Engelhardt, Jr., M.D., Ph.D.

Ideas of “illness,” “deformity,” “sickness,” “defect,” and “disease” change over time and differ by culture and point of view. In some instances one could say that there are distinct sociocultural, medical, and psychiatric concepts of disease. Each of these concepts of disease has a value and a role in medical descriptions and explanations. One specific behavior, sign, or symptom may be interpreted in a variety of ways and depending on the way it is diagnosed, there are specific, recommended medical actions to be taken as treatment.

H. Tristram Engelhardt, Jr., Ph.D., M.D., Rosemary Kennedy Professor of the Philosophy of Medicine at the Kennedy Institute, has introduced a new course for both medical and philosophy students, in which the students may look closely at the history and emergence of contemporary concepts of disease. This philosophy of medicine course is jointly sponsored by the Medical School's Department of Community and Family Medicine, and Georgetown's Philosophy Department.

Medical and philosophy students focus on the concept of mental retardation.

Sessions are being held in the University Affiliated Programs for Child Development in the Georgetown Medical Center.

In order that students might appreciate how varying views of the concept of disease apply to the practice of medicine, Dr. Engelhardt has chosen to use as an example the concept of mental retardation. What did it mean 50 or even 20 years ago if a person were labelled “mentally retarded”? What were this person’s chances of attending school, getting a job, living outside of an institution, or on his own in an apartment? What were the chances of such a person being able to marry? Could a mentally retarded person, especially in the case of women and girls, be left un-sterilized?

Recently the concept of “mental retardation” has begun to be reassessed. The negative and unchangeable ideas attached to the concept of “mental retardation” have begun to subside as Americans have learned to appreciate such persons’ potential for growth and the contributions mentally retarded persons can make to society. The case of the mentally retarded is an exciting example of how the concept of a disease or defect produces a superstructure of socio-cultural, medical, and psychiatric institutions for the “treatment” of that disease, and the role that such affected persons must play in society.

Dr. Engelhardt's course will enable medical and philosophy students to assess different conceptual models in medicine in several areas, which will better prepare them for their professional careers.
“It no longer seems idle speculation to ask: In whose image shall we create, and in whose image are we to conceive our humanity?”

Rose Fitzgerald Kennedy 1978 Lecture Series


Professor Tribe emphasized that in the context of freedom of research, there are tensions between personal liberty and biomedical innovation. “One of the most fundamental implications of such innovation is to render inescapable the need to address collectively, and often through explicit legal arrangements, questions that could formerly be left unspoken and unanswered. The result is to broaden the reach of collective decision into the most intimate aspects of birth, death, and personal identity.”

At the conclusion of each of the first three lectures, Professor Tribe was given the opportunity to respond to the questions and comments of a panel of “reactors.” Panel participants were: Judge Harold Leventhal of the United States Court of Appeals for the District of Columbia Circuit; Dr. Maxine Singer of the National Institutes of Health; Attorney Michael E. Tigar of the Washington law firm, Tigar & Buffone; and Dr. LeRoy Walters and Dr. H. Tristram Engelhardt, Jr., both of the Kennedy Institute.

Individual lectures were entitled:

- From Bio-Fantasy to Bio-Technology: In Whose Image?
- The Fourth Discontinuity: Toward a Rebirth of Moral Reason in the Post-Biological Era
- Science, Art, Law: Three Windows in a Hall of Mirrors
- Imagining the Present: Beyond Bio-Engineering

Professor Tribe’s four lectures were delivered in Georgetown University’s Gaston Hall on April 4, 5, 11, and 12, 1978.
Dr. Sid Z. Leiman

The Ethics of Lottery

In 1969, the Selective Service System instituted a lottery for determining who would serve in the armed forces. In the same year, Robert Paul Wolff\(^1\) suggested the establishment of a lottery for college admissions. In 1970, Paul Ramsey\(^2\) and James Childress\(^3\) proposed lottery as the best method for the allocation of scarce medical resources. In 1972, James Abert\(^4\) suggested lottery as the best method for the allocation of federal grants. In 1977, Andre Hellegers\(^5\) proposed that entry into medical school be determined by lot. Clearly, the age of random selection is upon us.

Given the prominence of lottery in recent discussion, it is surprising how little has been written about the ethics of lottery. While a very rich literature exists—from Sumerian times down to the present day—with regard to lottery as a means of gambling and gaming, and as a means of divination, one seeks in vain a treatise on the ethics of lottery as a randomizing process for the allocation of scarce resources. Specifically, should a lottery be used in order to determine who will be the recipient of a transplanted heart? Shall lots decide matters of life and death?

The arguments for and against the use of lottery in matters of life and death are perhaps best viewed in the context of a real-life situation. In 1841, an American ship, the *William Brown*, set sail from Liverpool for Philadelphia. The ship struck an iceberg some 250 miles from Newfoundland and began to sink. Two boats were lowered. The captain, various members of the crew, and a passenger got into one of them, and, after six days on the open sea, were picked up and brought to land.

"Shall lots decide matters of life and death?"

The other boat was called the "long boat"; it was leaky and might easily be swamped. Into it jumped Alexander Holmes, a seaman on the *William Brown*, and the tragic hero of our episode. Holmes was joined by the first mate, seven other seamen, and thirty-two passengers—about twice as many as the boat could hold under the most favorable conditions of wind and weather. Just as the "long boat" was about to pull away from the wreck, Holmes, hearing the agonized cries of a mother for her little daughter who had been left behind in the panic, dashed back at the risk of instant death, found the girl and carried her under his arm into the "long boat." The sailors rowed and the passengers bailed water, but the over-weighted boat, drifting between blocks of floating ice, sank lower and lower as a steady rain fell on the sea. Then, after the first mate had twice given the order, Holmes and the rest of the crew began to throw the male passengers overboard. Two married men and a little boy were spared, but the fourteen remaining male passengers were cast overboard, and two women—devoted sisters of one of the victims—voluntarily leaped to join their brother in his death. The boat stayed afloat. The next morning Holmes spied a sail in the distance, exerted himself heroically to attract notice of the passing vessel, and eventually brought about the rescue of everyone left in the boat. When the survivors arrived in Philadelphia, Holmes was put on trial for manslaughter. In his charge to the jury, the judge stated that passengers must be saved in preference to all seamen except those who are indispensable for operating the boat. If no seaman can possibly be dispensed with, then the victims must be chosen from among the passengers by casting lots, provided—as was the case on the lifeboat of the *William Brown*—there was time enough to do so. The jury found Holmes guilty but recommended mercy. He was sentenced to six months imprisonment at hard labor, in addition to the nine months he had already spent in jail awaiting trial, and fined $20 to cover the costs of prosecution. An appeal was made to President John Tyler, who refused to pardon Holmes, but agreed to remit the $20 fine.\(^6\)
At least four options presented themselves on the lifeboat:

1. It was possible to do nothing, i.e., simply let nature take its course. Either the boat would be sighted or all would die at sea.

2. It was possible to devise criteria for evaluating the social worth of those aboard, and then jettison accordingly.

3. It was possible to invoke a modified form of a survival-of-the-fittest ethic, i.e., the mighty overpowering the weak and evicting them.

4. It was possible to cast lots and jettison accordingly.

If we are to accept the verdict of the jury, Holmes’ guilt lay in his adopting the third rather than the fourth option.

What lots have in their favor is fairness. They make equals out of all the participants. No one assumes greater risk or derives greater benefit until after the lots have been cast. Moreover, the casting of lots removes the onus of a possible murder charge against any one man. After all, the lot, and not a particular individual, decides who will be jettisoned. Scripture suggests that consent for the lot puts an end to disputes and decides between powerful contenders.” (Proverbs 18:8) And was not Jonah cast overboard precisely because the lot fell upon him?

The moral arguments, however, do not all point in the same direction. If one were to mount the case against the casting of lots in matters of life and death, it might take the following form:

1. The casting of lots remains the most arbitrary and least meaningful of methods in determining who should live and who should die. Surely, when the stakes are so high, one should appeal to reason sooner than to random selection.

2. Indeed, as soon as it is admitted that reason dictates that those seamen necessary for the survival of the others are exempt from the lottery, one admits that reason takes precedence over lot. If so, why not follow the dictates of reason throughout? Lots make equals out of a group of unequals. Surely a 90 year old senile man, who in any event will die within several months of rescue, should not be given the same opportunity for life as a 6 year old child! Since the goal is to lighten the boat, reason dictates that weight ought to be a factor in deciding who goes overboard. Yet the lots would make equal a 300 pound man and a 30 pound child. Assuming the boat was holding 300 pounds more than it could carry safely, the lottery might dictate that 10 children go overboard instead of one jolly giant! What price fairness?

3. The lottery vitiates the measurement desirability of life, a value we take very seriously. Someone has to cast the victim overboard. Is the executioner any less guilty after the lots have been cast? He cannot be compared to a court executioner. There, a guilty party forfeits his life; here, an innocent party, whose only error was to win first prize in a lottery, loses his life.

4. Fairness argues that lottery is an attempt to put the weak and the strong on the same footing. Why is such a lottery any more moral than the natural lottery which made some on the boat weaker and others stronger? What is it about dice that makes them morally superior to genes? According to first-hand accounts, Holmes’ selection on the lifeboat was just as random as any lottery. He threw over only those males who were in closest proximity to him.

5. It is claimed that randomization removes the onus of guilt from any one party. Is this true? Someone has to cast the victim overboard. Is the executioner any less guilty after the lots have been cast? He cannot be compared to a court executioner. There, a guilty party forfeits his life; here, an innocent party, whose only error was to win first prize in a lottery, loses his life.

6. Lots are a form of contingent consent. One consents to being cast overboard if the lot falls on him. In common law and in American law, consent is no defense in homicide. If A con-
sent to B's killing him, B may not kill A with impunity. Why should the casting of lots aboard a lifeboat allow anyone to cast an innocent person overboard?

7. Presumably, the life of whoever refuses to join in the casting of lots would be inviolable. What if he consented initially, then withdrew his consent after the lots were cast? Is breaking a promise sufficient reason to cast someone overboard against his will?

8. Most would agree, I suspect, that we may take the life of an aggressor, if necessary, in self-defense. In such cases, the potential victim identifies a voluntary aggressor, whose life may be taken in self-defense. Less certain would be the propriety of taking the life of an involuntary aggressor in self-defense. A favorite paradigm of the moralists is the case of the three mountain climbers roped together and climbing a mountain. Two of them fall over a ledge and dangle in space. The other, unable to pull his companions to safety, is slowly losing his grip on the mountainside, with the inevitable consequence that all will plunge to their deaths. May the safe mountain climber cut the rope, thus accelerating the deaths of the others while saving his own life? Many would permit this, since the two dangling climbers are doomed in any event. They involuntarily are threatening the life of the safe mountain climber, and he may defend himself, if necessary, by accelerating their deaths. But on the lifeboat, there are no identifiable aggressors, voluntary or involuntary. How does the casting of lots suddenly transform one or more persons into aggressors? This is patently artificial and unfair in that it consigns persons to death for no fault of their own; nor—in contrast to the case of the dangling mountain climbers—has the situation in any natural way identified those persons as involuntary aggressors.

9. The justification for taking life on the lifeboat is the saving of life. It is argued that two or more lives are better than one, and so we sacrifice the few in order to save the many. This is questionable theologically (assuming life to be of infinite value, and the prohibition against taking innocent life to be absolute) and philosophically (see Taurek's recent study).

10. It is by no means clear that Scripture would lend its consent to the casting of lots on the lifeboat. While it is true that the Justice who presided at the Holmes trial adduced Scripture (specifically, the Book of Jonah) as supporting the casting of lots, the cases of Jonah and the William Brown are hardly analogous. Jonah was guilty of a capital offense and readily admitted his guilt. He requested that he be cast overboard. Moreover, Scripture presupposes that the efficacy of the casting of lots is assured by God. He will see to it that the lot falls on the guilty party. Indeed, this is the typical view of lottery in Scripture, both in Hebrew Scripture (cf. Joshua 7:10 ff.) and in the New Testament (cf. Acts 1:24). In a modern, secular and pluralistic lifeboat community, however, there are no guilty parties. Nor were there any on the William Brown. In the light of the above, Cicero's remarks of old are as illuminating as ever:

"Do you really feel that lots require discussion? What is a lot anyway?" — Cicero

"Do you really feel that lots require any discussion? What is a lot anyway? It belongs virtually in the same category as 'guess-the-fingers,' knucklebones and dice. In all these games audacity and luck win, not reason and thought."
Should lots have been cast on the William Brown? Well, suppose you, your spouse, your parents, and your son and daughter (six persons altogether) are on a sinking ship. The ship can hold no more than five persons if it is to remain afloat. All moveable objects, except for food rations and drinking water, have been jettisoned. What would you do?


**CPR Expands Degree Program**

Planners in developing countries around the world must often work in an "information vacuum," since demographic figures are often inaccurate or even nonexistent. Realizing that Georgetown University has a responsibility to third world nations, the Kennedy Institute's Center for Population Research has welcomed international guests here to study the latest demographic techniques and theories in order that they be well qualified to develop and expand demography programs in their own nations.

Since graduating the first M.A. recipient in 1970, the Center for Population Research has seen its former students go on to jobs in Ethiopia, Brazil, Sri Lanka, Indonesia, and other nations, as well as to positions with such international and national organizations as the World Bank, the Peace Corps, the Agency for International Development, and the United Nations. This academic year there are 28 students enrolled in the Demography Degree Program and six of them are from foreign countries: four from Latin America, one from Italy and one from Nigeria.

The Center for Population Research has now embarked upon a cooperative program with the U.S. Bureau of the Census in its International Statistical Programs Center (ISPC), under the auspices of the Agency for International Development (AID). In this new program, third world students will be trained in demographic statistics by the ISPC concurrently with the Georgetown Demography Degree Program. In this way, students can complete the ISPC training and earn Georgetown University's M.A. in Sociology (Demography) degree in 18 months.

Expectations are that this cooperative program will include 8-10 students per year, coming primarily from African Nations.
NEH Humanities Seminar at Georgetown

The National Endowment for the Humanities regularly sponsors summer seminars in the humanities for members of the health care professions, which are part of a larger program of seminars for business executives, journalists, labor leaders, lawyers and judges, public administrators, school administrators, and other professionals. In the program for health professionals, physicians, nurses, health officials, and hospital administrators are brought together for a month of full-time study in seminars directed by distinguished scholars in the fields of philosophy, ethics, and history. The intent of the seminars is to provide broad humanistic perspectives on current dilemmas in biomedical practice and health policies so that men and women in leadership positions might be better equipped to handle their practical responsibilities.

Dr. James F. Childress, Joseph P. Kennedy, Sr. Professor of Christian Ethics at the Center for Bioethics, will be conducting one of three professional seminars open to physicians and health care professionals. "Ethical Issues in Health Care Delivery" will be held July 2 - July 28, on the Georgetown University Campus. This will mark the second year that Dr. Childress has conducted an NEH Summer Seminar, having directed "Ethics and Health Care" in 1977.

This year's seminar will focus on such moral concepts and principles as care, autonomy, consent, paternalism, utility, justice, and "do no harm." Members of the seminar will look at these concepts and principles from different perspectives, including an examination of their content, their presuppositions (e.g., their cultural, philosophical and religious foundations), and their implications for practical decisions and public policies in health care delivery. Dr. Childress will lead the seminar through discussions of case studies, lectures, and occasional films. Guest speakers will also be brought in for special lectures and discussions.

Laboratories for Reproductive Biology

The Quarterly Report of the Institute usually stresses the work of the Center for Bioethics and the Center for Population Research. The work of the Laboratories for Reproductive Biology is so technical that it is more difficult to report in these pages. Yet the work of these laboratories has particular significance in the Institute's general concern with the subject of mental retardation. It seeks to prevent it by understanding and affecting the prenatal stages of life, during which most of mental retardation is caused.

It was therefore heartening to read the March issue of Town and Country magazine. It listed the nation's top experts in a variety of medical specialties. Among the ten top specialists in maternal and fetal medicine it included two staff members of the Institute: Dr. Andre Hellegers and Dr. John J. Schruefer. It also listed Dr. A. Elmore Seeds, Jr., former member of the Institute, now at the University of Cincinnati. The listing resulted from a consultation among peers, with all the pitfalls of such a procedure. It does however highlight what we have said in these pages.
before: the handicapped need accurate assessment demographically; they need ethical protection. But they also need scientific research which seeks to prevent their condition from occurring in the first place. Given finite resources, it is a measured balance between these activities which the Kennedy Institute seeks to implement. It was encouraging to see one of the Institute’s three divisions so highly rated.

**European Interest In Bioethics**

Within the last decade interest in the relationship between medicine, philosophy and theology has rapidly grown both in the United States and abroad. The Kennedy Institute has hosted foreign visitors who have taught and researched, or who have studied in degree programs in bioethics and demography at Georgetown University. These foreign scholars have then returned to their own nations and continued their work, solidly grounded in bioethics and/or demography.

Josef Kadlec, S.J., M.D., Ph.D., B.D., is the Institute’s most recent foreign visitor studying bioethics in Georgetown’s Philosophy Department and at the Kennedy Institute. Father Kadlec is being supported in this work by the Joseph P. Kennedy, Jr. Foundation as a Kennedy Fellow in Medical Ethics. Over the next three years Father Kadlec will be writing his dissertation, and devoting much of his study and clinical practice to mentally retarded individuals.

Born in Prague, Father Kadlec is now a Venezuelan national who joined the Society of Jesus in 1971. In January 1978, Father Kadlec was given the rare opportunity to acquaint Czech-speaking Eastern Europeans with the development, purpose and structure of the Kennedy Institute through the Voice of America broadcasting network in Europe. In addition, Father Kadlec presented some of the ideas and dilemmas of bioethics. “Bioethics has an awe-inspiring breadth of interests,” Father Kadlec commented, “since it encompasses medical-ethical questions from conception to death, including such issues as the rights of the mentally handicapped, care of terminally ill persons, and the relationship between health care professionals and patients.”

Interviewed here in Washington, Father Kadlec explained to his listeners that the practice of modern medicine requires the teamwork of philosophers, theologians and health care practitioners. One of his great goals in life, he continued, is to qualify himself as a priest, medical doctor and moral theologian in order to most effectively carry on the necessary work in the field of health.
BIOETHICSLINE

The Kennedy Institute is pleased to announce that BIOETHICSLINE is now available as one of the computerized literature retrieval services of the National Library of Medicine.

BIOETHICSLINE is a new data base which provides bibliographical information on questions of ethical and public policy arising in health care or biomedical research.

Developed at the Center for Bioethics by the Information Retrieval Project, and under the direction of LeRoy Walters, BIOETHICSLINE includes English-language materials published from 1973 to the present. The data base incorporates a variety of media and literary forms including journal and newspaper articles, monographs, essays, court decisions, bills, statutes, and audiovisuals. Materials are selected from the literature of medicine, nursing, the biological sciences, philosophy, religion, law, and the behavioral sciences, as well as from the popular media.

BIOETHICSLINE currently contains approximately 5,000 records. The file is updated every four months, and approximately 1,500 records will be added each year.

More information about this important new research tool will appear in the next issue of the Quarterly Report. Anyone interested in further information before then should contact Ms. Maureen Canick, Senior Bibliographer, at (202) 625-2371.

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- Distinguished international contributors represent fields of ethics, biomedical sciences, the health professions, philosophy, religion, law, anthropology, sociology, psychology, and other areas for a rich cross-disciplinary perspective

Topics include: Genetic interventions • Euthanasia • Human experimentation • Behavior modification • Health care for the poor • Population control • Transplants • Death and dying • Allocation of scarce medical resources • Historical traditions of bioethics • Professional codes of ethics • Care of the elderly • Psychosurgery • Patient rights • Drug use • Biomedical perspectives of the great religions.
Contemporary Issues in Bioethics Published This Spring

Teachers of both college and high school students have sought to bring discussions of complex ethical issues into classrooms in the last decade, but they have been hampered by the city of educational materials which clearly present the alternative ethical positions on the issues.

Two Kennedy Institute scholars have just published a 612-page textbook on bioethics that is eminently suitable for teaching bioethics to students in numerous academic disciplines, including biology, medicine, philosophy, religious studies, and law. *Contemporary Issues in Bioethics*, edited by Tom L. Beauchamp, Ph.D. and LeRoy Walters, Ph.D., includes 87 essays which have been arranged into 12 chapters. These chapters have also been grouped into six parts, logically beginning with “Moral and Conceptual Foundations” and then proceeding to applications such as “The Professional-Patient Relationship,” “Life and Death,” “Human Experimentation,” and “Biomedical and Behavioral Technologies.”

Each chapter of the anthology includes an introduction which presents a survey of the issues covered in the chapter. The essays which follow are arranged in a debate-like format to highlight points of controversy and to stimulate the reader to consider alternative viewpoints. The suggested readings at the conclusion of each chapter guide the user to additional readings and bibliographical resources on the chapter topics.

Educators and other interested persons may write to Wadsworth Publishing Company (Belmont, California 94002) for additional information, or contact Dr. Beauchamp or Dr. Walters at the Kennedy Institute.

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A Note from The Director

The Kennedy Institute at Georgetown began in late 1971 with a program that planned on having four visiting scholars in bioethics at the Center each year. The initial grant was for a four year period. Georgetown pledged that at the end of that time there would be at least four scholars at the University fully involved in bioethics each year, whether the initial grant from the Kennedy Foundation was renewed or not. Today, about six years later, there are 14 permanent and visiting scholars at work in the University in this booming field of bioethics. Whether there will be four visiting scholars each year. Factually we have no funds for visiting scholars at all. This development is worth describing.

The original Kennedy Foundation grant included $1 million in building funds to house the Institute. It was agreed between Georgetown and the Kennedy Foundation, in late 1973 or early 1974, that bioethics needed brains more than bricks. The one million dollar building fund was translated into two endowed chairs, now occupied by Fr. Richard McCormick, S.J. and Professor James Childress. It was, in my opinion, one of the smartest philanthropic decisions that could have been made. It was also quite in keeping with the personal philosophy of the late Ambassador Joseph Kennedy who believed more in people than in buildings. One floor of building was, so to speak, turned into two brains.

The visitor’s program continued to be funded. Simultaneously a major program began to acquire a full bioethics library. Both the Kennedy Foundation and federal funds rapidly made it into a unique facility now holding about 5,000 books, and 14,000 articles from the professional as well as lay literature (newspaper and magazine clippings, etc.).

In 1976, when the first four year grant period ended, another major decision was made. It was to cease funding visiting scholars and to convert that program into long term commitments to bring on board Dr. H. Tristram Engelhardt and Fr. Bruno Schüller.

What is fascinating to me, as the Institute’s Director, is that the abolition of the funding of visitors has in no way diminished the number of visiting scholars. They have increased in number and each year more apply to come. They bring their own sabbatical and fellowship funds. The reason is clear: they want to use the unique library facility and they want to be allowed to talk to the now permanent scholars about how to interpret the literature.

There is a lesson in all of this. If a field such as bioethics is to be established as a permanent part of a University the first need is for brains and books rather than buildings. The rest will follow. With several chairs now endowed in perpetuity our next priority will be to endow the library. To that end we shall shortly start a national campaign, for there is a national need. Bioethics encompasses the fields of medicine, law, biology, philosophy and theology—to name only recognized major disciplines. These have historically been housed in different buildings, often different parts of town and not infrequently in different cities. So have their respective libraries. For that reason permanent and visiting scholars could waste inordinate amounts of time chasing between cities, parts of cities or different buildings to find the written words. That is a terribly costly way of doing research. They need a single, easy, source of information. The Kennedy Institute aims to be that resource for the nation. It is a service we can render nationally and we aim to render it. Future “Notes From the Director” will tell you how we aim to do it.

But of one thing I am certain: the speed with which technology is developing, in medicine as well as in other fields, demands that the physical and moral consequences of those technologies be assessed with the least delay. That requires the creation of a national facility to make such an analysis optimally possible. That requires a national library facility. Where better to create it than in the Nation’s capital, where it can be openly available to scholars of all disciplines and all persuasions? The task, both onerous and exciting, of establishing such a facility, will be our first priority.