Caring for America’s Elderly

“We have a responsibility to the aged; however, there is also an obligation to the taxpayer.”

This year perhaps one-third of the cost of institutionalizing the aged—much of it out of the pocket of the taxpayer—will be spent needlessly. In addition, HEW estimates Medicaid-Medicare costs (a large chunk of which goes to nursing homes for the aged) will increase 1000 percent over the next 45 years.

Scholars of the Center for Population Research have just been awarded a $114,000 grant from the Administration on Aging to make a year-long study of the needs for extended care among the elderly.

“We have a responsibility to the aged; however, there is also an obligation to the taxpayer,” explains Dr. Beth Soldo, who is co-principal investigator of the project with physician William A. Tisdale. “While there is a clear and definite need for nursing homes, alternatives should exist within the community as well. The facilities utilized should correspond to the capability level of the older person,” Dr. Soldo points out. “They should be neither over nor under serviced—research indicates that both are bad.”

There is increasing evidence that there has been a frequent mis-matching of individual needs and appropriate supports for the elderly. Often long-term care is equated with institutionalization, and evidence exists that the choice of long-term care reflects not only need, but also socioeconomic status and other background characteristics of the elderly person.

“Estimates of incorrectly placed elderly,” Dr. Soldo notes, “vary from one-fifth to one-third of nursing home residents.”

The programs frequently required by chronically ill older persons range from meals on wheels and homemaking services to facilities where three or four elderly have private suites while sharing on-site dining services.

“Except for those extremely impaired, it is much more efficient to maintain an older person in the community with a coordinated service ‘package’ than in an institution,” Dr. Soldo observes. “Older persons are more likely to thrive and enjoy a better quality of life in circumstances where long-term care needs are met appropriately.”

So far, however, no one has done a definitive study on how or why the decision to institutionalize a person is implemented, what standards are used, and how many people actually receive the level of care required. Drs. Soldo, Mossey, and Tisdale and their staff are going to look at a large, representative data set to document the amount and types of care being received by older institutionalized persons. “Our research is intended to overcome some of the inadequacies in previous research on the decision-making process surrounding institutionalization,” Dr. Soldo adds.

“No one has bothered to ask the patients their perception of their routine, or the opportunities and quality of life after institutionalization...
zation,” Dr. Soldo continues. “And no one has asked if the patient was involved in the decision-making process or what would have been necessary to avoid institutionalization.”

Tasks of the project include reconstructing the decision-making process from administrative records and family reports, relating the decision to the background of the older person and family, assessing the availability of alternative family and community supports, and, finally, applying these findings to development of a systematic program that should avoid improper institutionalization.

Dr. Jana Mossey

**Demography, Epidemiology, and Nursing**

Dr. Jana Mossey is a Visiting Research Scholar at the Center for Population Research, coming to the Institute from the University of Manitoba where she is a National Health Research Scholar in the Department of Social and Preventive Medicine.

As an epidemiologist and a nurse practitioner, Dr. Mossey has taught and done research in the United States and Canada on a broad spectrum of issues including the social and psychological factors of illness, the effects of “labelling” a patient on health outcome, and the determinants of health care utilization. She has been actively involved in curriculum development and implementation for medical education in epidemiology and nursing care and has served on the Board of Directors of the Collegiate Council for the United Nations to develop education policy for the United Nations.

Presently Dr. Mossey is engaged in several research projects. She is investigating the relationship between the “helping,” and “caring” abilities of the health practitioner (especially nurses) and the effect this has on patients’ abilities to manage their hypertension. It is hypothesized that the nurse practitioner will influence patient compliance, reduction in blood pressure level and adjustment to being an individual with high blood pressure.

Additionally Dr. Mossey is exploring health services use and illness among the elderly in Manitoba. As data come in on this work it is expected that they will facilitate more rational health and social planning, and permit more appropriate allocation of scarce resources to the expanding elderly Canadian population.

The Canadian investigation complements the research on long term care decision making on the institutionalized elderly which Drs. Soldo, Tisdale and Mossey are jointly investigating at the Kennedy Institute.
Dr. William Tisdale

Health Care of the Aged

William A. Tisdale, M.D., is a Visiting Research Scholar, on sabbatical from the University of Vermont, where he is Professor of Medicine. As a teacher, researcher and physician, Dr. Tisdale has had years of wide-ranging experience at such institutions as Harvard, Massachusetts General Hospital, the U.S. Army Medical Corps (Korea), Yale, Dartmouth and the University of Vermont. Dr. Tisdale is devoting his year at the Institute to an investigation of the "caring" aspects of health service to elderly Americans, centered about the interplay of bioethics, medicine and demography. Presently Dr. Tisdale serves as Director of the Gerontology Unit in the Department of Medicine at the University of Vermont, and serves on the Committee on Aging and Extended Medical Care of the Vermont State Medical Society.

"There is a growing interest in looking at the process of aging, whether individually or by groups of people, from a multi-disciplinary perspective," Dr. Tisdale has noted. "The problems of the aged span medical-social-psychiatric-economic-demographic issues, with which no one discipline is really equipped to deal." As Project Director and Unit Chief for a major National Center for Health Service Research Contract, Dr. Tisdale was recently involved with the computerized phase of the problem-oriented medical information system (PROMIS). PROMIS is an information-handling system, international in scope, one of the few that provides a multi-faceted and comprehensive approach to clinical patient care.

It is Dr. Tisdale's wish to apply the concepts of the PROMIS system to the study of gerontology, combining the medical problem-oriented concept with the demographic and bioethical approaches. To this end he is working closely with scholars of the Center for Bioethics and the Center for Population Research.

Dr. George Shoup, S.J.

Surgeon Joins Institute

The Rev. Dr. George Shoup, S.J., M.D., Ph.D. has received a joint appointment to Georgetown University's Department of Surgery and to the Kennedy Institute. Fr. Shoup is a statistical rarity: a Jesuit priest who is a surgeon and has a doctorate in cell biology.

Dr. Shoup, after majoring in biology and philosophy at college, studied cell biology at Johns Hopkins University, Oak Ridge National Biological Laboratory and the University of Colorado, where he received his Ph.D. in 1966. In 1969 he received his Master's degree in Divinity from Woodstock College and was ordained a priest. From 1969 to 1973 Dr. Shoup studied medicine at Yale and served on the Medical Ethics Committee there. His medical studies were done under the auspices of a Kennedy Foundation Fellowship in Medical Ethics. After receiving his M.D. degree Dr. Shoup followed a 4-year surgical internship and residency program, first at Case Western Reserve University and then at St. Louis University. Throughout this time Dr. Shoup served as an Advisor to the Linacre Quarterly.

His major bioethical interest is in the extensiveness of surgery, particularly among the aged. Dr. Shoup will have offices in both the hospital and the Institute.
The Intensive Course in Bioethics, annually held at Georgetown University since 1975, has matured and grown into a highly respected means for practitioners and policy makers in the health professions to explore medical-ethical problems they must face in “the real world.”

As Andre Hellegers, M.D. has put it, “the practice of medicine and research has gone public after a long period of working behind closed doors. There is a change in the context in which we practice and in what is expected of us.”

In the week spent in lectures and informal discussions, doctors, nurses, lawyers, social workers and ethicists based their discussions on a formal ethical framework for considering the questions and how best to arrive at decisions. Realizing that individually chosen values differ, participants learned that there were no absolute answers.

Preparations for the 1979 Intensive Bioethics Course are now underway to expand the course to include European health care practitioners. Interest in the teaching techniques developed at the Kennedy Institute has proved so popular that preparations are now underway to include for the first time a select group of Europeans in next year’s course. These Europeans will be the core group who will develop similar courses for European medical professionals, as well as providing the basis for future ethics and medicine dialogues between Americans and Europeans.

Course Participants:
Mark Siegler, Marsha Fowler, and Vikki Zegal (left to right)
Health and Humanities at Georgetown Medical Center

Georgetown University is pleased to announce a grant from the National Endowment for the Humanities, for a five-year program in Health and Humanities at the Georgetown Medical Center. A new Division of Health and Humanities was created in July 1977 as a part of the Department of Community and Family Medicine, to serve as the focus of a teaching program in bioethics and other value-related humanities for the Georgetown Medical Center. The new Division is the product of a carefully conducted two-year pilot project which extended from Fall 1976 to Spring 1978. Director of the new Division is Warren T. Reich, S.T.D., Associate Professor of Bioethics and Senior Research Scholar at the Kennedy Institute.

The new program in Health and Humanities is unique among medical centers in the U.S. First, it is interdisciplinary. The program involves a variety of health professional students (medical, nursing, dentistry) in the same learning environment. Second, the program is interprofessional. The program involves courses in the philosophy of medicine, literature and health, fine arts and health, jurisprudence and health, and the sociology/anthropology of health care and the health professions.

Third, the program will emphasize a pan-university approach. It will coordinate resources in the Kennedy Institute, the Philosophy Department, the Law School, and the Departments of English, Fine Arts, and others with those of the Medical Center. Since its founding in 1789, Georgetown University has been dedicated to values in education and a liberal spirit of religious and cultural pluralism. While the program in Health and Humanities is new, the teaching of Medical Ethics is not, since the Medical School has offered some instruction in Medical Ethics during most of its 127-year history and a great deal in the last few years.

The new program in Health and Humanities in the Medical Center will be the basis for coordinating already existing courses and degree programs, and for developing courses and special lectures that will respond to and meet the needs of its many constituencies.

"The establishment of the Division of Health and Humanities represents the desires of students, faculty, and administrators to make the study of ethics and other value-related humanities a more formal part of the curriculum for the schools of the Medical Center," according to Dr. Reich. "In addition, ethical rounds or conferences for the clinical departments will be expanded."

An important component of this program will be to bring humanities students into practice in the Medical Center and to bring the science students of the different schools into an environment where they will be able to probe and explore philosophical and ethical concepts and issues of health care and professional roles and careers.
Facilities Serving the Mentally Retarded

In 1975, the President's Committee on Mental Retardation issued an extensive report on the problems, needs and potentials of the mentally retarded. The Committee estimated that between four and six million Americans were classified as "retarded" with approximately 3.5 percent of these individuals residing in long-term care facilities. At the time the report was issued only a limited amount of data, primarily from small area studies, were available on these institutionalized persons. Nationally, little was known about their sociodemographic characteristics, their functional health capacities, their family support networks, or the resources available for their care and well-being. From a national survey perspective, the mentally retarded residing in institutions appear to be a forgotten segment of our population.

In 1976, the Bureau of the Census under the auspices of the Department of Health, Education and Welfare (HEW), conducted a survey of all types of long-term care patients. The Survey of Institutionalized Persons (SIP) collected data representative of long-term care facilities (defined as facilities where the average length of stay was in excess of 90 days). Interviews were conducted with the administrators of institutions, staff members, patients and patients' families, so as to provide information on the provision and utilization of long-term care services. For the first time, nationally representative data were made available for the study of the mentally retarded in institutional settings.

The data collected in this survey are unique and valuable in many respects. First, it is one of the few—and perhaps the most detailed—studies of long-term care facilities conducted on a national basis. Heretofore, most surveys focused on only specific types of institutions (e.g., nursing homes) or were limited to the state or local level. Generalization of findings to the national scene was problematic. Second, the survey was designed to include interviews with patients (judged to be competent to answer) regarding their needs and their satisfaction with the services being received at the facility. This direct assessment of service programs by long-term care residents is generally lacking in most other studies. Third, a series of identical questions were asked of administrators, residents, and residents' families allowing comparative analysis of the differing perceptions of the same phenomena.

CPR Research

The release of these data on computerized tapes is enabling a group of interdisciplinary research associates at the Kennedy Institute to undertake an extensive analysis of the institutionalized retarded. Working under the direction of Dr. Beth J. Soldo, a medical demographer and sociologist, the research team includes Dr. Jana Mossey, epidemiologist; Carol DeVita, demographer; Jamie Ferrara, a third year medical student at Georgetown University; and Mahesh Sharma, computer and programming consultant. As an initial task, the group is evaluating the data for its analytic validity and reliability, as well as preparing basic profiles of the institutionalized population labeled as mentally retarded, the families of such patients and the institutions serving this segment of the population. Particular attention is being given to the social, demographic, health and economic factors affecting the placement and care of retarded individuals. Emphasis also is being placed on the health and functional capacities of the MR resident, and the configuration of resources or services offered to the mentally retarded patient by long-term care institutions.

This research report focuses on the characteristics of the facilities serving the mentally retarded. By identifying all persons in the survey who were admitted to a long-term care facility for mental retardation or who were being treated for mental retardation at the time of the survey, it was found that 74.1 percent of these individuals reside in institutions designated for the care of the mentally handicapped and 21.6 percent in nursing home facilities. The remainder are located in other types of institutional settings, including homes for the physically handicapped, the psychiatrically disturbed, and children. Because three out of four retarded persons reside in
homes for the mentally handicapped, these facilities have been singled out for more detailed analysis.

**Facilities for the Mentally Handicapped**

Approximately 1,200 institutions for the mentally handicapped provide care and treatment for MR patients. These facilities tend to be small. Although the range is from four to 950 beds, the median size is only six beds. The facilities are relatively new (55 percent were in operation for less than ten years) and are frequently operated on a nonprofit basis (54 percent were owned by state and local governments, church organizations or nonprofit corporations). Government operated facilities tended to be larger in size and somewhat newer, while proprietary institutions were smaller and slightly older.

**Reason for Selection**

Administrators of long-term care facilities reported the reasons for which their institution was selected for placement. A majority (52.4 percent) indicated that selection was based on the level or type of care provided, while an additional 3.5 percent stated that they were the only facility providing the needed care service. One in ten administrators responded that their facility was recommended to the residents by a welfare public agency, and 5 percent stated that selection was based on the provision of care without cost or at a reduced cost.

### Percentage of Facilities Serving the Mentally Handicapped Which Offer Various Activities to the MR

<table>
<thead>
<tr>
<th>Activity</th>
<th>% of Facilities Offering Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch Television</td>
<td>99.9</td>
</tr>
<tr>
<td>Play Cards, Bingo, Other Games</td>
<td>93.6</td>
</tr>
<tr>
<td>Go to Beauty/Barber Shop</td>
<td>92.6</td>
</tr>
<tr>
<td>Attend Get Togethers, Group Conversations</td>
<td>91.9</td>
</tr>
<tr>
<td>Read Books, Magazines, Newspapers</td>
<td>83.0</td>
</tr>
<tr>
<td>Go Shopping</td>
<td>81.9</td>
</tr>
<tr>
<td>Write Letters: Make Phone Calls</td>
<td>78.2</td>
</tr>
<tr>
<td>Attend Lectures, Classes, Exhibits, Fairs</td>
<td>75.4</td>
</tr>
<tr>
<td>Attend Religious Services</td>
<td>73.9</td>
</tr>
<tr>
<td>Go Swimming, Bowling, Dancing</td>
<td>73.2</td>
</tr>
<tr>
<td>Attend Arts and Crafts Classes</td>
<td>66.3</td>
</tr>
<tr>
<td>Attend Movies, Plays, Concerts</td>
<td>58.2</td>
</tr>
<tr>
<td>Attend Sporting Events</td>
<td>56.2</td>
</tr>
<tr>
<td>Work (for pay or volunteer)</td>
<td>49.6</td>
</tr>
<tr>
<td>Participate in Competitive Sports</td>
<td>45.8</td>
</tr>
<tr>
<td>Attend Clubs, Meetings</td>
<td>42.6</td>
</tr>
</tbody>
</table>

(Base Numbers) (1144) (711) (433)

Note: Data were not collected from 33 facilities.
Source: Special Tabulations from the Survey of Institutional Persons (SIP), prepared by the Center for Population Research, the Kennedy Institute of Ethics, Georgetown University.

**Staffing**

An essential component of the quality of care provided by any long-term care facility is the size and composition of its staff. It is clear from a preliminary analysis that staff size in a facility for the mentally handicapped is not a simple, direct function of the size of a facility. The number of types of staff members employed does not increase proportionately with an increase in the size of institutions. This is particularly true of professional employees—physicians, therapists, and registered nurses. The data suggest that responsibilities for increased numbers of patients are absorbed primarily by increments in the size of the nonprofessional staff (e.g., nurses’ aides). Multivariate analysis will be used in a later stage of the study in order to determine the interactive effects of facility size, ownership, and functional abilities of the residents on the size and composition of the staff.

Initial review of the data suggests an absence of professional staff members in the smallest size facilities. Facilities with six or fewer beds generally report the presence of only one full-time administrator but do not indicate if this staff member also fulfills any other professional roles. Among large insti-
tutions, however, a full range of professional staff are employed including doctors, nurses, therapists, teachers and social workers.

Activities Offered

Table 1 shows the range of activities offered by facilities for the mentally handicapped, serving the mentally retarded. The data on activities were assessed in two ways: first controlling for the size of the facility and then for the type of ownership. Activity programs tend to vary more by size of facility than by ownership. Consequently data on the availability of activities, specific to size of facility, are presented in this report. As Table 1 indicates, television viewing is essentially a universal activity among all long-term care institutions. Other sedentary and nondirected activities, such as card playing and group conversations, also rank high among the types of activities offered. Over 90 percent of all facilities provide these pastimes. Strenuous activities or activities requiring staff supervision or instruction are not widely available in facilities for the mentally handicapped, particularly the smaller ones.

Among small facilities (those with 20 or fewer beds) only one in three provides the opportunity to participate in competitive sports or to attend clubs or meetings. Even among the larger facilities (those over 20 beds), only two out of three offer these types of activities. Further analysis, not shown here, indicates that many of these activities are only available off the institution's premises. Access to transportation services is thereby required if a patient is going to take advantage of these opportunities.

Cost

Preliminary analysis of the average monthly charges for the provision of food, lodging and basic care indicate a range of fees from no charge for services to $1,500 per month. Only 42 facilities—all government operated—offer their services at no cost to the residents. Most charges, however, seem to be skewed to the lower end of the range with the median patient care cost approximately $280 per month in 1976. In spite of the fact that free government services are provided by 6.7 percent of the nonprofit institutions, a larger proportion of proprietary facilities report costs below the median. Sixty percent of all proprietary institutions charge less than $280 per month, whereas only 42 percent of nonprofit facilities do so. A majority (58 percent) of small institutions charge less than $280 per month for basic care. Large facilities tend to be more expensive, with only 39 percent charging below the median cost.

Summary

From this basic and preliminary profile of institutional settings for the retarded, one can draw an outline of the types of resources available for the long-term care of mentally retarded persons. Although many large sized institutions are available, facilities tend to be small in size and relatively new. Staffing in such institutions is limited and perhaps best reflected in the preponderance of undirected and sedentary activities available at the facility sites. Although cost of care spans a wide range, additional study needs to examine the relationships between cost and services rendered.

Future Studies

Further analysis will be conducted to examine the interrelationships between these variables and the characteristics of retarded patients. For example, we will address the following questions: How do facilities designated for the mentally handicapped compare to nursing homes which provide care for the mentally retarded? Is there a difference between type and size of staff, activities offered, and cost of care? Do different types of facilities serve different age or sex groups? Do the services and activities provided by long-term care facilities meet the needs and develop the potentials of the MR individual as assessed by their functional health status? What are the sources and extent of funding to facilities serving the retarded?

While further analysis of the institutions themselves is planned, parallel work is underway to study retarded individuals and their families. By the next issue of the Quarterly Report, the research team will have prepared a comprehensive profile of the institutionalized retarded patient including basic information on age, sex, race, education, income, and functional health characteristics. Hypotheses testing and policy-relevant issues will be examined as work progresses.
**Dr. Mehdi Ha’iri**

**Islamic Ethics at Georgetown**

The spirit of ecumenism has always been evident in the many religious and philosophical traditions represented at the Kennedy Institute of Ethics. This year marks the arrival of a respected scholar of Islamic ethics, theology and jurisprudence, Professor Mehdi Y. Ha’iri.

Professor Ha’iri comes to the Kennedy Institute from the University of Tehran where he has maintained a busy teaching schedule as Professor of Philosophy. Already absorbed in his writing and research at the Center for Bioethics, Professor Ha’iri is now working on several manuscripts. He is author of three books written in Persian: on metaphysics, speculative reason, and on the notions of concept and belief. For this last work, he received the Royal Commission of Iran’s award for the best scholarly publication of 1969. His writings in English include a comparative analysis of Islamic and Judeo-Christian ethicists.

An immediate benefit to the Institute of Professor Ha’iri’s presence will be the planning and acquisition of Islamic Ethics literature for the bioethics Library. Professor Ha’iri will be involved with this selection process during his three year stay at the Institute as a Senior Research Scholar. Professor Ha’iri is a double asset to the Kennedy Institute in that he has also been formally educated in the western philosophical tradition, having studied at the University of Toronto from which he will shortly receive his second Ph.D. in philosophy. His bi-cultural background will be invaluable in developing a dialogue between Islamic and Judeo-Christian ethicists.

**Dr. Edward Kormondy**

**Ethics and Ecology**

Edward Kormondy, Ph.D., is Member of the Faculty of Evergreen State College, Washington. This unusual title is held by an unusual scholar who has come to the Kennedy Institute to study ethics during his sabbatical year.

Dr. Kormondy was trained as an entomologist at the University of Michigan. His interest in the natural history of insects first led him to study their environment, and later to study environmental systems, before ecology became a household word.

As an Assistant Professor of Zoology and later as Professor of Biology at Oberlin College, Dr. Kormondy pursued two of his interests: teaching, and contributions to the emerging discipline of ecology. In addition to his teaching at Oberlin, Dr. Kormondy served as a curriculum development consultant in both the U.S. and abroad, including the Universidad Simon Bolivar, Caracas, Venezuela; the Ecological Section, Hungarian Academy of Sciences, Budapest; the American Association for the Advancement of Sciences; the Educational Testing Service; and the National Science Foundation.

As an ecologist, Dr. Kormondy has been instrumental in the expansion of the new discipline called environmen-
tal science. He has written three books and presented many papers geared to students from kindergarten through college levels, to professionals and to the general public. These publications have included explorations of bioethics and ecological engineering, and holistic approaches to the study and possible solution of environmental problems. His newest book, Hand- book of Contemporary World Developments in Ecology, is scheduled for publication in 1979.

When Evergreen College was set up in 1971, Dr. Kormondy took advantage of the opportunity to experiment with a different kind of educational experience. Evergreen has no departments, no ranking order, no comprehensive examinations. Faculty members teach in teams, and their method of instruction is to undertake projects in which students are involved from beginning to end. During his year at the Kennedy Institute, Dr. Kormondy intends to learn the principles of ethical decision-making, and investigate how these principles apply to environmental science. He will take these deliberations back to Evergreen College to share with his colleagues and students.

Dr. Robert Cefalo

Fetal Adaptation Subject of Studies

Scholars in the Laboratories for Reproductive Biology continue their studies on fetal adaptation. Failure in this adaptation is a major cause of mental retardation and other handicapping conditions. A small incision is made into the wall of the uterus of pregnant sheep. Through the incision thin catheters are threaded into the umbilical artery and vein of the fetus. A catheter is also inserted into the uterine vein of the mother and a maternal artery. The scholars can therefore study the amount and quality of blood brought to the uterus of the mother and taken away from it, as well as the blood going to and coming from the fetus on its own side of the placenta. All transfer of nutrients between mother and fetus can thus be quantified with the fetus staying inside its mother. By slipping thermistors (hair thin thermometers) into the catheters they can also measure the temperature of the bloods on both sides of the placenta.

In a recent study the scholars investigated what happens when a fetus is heated up, as occurs when it develops infections. They found that the fetus speeds up its circulation and increases its normal rate of excreting heat to its mother. When, however, either the fetus or mother develop too high a temperature their respective circulations to the placenta collapse. Thus heat coming from the fetal body is no longer carried to the placenta in the same amount and what heat still gets there and crosses the placenta is not carried off by the mother's uterine circulation. Both the fetus and the amniotic fluid then develop a higher temperature than the mother. Thus the measurement of temperature differences between a fetus and its mother are an indicator of the adequacy of exchange between the two. The scholars hope that proper thermistors can be developed to apply to the human situation and thereby give early warning signs of fetal trouble.

The findings of the study were published in the July 15, 1978 issue of the American Journal of Obstetrics and Gynecology. The authors were Drs. Cefalo and Hellegers.
Dr. Thomas W. Merrick has been appointed to succeed Dr. Conrad Taeuber as Director of the Kennedy Institute's Center for Population Research. Dr. Taeuber assumes the Associate Directorship of the center, relieving him from administrative duties to concentrate on demographic research.

Almost from its inception the Center for Population Research has concentrated its studies in the field of social demography (natality, nuptiality, migration and mortality). Elsewhere in this bulletin it will be seen that the Center has added a major component of studies in medical demography. Both social and medical demographic problems have economic antecedents and consequences. The appointment of Dr. Merrick, an economist by training, to the Directorship by Fr. Healy reflects this fact.

After majoring in Philosophy at St. Louis University, Dr. Merrick took an M.A. degree in economics from that university, followed by a Ph.D. in economics from the University of Pennsylvania in 1967. His dissertation was entitled, "Population Redistribution and Economic Growth: An International Comparison."

Following his doctorate Dr. Merrick served with the Agency for International Development and with the Ford Foundation. Under the auspices of the latter he served as Visiting Professor of Economics at the Federal University of Minas Gerais in Belo Horizonte, Brazil, where he established a university program in demography.

Dr. Merrick has been part of the Institute's Population Center since 1976. He is also an Adjunct Professor in the Department of Economics and has taught in the School of Foreign Service. He is fluent in Portuguese and Spanish. Dr. Merrick's appointment recognizes the fact that demographic techniques find their use not only in sociological studies, but also in medical and economic ones.

Dr. Warren Reich

New Column on Bioethics

Warren T. Reich, S.T.D., Senior Research Scholar at the Institute, is the author of a new column on bioethics, which first appeared in the September issue of the New Physician.

This new column addresses itself to the issues of the moral and social implications of the advancements in biology and medicine. Euthanasia, test tube babies, patient disclosure, and other topics related to bioethics will be discussed.

Dr. Reich, who served as editor-in-chief of the Encyclopedia of Bioethics to be published in 1978, is also Associate Professor of Bioethics in the Department of Community and Family Medicine at Georgetown University.

The New Physician is published monthly by the American Medical Student Association. It serves both the medical student and practicing physician and is distributed monthly to 80,000 readers.
Ms. Mary Grace Kovar

Health Statistics Analyst at CPR

Mary Grace Kovar comes to the Kennedy Institute Center for Population Research on leave of absence from the National Center for Health Statistics where she is Chief of the Analytical Coordination Branch in the Division of Analysis. She is spending the academic year 1978-79 as a Visiting Research Scholar, exploring such areas as: the effects of change in age distribution on needs for health services; population projections as affected by current contraceptive practices; the impact of family structure on social welfare programs.

Ms. Kovar has had a distinguished career in the analysis of health statistics. Her publications are numerous, frequently cited and widely respected. She is the author of the lead chapter on the health of “Elderly People,” in Health, United States 1976-77, the Secretary of D.H.E.W.’s report to Congress on the health of the American people. As a member of several professional organizations, Ms. Kovar has frequently served as an officer. Recently she served as secretary-treasurer of the Population Association of America, immediately preceeding Dr. Tom Merrick who currently holds this position.

Dr. Jamshid Momeni

New Demographer at CPR

Jamshid Momeni, Ph.D., has joined the Center for Population Research as a Visiting Scholar for the academic year 1978-79.

In 1965 Dr. Momeni received his B.S. degree in science from the American University of Beirut (AUB). Based on his outstanding academic achievement at AUB, Dr. Momeni entered Cornell University as a graduate assistant in the Department of Biometrics and Plant Breeding, from which he received his M.S. degree. Due to his dislike for cold weather, Dr. Momeni turned down a 4-year fellowship in sociology/demography from Cornell University and instead, accepted a fellowship from the Population Council to go to the University of Texas at Austin. He received his Ph.D. in 1970 in sociology with demography as his area of specialization.

While in Texas, he translated the summary volume of the 1966 census report of Iran. From 1970 to 1974 he was engaged in teaching and research at the University of Maryland, Washington College, Howard University, and Long Island University. In February 1974 he joined the faculty of the Department of National Development and Sociology at Pahlavi University as an Associate Professor.

He has published several articles, books, and book reviews. Among them are: “The Difficulties of Changing the Age at Marriage in Iran”; “Polygyny in Iran”; The Population of Iran: A Dynamic Analysis; The Population of Iran: A Selection of Readings; Marriage and Divorce in Shiraz, Iran; and, a Bibliography on the Population and Manpower in Iran.

He is currently engaged in analyzing the data from the 1976 Census of Iran. Dr. Momeni is also involved in a comparative study of female labor force participation and the changing status of women, and their role in economic development in some developing countries; and, he is also working on the final chapter of an introductory sociology textbook in the Persian language.
An international dialogue on issues common to all people . . .

Rabbi David Hartman was born and educated in the United States. Ordained in 1953, he became widely respected as an exceptionally innovative educator and creative Jewish thinker, both in the U.S. and Canada. In 1971 he and his family became permanent residents of Israel where he teaches Jewish Philosophy at the Hebrew University in Jerusalem, continuing the work he initiated earlier at Yeshiva University in New York and McGill University in Montreal. His lectures on "The Quest for Relationship in Biblical and Rabbinic Thought" explore the modern feelings of isolation and the loss of a sense of responsibility for history and community.

Ecumenism at Georgetown:
Rose F. Kennedy Lectures

On October 19th, Father Hans Kung made his second appearance in these lectures, speaking on "Science and the Problem of God." Rushed from the airport to the university by helicopter, Fr. Kung spoke before a crowded and intensely interested audience in Georgetown's Gaston Hall. His lecture afforded people the opportunity to hear a preview of his latest thought on the existence of God and His relationship to 20th Century man. Recently he published "Gott? (Does God Exist?)" in many, where it is a bestseller.

Two internationally known theologians—one Catholic and the other Jewish—are participating in the Rose Fitzgerald Kennedy Lecture Series this fall. Their lectures speak to issues of common concern to all religions and philosophies.
In the spring of 1978, the Kennedy Institute of Ethics joined the University of Tennessee in sponsoring the *Journal of Religious Ethics*. This five-year old journal was the result of the vision and persistence of Charles Reynolds, its first editor. Reynolds and others contended that the field of religious ethics could not be expected to develop rapidly and satisfactorily without a journal. In its five-year history, *JRE* has helped to solidify, extend, and deepen work in religious ethics. Its biannual issues have covered a wide range of theoretical and practical subjects. Discussions of virtue and obligation, mysticism and morality, reciprocity and the Golden Rule, Thomas Aquinas, Paul Tillich, Paul Ramsey, and H. Richard Niebuhr have contributed to theoretical developments in religious ethics. In the area of applied ethics, Gene Outka's “Social Justice and Equal Access to Health Care,” and LeRoy Walters’ “Ethical Issues in Experimentation on the Human Fetus” are among the most important articles; others include discussions of abortion, nonviolent resistance, and just war.

*JRE* does not represent any particular religious viewpoint. It includes articles on morality and ethics in various religious traditions such as Buddhism, Hinduism, Islam, Judaism and Christianity. It encourages and publishes articles that extend and deepen our understanding of religious ethics from many different perspectives.

James Childress of the Kennedy Institute is now co-editor with Charles Reynolds. Childress has primary responsibility for the focus section of each issue—the section that concentrates on a particular topic or theme such as Religion and Racism, Buddhist Ethics, and Human Rights. LeRoy Walters of the Kennedy Institute is an Associate Editor.

Childress also is editor of *Studies in Religious Ethics*, a monograph series under the auspices of the *Journal*. So far, two volumes have been published in this series. The first, which appeared in 1974, is *Love and Society: Essays in the Ethics of Paul Ramsey*, edited by James Johnson and David Smith; the second, which appeared in 1978, is *Abortion and the Roman Catholic Church* by Susan Nicholson.

Individual subscriptions to the *Journal* cost $8.00 per year. Orders for the *Journal* or the monograph series should be sent to *JRE*, Department of Religious Studies, University of Tennessee, Knoxville, TN 37916.
John Ruane, S.J.

Clinical Ethics

Father Ruane has taken a year's sabbatical from St. Peter's College in New Jersey, where he serves as an Associate Professor of Philosophy. As a Visiting Scholar at the Kennedy Institute, he is particularly interested in acquiring clinical experience in dealing with medical problems at the Georgetown Medical Center.

Educated at St. Andrew-on-Hudson (A.B.), Ateneo de Manila University (M.A.), Woodstock College (Ph.L., S.T.L.), and the University of Louvain (Ph.D.), Father Ruane's extensive teaching experience extends back more than 23 years. For 14 years he taught philosophy at the Ateneo de Manila University, the Philippines, and then later, at St. Joseph College in Emmitsburg, Maryland.

For the past three years Father Ruane has directed courses on medical ethics for students at the College, including student nurses at three hospital schools of nursing in northern New Jersey which are affiliated with St. Peter's. Upon his return to his teaching duties, Father Ruane intends to incorporate his Georgetown clinical-ethical experience into an expanded bioethics program particularly oriented towards nursing students.

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A Note from the Director

It has been said, often, that ethical problems are most likely to occur where the powerful can most easily exploit the powerless. Among the latter, few are more so than the aged and the mentally retarded. It is therefore with considerable satisfaction that I have in the past year seen the development in the Institute of a strong section dealing with medical demography, concerning these two highly vulnerable groups. “Out of sight, out of mind” is an old saying, but out of mind does not mean out of existence.

The Kennedy Institute’s Center for Population Research has embarked on a major endeavor in analyzing—and bringing to the nation’s attention—the precise plight of the aged and the mentally retarded. To attempt to establish ethical guidelines on how they should be humanely treated has been done before and the Kennedy Institute’s ethicists have often contributed to such debates. But to say what ought to be is surely ineffective, without the ability to say what practically can be. High-minded principles, while necessary to point to the ideal, must be backed by data which delineate the precise problems of those human beings for whom the principles are being enunciated. Without a knowledge of the real facts all ethical discourse runs the danger of being only paranetic.

It is for this reason that the work which is now being undertaken by the Center for Population Research is of crucial importance to the Center for Bioethics. Good, practical, ethics is best done when ethicists can point to precise problems and their magnitude. Demographers and economists can provide precision in the delineating of a problem if they can have access to accurate data. The mental retardation article by Dr. Beth Soldo and her colleagues in this issue describes one such data base. The mentally retarded are, par excellence, the paradigm case for ethical reflection.

One datum from this tape is not described in this bulletin. It is that there are in the United States today only 18,000 children, who reside in institutions and who have no next of kin. We used to know them as orphans. Today we have a wholly new class of orphans: abandoned mentally retarded children and the abandoned elderly. By using the word abandoned I do not imply anything pejorative about their families. Rather I mean to imply the facts of biology: children and old folks whose problems simply cannot be handled in family contexts. Yet whether they all need to be institutionalized is surely dependent on the kinds of services available to families and communities. These and other facts are the ones the Institute is investigating now.

Obviously the task is formidable and we cannot at this stage foretell whether we shall have the means to do the job as it must be done. But done it will be by someone, sometime, somewhere. And seemingly impossible tasks can get done. One example bears citing here. On the last day of the last session of the Congress it passed a Pregnancy Disability Bill. Past readers of this bulletin will know that back in 1973 the Center for Population Research gathered all the data needed to prove that such support in pregnancy would benefit our future children. Semantic issues of whether pregnancy should be considered a disease like other conditions for which disability benefits were paid were thrashed out in the Bioethics Center. Physiological data were supplied by the Laboratories for Reproductive Biology. I had the privilege of presenting the facts as an expert witness in Court. All lower U.S. Courts and Courts of Appeal mandated the benefits. The U.S. Supreme Court overruled the lower courts. Now the Congress has in essence overruled the Supreme Court and pregnant women will receive the benefits. It was a five year battle, but well worth waging and the combination of biologic, demographic and ethical facts was a useful one both in the courts and in testimony before House and Senate.

It is this combination of data which we shall now bring to bear on the problems of the “new orphans.” I hope the ultimate policy outcomes will be as felicitous.