Special Section:
Quo Vadis? Mapping the Future of Bioethics

Examining American Bioethics: Its Problems and Prospects

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In 1986, philosopher-bioethicist Samuel Gorovitz published an essay entitled "Baiting Bioethics," in which he reported on various criticisms of bioethics that were "in print, or voiced in and around . . . the field" at that time, and set forth his assessment of their legitimacy.[1] He gave detailed attention to what he judged to be the particularly fierce and "irresponsible attacks" on "the moral integrity" and soundness of bioethics contained in two papers: "Getting Ethics" by philosopher William Bennett[2] and "Medical Morality Is Not Bioethics," coauthored by us.[3] Gorovitz attributed some of the criticisms that bioethics was eliciting to the fact that this new, rapidly rising, and increasingly visible field had brought "scholars and practitioners together who otherwise would have little exposure to one another's disciplines. Their interactions are mutually enriching at times," he declared, "but mutually baffling and even infuriating at other times." In this latter regard, he suggested that "perhaps" Fox and Swazey's characterization of bioethics in the article he dissected "reflects a general revulsion at endeavors they see as inadequately like the social sciences or insufficiently respectful of them."[4] He went on to say that despite his objections to our "complaints" about bioethics—especially to our claim that "autonomy [had] been an unduly emphasized value" in the field—he had "a lingering sense" that there might be "a grain of truth" in them.[5] Gorovitz ended his essay with an affirmation about the "benefit" that bioethics can derive from "responsible" and even from "irresponsible" criticism. "The unexamined discipline invites the philosopher's critical scrutiny no less than the unexamined life," he aphoristically concluded.[6]

It may seem incongruous to introduce our reflections on the future of bioethics with a commentary by Gorovitz published almost two decades ago. We have done so because we consider it pertinent to some of the characteristics of the outlook, agenda, and atmosphere of present-day bioethics that, in our view, need to be addressed and altered in order to advance the state of the field in ways that would enlarge and enrich its perspective, concerns, and content. To begin with, Gorovitz's spirited observations and opinions indicate that bioethics evoked a considerable amount of criticism and controversy then, as it does now, both from within and from outside the field. His riposte reflects a

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highly ambivalent attitude toward this criticism—an espousal of its potential intellectual value for improving the field and of its moral virtuousness on the one hand and, on the other, a strong disapproval and sharp rejection of what he considered to be erroneous, "misguided," or "baiting" about it. This kind of ambivalence continues to rend the field.

In addition, Gorovitz identified the multidisciplinary composition of bioethics as a source of the "[d]iverse expectations, disappointments, and criticisms [that] surround [the field],"[7] and he associated our own critique of bioethics with the chagrin that he thought we might be feeling about the subordinate status accorded to the social sciences in this field of "applied ethics" that, however pluridisciplinary it might be, had a closer relationship to moral philosophy. The assumption on the part of certain bioethicists that the criticisms of the field expressed by social scientists like ourselves are rooted in our "desire to supplant philosophy with sociology"[8] or with some other social science discipline has persisted to this day.

American Bioethics: Areas of Concern and Contention

It is both notable and intriguing that despite the relatively short life span of bioethics, a number of differing accounts exist about when and why it began[9] and rapidly evolved into a new arena of public as well as academic and clinical–medical significance. Nevertheless, it is generally agreed that the field began to develop institutionally and underwent its first stage of professionalization in the United States during the late 1960s and 1970s, and that, since that time, it has not only grown exponentially in this country, but has emerged in a wide and diverse array of other societies. There is no bioethics "map" that comprehensively identifies the countries in which bioethics now exists or that provides cartographic information about its salient features in different societal contexts. For this reason, and because virtually since its inception, we have been both participant observers and observing participants in U.S. bioethics, our commentary on the present state and the potential future of bioethics will be confined to the American setting. Throughout its short historical span, U.S. bioethics has been marked by debate-surrounded criticism regarding its conceptual framework, methodology, multidisciplinary composition and dynamics, agenda of moral issues, relationships with the social institutions and culture of American society, and its international scope and relevance. This ongoing, often tension-ridden, criticism, which has emanated largely from persons working in the field, has clustered around certain nodal areas of concern and contention:[10]

- The privileged place occupied by philosophy and philosophers in a field that is purportedly interdisciplinary and the tenuous, noninterpenetrative relations between the disciplines that compose the field. The predominant influence of Anglo-American analytic philosophy in bioethical thought, and the associated "principlism" view that the four principles of autonomy, beneficence, nonmaleficence, and justice are adequate to treat most moral issues relevant to health, illness, and medicine.[11] The "triumph" of a rational, highly individualistic conception of autonomy over all other moral principles, and an emphasis on individual rights, choice, and welfare that outbalances the invocation of responsibilities, obligations, and duties.

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- The insufficient weight accorded to the connections between self and others, interpersonal relationships, human dependency and interdependency, community values, public health, social solidarity, trust, and the common good—and, more generally and basically, to the role and influence of social, cultural, historical, and "contextual" factors in how ethical questions are defined, approached, and debated, and in what James Gustafson calls the "density of experience" that the "lived" moral life involves (Gufstason J, interview, June 17–18, 1999).
- The secondary moral status accorded to virtues and qualities of the heart, like compassion, sympathy, kindness, and caring, and to the principle of beneficence, that entail an active regard for the welfare of others, an emotional response of empathy for their suffering or misfortune, and the humane motivation to help alleviate their distress.
- The appropriateness of incorporating religious scholarship and viewpoints and religiously resonant human condition questions about human origins, identity, nature, and destiny, the meaning of suffering, and the mysteries of life and death into the secularly grounded normative thought of bioethics.
- The narrow biomedical focus of bioethics, its continuous preoccupation with a limited roster of advances in biology, medicine, and medical technology, such as assisted means of reproduction; genetic screening, engineering, and therapy; organ replacement; the use of life support and life-sustaining technologies; and euthanasia, including physician-assisted suicide. The tendency of bioethicists, at particular junctures, to become preoccupied with certain of these biomedical developments—for example, organ transplantation or, at the present time, the human genome, stem cell research, and cloning.
- The field's relative inattention to ethical questions of social justice in American society, framed by the fact that a record 45 million persons currently do not have health insurance and millions more are underinsured, and by the adverse effects on their access to medical care and their health experienced by the increasing number (an estimated 35% of the population) who live below the poverty line in this, the wealthiest country in the world.
- The insular and insulated perspective of U.S. bioethics on global health and health care, particularly the degree to which many bioethicists distance themselves from ethical issues related to health, illness, and poverty in developing countries—most notably, the catastrophic consequences of the epidemic of HIV/AIDS, the emergence and the reemergence of numerous other infectious diseases (such as tuberculosis and malaria), and the dearth of affordable drugs to treat them in such poor, often besieged societies. The concomitant tendency of American bioethics to define these problems as macroeconomic and macropolitical, rather than moral in nature.
- The maintenance of a distinction between bioethical and human rights issues and of a line of demarcation between bioethics and international human rights law—with the unintended consequence of pushing occurrences such as the alleged complicity of U.S. military medical personnel in the abuses of detainees in Iraq, Afghanistan, and Guantanamo Bay to the outer edge of bioethicists' engrossments.
- Concerns about the propensity of individual and institutional participants in bioethics to become "coopted" or "captured" by the medical profession

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(physicians, medical schools, hospitals), the pharmaceutical and biotechnological industry, the competitive, self-interested aspects of free markets, the media, government agencies, and/or the regnant political atmosphere in the larger society.

- The propensity toward dichotomization and polarization in bioethical thought, with the result (in the words of one participant in bioethics) that it gets "trapped in binaries" that are difficult to reconcile (Gustafson J. Interview, June 17–18, 1999). Primary among the dichotomies that have bifurcated bioethical discussion and its literature are (1) conceptions of a universal "common morality," on the one hand, and of ethical and cultural particularism, pluralism, contextualism, and "relativism," on the other (accompanied by disagreement about how Western and American U.S. bioethics is and ought to be); (2) what are considered to be the domains of intrinsically moral considerations versus the spheres of social, cultural, and/or legal issues; (3) the sharp distinction made between descriptive ethics and normative ethics; (4) the split that exists between an espousal of science- and technology-propelled biomedical progress with few constraints, and concern about the bodily damage and the debasing and "technologizing" of human life that may result from unlimitedly pursuing and applying new medical knowledge.

Some of these dichotomously expressed differences and controversies, such as the fissure between what philosopher/bioethicist Tom Beauchamp terms "cultural relativity and moral universality,"[12] the split between what philosopher/bioethics pioneer Daniel Callahan calls "individual and common good,"[13] and the divide between descriptive and normative ethics,[14] "largely arose in philosophy and have been perpetuated [in bioethics] using philosophical discourse."[15] Some have been supported and augmented by basic American values. This is notably the case, for example, with regard to the role that American individualism—one of the predominant ideas around which the society and culture have been organized since the beginning of the nation's history—has played in the weight that has been accorded to the principle of autonomy and in heightening the tension between individual and common good. In addition, the affect and rhetoric with which these binary issues have been discussed at different stages in the unfolding of bioethics have been influenced by the surrounding political and ideological atmosphere in the country at the time. For example, during the inaugural years of U.S. bioethics, the nascent field attracted a sizable number of persons who had been intensively engaged during their student years in the civil rights, antiwar, and women's movements of the 1960s and 1970s. They carried their militant individualism, antipaternalism, and antiauthority convictions with them into bioethics and helped to shape its individualism-grounded values and rights language. More recently (from the mid-1990s to the present), as Daniel Callahan has noted with concern, a tendency for controversy between bioethicists to become more polarized and acrimoniously polemical has developed in what he characterizes as a previously "irenic field," in which the discussions that took place between bioethicists around areas of debated criticism were once "remarkably friendly."[16] He attributes this change in tone to the incorporation of the American "culture wars" between conservatives and liberals taking place on the current political scene into the matrix of bioethics.[17]

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Shaping the Future of Bioethics

What bearing does our compressed account of the persistent foci of criticism, controversy, and structural strain inside bioethics have on our ideas about what could and should be the future of bioethics? To begin with, in our view, fundamental to any endeavor by bioethicists to shape bioethics' future is learned and insightful knowledge and understanding of the patterns of thought and the underlying value commitments that presently characterize the field, its prevailing intellectual and cultural ethos and ambience, and the historical, social, and cultural influences that have contributed to these attributes. Sociologist-bioethicist Adam M. Hedgecoe considers this sort of "reflexivity" to be integral to a "critical bioethics" that is sufficiently "self-aware"—individually and collectively—to take into account where the field and its participants "come from," and to be able to "think about how bioethics came to occupy the position that it does," and the "issues of power and authority" that this raises.[18] We regard such "reflexivity" to be especially important in thinking penetratingly about the present and future state of bioethics, both because of its multidisciplinary composition and because it is not, and never has been, just an academic, medically relevant field. From its inception, the value and belief questions that U.S. bioethics has pursued have paralleled "collective conscience" issues with which American society has been grappling more broadly—"albeit phrased in its own . . . medicalized, ethicized, and secularized vocabulary."[19] Further, debate and deliberation about bioethical questions have not been confined to classrooms and clinics, but have continually taken place in public arenas and within political or quasi-political institutions including print and electronic media, commissions appointed by the U.S. Congress or the President of the United States, and state and federal legislatures and courts.

The Need for Greater Interdisciplinarity

As British philosopher Onora O'Neill has aptly commented, despite the fact that bioethics is "a meeting ground for a number of disciplines, discourses, and organizations concerned with ethical, legal, and social questions raised by advances in medicine, science, and biotechnology,"[20] its "interdisciplinarity" is "tenuous."[21] By and large, the field is made up of enclaves of persons from different disciplines who tolerate each other (up to a point), but seldom allow themselves to be touched or altered by the perspectives of disciplines other than their own. The interchange between bioethicists from different disciplines tends to be substantively thin, characterized by superficial understanding of the ethos, concepts, knowledge base, methods of inquiry, and modes of justification and proof of other disciplines, and fraught with repetitive misunderstandings. Remedying this state of affairs by working concertedly to make bioethics more interpenetratingly interdisciplinary is high on the list of our aspirations and recommendations. We believe that achieving this would go a long way toward breaking through the cleavages that rend the field.

As we have indicated, we do not mean by this that the disciplines that contribute to bioethics should be reshuffled so that moral philosophy and its ethical theory exert a less strong influence than they have until now. Here, we diverge from Beauchamp's opinion, given in a recent, remarkably candid and lucid article, that the bioethics literature has "shifted in the past 15 years or so

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toward great levels of comfort with law, policy studies, empirical studies, standards of practice, government guidelines, and international guidelines," to a degree that raises the "question whether ethical theory [any longer] has a significant role in bioethics"—a question, he comments, that is "worth considering."[22] In our view, among the constellation of disciplines that have converged around bioethics, philosophy is the most appropriate one to play a central role in the examination and analysis of the fundamental moral issues that the field addresses. But the philosophical base that we envisage would not be as rigid as it has been until now. Rather, the philosophical underpinnings of bioethics would become more supple and porous so that some of the boundaries in which bioethical–philosophical thought is presently enclosed could be traversed in ways that facilitated the integration of social (including economic and political), cultural (including religious), legal, and historical variables, and other disciplines' ways of thinking about them, into the foundational intellectual structure of the field. The sort of complementarity that we believe is needed is illustrated by Pakistani and American surgeon and bioethicist Fahrat Moazam's call to balance secular philosophical principles and religious virtue ethics in a bioethics that draws upon Abrahamic faiths—Islam, Judaism, and Christianity—and that integrates concerns about "Is this an ethical act?" with "Is the active agent an ethical agent?"[23] The kind of renovated framework that we propose would also increase the theoretical pluralism of American bioethics' philosophical outlook by bringing the standards and principles of analytic philosophy, which dominate the field, into an intersecting relationship with an expanded range of philosophical views (including Continental European schools of thought), in a manner that is less extrinsic and "shotgun" reactive than the current tendency to simply "add on" alternative approaches, such as feminist, virtue, and narrative ethics and casuistry.

There has been some tendency to seize upon "quick-fix" solutions in efforts that have been made to more influentially and effectively incorporate social science and a wider range of philosophical approaches into bioethics' conceptual framework. An example of this is the "bandwagon-like" way in which both philosopher and social scientist participants in bioethics have embraced ethnography as "salvational."[24] A more promising development toward the kind of integration of social science and social thought into bioethics that Hedgecoe envisions seems to have occurred when a small interdisciplinary group (including three philosophers, three sociologists, two religionists, two anthropologists, a jurist, and a political scientist) was invited to spend the 2003–2004 academic year together in residence at the School of Social Sciences of Princeton's Institute of Advanced Studies. Their year-long interchanges appear to have resulted in a socially oriented convergence of their disciplinary perspective that continues to be reflected in their ongoing publications,[25] activities such as organizing conferences,[26] and their plans for collaborative research.[27]

Balancing Universalism and Particularism

We also feel that it is imperative for the conceptual framework and the outlook of U.S. bioethics to be less tipped in the direction of the kind and degree of intellectual and moral preference for universalism over particularism that it currently displays—a preference that minimizes, and in certain ways denigrates, the particularities of historical circumstances and traditions and of

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social and cultural contexts and locales, and that (to borrow a phrase from French sociologist Pierre Bordieu), "imperializes universality" by "universalizing its own . . . particular [cultural] characteristics."[28] Closely related to this, in our view, is the moral responsibility that U.S. bioethics has to move in the transnational direction of expanding its agenda of ethical concerns beyond its own borders to pay greater attention to issues of global health and to approach these issues in a cross-culturally sensitive, respectful, and knowledgeable manner.

The Education and Training of Bioethicists

The changes that we would like to see take place in the orientation of American bioethics cannot occur simply through the resolution of bioethicists to effect them. They call for a thoughtful, deliberative reconsideration of the education and training involved in equipping people to work in this field—training in their baseline discipline(s), and in Ph.D.[29] and Master's programs. With respect to graduate degrees, we recognize the time and course-work constraints of Master's programs, but nonetheless believe that they could be restructured to include, in a compressed form, the types of educational content discussed below to at least make students more aware of and knowledgeable about the competencies that can be developed.[30]

To begin with, the fundamental competence that every bioethicist ought to have should be grounded in his/her discipline of origin. In a rock-bottom sense, the quality of bioethical thought, research, and analysis depends on disciplinary excellence—no matter which is the primary discipline from whose foundations a participant in bioethics works.

In addition, if our premise that philosophy should have a pivotal place in bioethical theory and reflection is accepted, it follows from this that anyone intending to be seriously involved in the field should have more than a perfunctory introduction to philosophy. That introduction should not be confined to analytic philosophy or to a reductionistic, rotelike understanding of its emanation in principlism. Nor should it consist of a smorgasbord mix of approaches. Rather, the diversity of philosophical outlooks should be brought together and related to one another in a way that maximizes the potentiality of incorporating social, cultural, and historical factors into moral analysis and comprehension.

Because bioethics is a multidisciplinary field with interdisciplinary aspirations, it also requires some degree of training and experience in at least one discipline other than one's "home" field. Achieving and maintaining interdisciplinary competence is intellectually demanding and cannot be accomplished through a packaged set of presentations given by a series of lecturers from an array of fields. In the case of philosopher–bioethicist Norman Daniels, for example, as he has attested, doing "serious work on issues of social justice in health care" required his "willingness to look at political science and economics." It entailed "an enormous . . . intellectual investment" to attain "a really good mastery of literature and work on distributive justice." He also had to "learn something about the whole design of health care—who gets health care, who doesn't, what were the determinants of health care":

> This really was a full-time intellectual task to master a whole body of literature . . . of vaster scope than most background literature on

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> particular problems that you work on in isolation in bioethics. . . . I . . . read health economics textbooks . . . and bunches of books on the sociology of health care, comparative health care systems, [and] literature on the access to heath care. . . . In effect, I would say I did the equivalent of a Ph.D. in health policy just to get to the point where I felt comfortable talking about health systems. (Daniels, N. Interview, May 14, 1999)

Whether in the context of M.A. or Ph.D. programs in bioethics, one of the goals of the curriculum should be imparting to students the importance and value of interdisciplinary knowledge and understanding, a solid sense of what it involves, and the kind of long-term motivation to develop it that Daniels describes. A pedagogically effective way of initiating this process might be to organize the interdisciplinary training in at least two fields in a fashion that is equivalent to a major and a minor.[31]

We consider it as critical—perhaps even more so—for American bioethics to strengthen its commitment to dealing with the international and cross-cultural as well as the local and national aspects of the value-laden issues with which it is concerned and to identify and institute ways to forge stronger links between them. In this connection, it seems to us, knowledge in detail and depth of at least one society other than one's own—its history, social institutions and organization, culture, and worldview—is essential. "You rarely know enough about one society, let alone more than one, to generalize usefully—or safely," modern European historian Eugen Weber has cautioned. Nevertheless, he affirms, although it may be "hard to do it well, . . . that's no reason not to try," because developing such comparative knowledge "opens perspectives, suggests questions and possibilities, indicates untried directions and correspondences, and helps us to avoid provincialism and facile assumptions."[32] We would add that it also sharpens recognition of the defining characteristics of one's own society and culture—what is distinctive and idiosyncratic about them, and what they have in common with those of other societies and cultural traditions. Philosopher Martha Nussbaum terms this "cosmopolitan education," through which students "learn to recognize humanity wherever they encounter it, undeterred by traits that are strange to them, and . . . eager to understand humanity in all its strange guises." "They must learn enough about the different to learn about common aims, aspirations, and values," she declares, "and enough about the common ends to see how variously they are instantiated in the many cultures and their histories."[33]

Consonant with Weber and Nussbaum, we urge that, at the very least, Ph.D. programs and, in a more limited way, M.A. programs in bioethics launch their enrollees on the systematic study of a society or societies other than their own, in a manner that provides them with insight about why this knowledge is important. In our view, the comparative perspective that it provides is vital, if U.S. bioethics is to break through the dichotomy between universalism and particularism to which it cleaves, acknowledge some of the specifically American and Western attributes of its premises and concepts, and enlarge the geographical orbit of its medico-moral concerns to pay greater attention to the causes and consequences of the most serious global health problem that besets the present-day world: the rise and ravages of newly emerging and of reemerging infectious diseases.

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Bioethics and the Culture Wars

We feel morally as well as intellectually compelled to end our consideration of American bioethics with an admonitory statement about the escalating ideological and political animosity currently taking place between so-called liberal and conservative bioethicists within the field. This rancorousness has been conspicuous in statements made by bioethicists on both sides of the divide in professional publications, blog sites, and the media about matters such as embryonic stem cell research, therapeutic and reproductive cloning, genetic enhancement, other uses of fetal tissues and embryos, end-of-life issues, the place of religious thought and belief in ethical analysis, and about the potential dangers and harms as well as benefits that advances in medical science and technology can bring in their wake.[34] In many respects, the divisiveness that has developed inside of bioethics mirrors the passion-accompanied divisions between liberals and conservatives about "moral values" in American society, concerning matters such as gay marriage and gay rights more generally, abortion, and stem cells, which have escalated, often flamboyantly, during and since the U.S. Presidential election of 2004. In the realm of bioethics, it runs counter to the composed, fair-minded, rationally thoughtful outlook ideally associated with a philosophically oriented field. And it is indicative of a general lack of awareness by bioethicists of the ways in which the ambience and ethos of their field are being tainted by the harshness and lack of tolerance surrounding the politico-ideological splits on the larger American scene.

We consider the strife that has been mounting among bioethicists to be amoral, destructive, and self-destructive. We agree with Daniel Callahan that "if bioethics is to retain its vitality and be taken seriously, it will have to find a way to extricate itself from the culture wars":

> It will have to remember that it is possible for bioethicists to be wrong without being immoral, that bioethics harms itself if it turns into a moral crusade, either for the values of the left or the right, and that a healthy bioethics will be one where conservatives and liberals understand they have a common cause, one best pursued in lively dialogue rather than as opposing armies.[35]

A particularly revealing manifestation of the way in which the so-called culture wars that have erupted around bioethical issues in the United States has recently played out in a florid, unsettling, and tragic fashion concerns the case of Terri Schiavo, who was in a persistent vegetative state for 15 years and had no written advanced directive indicating how she would want to be treated in this type of circumstance. Michael Schiavo, her husband and legal guardian, believed she would not have chosen to be kept alive with the artificial feeding and hydration that she was receiving at a hospice in Florida. Her parents, Mr. and Mrs. Robert Schindler, fiercely contended that the feeding tube should not be removed, holding that this would go against Terri's wishes if she could make them known and also because they did not accept the medical determination that she was in a persistent vegetative state without hope of recovery.

Beginning in 1998, Terri Schiavo's husband and parents engaged in a moral and legal battle over the removal of her feeding tube that was enacted in state and federal courts and legislatures. Court rulings in April 2001, including the

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U.S. Supreme Court's refusal to intervene in the case, led to the tube's removal and, then, after another court order, its reinsertion. In October 2003, the tube again was removed after another court order and again reinserted after Florida's lower house passed "Terri's Law," giving Governor Jeb Bush the authority to order her physicians to provide artificial nutrition and hydration. Then, in September 2004, the Florida Supreme Court struck down Terri's Law, upholding a lower court ruling that it was unconstitutional and a violation of the right to privacy. When the U.S. Supreme Court, in January 2005, refused to hear Governor Bush's appeal to change the Florida ruling, the case went back to the Florida courts.

To a virtually unprecedented degree, the case was catapulted into the public square by Terri's desperate parents and their supporters when, on March 16, a Florida Appellate Court refused to block removal of the feeding tube and set March 18 as the date for the discontinuation of artificial feeding. In rapid order, the Schindlers filed another emergency appeal with the U.S. Supreme Court on March 17, arguing that lower courts again needed to review their daughter's case, this time with respect to whether her religious freedom and due process rights had been violated; on March 18 the U.S. Congress moved to block removal of the feeding tube, a strategy rejected by the Florida judge who had previously ordered its removal that day. Next, on March 20 and 21, the U.S. House and Senate passed special emergency legislation for a federal court review of the case, and the bill was promptly signed into law by President George W. Bush. Between March 22 and 27, a series of state judges and courts rejected the Schindlers' emergency appeals and a petition by Governor Bush to be appointed as Terri's legal guardian, and refused to order reinsertion of the feeding tube. The Florida rulings were upheld by a federal judge and appellate court, and the U.S. Supreme Court twice more refused to intervene in the case.

Extensive media coverage of these legal and political events, along with innumerable interviews with Terri Schiavo's husband and parents, their attorneys, other family members, and advocates for both sides of the bitter dispute, all but eclipsed reporting of other news events.[36] Evangelically oriented religious conservatives, including key political figures in Congress, were key actors in the unfolding drama. President Bush and Vatican spokesmen affirmed their unwavering adherence to what they termed "the culture of life." Leaders and members of Catholic and Protestant "right to life" groups voiced their vehement opposition to the cessation of artificial feeding and hydration, with many engaging in public protests and vigils, including those held in front of Terri Schiavo's hospice under the glare of television cameras.

Terri Schiavo, age 41, died on March 31, 2005, at the Pinellas Park, Florida, hospice, 13 days after her feeding tube was removed. In our view, her case ominously epitomizes how societally serious, ideologized, and politicized the entwining of bioethical issues and the cultural split in the country has become. It also sharply frames the question of how, in a secular but nonetheless religiously resonant society under law rather than under men like the United States, such ultimate questions of life and death that are intrinsically religious can be resolved in the name of all its citizens—or even whether this is possible.

In his weekly "Beliefs" column for *The New York Times*, Peter Steinfels has called for "an honest discussion of the moral stances dividing Americans, [with] each side (and there may be more than two) addressing the contending

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arguments at their best and not their worst."[37] It is our strong conviction that unless this kind of colloquy pervades American bioethics, the future of the field will be so seriously jeopardized that any recommendations proposed for its betterment will be superfluous.[38]

Notes

1. Gorovitz S. Baiting bioethics. *Ethics* 1986;96(Jan):356–74.
2. Bennett W. Getting ethics. *Commentary* 1980;Dec:62–5.
3. Fox RC, Swazey JP. Medical morality is not bioethics—Medical ethics in China and the United States. *Perspectives in Biology and Medicine* 1984;27(Spring):336–60.
4. See note 1, Gorovitz 1986:365.
5. See note 1, Gorovitz 1986:366, 367.
6. See note 1, Gorovitz 1986:372.
7. See note 1, Gorovitz 1986:356.
8. Chambers T. Centering bioethics. *Hastings Center Report* 2000;30(1):22–9, at 27.
9. The various historiographies of the beginning of bioethics are examined in an essay on "the coming of bioethics" in our forthcoming book on the development and role of bioethics in the United States. Some writers have assigned a "moment of creation" date, such as the Nuremberg Trials in 1947, the issuance of the Harvard Ad Hoc Committee's report on the definition of brain death in 1968, or the founding of the Hastings Center in 1969 and the Kennedy Institute in 1971. Other "origin stories" define a time period rather than a specific date of conception or birth, usually during the mid-1960s to early 1970s, or the late 1960s to mid-1970s. See, for example, Callahan D. The Hastings Center and the early years of bioethics. *Kennedy Institute of Ethics Journal* 1999;9(1):53–71; Chambers T. Retrodiction and the histories of bioethics. *Medical Humanities Review* 1998;12(1):9–22; Jonsen AR, ed. The birth of bioethics. Special supplement. *Hastings Center Report* 1993;23(6):S1–16; Jonsen AR. *The Birth of Bioethics*. New York: Oxford University Press, 1998; Reich WT. Revisiting the launching of the Kennedy Institute: Revisioning the origins of bioethics. *Kennedy Institute of Ethics Journal* 1996;6(4):323–7; Rothman D. *Strangers at the Bedside*. New York: Basic Books; 1991; Stevens T. *Bioethics in America: Origins and Cultural Politics*. Baltimore: Johns Hopkins University Press; 2000; Veatch R. The birth of bioethics: Autobiographical reflections of a patient person. *Cambridge Quarterly of Healthcare Ethics* 2002;11:344–52.
10. The areas identified come both from our reading of the bioethics literature and from the interviews we conducted with bioethicists as part of the Acadia Institute study.
11. The best known exposition of principlism is Tom Beauchamp and James Childress' *Principles of Biomedical Ethics* (New York: Oxford University Press). First published in 1979, the book is now in its fifth edition; a sixth edition is in preparation, and the book has been translated into many languages.
12. Beauchamp TL. Does ethical theory have a future in bioethics? *Journal of Law, Medicine & Ethics* 2004;32:209–17, at 216.
13. Callahan D. Individual good and common good. *Perspectives in Biology and Medicine* 2003; 46(4):496–507.
14. Sugarman J, Sulmasy DP. *Methods in Medical Ethics*. Washington, DC: Georgetown University Press; 2001, at 4,10.
15. See note 12, Beauchamp 2004:216.
16. See note 13, Callahan 2003:498.
17. Callahan D. Bioethics and the American culture wars. Unpublished paper, 2003; Callahan D. Bioethics and the culture wars. *The Nation* 1997;264(14):23–4.
18. Hedgecoe AM. Critical bioethics: Beyond the social science critique of applied ethics. *Bioethics* 2004;18(2):120–43, at 138-40.
19. Fox RC. Is medical ethics asking too much of bioethics? Teaching the "nonbiomedical" aspects of medicine: The perennial patterns. *Daedulus* 1999;128:1–25, at 8.
20. O'Neill O. *Autonomy and Trust in Bioethics*. Cambridge, UK: Cambridge University Press; 2002, at 1.
21. O'Neill O. Reason and passion in bioethics [review of L. Kass. *Life, Liberty, and the Defense of Dignity. The Challenge for Bioethics*. San Fransico: Encounter Books; 2002]. *Science* 2002;298(20):2335.

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22. See note 12, Beauchamp 2004:216.
23. Moazam F. Foundational ethical concepts in Islam: The Qur'an, Imam al-Ghazali, and Muslim physicians. Plenary speech, Aga Kahn University Symposium on Clinical Ethics, October 7, 2004.
24. See especially Hoffmaster B. Can ethnography save the life of medical ethics? *Social Science & Medicine* 1992;35:1421–36.
25. The fall 2004 issue of the *Hastings Center Report* (35,4), for example, had a cluster of articles discussing ethical concerns associated with the influence of the pharmaceutical industry. Three of the four papers were written by members of the Princeton group: Lemmens T. Piercing the veil of corporate secrecy about clinical trials (pp. 14–18); Elliot C. Pharma goes to the laundry: Public relations and the business of medical education (pp. 18–23); and DeVries R, Bosk C. The bioethics of business: Rethinking the relationship between bioethics consultants and corporate clients (pp. 28–32).
26. The sociologists in the Princeton group (Charles Bosk, Joseph Davis, and Raymond De Vries), for example, were members of the program committee headed by sociologist John Evan that organized a two-day "Sociology of Bioethics" conference, held in March 2005 at Georgetown and the Eastern Sociological Society meeting. In his communication to prospective participants, Evans exuberantly described the conference as "a watershed event in the nascent history of the sociology of bioethics," designed to expand and transform the informal contacts between sociologists working on bioethical topics into a more formally organized group of scholars (Evans J. e-mail communication to possible conference participants, October 11, 2004).
27. Members of the Princeton group have drafted a research proposal to study firsthand how international guidelines for the protection of human subjects in the global marketplace are (and are not) implemented in the regulatory systems of a cross section of different societies, with special attention to the needs of multinational corporations and the rights of national citizens in the area of industrialized drug testing. Sociologist R. G. De Vries, anthropologist A. Petryana, jurist T. Lemmens, and sociologist C. Bosk from the Princeton group, joined by philosopher-bioethicist J. Kahn, will constitute the research team.
28. Bordieu P. Uniting to better dominate. *Items and Issues* (Social Science Research Council) 2001;2(3–4):1–6, at 3.
29. A number of doctoral programs, particularly in philosophy, offer a concentration in bioethics within the degree program field: for example, a Ph.D. in philosophy with a concentration in bioethics. At present, Case Western Reserve University's Department of Bioethics offers the only Ph.D. in bioethics per se. Its program contains some of the types of interdisciplinary training that we recommend, although it has a heavy emphasis on methodology and does not mention social science in its program statement. Its research-oriented program objective is "[t]o train scholars who will have specific expertise in the conceptualization, design, and conduct of empirical research concerning bioethics questions. Training and competency in the methodology of traditional bioethics (philosophy, religious studies, law, and medical humanities) will also be provided" (www.cwru.edu/med/bioethics/phd.htm).
30. The limitations inherent in a Master's program are even more acute in short, intensive bioethics courses, but here too we advocate including a block of materials that would at least begin to make attendees more aware of the knowledge bases that would enhance their work in bioethics.
31. Another model for furthering and deepening fruitful interdisciplinary relations, learning, and collaboration between members of different fields working in the area of bioethics is to bring them together for a period of time in a manner comparable to the experience that was provided for the group working in bioethics at Princeton.
32. Weber E. Time travelers' tales [review of Schivelbusch W. *The Culture of Defeat: On National Trauma, Mourning, and Recovery*. New York: Henry Holt]. *The American Scholar* 2003;72(3):142–4, at 142, 144.
33. Nussbaum MC. Patriotism and cosmpolitanism. In: Cohen J ed. *For Love of Country. Debating the Limits of Patriotism*. Boston: Beacon Press; 1996:2–16, at 9.
34. Much of the criticism of "conservative" bioethics and bioethicists by self-professed "liberal" or "mainstream" bioethicists has focused on Leon R. Kass, Chairman of the President's Council on Bioethics established by George W. Bush, and on the composition of the Council and the contents of its reports. A fresh round of controversy was unleashed in March 2005, when Kass, acting, he maintains, as a private citizen rather than as Chairman of the Council, distributed a document entitled "Bioethics for the second [Bush] term: Legislative recommendations," to members of the U.S. Congress. The position paper was developed during discussions of an informal group led by Kass and Eric Cohen, editor of the conservative bioethics journal, *The*

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New Atlantis. The "second term" agenda calls for the passage of laws banning the use of various types of novel biotechnological reproductive methods. "We have today," the document concludes, "an administration and a Congress as friendly to human life and human dignity as we are likely to have for many years to come. It would be tragic if we failed to take advantage of this rare opportunity to enact significant bans on some of the most egregious biotechnical practices." The Kass agenda: "Bioethics for the second term." http://www.blog.bioethics.net. March 9, 2005 [*The American Journal of Bioethics* editor's blog]; see also Kintisch E. Anticloning forces launch second-term offensive. *Science* 2005;307(Mar 18) at 1702–3.

35. See note 17, Callahan 2003.
36. A Google search on April 19, 2005, listed 5,620,000 entries for Terri Schiavo. For a small sample of the coverage of her case, see Brain-damaged Terri Schiavo dies. http://www.new.bbc.co.uk/1/hi/world/americas, March 31, 2005; Cohen E. How liberalism failed Terri Schiavo. http://theweeklystandard.com, Vol. 10(27), March 25, 2005; Feldman L, Richey F. The Terri Schiavo legacy. http://www.csmonitor.com/2005/0401/p01s01-ussc.htm; Glantz LH. The Schiavo tragedy. http://www.boston.com/news/globe/editorial opinion/op-ed/articles/2005/03/22; Quindlen A. The culture of each life. *Newsweek* April 4, 2005 at 62; Timeline: Terri Schiavo case. http://www.new.bbc.co.uk/1/hi/world/americas. March 31, 2005.
37. Steinfels P. Beliefs: Voters say values matter, but it's important to find out what reality is behind this convenient catchall. *New York Times* 2004 Nov 6:A15.
38. It is significant that Tom Beauchamp expressed his concern about the gravity of the partisan divisions in bioethics, and the importance of bridging them, in his acceptance speech, when he, along with James Childress, received a Lifetime Achievement Award at the October 2004 annual meeting of the American Society for Bioethics and Humanities.

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