Special Section: First Voices

# *Early Bioethics*

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> *The philosopher Sidney Hook had told Ravelstein that philosophy was finished. "We have to find jobs for our graduates as medical ethicists in hospitals," Hook had admitted.*
>
> —Saul Bellow, *Ravelstein*[1]

The first book on my shelf at the newly created Program on Human Values and Health Sciences at the University of Tennessee Center for the Health Sciences in Memphis was by Van Rensselaer Potter on *Global Bioethics*.[2] He was a cancer specialist at the University of Wisconsin and had the vision that bioethics should be a global concern—global in terms of scope, disciplines involved, and relationship to the environment and cultural context. This view has shaped my own career as well as influencing many others.[3]

I had been recruited by the University of Tennessee to start the Program in 1973. Later, as a consultant for the Institute on Human Values in Medicine, a project of the Society for Health and Human Values funded by the National Endowment for the Humanities (NEH), I was struck by how many philosophers were reluctant to "leave" their own departments and disciplines and take up residency in a medical school or health sciences center.[4] I could not imagine passing up such an opportunity for stimulating and challenging accepted ideas. Visiting universities to encourage the establishment of similar programs in medical schools,[5] we consultants were always faced with encouraging those in the humanities to become involved, and not so much to convince the medical and professional schools as one might have assumed would have been the case; after all, in the early 1970s, bioethics had only been around a short while. The Tennessee Program, for example, was one of the first to be established in the country. But first, some general background about the vision behind getting the humanities involved in medical education.

## The Vision: Challenges of Modern Medicine

Science and technology have had an enormous impact on healthcare. And that impact has not always been positive. Many considered the use of technological methods in medical care to be the very antithesis of a humanized form of care. More specifically, concerns were and still are constantly expressed that science and technology inure against compassion, that a healthcare system based on the newest discoveries, although perfectly designed to fight against disease, tends to reduce persons to objects. Modern medical care objectifies the body, treats it as a thing; thus, the concern continues, modern medical care conceals a dangerous ethic that encourages treating persons as things. Once that occurs, habits of manipulating the vulnerable inevitably follow.[6]

Similar concerns have arisen regarding medical and other healthcare education. As the rise of scientific and technological advances increases, more and more time in the curriculum is devoted to objective data and the external

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manipulation of the body. Correspondingly less and less is devoted to humanized care. In this way the delicate balance between humanistic and scientific care, a complex good at best, is thrown away. In this regard, Edmund Pellegrino once remarked that medicine is either the most scientific of the humanities or the most humane of the sciences.[7]

Visionaries in medical education, growing alarmed by the loss of the humane aspects of medicine and medical care, began to lobby for the presence of the humanities within medical education.[8] They reasoned that a proper counterattack to dehumanization would be to broaden the horizons of new medical students by using the humanities to explore the riches of medical theory and practice. Time in the curriculum was essential, as was the inevitable cooperative research and teaching that would arise among the new colleagues and medical faculty. This vision has largely been accomplished in the United States, where virtually all medical schools have medical humanities programs and are required for certification to have training in ethics and the humanities in the curriculum.

Further reflection reveals that there is a danger in identifying the dehumanization process in modern healthcare with objectification of the body and with subsequent progress in healthcare. These are not necessarily incompatible. During the early days of the humanities in healthcare, one often heard the challenge from skeptical physicians: "After all, what would you rather have, a caring physician who is incompetent in science, or a competent one who lacks knowledge of the humanities?" The response is to ask for a physician who is both competent and caring. The skeptics saw very clearly, though, that no one wants to give up the rewards of modern medicine in favor of old-timey romanticized doctors who would sit by your bedside unable to do anything but hold your hand while you lay dying. This was admittedly a simplistic view of the role of the humanities in medicine, but contained in it was a clear warning. Putting the humanities together with medicine would take hard work. It would require an acceptance of the focus on modern medicine on curing rather than comforting, and it would require creative adaptation and explanation of the role the humanities could play in illuminating the fundamentals of medicine.

## The Many Births of Bioethics

Within the context of developing humanities programs in medical schools, bioethics began to flourish as an interdisciplinary effort. My background was in science, philosophy, and theology. The question of the relationship of science and human values as expressed in the humanities was always of interest to me, as was epistemology and theory of interpretation (hermeneutics). My first permanent position was in a school known for its engineering and business curriculum, and I quickly developed interdisciplinary courses between those schools and the humanities. At Christian Brothers College in Memphis we successfully created an interdisciplinary department of humanities with an undergraduate major, and I was named the new chair. Just then, however, a classmate of mine, Rev. Robert Dempsey, O.P., notified me of a position announcement from the medical center.

Dempsey was the Catholic chaplain at the University of Tennessee Interfaith Center. The chaplains there had invited Dan Callahan in 1970 or so to give a talk for the health professional faculty and students, and Dan's talk and



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subsequent encouragement prompted them to try to establish a program. After some years of negotiating with the medical center, the University finally agreed to take the initiative and create a position. During those negotiations, the chaplains also created an Institute of Man (sic!), eventually involving about 70 faculty from the medical center and universities and colleges in the area, investigating leading-edge medical ethics issues. I was on a team investigating AID (artificial insemination donor), long before that acronym with an "S" added would become a feared disease. Other members of the team were from other universities and represented the disciplines of law, medicine, and psychology. Coupled with my own interests and proclivities, the interdisciplinary nature of early bioethics, and experiences like the AID taskforce, I became permanently wedded to the value of cooperative educational activities and research in the field.

Although Albert Jonsen fingers the birth of bioethics in Washington, D.C., in conversations with Fr. André Hellegers and the Kennedy family,[9] and grounds it in concerns about research ethics, there were actually many births in many places. The birth in Memphis, for example, depended a great deal on the early leadership of Dan Callahan, local academic administrators, cooperative faculty of various universities, interests "in the air," the interfaith chaplains, and the nurturing of interests provided almost solely by the *Hastings Center Report*.[10] Almost immediately concurrent with these factors was the existence of the Society for Health and Human Values, formally created in 1969 and supported in its early years by Ministers in Medical Education, where a lot of its leadership arose. As in Memphis, nationwide the ministers were the ones who were hearing about the moral dilemmas from students and faculty firsthand and had resolved to support initiatives in medical education.

## University of Tennessee Center for the Health Sciences, Memphis

The Program, as I mentioned, was inaugurated in 1973. Shortly thereafter, I determined that the educational mission must be based on the clinical realities faced by students, faculty, and the professions themselves. This belief contrasted with the notion that bioethics was a form of applied ethics. One look at the curriculum in medical school demonstrated that students would not remember a short exposure to medical ethics in the second semester of their first year unless their studies were reinforced in the clinical setting, where it really mattered. This meant that the Program not only needed to be interdisciplinary but also cooperative with all departments in the professional schools.

I asked faculty in different departments if I might accompany them on rounds. One day I would go in Medicine, another in the Newborn Center, another in surgery, another in oncology, and so on. Almost immediately, attending physicians shared some of their most perplexing dilemmas and cases. These then entered into the case-oriented bioethics courses offered for the various professional schools: Medicine, Nursing, Pharmacy, Graduate Social Work, and Allied Health, which included courses for health students at a new community college, Shelby State, whose dean was a philosopher who supported the Program as well.

A second conviction led to the development of a template I called The Ethical Workup Guide.[11] The conviction was that students with little exposure to the humanities in undergraduate studies would rapidly lose interest in thorough



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analyses of ethical theory. Instead, they needed a heuristic device to help them practice making ethical decisions in groups and defending their positions in contrast or comparison with ethical theories. Many of the early bioethicists developed such heuristic devices. After more than 20 years of refinement, our course experience was published as a book.[12]

Eventually, the Program hired James Shaw, Richard Sherlock, Terrence Ackerman, and Carson Strong. Terry and Carson are still in the Program that became a Department in the School of Medicine in 1981.

## Ethics Consult Service

In the beginning, there was much worry about philosophers not having a "social warrant" to be present on rounds with doctors. This general concern later led to the well-known view of Mark Siegler that only doctors should do ethics consults. Mark, however, underlined the comparative nature of ethics consults with that of other medical consultation services. Despite these worries, earlier in 1973 I found that doctors and patients welcomed our presence. To avoid confusion about our role, however, I established a formal ethics consult service in all four university hospitals and St. Jude Children's Hospital, LeBonheur Children's Hospital, and the VA Hospital, where the effort led to creation of a special code for this service at the VA Central Office. As far as I know, we were the first to offer this formal service, although I am now aware that it then may have existed at Harvard as well.[13]

## Institute on Human Values in Medicine Awards and Fellowships: Edmund D. Pellegrino, M.D.

The Institute on Human Values in Medicine sponsored fellowships that permitted beginner directors to visit programs that had already been established in medical schools. There was a tremendous spirit of cooperation and encouragement of one another that suffused the movement. It was a community of like-minded individuals, each of whom had different ideas about how to assist the goals of medicine, medical education, and society itself. So each program had a different character. For example, I visited the University of Virginia, where a chaplain led educational efforts in death and dying, the University of Florida, where Sam Banks had already established a major interdisciplinary effort, and the University of Georgia at Athens, where Russ Moores, a hematologist, teamed with an Episcopal priest and a philosopher to develop a clinical curriculum. These hosts invited me into their homes and charmed me with their hobbies. Sam was an accomplished magician, and Russ loved soft-toned instruments like the dulcimer and clavichord. Through networking like this, the Institute not only ensured that ideas were shared and refined in the field but also that lifetime friendships were established.

The Institute also sponsored meetings about curriculum development. An early one took place in Galveston, Texas, where I first met Chester Burns, the director of the program at the University of Texas Medical Branch there, the faculty of that program, a young H. Tristram Engelhardt, Jr., whose genius sparkled even then, and Joseph White, M.D., who was the administrative supporter of the program. At that meeting I heard that Ed Pellegrino was going



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to leave Stony Brook, where he had built a medical school and was Dean, to take the position of Chancellor of the Medical Center in Memphis and Vice President of Health Affairs of the University of Tennessee. This was remarkable good fortune, and our friendship since that date in 1974 has completely influenced and imbued my own career.

I had begun a monthly discussion group of works in progress and book reviews with faculty of various universities in the area, and Ed joined us. We quickly discerned a mutual interest in philosophy of healthcare as well as the foundations of clinical bioethics. Later, when Ed left the University to be President of the Yale–New Haven Medical Center, I received a fellowship from the Institute for postdoctoral study at Yale with him. It was there that he suggested the work we did might be turned into a book. We spent from 1975 to 1981 writing and rewriting our first book of five jointly authored volumes on philosophy of medicine. Typically, I would visit Ed at Yale, then Catholic University, where he was President, and then Georgetown, where he headed the Kennedy Center and, later, the Center for Clinical Bioethics. We would take work we had been doing, both independently and as a result of our dialogues, and rework it into an overarching structure we had developed in the first book. We are revising that first effort now.[14]

On a second visit at Yale I met Professor Jurrit Bergsma, a Fulbright Fellow from the Netherlands, who was a fellow Frisian (a province in the Netherlands). Ed's introduction led to a collaboration on books and visiting professorships, including my Fulbright to the Netherlands in 1984 hosted by Jurrit at the medical center in Utrecht. We have been very close friends ever since that day in 1975 and have published papers and books together also.

## Intercampus Program: Graduate Degree in Philosophy with a Concentration in Bioethics

All great philosophers are intimately involved in the major issues and debates of their day. Yet few are truly pioneers. However, the image of pioneers carving out a legitimacy in a new land is apt for the philosophers who take up residency in medical schools. The late K. Danner Clouser was the first philosopher to obtain an appointment in a medical school in the United States. In our time, ethics itself was not where the action was in philosophy. Instead, it lay in philosophy of science, linguistics, logic, epistemology, and critiques of existentialism and phenomenology. Ethics was far softer than these fields. To complicate it further, bioethics, or medical ethics, was seen as applied philosophy, the lowest possible kind of philosophy in the hierarchy of the department. Thus serious philosophers were justifiably concerned that their departments might suffer a serious blow by becoming involved in medical ethics. It took a commitment to innovative teaching methods and a mind open to new realities to enter the field. Instead of just bringing new insights to medicine, it was soon discovered, as Stephen Toulmin so wonderfully put it in his path-breaking essay, that "medicine saved the life of ethics."[15]

Early in 1974 I attended a conference in Chattanooga where I met Glenn Graber and Charles Reynolds from the University's main campus in Knoxville. After warm discussions of mutual interests they suggested an Intercampus Program that would train graduate philosophy students in clinical realities of healthcare as they earned a degree in philosophy concentrating in medical



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ethics. Both the Knoxville and Memphis campuses had University hospitals and clinics. We were one of the first two such conceptualizations to receive NEH funding for inaugurating this program. The other was Georgetown University. We assembled a large number of humanities and healthcare faculty from both campuses who participated in this specialized training for which not all philosophy graduate students were well suited. Nonetheless, many graduates now head or teach in other programs around the country.

Too, the idea of a graduate degree in the field also blossomed and is widespread now in the West and Europe. The Tennessee Program celebrated 25 years of existence a couple of years ago. Gone are the initial objections by traditional philosophers that this phenomenon would be like the tail wagging the dog. Toulmin was right. Medicine did save the life of ethics and helped reconceptualize its theory and its scope. Yet there is some truth to Saul Bellow's quote of Sidney Hook's lament. A large percentage of philosophy graduates now work in healthcare fields. I am still waiting for the time when healthcare graduates are hired by philosophy departments!

### Tennessee Committee for the Humanities

Many early programs were supported by state-based humanities committees along with the NEH. Our committee supported projects in the use of bioethics and humanities in public discussions. Funded were two television programs aired over the local and regional national public television stations; one devoted to ethical issues from birth to death, and the other to Americans and death. These programs were designed and hosted by me but involved many other faculty and citizens in the area. Discussion centers were set up at churches, schools, and libraries where people could discuss the issue with a trained leader after viewing the programs. As we are aware, bioethics is a public enterprise as well as a professional one. The interaction between town and gown was invaluable.

### Theoretical Medicine and Bioethics

Although the history of each medical humanities program would be different, in the early days at least there was a widespread commitment to the engagement of medicine with all the humanities. Philosophy, theology, history, literature, law, anthropology, and sociology were all represented to some extent or another in the more ambitious programs; some even included the visual arts and drama.

As can be readily imagined, philosophy of medicine and the bioethics that emerged from this direct engagement with both the other humanities and with medicine itself was destined to be a philosophy with a difference. Demonstrating this difference and the foundations of bioethics in a philosophy of medicine became an important focus for many in the field of humanities and medicine. Besides the *Journal of Medicine and Philosophy*, inaugurated by Edmund Pellegrino, M.D., as a journal of the Society for Health and Human Values, *Theoretical Medicine and Bioethics* also came into being for the purpose. It was originated by Professor Kazem Sadegh-Zadeh, a naturalized citizen of Germany. Kazem worked all of his career in Münster, where he inherited the long-standing interests of the Center there in the theoretical and philosophical basis of modern medicine. He originally called his journal *Metamedica*, but 5 years later it was acquired by Klu-



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wer Academic Press in the Netherlands and its title was changed to *Theoretical Medicine*, only lately adding bioethics. I had contributed some special issues to the journal.

Kazem asked me to become an editor of the journal in 1984 and, later, its editor-in-chief in 1989. My editors have been Ingemar Lindahl, Erich Loewy, Don Self, Evert van Leeuwen, and Gerrit Kimsma. My wife, Doris, was managing editor for a time. Over many years I have learned how much an editor helps shape the progress of a discipline and can directly influence the careers of many academics. The dual role of encouraging original work and critiquing it is difficult. This was made easier for me because I worked with a superior group of editors and editorial board members, who are a community of scholars with similar commitments to the importance of the vision behind the journal. Many of them are close friends.

Despite this journal history spanning over 25 years, a great deal remains to be done in the area of philosophy of medicine. Those of us working on both journals struggled with a constant shift away from the focus on philosophy of medicine toward bioethics. The current editors and I tried to maintain a theoretical stance as far as possible, considering that the grounding of the validity of medical ethics arises, at least in part, from the practice of medicine itself. A new editorial group headed by Daniel Sulmasy will begin in 2002.

## Loyola University Chicago Medical Center

It almost seems odd to consider the move to Chicago in 1981 as early bioethics, but I should at least mention a few innovations and initiatives from this period of my career, as it also has passed into "ancient history" with the turn of the century.

When I came to Loyola, I brought with me the ethics consult service idea, as well as a new insight that a 4-year required curriculum was needed that focused less on class time and more on clinical reinforcement. This was inaugurated in 1981 and exists to this day with a little modification in the first year. Later, when Patricia Marshall joined the program, we described this curriculum and our fellows program.[16]

Other important occurrences for me in 1984 were being awarded a Chair that supported the program and our research, as well as receiving a Senior Fulbright Award to do research in the Netherlands. I worked there with Jurrit Bergsma, whom I had met at Yale. We subsequently wrote books and articles together. At that time I met Gerrit Kimsma and Evert van Leeuwen, as well as Henk ten Have. With all of them I have had what seems a lifetime of work together, as well as the rewards of friendship. Evert and Gerrit are co-editors with me, and many of the people I met in Europe are now leaders in bioethics in their countries and internationally. In fact, I believe the origins of the European Society of Philosophy of Medicine and Healthcare are partially attributed to our friendships. I was in 1984 the president of the Society for Health and Human Values. I invited Gerrit and Henk to Chicago on my return, and together with Jurrit's input, encouraged them to create the European Society on the basis of their own Dutch Society for Philosophy of Medicine. They did so, and now the Society flourishes and has its own journal, also published by Kluwer.

I mention this only to underline the importance of international cooperation in bioethics and medical humanities. The community of scholars noted earlier



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expanded worldwide with the start of another journal and continues to this day in all the projects I undertake. There was a quality of community among those who began this movement. Looking back I think it was this that attracted me to the field more than any other feature—although the chance to be creative in scholarship and curriculum would rank a close second. The communities we create in our personal and professional lives are the ones that matter the most.

## Subsequent Developments

No single event can be fingered that leads to our most treasured accomplishments. So many threads come together, some known and others unknown. The more recent realities in my own career, however, were begun either by chance remark or unforeseen happenstance. The journal *Cambridge Quarterly for Healthcare Ethics* I co-founded with Tomi Kushner and Steve Heilig grew out of an invitation from Tomi and William Atchley, M.D., who had attended a workshop with me in San Francisco sponsored by the Hastings Center West. This is the journal's eleventh year. We also worked closely together in an International Bioethics Institute founded by Dr. Atchley, involving many friends met from the earlier fellowship experiences previously noted. When the Institute was disbanded, Tomi, Steve, and I together with my wife, Doris, continued with an International Bioethics Retreat, now in its sixth year. We valued the international friendships too highly to let them wither away.

A phone call from a colleague at Loyola in health law, John Blum, introduced me to Professor David Weisstub of Montreal. David and I became friends, and have established preconferences before the annual congresses of the International Academy of Law and Mental Health that focus on deeper philosophical issues in bioethics and the law. This led, in turn, to a new book series published by Kluwer and edited by David, Tomi, and me called *The International Library of Ethics, Law, and the New Medicine*.

William Andereck, M.D., one of my first medical students in Tennessee, became a prominent physician and ethics leader in the Bay Area. He was on the board of the International Bioethics Institute. After it was disbanded, he took the lead in a number of other projects together with some of the other board members. With Tomi Kushner and Paul Hofmann, for example, Bill and I formed a foundation devoted to education in ethics and biotechnology, called ASET. Support for this initiative has come from the Haas and Gerbode Foundations, which also support earlier work in the IBI and on euthanasia in the Netherlands.

I mention these newer activities only to stress that this field offers incredible opportunities for intellectual stimulation and creative explorations of one of the most fundamental human capacities—that of healing—and its profession, healthcare.

## Notes

1. Bellow S. *Ravelstein*. New York: Penguin Books, 2001:47.
2. Potter VR. *Global Bioethics: Building on the Leopold Legacy*. East Lansing: Michigan State University Press, 1988.
3. As I write this, an interest group has been established at the ASBH, the new amalgamated national society for those of us in the field in the United States, under the leadership of Peter Whitehouse, M.D., Ph.D.



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