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DEDICATORY ESSAY

DEDICATORY ESSAY ON JOHN C. FLETCHER

Franklin G. Miller, Ph.D.

When one reflects on the state of bioethics today—the frequent and prominent media attention to ethical issues in health care and biomedical research, the institutionalization of ethics committees in hospitals and other health care organizations, required courses in medical ethics in nearly all medical schools, and the burgeoning scholarly literature devoted to theoretical and practical issues of bioethics—it may seem astonishing that this field has developed in only the last thirty years. John C. Fletcher, Ph.D., is one of the pioneers of bioethics, most of whom remain actively engaged in the field. Bioethics emerged in the middle 1960s in response to mounting ethical concern with the conduct of human experimentation. John Fletcher conducted research for his Ph.D. dissertation, “A Study of the Ethics of Medical Research,” one of the first dissertations in the field of bioethics, at the Clinical Center of the National Institutes of Health (“NIH”) during the period from 1966-1968.

John Fletcher was born in Bryan, Texas in 1931. His family was unusual in that his parents, who were both deaf, raised four hearing children. Dr. Fletcher earned a B.A. in English literature from the University of the South in 1953, which forty years later awarded him an honorary degree in Civil Laws. In 1956 he received a Master of Divinity from Virginia Theological Seminary. Dr. Fletcher’s choice of vocation as an Episcopal minister and his commitment to service and outreach were no doubt influenced by the example of his father, who worked as an Episcopal missionary to deaf communities throughout the South. Dr. Fletcher studied Christian Ethics at Union Theological Seminary in New York City, completing a Ph.D. degree in 1969. During the early 1970s he launched an innovative experiment in theological education by founding the Interfaith Metropolitan Theological Seminary in Washington, D.C. The Seminary was dedicated to integrating the education of clergy with pastoral work in local congregations and the community, an educational theme that Dr. Fletcher has adapted to his creative endeavors in bioethics

education. In 1977 Dr. Fletcher became the first bioethicist in residence at the Clinical Center of NIH. Dr. Fletcher vividly recounts the challenges of introducing bioethics into an institution dominated by high-powered medical scientists, resistant to scrutiny by “outsiders,” in his essay, “The Evolution of the Role of an Applied Bioethicist in a Research Hospital,” co-authored with his consultant-colleague Maxwell Boverman.¹ In 1987 Dr. Fletcher was appointed to a joint position at The University of Virginia (“UVA”) Medical School and Department of Religious Studies. Once again, he faced the challenge of building a bioethics program. Dr. Fletcher “hit the ground running” and has yet to slow down. He has constructed, and raised significant funds to support, a thriving, multi-faceted Center for Biomedical Ethics at UVA.

While Dr. Fletcher has been a significant and prodigious scholar, authoring or editing several books and over 200 published articles,² his most distinctive contributions to bioethics do not lie in scholarship. John Fletcher has been an innovator, entrepreneur, and leader in the institutional dimension of bioethics. The role of institutions in social reform has been an abiding focus of Dr. Fletcher’s work, spanning his remarkable career as an Episcopal minister, an innovator in theological education, and a bioethicist. Unfortunately, Americans tend to be hostile or indifferent to institutions—a legacy of our frontier past and our intense commitment to self-reliance and individual freedom. Yet as Alexis De Tocqueville emphasized over 160 years ago, a thriving sector of voluntary institutions is a key underpinning of a successful democracy.³

The creation and creative development of bioethics institutions and institutional services has been the forte of John Fletcher. From his appointment as Chief of the Bioethics Program at the Clinical Center of the NIH to the present, John Fletcher has been a leader in the development of ethics consultation as a bioethics service. How can a professional ethicist at work in the clinical setting contribute to the mission of patient care? Is the ethicist a moral sage or expert who issues authoritative pronouncements concerning what is *the right thing* to do in a morally troubling situation involving the care of a patient? Do bioethicists function as the

1. John C. Fletcher, Ph.D. & Maxwell Boverman, *Evolution of the Role of an Applied Bioethicist in a Research Hospital*, in *Research Ethics* 131-58 (Kare Berg & Knut Erik Tranoy eds., 1983).

2. See *Bibliography of Publications by John C. Fletcher*, 13 J. CONTEMP. HEALTH L. & POLICY xv (1996).

3. See generally ALEXIS DE TOCQUEVILLE, *DEMOCRACY IN AMERICA* (Richard Heffner, ed., 1956).

ethics police? Proceeding by trial and error, Dr. Fletcher pioneered in creating and understanding the role of the ethics consultant as a facilitator of moral discourse and problem solving, aimed at reaching agreement on a plan of action among all those concerned with a case that poses considerable moral conflict or perplexity. Dr. Fletcher sees ethics consultation not as a job for solo practitioners, but as a community service involving a team of consultants comprised of ethically-trained clinicians and clinically-trained ethicists, all reporting to the institution's ethics committee. If ethics consultation is a professional service, then ethics consultants need to satisfy standards of training and competence. Defining and promoting such standards is a goal that Dr. Fletcher has assiduously pursued. To advance the professional identity of ethics consultation, he helped organize the first national conference devoted to ethics consultation in 1985, and helped found the Society for Bioethics Consultation in the following year, serving as its first President.

Dr. Fletcher's commitment to the church as an institution of social reform has been transmuted over time into a secular passion for developing the institutional dimension of bioethics. A missionary zeal animates Dr. Fletcher's advocacy of bioethics services. Not content with merely creating an excellent bioethics program serving the community at The University of Virginia, he has made outreach a major dimension of his work. The Center for Biomedical Ethics at UVA has sponsored a continuing series of educational programs aimed at helping health care institutions establish or enhance ethics programs. Dr. Fletcher has worked tirelessly to recruit hospitals in Virginia and around the country to join the outreach programs. These programs offer an intensive educational experience for selected staff clinicians, and promote institutional development for bioethics in the participating health care organizations.

Like many bioethics centers around the country, UVA's Center has developed an advanced educational program for bioethicists. What distinguishes the Master of Arts in Clinical Ethics program at UVA, which Dr. Fletcher conceptualized and implemented, is its combination of a rigorous academic education with an emphasis on the service dimension of bioethics. The program is designed to prepare clinicians and other professionals for practical ethics work in clinical settings: consultation, in-service teaching, policy development, and enhancing the performance of institutional ethics committees. In the effort to expand the reach of this approach to bioethics education, Dr. Fletcher is planning to develop off-campus versions of the M.A. program in Clinical Ethics in the Washington, D.C. greater metropolitan area and the Southwestern Virginia Tri-

Cities area. The intent of the planned expansion is to make this sort of educational program available to a wider pool of qualified applicants, most of whom are likely to be working clinicians, and to facilitate a closer connection between education and institutional development in bioethics. The applicants would be designated as candidates for advanced training in ethics by the health care organizations that employ them. By paying all or part of the tuition for their ethicists-in-training, these organizations would be committed to investing in human capital for the purpose of enhancing their bioethics services. Students would combine classroom education with practical projects and research in the work setting, thus recapitulating for clinical ethics the educational approach that Dr. Fletcher developed in theological education.

With his intensive commitment to institution building and teaching, one might think that Dr. Fletcher would have little opportunity for research and writing. He has managed to be highly productive, however, in bioethics scholarship, particularly in the area of genetics. Starting in 1967 with his first published article on the ethics of human experimentation, Dr. Fletcher has written articles on a wide range of topics: informed consent, prenatal diagnosis and genetic counselling, genetic screening, fetal research, the treatment of severely impaired newborns, the ethics of gene therapy, organ donation and transplantation, new reproductive technologies, abortion, pediatric oncology, Acquired Immunodeficiency Syndrome (AIDS), the care of terminally ill patients, forgoing life-sustaining treatment for incapacitated patients, euthanasia, teaching medical ethics, ethics consultation and ethics committees, threats to academic freedom in biomedical research, and public bioethics in the form of national commissions. Dr. Fletcher has never avoided analyzing and staking out a controversial ethical position on emotionally-charged topics.

One of the rewarding dimensions of bioethics scholarship is the rich opportunities it provides for interdisciplinary work. Dr. Fletcher has frequently collaborated in teaching, research, and writing with medical investigators, social scientists, clinicians, and philosophers.

In his scholarship and organizational activities, Dr. Fletcher has displayed the rare quality of graciously accepting criticism and learning from his mistakes. A recent article entitled, "On Learning from Mistakes," reflects Dr. Fletcher's disposition.⁴ The article was written in response to a critique of Dr. Fletcher's position on the controversial question regard-

4. John C. Fletcher, Ph.D., *On Learning from Mistakes*, 6 J. CLINICAL ETHICS 264, 264-70 (1995).

ing the ethics of using a fatal injection of potassium chloride to cause fetal death in a planned late abortion. Several passages from Dr. Fletcher's remarkable response reveal his intellectual and personal integrity. "To learn from mistakes is a *sine qua non* in ethics, as it is in any human endeavor."⁵

After years of doubt and conflict in attempting to hold a world view and personal identity dependent on theism as a central premise, I decided to forgo the struggle for basic reasons of intellectual honesty. There are better ways than theistic to think about the great questions, the moral life and its conflicts, as well as to experiment in living with ethical problems. I set about to reform and reshape these commitments and work out the implications for ethics, as well as for myself. However, it is a formidable task to unlearn and undo the effects of theism on one's ethical perspectives and methods. . . . In my post-theistic life, I hope to contribute to the construction of a morally pluralistic position that integrates insights and methods drawn from contemporary ethical perspectives of principlism, casuistry, and care, together with a tradition of American pragmatism. One must choose the sources of ethical guidance, but the main test of the value of these sources must be in the practical consequences of acting upon such guidance in everyday life.⁶

Finally, Fletcher remarks, "Callahan [the author of the critique to which Fletcher is responding] and others found gaps, apparent inconsistencies, and errors in formulation of my reasoning in my earlier work. I accept these criticisms and am glad to have the opportunity to evaluate the better arguments."⁷ In class and conversation Dr. Fletcher often quotes a saying of Paul Ramsey, another bioethics pioneer with whom he often disagreed: "The room for improvement is the biggest room in the house."

Dr. Fletcher's reference to American pragmatism in the above quote provides an opportunity to explore the affinities between his career and the spirit of John Dewey's pragmatism. Dr. Fletcher has recently embraced some themes of Dewey's philosophy as an orienting perspective for clinical ethics, which requires the integration of theory and practice—a preeminent concern of Dewey. Dewey championed experimentation in science, ethics, and social reform. Dr. Fletcher's cast of mind is naturally experimental and pragmatic: we learn by doing, by trial and error, by intelligent reflection and evaluation, by imagining plans of thought and

5. *Id.*

6. *Id.*

7. *Id.* at 268.

action and testing them out by how they work in the light of experience. Like Dewey and his former friend and namesake Joseph Fletcher (who was heavily influenced by Dewey), John Fletcher eschews moral dogmatism and absolutism: the conviction that we know with certainty the right thing to do in morally complex problematic situations and perform that right conduct involves adherence to fixed moral rules. Our moral norms should be understood as subject to critical scrutiny and reconstruction in the face of changing conditions of social life. Dr. Fletcher has advocated employing empirical research in shaping our practices and policies in the ethical dimensions of health care and biomedical research, and he has been the principal investigator, in collaboration with Dorothy C. Wertz, Ph.D., in a major cross-cultural study of medical genetics. This constitutes an approach that Dewey would have warmly endorsed as part of his abiding effort to promote application of the scientific attitude and method to moral issues for the purpose of guiding "moral reconstruction."

Like Dewey, Dr. Fletcher has been profoundly influenced by the Darwinian revolution and its implications for understanding human life. Just as Dewey abandoned his identification with Christianity and organized religion, in the wake of his commitment to Darwinian biology and scientific experimentation, Dr. Fletcher has become a secular ethicist who no longer sees the need for theistic beliefs as a support for morality. Finally, Fletcher shares Dewey's passionate allegiance to democracy as a way of life, seeing in democratic communities the means of social reform and the locus of solidarity. Fletcher proceeded as a pragmatist long before he identified with the movement of American philosophical pragmatism. In my relationship with John Fletcher, I have received much more than I have given, and I am happy to have kindled in my friend and colleague a mutual enthusiasm for America's greatest philosopher, whose thought has yet to have had the impact on bioethics that it deserves.

Leadership is one of those qualities that is easy to recognize but hard to define. It has been a great privilege to have collaborated with John Fletcher in a few of the innovations in bioethics that his vision and leadership have produced.

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