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John Boyle

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Merely to note, the institutionalization of intellectual life and the embourgeoisement of intellectuals is to suggest the dangers of our own time. This puts a university that respects the life of the mind under the obligation to keep every aspect of intellectual life open and free and, hardly less important, to provide the most favorable conditions, of time, space, resources, for its pursuit. And in doing this, it should remember what I have not yet mentioned about the fostering of my life of the mind: that though the mind is wonderfully generative and the energy of ideas forever renewable, the transfer of energy, in universities as in life, is generational. I will not name them here though if I did it would be after Buber's fashion when he acknowledged Dilthey as "my teacher"—I will not name them now, but it is only because of the generative example of great teachers—teachers who had a vocation, teachers who had and shared the life of the mind—that I am standing here.

Sherman Paul

A FOOTNOTE

When great teachers—challenging teachers—are discussed, it is like a group of stone age hunters sitting around a fire describing an animal they had glimpsed at various times and under different circumstances.

Allan D. Vestal

THE HUMANITIES AND THE PROFESSIONS: THE RISE OF BIOETHICS

I have used the term "bioethics" in my title. It is not as familiar a term as "medical ethics," but it has become current as rapid developments in the biological sciences, genetics for example, have raised new ethical questions both for researchers and medical practitioners.

It would be comforting to report that this renewed interest in ethics grew up in the great university centers of study in the humanities, but I cannot. Rather the Nuremberg trials and the code of ethics for medical experiments that they produced, began a development which accelerated in the 1960s with much publicized advances in medical technology and biological research. I need only mention the appearance of dialysis and

the attention given to the first heart transplants. On the research side, the Tuskegee study of syphilis, revealed in 1971, joined a list of problematic studies involving human subjects that came to public attention and stirred much debate.

The concerns generated by these developments have in many cases also become issues for public policy, in part because of massive infusions of federal money into medical education, into medical and biological research, and into the support of technologies like dialysis which would be prohibitively expensive without government subsidy. In 1974 Congress created a National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research with an explicit mandate to consider the ethical implications of governmental policies and programs. That commission has been succeeded by others including a presidential commission which is now looking into ethical issues involved in the distribution of health care.

These events, which I have only sketched, occurred against the background of developments in medicine which had already brought about profound changes. One is the changing role of the hospital which has become the preferred place for providing much modern health care. Since the Hill-Burton Act of 1946, federal money has created hospitals large and small all over the United States, and various insurances and public programs have made them available to a great many people. A second development, already mentioned, has been the predominance of science and technology. A third has been the tendency to specialization in medicine. All these have resulted in changes in the personal relationships of medical professionals and those they serve and made the family physician all but unknown.

Concern for the freedom and dignity of those involved in medical experiments or of patients whose lives are being artificially prolonged by the new technology available in the modern hospital is surely a proper concern for the humanities. But it is only just to point out that it was a physician, Henry Beecher of Harvard, who called attention to abuses in experimentation and that among those who called attention to what were then feared to be real hazards in DNA research was a researcher, Paul Berg of Stanford. They can stand today for all those within medicine and the life sciences who said and did what the humanist interested in ethics can only applaud. But since we are interested today in the reciprocal influence of the humanities and the professions, medicine in particular, it should be said clearly that there

is little evidence that the rise of bioethics in the past twenty years owes much to the humanities as university disciplines. In part that is a result of the broader segregation of medicine from the rest of the university. But it is in part also the result of the recent history of the teaching of ethics in America.

Douglas Sloan, who has studied the teaching of ethics in the undergraduate curriculum of the American university between 1876 and 1976, reminds us that Thomas Jefferson declared higher education was to produce “an aristocracy of talent and virtue.” Moral philosophy, often taught by the president of the university to the senior class, had a central role in the curriculum. It was moral philosophy which attempted to preserve the unity of the curriculum and thereby ensure the existence of a unified and intelligible universe of discourse. But moral philosophy also sought to help form the character and disposition of the individual student by awakening the student’s own ethical concerns and inspiring the pursuit of personal moral development. The entire college curriculum and environment had the same purpose. Even as the reform of the American university began, which swept away the traditional moral philosophy course, Daniel Coit Gilman of Johns Hopkins could still say “The object of the university is to develop character—to make men.”

In the reformed American university, the vision of a unified curriculum and culture of learning was abandoned, and the ethical, social and character concerns once central to higher education gave way to an emphasis on research and specialized training. Important figures in the emerging social sciences, many of whom began their work under the impetus of vital ethical concerns, concluded that their influence would be greater if they embraced the role of the indispensable expert who provided needed knowledge to government and business leaders in positions to shape public policy. The teaching of ethics, whatever there was of it, returned to departments of philosophy, though here and there courses or even departments of social ethics remained for a time. One sign that ethics continued to be taught was the publication in 1908 of the text *Ethics* by John Dewey and James H. Tufts. The book went through thirty-five printings before it was revised in 1932. The book’s three sections dealt with the history of ethics, a theory of ethics, and “the world of action.” Whatever the success of the book and the courses in which it was used, it is nonetheless clear that in the reformed American university with its diversity of disciplines and wealth of electives, few students elected to study ethics. Even though by 1910 new

interest in professional ethics appeared, the ideal of making ethics a part of university education generally was gone.

These shifts in the role of ethics in the university curriculum coincided with developments in the field of ethics itself. The very existence of ethics as a rational discipline was questioned by scientific method. Many saw ethical values as noncognitive, nonrational, frequently as mere epiphenomena of underlying biological, economic, and social forces. The emerging social sciences were seen as objective, value-free enterprises, while ethical values were expressions of subjective preferences. The influence of logical positivism and emotivist theories of ethics pushed its teaching further from concern with normative ethics and toward metaethics, concerned with the meanings of ethical terms and judgments and their justifications. Ethics became the concern of specialists, although what actually happened in the classroom is a subject for speculation, since textbooks continued to deal not only with a variety of ethical theories, but with normative and practical problems as well. It is also true that many colleges and universities with departments of religion, including this university, had courses in ethics under its sponsorship. But notwithstanding the efforts of some, the Jeffersonian notion of the university as a place for the development of an aristocracy of talent and virtue has been largely abandoned.

In our examination of the role of the humanities in the university, it is worth asking, I think, whether there are some special problems for ethics in the contemporary secular university. Any reader of a daily paper is aware that issues of great ethical import, ranging from abortion to nuclear war to racism to women's rights are discussed, debated and sometimes litigated in a variety of forums. Some are a part of classroom instruction and discussion. Opportunities for information, debate and political action are provided by many student and community organizations. I know of no constitutional barriers to a searching consideration of the nature of ethics or to the study of these and similar ethical problems. That appears to be true of religious as well as of philosophical ethics, so long as the study is objective and is part of a secular program of education.

The university as an institution, moreover, has commitments to ethical values. Structures such as the Office of Affirmative Action or the various institutional review boards which must pass on research involving human subjects are expressions of ethical concerns. But I believe that it is true that the university has trouble with the notion that it is

promoting virtue, that it is building character, that it wishes its graduates to be “good” men and women. Not that the university wishes its graduates to be without character or wicked; the problem rather lies in the absence of a consensus about what it means to be good, or virtuous or wise. We must return to this problem, but first we must look further at the situation of medicine within our educational culture.

In 1876 the Johns Hopkins University and Hospital in Baltimore were formally opened. The principal speaker on the occasion was Thomas Huxley, trained physician and famed biologist. In the course of a lengthy address on the purposes of education at Johns Hopkins, and on the purposes of medical education in particular, Huxley remarked:

Depend upon it, there is only one way of really ennobling any calling, and that is to make those who pursue it real masters of their craft, men who can truly do that which they profess to be able to do, and which they are credited with being able to do by the public. And there is no position so ignoble as that of the so-called “liberally educated practitioner,” who may be able to read Galen in the original; who knows all the plants from the Cedar of Lebanon to the hyssop upon the wall; but who finds himself with the issues of life and death in his hands, ignorant, blundering, and bewildered, because of his ignorance of the essential and fundamental truths upon which practice must be based (Huxley, 1968, 3: 249).

Huxley’s comments came at a turning point in American medical education, and he serves today as a spokesman for those who moved medical education away from the classical patterns of much nineteenth century university teaching to a newer pattern with emphasis on the basic sciences and clinical training in a hospital. The shift was made permanent with the Flexner Report for the Carnegie Foundation (1910), for the adoption of its recommendations swept away many medical schools which could not meet its rigid scientific standards. It is the Flexner Report which emphasized the importance of teaching medicine in university centers, on a scientific basis subject to university standards, by a faculty of university professors, and with extensive clinical experience provided in hospitals under university control.

But for all the emphasis on the university setting of medical educa-

tion, there has been on the whole a curious absence of interaction between medicine as a discipline and most other university disciplines, except for the biological sciences. In some cases medical faculties even formed their own programs or departments of basic sciences which were distinct from programs in the same sciences elsewhere in the university.

It is of interest, however, to note that Anglo-American medicine did produce codes of ethics during the nineteenth and twentieth centuries. The first of these was produced in England by Thomas Percival in 1803. For Percival the major questions of medical ethics were who shall practice medicine, in what relationships with other practitioners and with what obligations to patients, institutions, and public authority. The codes of the American Medical Association were heavily influenced by Percival and continued to deal with similar questions, especially in an effort to separate scientific medicine from quackery (Fox: 83; Konold: 14-31; Waddington).

Medicine has been regarded as one of the first of the “professions” and its codes of professional ethics have served a number of functions. A code helps to define the standards of competence required of the profession; it defines relationships among various competencies within the profession; it defines the relationship of the professional to the persons he or she serves; and it defines a standard of integrity that is typically demanded of the professional. It also lays down rules of etiquette, often in response to quite practical problems, that are meant to minimize friction within the profession and thus maintain public confidence (Emmet, 158-66; Konold: 10; Waddington: 39).

But it is clear that such codes of professional ethics do not generally deal with matters typical of philosophical or religious ethics and thus of the humanities. In Fox’s summary then:

Because it was segregated from both moral philosophy and political economy, medical thought about human relationships remained—or became—rigidly individualistic. In sharp contrast, medical science, addressed to such issues as the spread and control of epidemics, differential susceptibility to illness, and the relationship between environment and disease, was increasingly sophisticated about issues which, from a late-twentieth-century perspective, are at the center of moral debate. Yet medical scientists engaged these matters without reference to the intellectual tools of medical or general ethics or of the social sciences (Fox: 90-91).

What is fundamental to the authority of medicine or any of the professions is competence. Without it every other basis for authority will quickly disappear. With that in mind we can say something about the humanities and the medical profession.

There can be no relationship between medicine and the humanities in the university which dilutes or compromises the commitment of the medical profession to competence of the highest order in treating those with health care needs. One of the characteristics of medicine is that it is a practical science directed to the prevention and cure of disease. It does its work by the application of scientific method and the knowledge gained by that method. Medicine therefore tugs the humanities in the directions of action. It reminds ethics that, whatever the importance and legitimacy of its internal concerns, ethics is a practical science because ethical reasoning concludes not in proposition but in action. The commitment of medicine to reasoned, scientific method is also a warning to ethics that it is doomed to irrelevance unless it can offer a reasoned account of its own procedures and methods that will elicit the agreement of the very diverse men and women who are the profession and of those it serves.

There is another and perhaps ironic pull of medicine on ethics. It is ironic because I cited Fox's comment that medical thought about human relationships became or remained individualistic. I believe that is clearly true and that it remains true of a significant number in the profession. But in the light of contemporary interest in such things as medicine and the environment or the continuing debate about the just allocation of medical resources or a right to health care, it seems clear that medicine is now pulling ethics in the direction of politics. Many of the ethical concerns of modern medicine amply demonstrate the inadequacy of the individualism which long dominated medical thought and which has long been a part of the American ethos (See Bellah, 1975: 112-38). Issues raised by plans to provide needed health care while preserving the unique character of the physician-patient relationship may finally drive both ethics and political theory to a new consideration of the relation of individual persons and the professional to the community. The classical humanist could only rejoice in a new recognition that the genuinely human being is a political being.

But the new and increased interaction between medicine and the humanities runs the other way too. Without pretending for a moment that the humanistic influence is always or even principally academic,

I would argue that in the university the humanities can call attention to some important considerations.

Medicine deals often with matters of life and death, and at times with long and intractable suffering. Perhaps there is not another context in which convictions about the meaning and value of human existence are so severely tested as in the experience of suffering and death. From the author of Job to the author of "Why Bad Things Happen to Good People," philosophers and theologians have struggled with these mysteries. In the face of recurring temptation to dehumanize suffering and death by treating them only as matters fit for technological solution, the humanities have much to offer. In bioethics there is already an extensive literature on death and dying, and much attention to the special problems of prolonging life with the tools available to modern medicine. And there is another cluster of problems and a large literature on problems at the beginning of life when the newborn child suffers from serious congenital anomalies. The nature and extent of ethical obligations to the defective newborn or to those adults whose lives appear to be ending cannot be separated from our broader understanding of human life, its destiny and its worth in the face of suffering and death, questions which lie at the heart of the humanities.

Finally, the humanities can continue to call attention to the importance of justice in the distribution of needed health care. To speak of justice in the medical context suggests larger but related issues in our national life. Issues such as health care planning are enormously complex and require both competence in the economics of health care and well developed political judgment. The role of the humanist in these matters may in one sense be very modest; we do not look to the humanities for detailed solutions to such problems. But we can and should expect the humanities, including ethics, to persist in asking questions, to refuse to be silenced in the face of technological or other imperatives which threaten to obscure persons in a blizzard of cost/benefit ratios and to strip them of their dignity and rights as human beings in the interests of bureaucratic efficiency. Scientific medicine and the humanities may find in their common concern for the human person a unique focal point for collaboration.

The university brings together the medical professional, the student aspiring to enter the profession, and extensive resources in the humanities. At every stage in the education of medical professionals in such a setting there is at least the opportunity for interaction. Whether in the

general education of the undergraduate planning to enter medical school or in the training of medical students and post-graduate residents, the university setting offers opportunity. There are also many practical problems, including already crowded curricula, which prevent the realization of those opportunities. But in an atmosphere of mutual respect and a concern for persons that is shared by teachers and students I believe there is no setting which can promise richer results.

John Boyle

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AN ADDENDUM

As a point of departure in considering the future of higher education, one can state, with a high degree of assurance, that there will continue to be a large educational establishment, not just in the United States but