Reflections on the HMS Global Health and Social Medicine Department

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I wrote my first draft of this essay in early February of this year. But in the wake of Paul's death, I found myself paralyzed and unable to return to the writing. What could I possibly say in reflecting on my relationship to this department that would be meaningful in the void created by this loss?
If Paul were here to give me advice, however, I suspect that he would encourage me to push forward with this reflection, which does in fact give me an opportunity to share how my relationship to this department radically altered the way that I think about bioethics, and how Paul and others have had an indelible impact upon my work and my career.

My interest in bioethics had organic roots. Until I joined Boston Children's as a critical care physician and anesthesiologist in 1986, my academic interests were entirely in bench research. But as I began my clinical work, making rounds with my team in the ICU, I was struck by the number and magnitude of the ethical issues that arose at virtually every bed space. I was perplexed by how these issues went unaddressed, and indeed largely unacknowledged. Typically, these difficult problems were managed either by simply doing what we had always done or in really tough cases, by asking a senior colleague what they would do and following their advice. I was convinced there had to be a more thoughtful and systematic way to respond to these ethical challenges. And indeed, I found one – in the emerging dominance of moral philosophy as the answer to problems in bioethics.

Against the advice of my mentors, I decided to make this the focus of my academic career. I began by doing a residential intensive course at the Kennedy Institute of Ethics at Georgetown University. I learned the four principles of bioethics (the "Georgetown Mantra" of respect for autonomy, beneficence, nonmaleficence, and justice), and was relieved and excited to have discovered a structured approach to resolving ethical dilemmas that mirrored the way we approach difficult questions in clinical medicine. This led me to travel to Providence to visit the renowned philosopher and bioethicist Dan Brock, who encouraged me to enroll in graduate studies at Brown in philosophy. I earned a Master's degree (I would have sought a Ph.D. if not for the language requirement), and followed this with a fellowship at Harvard's Center for Professional Ethics under the leadership of political philosopher Dennis Thompson.

At about this time, Dean Tosteson suggested creation of a Division of Medical Ethics at HMS, and Leon Eisenberg agreed to host the Division within the Department of Social Medicine. I was fortunate to be one of the early faculty members of the Division, and along with Ezekiel Emanuel founded the Fellowship in Bioethics, a program that we have run continuously since 1992.
Given this background, it was probably not surprising that I viewed bioethics as essentially an applied form of moral philosophy. Only after I began to have some exposure to Arthur Kleinman, Allan Brandt, Byron and Mary-Jo Good, and others in the department did I realize there might be another way to look at the field. This alternative perspective became clearer for me when their group published an issue of Daedalus in 1999 titled "Bioethics and Beyond." Much to my surprise (and dismay), the essays were essentially a thoroughgoing and scathing critique of the field of bioethics that I represented and embraced. I found myself in the awkward position of trying to develop a career among senior faculty who largely dismissed my work as completely wrongheaded.

Consider, for example, the assessment of historian Charles Rosenberg from that volume: *

> "...the moral values that suffuse medicine are historically constructed and situationally negotiated, like every other aspect of culture, and not simply derived from the formal modes of analysis that have historically characterized theology and moral philosophy."
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> "Bioethics not only questioned authority; it has in the past quarter-century helped constitute and legitimate it. As a condition of its acceptance, bioethics has taken up residence in the belly of the medical whale; although thinking of itself as still autonomous, the bioethical enterprise has developed a complex and symbiotic relationship with this host organism.
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> "Without history, ethnography, and politics, bioethics cannot situate the moral dilemmas it chooses to elucidate. It becomes a self-absorbed technology, mirroring and inevitably legitimating that self-absorbed and all-consuming technology it seeks to order and understand."

s difficult as it was in many respects, I could not but help to see the truth and wisdom of this critique. It completely changed the way that I approached my work. And indeed, I was not alone. At a fundamental level, the work of this faculty, and others like them, shifted the focus of bioethics to embrace a much more eclectic and social science-oriented approach toward the field.

While I think this transition was unavoidable and necessary, it has presented challenges. While most of the social sciences have well-established methodologies and standards of excellence, some argue that the field of bioethics has become so broad and diffuse that it does not qualify as an academic "discipline" in any traditional sense. While I acknowledge this critique, I think it is largely irrelevant, since the topics in bioethics are unquestionably some of the most difficult questions facing society today, and they cannot be effectively addressed through the lens of any one, or combination of, traditional academic disciplines. I would encourage readers to look at the syllabus for our core foundational course in the Master of Bioethics curriculum, to judge for themselves how an eclectic approach can be both rigorous and inclusive.

In concluding, I will share an example of how the tensions between disciplinary perspectives can be healthy and constructive. For the last several years, I have led a discussion in the first session of the HMS medical students' social sciences curriculum using a case from my personal experience. The case involves a situation where four babies needed an ECMO machine to survive, but only three machines were available.

In my discussion of the case, I frame the issues in philosophical terms, using ethical principles of triage to decide which three of the babies should be given a chance to live. Historian David Jones, on the other hand, argues that this approach simply accepts culturally-determined assumptions of scarcity and that rather than accepting these limitations and focusing on who should survive, we should focus on the many social determinants that led to us being in this situation in the first place.

I do not see this as an either/or dilemma (and I know that David doesn't either). But as Charles Rosenberg wrote in the essay cited above, "… in one respect historians are more fortunate than bioethicists: no one expects them to solve emergent social problems." In other words, two things are true – on the morning that I was faced with having to choose who would have a chance to live, a choice unavoidably needed to be made. On the other hand, to simply accept scarcity as a background condition without interrogating the conditions and injustices that required me to make such a draconian choice would be to miss the forest for the trees. This is the invaluable perspective that the department has brought to bioethics. For this, I am grateful to Paul and to all of my colleagues in the department who have helped to shape the way I look at the world.

* Rosenberg, C. E. (1999). "Meanings, policies, and medicine: on the bioethical enterprise and history." Daedalus 128(4): 27-46.