Consider, for example, the assessment of historian Charles Rosenberg from that volume: *Rosenberg, C. E. (1999). “Meanings, policies, and medicine: on the bioethical enterprise and of my colleagues in the department who have helped to shape the way I look at the world. Rosenberg wrote in the essay cited above, “… in one respect historians are more fortunate than make such a draconian choice would be to miss the forest for the trees. This is the invaluable a background condition without interrogating the conditions and injustices that required me to are true – on the morning that I was faced with having to choose who would have a chance to In my discussion of the case, I frame the issues in philosophical terms, using ethical principles of three machines were available. The criticality of the moment was such that my colleagues and bioethicist Dan Brock, who encouraged me to enroll in graduate studies at Brown in philosophy. 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, and political philosopher Dennis Thompson. At about this time, Dean Tosteson suggested creation of a Division of Medical Ethics at HMS, and followed this with a fellowship at Harvard's Center for Professional Ethics under the leadership of the syllabus for our core foundational course in the Master of Bioethics curriculum, to judge for one, or combination of, traditional academic disciplines. I would encourage readers to look at questions facing society today, and they cannot be effectively addressed through the lens of any is largely irrelevant, since the topics in bioethics are unquestionably some of the most difficult while I think this transition was unavoidable and necessary, it has presented challenges. While With the help of my mentors, 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 to be one of the early faculty members of the Division, and along with Ezekiel Emanuel founded the department did I realize there might be another way to look – in the emerging dominance of moral philosophy as the answer to problems in bioethics. And indeed, I found one 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 acceptance of bioethicists as members of the clinical team – the fact that bioethicists were not only invited to attend rounds and attend conferences, but were also included in discussions about the care of individual patients. This was a critical step in the recognition of the role of bioethics in clinical decision-making. If Paul were here to give me advice, however, I suspect that he would encourage