

Bioethics in America

An Interview with Tina Stevens

Casey Walker: Will you begin by describing the historical influence of an “ambivalence toward technology,” as you identified it in *Bioethics in America*, and how that ambivalence has shaped a contemporary bioethical movement that is far more likely to accommodate a new or rising technology than it is to take a position against it?

Tina Stevens: Yes. Throughout American history, we can find a hesitant or ambivalent attitude toward technological and scientific development. Even during periods of overt boosterism, there has always been a substratum of thought that is suspicious of technological applications of scientific research. What is interesting, I think, are not those critics who perceived progress or technological development of any kind as always misguided, but those who saw that while they might benefit from technological progress they were, nonetheless, worried about aspects of it. The recurring nature of this type of intellectual anxiety is so marked throughout our history that I think we can say that, although it is a cautionary attitude, it has served as a buttressing structural feature of a technological society.

We can see how ambivalence actually plays a role in moving things along. Even where intellectual ambivalence appears to question social ramifications of scientific/technological developments, its questions are still only questions of a kind. It doesn't challenge the trajectory of a technological development. It might examine implications and results of technological applications; but it doesn't really present serious or effective obstacles to the ultimate development of any particular [bio]technology. Arguably, once scientific research has yielded practical applications or tangible realities to be dealt with, it's too late to alter what has been set in motion. Bioethicists, I believe, fit within this tradition of intellectual ambivalence. They belong to an educated elite whose larger social class essentially supports technological development. We can find evidence for this intellectual history in some form as far back as the Puritan settlement of North America. But we can see this tradition most distinctly in the period between 1880 and 1920 in the group Jackson Lears dubbed the antimodernists. These academics, journalists, and literati were uneasy with the dominant culture and with the modern technological nature of society, yet they were also half-committed to it. It's important to note that through their half-commitment, antimodernists inadvertently allowed modern culture to absorb their dissent. There is a strong argument to be made, I think, that the same absorption of dissent happened to early bioethics as well. Insofar as bioethical thinking follows technological development instead of investigating how biotechnologies are initiated socially and politically, it remains a technologically determined enterprise.

Will you recount the rise of the socially responsible science movement



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after World War II and its influence on the field of genetics? When did geneticists first address the capacity for eugenic practices—the deletion of “inferior” traits in people or the cultivation of “superior” genetic traits?

We see the tradition of ambivalence making its most noticeable appearance after World War II in the post-atomic, responsible science movement of the 1950s. Scientists who had worked on the development of the atomic bomb and who were distressed by the bomb's deployment at the close of World War II wanted to reclaim ethical scrutiny and control of the uses of atomic research and development. Geneticists working in the wake of the responsible science movement consciously modeled themselves after these scientists. They wanted to be very sure to examine the ethical



implications of their research and to maintain ultimate control over uses of genetic manipulation.

Genetic discoveries during the 1950s and 1960s were seen by their discoverers as unprecedented and morally challenging. Some geneticists, notably Joshua Lederberg, actually wanted to implement eugenic practices. He called his pet proposal "euphenics," which he defined as the genetic engineering of human development. He clearly felt that mankind could be improved through genetic manipulation. Similarly, Francis Crick, the co-discoverer of DNA, offered eugenic suggestions when he questioned whether human reproduction should be considered a right. At a conference in 1962, he floated the idea of allowing people to reproduce only after being licensed to do so in order to discourage the genetically unfavorable from conceiving. Other geneticists, however, wanted to warn the public about the eugenic implications of genetic discoveries. Dr. Salvador Luria, for example, wanted to alert the public about the possibilities for "evil" applications of genetic research. Evidence reveals that the earliest bioethicists, including Paul Ramsey and Joseph Fletcher, were clearly concerned by what these geneticists were saying. They and other public intellectuals began the popularization of what eventually came to be called bioethical issues. How intellectuals came to parlay the difference between educating and representing the public, on the one hand, and managing the public, on the other, became one of the great silent social movements of the decade.

Taking a long historical view, what is significant about bioethics is that it is still around today, thirty years past its institutional birthdate in the late 1960s. Other historic movements that can claim a cautionary posture toward technological development (e.g., transcendentalism, antimodernism, and the responsible science movement) had more or less dissipated or stagnated, institutionally speaking. Bioethics, by contrast, not only became institutionalized, it has become a thriving institution. It has spread nationally and internationally.

We can explain how this happened, I think, by considering the fact that during the 1960s there were critiques of science and society far more radical than the limited critiques put forth by bioethicists—bioethics, in this context, was the lesser of two evils from the point of view of established biomedical interests, as was the case, for example, with those physicians and researchers trying to develop organ transplantation and to establish a new definition of death. Critiques

by intellectuals such as Lewis Mumford, Jacques Ellul, Herbert Marcuse, and Theodore Roszak often saw scientific and technological development as an inextricable part of deeply rooted social institutions that cooperated in limiting individual freedom and social justice. Such truly radical critiques raised the stakes of ethical considerations of science and technology—sometimes calling for the dismantling of social institutions. In this highly threatening cultural milieu, it made sense for biomedical researchers to seek out and cooperate with bioethical scrutiny of their work, which was a much less hostile strain of oversight than what the more combative radical critiques had been calling for.

What this means, basically, is that current bioscientific research and development is not really critiqued or challenged in any thoroughgoing way; it is really more or less just managed. Bioethical oversight has pretty much come to mean the development of guidelines for how to proceed ethically with whatever research and development is already underway. Whether or not any single line of research and development should be initiated or supported is not considered in a way that makes its prohibition a believable outcome. In this way, bioethicists typically manage problems that derive from technologies which are seen as value neutral in their creation, even though they are problem causing in their outcomes.

In many ways, bioethicists don't have much of a choice here. If they were to be any more critical than they are, their institutionalization and longevity would be threatened. You can see how this is so in considering the history of

the Hastings Center, the world's first bioethics institute. In this case, early founders had very high hopes for remaining an "independent" institute, free to pursue issues that they thought were important to society and unencumbered by university or other affiliation interests. But they soon learned that whoever gave them funds would, in subtle if not direct ways, get to set important aspects of the agenda. In the mid-1970s, they found themselves in the midst of what they called a "bioethics backlash" in which they had to be concerned about losing funding because of a developing reputation of being too critical.

Will you elaborate on the idea that whereas the problem of nuclear science is political, the problem of genetic science is commercial? How might the American public prepare for current and rising human engineering technologies in ways that will politicize these technologies as a debate for citizens rather than as debate for con-

Even where intellectual ambivalence appears to question social ramifications of scientific/technological developments, its questions are still only questions of a kind. It doesn't challenge the trajectory of a technological development. It conducts ex post facto examinations of the results and implications of technological applications; but, it doesn't present serious or effective obstacles to the ultimate development of any particular biotechnology.



sumers?

I agree with the way your question distinguishes between a political nuclear science and a commercial genetic science. But I am not optimistic about how we can prepare for human engineering technologies as citizens rather than as consumers. When we look back on the kinds of biotechnological developments that caused serious public alarm in the 1970s and the possibility of moratoria on research or prohibiting use, we see they were developments by which people felt that they could conceivably be harmed—and harmed rather imminently through such crises as nuclear disaster, recombinant DNA (should the recombined product escape the lab), or the prolongation of death through mechanical ventilation. In these cases people could conceive of themselves as being the unwilling consumers of scientific products. And, importantly, benefits seemed abstract and distant. All this motivated people to speak out politically.

Except in the case of unlabelled genetically engineered foods, the situation today is almost reversed—at least in terms of perception. Today well-financed biotechnological concerns make powerful claims, largely unchallenged, about finding cures for human diseases. And potential problems are made to sound abstract, abstruse, distant, avoidable, and/or remediable. An important question, of course, is whether or not claims made for benefits are merely swollen advertisements by profit-seeking entities. Might not other avenues of perhaps less glitzy research yield better results faster? The answer might be no, but the question is one scarcely asked by anyone. Another important question is which class, race, and gender could be expected to gain from any proposed research and at whose expense. The public (or the various publics) have pretty much abdicated interest and concern to the “experts” in the field of bioethics, and bioethics is not really doing a very thoroughgoing job of researching the answers to these questions or of publicizing them.

Will you describe how the Karen Quinlan case and the “right to die” movement that followed it impacted people’s perception of biomedical technologies as rights-oriented and defined issues legally rather than ethically?

The Quinlan case made an incredible sensation in the 1970s because the press and others presented the case as a situation in which a new technology—in this case the artificial respirator—was in a sense torturing a human being by not allowing her to die even when there was no cure for her condition and she would have died, or so it was thought,



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without the respirator. Erroneous information spread quickly that Karen Quinlan was essentially brain-dead and was being kept alive artificially, against her own putative will and contrary to the preferences of her parents.

In fact, the artificial respirator was not really all that new (some version of mechanical respiration had been around since the 1950s), and Karen was not brain-dead. She was in a chronic vegetative state. Additionally, the way the case evolved made it seem as though doctors routinely kept patients like Karen attached to respirators. This also was not the case. There was commentary by physicians at the time, although not widely reported or admitted to in the courtroom, that doctors did “pull the plug” on patients who were in chronic vegetative states. Physicians were not professionally ready or willing to defend themselves on this point in the legal system.

How all this came about is complicated, and a thorough explanation is perhaps best left to my book, but suffice it to say here that all these misunderstandings led to the popularly believed but erroneous conclusion that people were being denied the “right to die.” The really unfortunate thing is that, with all the incorrect and misguided emphasis on rights, public discussion had pretty well missed the reality that dying, then as now, has so much more to do with the compassionate responsibility of the living to the dying than with the diseased-compromised rights of the dying themselves.

So, this case shows us, as you suggest, that ethics is a larger concern than rights per se. How is this relevant to genetic engineering discussions? I’m not sure. It may suggest that looking at rights alone is not the wisest way of pursuing an ethical consideration of genetic engineering. For example, does one have a right to clone oneself? Is this right a reproductive right or an inalienable right of self-expression? Perhaps the history of the Quinlan case shows us that this



formulation of rights is too narrow.

If the past is instructive in other ways, though, I think that bioethics, as an institution, is likely to midwife the cloning issue into public acceptance as it has other, once exotic, technologies. It's almost just a matter of talking about things so much that the initial shock wears off, then drawing up some "guidelines" on how to proceed "ethically" and giving it a bioethical "imprimatur." I think such a thing is likely to happen.

From your point of view, what questions should bioethicists be asking?

By and large, whatever questions bioethicists ask, an unspoken assumption is that the development of whatever technology they're considering is inevitable. It would be useful, I think, to challenge this assumption. The process of bioethical inquiry has become a predictable one: Recommend delay until guidelines can be developed. Arguably, the predictability of this process has stifled more vigorous and more public debate: if prohibition of a biotechnological procedure is a believable threat, it might have the effect of fleshing out exacting social questions. For example, how and why were specific biomedical technologies created, by whom, or by what groups? And on what criteria? For the benefit of which group (race, class, and gender) and to whose detriment? How were such technologies tested? At what cost and at whose expense were they developed, both socially and economically? What alternatives were not developed? I think that you can find some bioethicists pursuing some of these questions some of the time. But I do not think that, as a social enterprise, bioethics as a whole is in a position to pursue these questions systematically or vigorously. Of course the remaining question is, Who will?



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