Special Section:
Quo Vadis? Mapping the Future of Bioethics

The Soul of a New Machine: Bioethicists in the Bureaucracy

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In a recent issue of *The Lancet*, the historian Roger Cooter predicted that the field of bioethics will soon die of self-inflicted wounds. "Conspiring against it," he wrote, "is exposure of the funding of some of its US centres by pharmaceutical companies; exclusion of alternative perspectives from the social sciences; retention of narrow analytical notions of ethics in the face of popular expression and academic respect for the place of emotions; divisions within the discipline (including one over its origins and meaning); and collusion with, and appropriation by, clinical medicine." Cooter's prognosis? "Hardly wet behind the ears, bioethics seems destined for a short lifespan."[1]

To anyone in the United States this prediction will sound bizarre. It is hard to imagine an academic field with a faster and more robust growth. Bioethics is spreading like kudzu, colonizing new areas even where it is unfamiliar, unexpected, and unwelcome. It is generating new centers, new journals, new courses, new commissions, new funding sources, and, perhaps most visibly, a newly politicized presence in American public life. Americans can hardly open a newspaper or watch television without encountering a so-called bioethics expert. The field has a vitality and energy that often leads outsiders to shake their heads in disbelief. It used to be the case that philosophers envied and resented the wealth and public profile of bioethics, while bioethicists envied and resented the academic prestige of philosophy. No more. American bioethicists hardly even pay attention to philosophers anymore, much less envy them. These days I worry about submitting papers to philosophy journals and book anthologies because I fear that nobody in bioethics will read them.

Yet there does seem to be a widespread feeling, even among those in the field, that bioethics may be growing in the wrong direction. Bioethics generates a fair amount of resentment, especially outside the United States, where it is sometimes seen as a kind of belligerent, self-absorbed, American academic imperialism. (As if to confirm the prejudices of many non-Americans, University of Pennsylvania bioethicist Arthur Caplan responded to Cooter's article by writing, "We in the USA are familiar with the sad state of British University life, as cut after cut has decimated the ranks of the professoriate. But, have things really degenerated to the point where this sort of intellectual tripe can be printed as scholarly analysis in *The Lancet*?"[2]) Not all of this resentment of bioethics is ill founded. The problems and divisions that Cooter cites as fatal to bioethics have been pointed out many times before, usually by bioethicists themselves. In fact, many people working in and around bioethics wince if someone calls them a "bioethicist." Some resist the aura of professionalism and

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moral expertise that the term *bioethics* seems to imply. Others are embarrassed by the incivility and glibness of our public spokespeople. Others just don't want to be viewed as the ethics police.

I don't want to rehearse these worries and criticisms, which have gotten plenty of academic airplay already, but rather to point out a related but less-noted feature of the way that bioethics is changing: the relationship of bioethics to larger structures of institutional bureaucracies. As American bioethics has grown, it has developed into a self-contained, semiprofessional entity whose place in the bureaucratic structures that house it has become distinct—both from the traditional academic disciplines from which it emerged and from the clinical disciplines that it has sometimes aspired to resemble. The bioethicist–bureaucracy relationship is changing in at least two ways, each of which subtly reinforces the other, and both of which are shaping the direction of the field.

The first is simply the emergence of the bureaucratic position of the "bioethicist." Today it is possible for a person to work (and draw a paycheck) as a bioethicist without necessarily working as a professor, a doctor, a lawyer, a minister, or anything else. The figure of the bioethicist has earned a new kind of social authority, and that authority comes from occupying a distinct place in an institutional bureaucracy. For example, the person working as a bioethicist in a hospital is accorded social authority simply by virtue of the fact that he or she occupies the institutional position of "clinical ethicist." That position comes with certain trappings (a pager, a white coat, an office, certain committee chairs, a sign on the door reading "ethicist") and a certain amount of deference within the institution. The authority given to the hospital bioethicist differs from the type of authority given to a doctor or a nurse or a hospital administrator. It has different limits, a different level of regulatory power, and it extends over a different domain of problems. Many people working in a hospital feel as if they cannot simply ignore the ethical advice of the hospital bioethicist—even though they might be able to happily ignore the ethical advice of others.

Bioethicists have begun to appear in other institutions as well, many of them concerned not with clinical cases, but with health policy. The most visible of these institutions are the federal bioethics commissions, such as the President's Council on Bioethics or its predecessor, the National Bioethics Advisory Council, each of which achieved both academic recognition and a national media profile. But bioethicists also work for governmental entities such as the Veterans' Administration, NASA, and the National Institutes of Health, as well as for professional bodies such as the American Medical Association. Some ethicists have found employment with pharmaceutical and biotechnology companies; yet others work for for-profit Non-Institutional Review Boards. Each institution gives the position of bioethicist a certain kind of authority, and that authority is distinct from the authority of other positions in the institutional bureaucracy.

The second larger change is the way that university bioethics centers and departments are responding to these new institutional positions. In a way that was far less noticeable 10 or 15 years ago, universities are coming to regard these external institutional positions as status chips that can be exchanged for advancement in the academic hierarchy. As Charles Bosk once remarked to me, one of the striking things about American bioethics today is just how many

prominent bioethicists have achieved their status not so much by virtue of excellence in scholarship, but by virtue of having worked on high-profile government commissions. (Of course, some of these people have achieved excellence as scholars as well.) The most prestigious of these positions have been with the National Bioethics Advisory Council, the Ethical, Legal, and Social Issues (ELSI) research arm of the Human Genome Project, the Advisory Committee on Human Radiation Experiments, and the presidential bioethics commissions of the 1970s and 1980s. But something similar has begun to happen with service to professional bodies (such as, say, the American Academy of Pediatrics), nonprofit research entities (such as the Howard Hughes Foundation), and biotechnology corporations (such as Geron or Advanced Cell Technologies) or pharmaceutical companies (such as Pfizer or GlaxoSmithKline). Many academic bioethicists today feel as if it is a mark of status to be asked to serve as a consultant or adviser to an external, nonacademic institution. That status chip can then translate into promotion, tenure, and advancement within the field.

What will this mean for bioethics? First, it is reasonable to assume that the duties, allegiances, and professional identities of bioethicists will be shaped by the institutions in which they are employed. (The first purpose of the bureaucrat, after all, is to serve the bureaucracy.) As bioethicists move from the classroom into hospitals, government entities, professional bodies, pharmaceutical companies, and other organizations, they will naturally begin serving the interests of those institutions. This move will likely shape the conceptual agenda of bioethics as a field. For example, an ethicist employed to do clinical ethics consultation by a hospital or to give advice on regulatory policy for a pharmaceutical company is probably unlikely to write a book about, say, the intersection of bioethics case studies and literary criticism. It will also shape the stance of the field. Bioethicists will probably produce even fewer critiques of the biomedical enterprise as a whole. They will be more likely to produce arguments about how to make the system better, rather than to challenge the system itself. Finally, this move may also affect the content of the field—the actual positions that bioethicists take on ethical issues themselves.

We may be starting to see such a change already. For instance, the default stance of the field toward biomedical technology used to be one of worry, suspicion, and often outright opposition. Many of the new biomedical technologies of the 1960s and 1970s, such as dialysis units, ventilators, and organ transplantation, were thought to be changing medicine in a way that was dehumanizing. Bioethicists worried about this. The right-to-die movement, for example, tied notions of a "natural death" with a suspicion of ventilators and feeding tubes. The medical humanities movement arose around the notion that teaching the humanities to medical students and doctors in training could make them more caring and thoughtful in the face of the increasingly mechanistic and inhumane environment of the hospital. Research scandals such as those that Henry Beecher documented helped bring about the notion that a barrier needed to be built between vulnerable patients and the scientific imperatives that can blind researchers to the dangers that research can present.

That default stance seems to be changing. Bioethics is no longer just about saying "no" to technology. It is often about saying an enthusiastic "yes." These days it is not at all uncommon to hear bioethicists argue that the failure to pursue biomedical research can be a serious moral harm. Perhaps the most

striking example of this change has come in the debate over embryonic stem cell research. I cannot remember a time when bioethicists seemed so vocal and united behind a particular research agenda. (This is not to say that I disagree with that particular stance, only that it is a change to hear ethicists arguing so vehemently for a research program.) But it is not just stem cell research, of course. Many ethicists are pushing for technology employed not just in the service of healing, but in the service of medical enhancement: genetic engineering, reproductive cloning, cognitive enhancement, or cosmetic psychopharmacology. Some of this technological boosterism comes from the fringes, but much of it comes from mainstream ethicists such as Leroy Walters, Arthur Caplan, Julian Savulescu, John Harris, Jonathan Glover, Gregory Stock, Glenn McGee, Andy Miah, James Hughes, Dan Brock, Dan Wikler, Allan Buchanan, and Norman Daniels.[3] How much this shift comes from theoretical allegiances is unclear (especially in the United Kingdom, where utilitarian philosophers hold a degree of influence that to the rest of the world looks rather outsized), but at least part of the reason for the shift is probably a result of the fact that so many American bioethics centers are now located in medical schools and academic health centers. If bioethicists depend on scientists and physicians for promotion, tenure, academic exchange, and professional respect, then the field will naturally move toward a more sympathetic stance toward science and medicine.

Second, bioethics may begin to look less like a field of scholarship and more like a branch of the advice industry. The reason that nonacademic institutions give ethicists positions of authority in their particular bureaucracies is usually because they want someone with the authority to give them guidance, counseling, or advice. They may want practical advice on clinical cases, managerial advice on how certain activities ought to be controlled or regulated, counseling advice on how to resolve ethical conflict, or legal advice on how to avoid litigation and bad publicity. Just what kind of advice is needed will depend on the particular bureaucracy, of course. But it is worth remembering that advice giving is a role that is better suited for scholars with certain kinds of academic backgrounds. For example, the various federal bioethics advisory commissions have generally ignored scholars from medical sociology, medical anthropology, and literature and medicine, but have been happier to recruit scholars from philosophy, religious studies, and clinical medicine. The same is true of hospitals recruiting clinical ethicists. As service on such bodies becomes an academic merit badge, it may well provide a strong incentive for scholars to alter their professional profiles and research interests in a way that is likely to earn them more professional status.

It might also further divide the field. Bioethics already exists in a precarious tension with several other academic fields, such as history of medicine, medical sociology, medical anthropology, health law, literature and medicine, and philosophy of medicine. Many people (myself among them) feel as if the vigor of this larger enterprise has emerged precisely because of its receptivity and embrace of many different fields. But as bioethicists have risen to prominence, many scholars in these other fields have found themselves sidelined. If bioethics moves away from teaching and scholarship and closer to the advice industry, scholars in disciplines less well suited to advice giving may well find that they are being left behind.

Finally, the emerging bioethicist–bureaucracy relationship may well change the way that bioethics is funded. As bioethics centers have moved into aca-

demic health complexes, many universities have begun expecting bioethics to be funded less like teaching departments and more like other biomedical units, which usually means some combination of clinical service and grant-funded research. Many bioethics centers support themselves by providing consultation services to hospitals. Now they are also feeling pressure to support themselves with research grants. This pressure has pushed bioethics into areas where grant support is readily available (hence the vast libraries of ELSI-funded articles on ethics and genetics) but also toward new sources of funding, such as pharmaceutical and biotechnology firms. It is no longer uncommon to find bioethicists who serve as paid consultants and advisers to industry, who serve as members of NIRBs, who give paid speeches on behalf of pharmaceutical companies, or even work full-time for the pharmaceutical and biotechnology industry.[4] Industry has begun to fund bioethics centers, conferences, symposia, journal supplements, and endowed lectureships. Several years ago, the practice of for-profit bioethics consultation to industry was endorsed by a task force commissioned by the American Society for Bioethics and Humanities and the American Society of Law, Medicine & Ethics.[5]

These changing relationships reinforce one another in complicated ways. Private industry is more willing to fund bioethics these days because bioethicists are perceived to have power (in a way that, say, moral philosophers, theologians, or anthropologists do not). Bioethicists are willing to accept such funding because grants, consultancies, and advisory board memberships are now seen as a sign of academic status. The power that bioethicists are now perceived to have comes not from excellence in scholarship but from their new social authority. That social authority is reinforced by the media, which treat bioethicists as experts on ethical affairs.

All these changes may well set bioethics off on a new path. The question is where that path will lead. I suspect that Roger Cooter's worries about bioethics are misguided. It is true, for example, that pharmaceutical industry funding is a problem. But industry funding is less likely to kill bioethics than to make it stronger. The question is: stronger in the service of what? As bioethics becomes more strongly entrenched in the bureaucracies that are paying for its services, it may well be transformed into a field that looks very different from the way it looked a decade or so ago. Bioethicists will start to look less like scholars and more like consultants, less like academics and more like bureaucrats. Some of those who work for industry will look like compliance officers; a few will look like motivational speakers or self-help experts.[6] And many, I am afraid, will start to look like attorneys and corporate lobbyists. Consciously or not, they will become advocates for the businesses that are paying for their work.

Notes

1. Cooter R. Historical keywords: Bioethics. *The Lancet* 2004;364:1749.
2. Caplan A. Reports of bioethics' demise are premature. *The Lancet* 2004;364:654–5.
3. This is a large and growing literature, but, for a sample, see Harris J. *Clones, Genes and Immortality: Ethics and the Genetic Revolution*. Oxford: Oxford University Press; 1998; Glover J. *What Sort of People Should There Be?* London: Penguin; 1984; Hughes J. *Citizen Cyborg*. New York: Westview; 2005; Miah A. *Genetically Modified Athletes*. London: Routledge; 2004; Stock G. *Redesigning Humans*. New York: Houghton Mifflin; 2002; Buchanan A, Brock D, Daniels N, Wikler D. *From Chance to Choice*. New York: Cambridge University Press; 2000; and Caplan A, McGee G, Magnus D. What is immoral about eugenics? *British Medical Journal* 1999;319:1284.

4. Elliott, C. Pharma buys a conscience. *The American Prospect* 2001;12(17):16–20; Stolberg S. Bioethicists find themselves the ones being scrutinized. *New York Times* 2001 Aug 2:A1; Turner L. The greening of bioethics: Corporate funding of bioethics research. *Cambridge Quarterly of Healthcare Ethics* 1998;7:326–8.
5. Brody B, Dubler N, Blustein J, Caplan A, Kahn JP, Kass N, et al. Bioethics consultation in the private sector. *The Hastings Center Repor*t 2002;32(3):14–22.
6. Weinstein B. *What Should I Do? 4 Simple Steps to Making Better Decisions in Everyday Life*. New York: Perigee; 2000.