The Center for Bioethics at Thirty

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Presented at the Center for Bioethics 30th Anniversary Celebration:

Grand Challenges in Bioethics

Mayo Memorial Auditorium, Minneapolis, Minnesota

The Center for Bioethics celebrates its thirtieth birthday. During the past three decades, we have had more than our share of influence and taken a fair share of criticism. Each time we have joined the public conversation at the crossroads of values and health care, we have added to that conversation and improved the outcome. Each time our faculty has spoken, they have had critics. Our faculty have been called Dr. Death, socialists, anti-Americans, apologists for the medical-industrial complex or idealists against medical progress. Others have been more complimentary as we played leadership roles in shaping end of life care, care for the homeless, organ allocation policy and research policy. Controversy is often another way of saying that something is difficult--but essential--to talk about. Bioethics is inherently controversial.

Bioethicists forced medical paternalism to yield to patient consent. In Minnesota, the Do-Not-Resuscitate order was lifted from silent paternalism to patient choice, thus implying that a dialogue between doctors and patients was required. More complex advance directives were the legacy of that conclusion.

In the mid 1960s, many sources exposed arrogant scientists who gave unsuspecting patients hepatitis and even cancer, who exposed patients to avoidable risks of surgical death, who exposed soldiers to radiation and prisoners to dioxin and who allowed black men to die of untreated syphilis. Scientific elites were shocked at the fact of moral challenges to the scientific enterprise. Reforms and IRBs improved, but did not end, experiments that took the lives of human volunteers too casually. These controversies continue, as they should.
In 1982 Stephen Toulmin said that “medicine saved the life of ethics” by forcing philosophers to leave their ivied enclaves to work in the town squares and at the bedsides where values really live. What do existential choices and lofty rights look like when transported from classrooms and academic journals to the situations of people who are dying, homeless, imprisoned, uninsured or stigmatized? The University of Minnesota’s Center for bioethics has always been an ethics of engagement.

Medical ethics has never been about finalizing a canon of principles so that it could confidently claim authority in some comfortable arena. Each medical technology, each event that shapes human health, brings new problems and the need to creatively examine how accepted values applied to new contexts.

Bioethics should not be confined.

- It may not confine itself to the moral dilemmas of ICU care or to the end of life without calling upon those same principles to address the beginning of life or the situation of people who struggle to be admitted to the hospital that house those ICUs.
- It may not speak of promoting the values of articulate and empowered persons unless it is willing to have its call for justice advance the interests of persons without privileged stature.
- It may not take on the new issues raised by incredibly expensive genetically-tailored medicine without speaking about the price of essential drugs in the markets of the Congo.
- Bioethics is not about giving thumbs-up to those who send money coursing through the health care system unless it speaks to the erosive effects of that torrent on the levees of good science and the bedrock of humane health care.
- Bioethics is not a megaphone for hysterical and xenophobic pundits who shriek for quarantines and jails as false responses to epidemic diseases like Ebola or AIDS. Ethics is impossible if not grounded in facts and science.

Many times, Bioethics has fallen short of these aspirations. We have spent disproportionate attention
On high tech care at the end of life rather than on the totality of life,
On the empowered as opposed to the marginalized,
On clinical dilemmas rather than on public health.

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Although bioethics has a nearly infinite range of topics, there are limits on its discourse. We are academics in the public square created by a land grant university. As such, we must

- be accurate and transparent in how we get facts and
- be fair in reasoning including revealing our personal experiences, perspectives and faiths.
- Finally, we are obliged to be civil in tone and thereby to model the kind of discourse that makes civilization possible.

The University of Minnesota’s Center for Bioethics has largely kept faith with its mission. This is why we are here for our thirtieth birthday. However, it is necessarily engaged in controversies for which we will be criticized.

It is noteworthy to recall that it was the health sciences students, not the faculty, who asked for a Center for Bioethics. The faculty and University responded.

There is an important lesson to draw from that history. The students asked as they were entering the academic health center from the broader community. They asked for ways to think about the difficult moral decisions they would face during their careers. These new arrivals could see, because they were not yet acculturated to the health care system, the enormous power of healthcare institutions. They asked for the footings to remain morally grounded during their lives in the healthcare enterprise that they sought to join.

The fact the initiative for the Center came from the community reminds us that the enterprise of Bioethics and indeed this Center is fundamentally accountable to the community that granted land to create this University.

Thank you.