

Cambridge University Press
978-0-521-88879-0 - The Cambridge World History of Medical Ethics
Edited by Robert B. Baker and Laurence B. McCullough
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THE CAMBRIDGE WORLD HISTORY OF MEDICAL ETHICS



The Cambridge World History of Medical Ethics is the first comprehensive scholarly account of the global history of medical ethics. Offering original interpretations of the field by leading bioethicists and historians of medicine, it will serve as the essential point of departure for future scholarship in the field. The book reconceptualizes the history of medical ethics through the creation of new categories, including the life cycle; discourses of religion, philosophy, and bioethics; and the relationship between medical ethics and the state, which includes a historical reexamination of the ethics of apartheid, colonialism, Communism, health policy, imperialism, militarism, Nazi medicine, Nazi "medical ethics," and research ethics. Also included are the first global chronology of persons and texts; the first concise biographies of major figures in medical ethics; and the first comprehensive bibliography of the history of medical ethics. An extensive index will guide readers to topics, texts, and proper names.

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To Our Wives
Arlene Baker and Linda Quintanilla
Sine Quibus Non

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PREFACE



Once upon a time, not so very long ago, books on the history of medicine were about doctors. They were tales of heroic struggle, of well-intentioned failures, and, ultimately, of doctors' triumphs over disease. These triumphal images permeated the literature from popular books on microbe hunters to massive volumes published by distinguished university presses. Few noticed what was missing. Triumphal images employed the historian's chiaroscuro to put physicians and researchers in the bright foreground, relegating ethics and economics, and intellectual, gender, political, racial, religious, and socio-cultural factors to broad brushstrokes fading into dull background. For several decades, historians of medicine have been repainting this canvas, highlighting much that was previously obscure. *The Cambridge World History of Medical Ethics* contributes to that project. In its original design it sought to repaint the history of medical ethics on a larger canvas, limning broad intellectual, political, religious, and socio-economic movements, and placing patients and nonprofessionals next to physicians in the foreground.

The Cambridge World History of Medical Ethics also aims to make its subject accessible not only to scholars but to the public, to students, to practicing health care professionals, and, of course, to bioethicists. For several decades, bioethicists have assisted pluralistic societies to negotiate the hazardous moral shoals surrounding fundamental

ethical and policy questions posed by medicine and the biomedical sciences. Founding and first-generation bioethicists were well prepared for this task. They were an interdisciplinary group with a broad humanistic education in history, law, philosophy, and theology, as well as medicine and nursing. Yet, the drama of the issues they confronted – the war crimes trials of the Nazi doctors at Nuremberg, turning off Karen Ann Quinlan's respirator, ending the abuse of African American research subjects in the Tuskegee syphilis experiment, and so forth – riveted their attention on the present. A pragmatic, problem-oriented focus became characteristic of bioethics teaching and scholarship. Initially, this orientation was balanced by the broad humanistic orientation of bioethicists themselves. As bioethics has "professionalized," however, the broad knowledge base integral to bioethics' initial success is atrophying. The editors hope that bioethicists will use *The Cambridge World History of Medical Ethics* to gain historical perspective on their own endeavors, to bring long-term social forces into focus, and to contemplate alternatives to currently accepted viewpoints. The editors also hope that the global sweep of *The Cambridge World History of Medical Ethics* will assist readers in understanding the deeper cultural and historical background of medical ethics.

Generally speaking, medical ethics is understood to comprise diverse discourses on the responsibilities of

healers to the sick and the well, to society, to each other, and to the gods or God. We use the term “discourse” in the sense given prominence by the German philosopher, Jürgen Habermas, who extended the meaning of “discourse” to include a wide range of discussion and writing in the public sphere. The editors have adopted this sense of the term because it is broad enough to embrace oral conversations and traditions, epithets, pamphlets, letters, discursive texts of various sorts, statutes, court rulings, and trial transcripts – as well as the formal oaths and codes that have often taken center stage in traditional histories of medical ethics. Our aim in using the term discourse is to expand the scope of what should be considered primary sources for the history of medical ethics.

The editors faced several challenges in developing *The Cambridge World History of Medical Ethics*: how to put nonprofessionals and patients into the picture without ignoring practitioners; how to weigh the more abundant scholarly literature in certain areas and eras of medical ethics against sparser literature in other areas and eras; how to balance newer against more traditional conceptions of the history of medicine and the history of medical ethics; how to represent the bioethics revolution within the broader context of medical ethics; how to demarcate the point at which the present becomes the past, transforming current events into “history”; how to balance our present conception of ethical issues in the biomedical sciences and medicine against past conceptions of medical ethics; and how best to characterize “medical ethics” itself.

The editors’ responses to these questions are evident throughout the volume. Part of the response involved dividing *The Cambridge World History of Medical Ethics* into eight parts. Part I provides an introduction to the history of medical ethics, addressing the history of the concept of “medical ethics,” the historiography of the subject, and the interrelationship between bioethics and the history of medical ethics.

Chronology is the backbone of history. To situate major figures and texts in the context of world history and the history of medicine, we have created a chronology and made it Part II of the volume, rather than an appendix, as customary. A cursory perusal of the chronology readily reveals a robust history of medical ethics stretching across eras and cultures. We intend the chronology as an aid to the reader in subsequent chapters and to situate each chapter’s content and figures in the larger context of the history of medical ethics.

Culture is the focus of Part III. Nature dictates a life cycle – conception, birth, growth, maturity, aging, dying, and death – but culture shapes and interprets it. Part III presents diverse cultural interpretations of the life cycle, serving as an interpretive framework and background to the discourses on medical ethics that are explored in subsequent chapters.

Parts IV to VII, which encompass more than half of the volume, address the discourses of religion (Part IV), the discourses of philosophy (Part V), the discourses of practitioners (Part VI), and the discourses of bioethics (Part VII). The order of these four parts is intended to reflect, in a rough but serviceable fashion, the sequence in which discourses unfolded; thus religious concepts come first and bioethical conceptions last.

Medical ethics is often discussed apart from culture and society, as if it were autonomous. Seeking to situate medical ethics in its socio-cultural context, we devote Part VIII to discourses on medical ethics and society. Ethics is but one of the mechanisms of social control that societies use to regulate medical practitioners and researchers. The first section explores the marketplace, law, and formal codes as mechanisms of social control that are rich in ethical content. Another aspect of culture, often overlooked or underemphasized in traditional approaches to the history of medical ethics, is the emergence and impact of the strong nation-state. This history was pivotal to the development of both contemporary medical ethics and bioethics, and thus the second section addresses Japanese imperialism, Nazism, Communism, the Cold War, and Apartheid. The final section of Part VIII deals with health policy, including eugenics, public health ethics, organ transplantation, and the determination of death.

The appendices are designed to assist readers by providing them with brief biographies of major figures in the history of medical ethics and a comprehensive bibliography of the subject. Before the publication of these appendices there was no single place to turn to find brief biographies of Hippocrates, or Thomas Percival (the inventor of the expression “medical ethics”), or André Hellegers (founder of the Kennedy Institute of Ethics), not to mention such less-well-known figures as Leopold (Leo) Alexander, John Cotta, Kaibara Ekiken, Isaac Hays, Friedrich Hoffmann, Christoph Wilhelm Hufeland, Henri de Mondeville, or Gabriele Zerbi. There was, moreover, no place to turn for a comprehensive bibliography of the primary and secondary sources for the global history of medical ethics. A comprehensive index completes the volume. We have prepared these to provide the reader detailed guidance to discussions of major historical figures and texts, concepts, and topics in the discourses on medical ethics addressed in the chapters and chronology. Information on contributors can be found immediately following this preface.

By design, *The Cambridge World History of Medical Ethics* does not offer the familiar geocultural chronological account of medical ethics. Our intent is to open the field to a variety of conceptions of and approaches to the subject. Readers will find some authors taking fairly traditional scholarly approaches to a now distant past. Others provide case studies, or, lacking the perspective of distance because they are addressing recent history, tend to preserve memory and to bear witness. We encouraged

these different styles of history – chronologically arrayed histories of various discourses, case studies, participant accounts – because they capture the scope of the global history of medical ethics from ancient times to the end of the twentieth century.

Practical constraints inevitably fetter good intentions. Despite the editors' intention to represent the history of medical ethics as broadly as possible, the limits of the present scholarly literature tended to shape the contours of the volume. Inevitably, sections on such traditional areas as practitioners' discourses – oaths, codes, and the like – tend to draw on more robust scholarly resources than innovative attempts to capture a sense of medical ethics from the perspective of the sick and the well. There is thus more detail in some chapters than in others and some areas and eras are unfortunately underrepresented. Moreover, many of the concerns of historians of the late twentieth century – gender, race, social class – were not concerns in the texts and oaths of earlier eras, which were often more concerned about issues of competence, conscience, religion, and society. Rather than imposing our current concerns inappropriately on the past, we urged contributors to present the concerns of earlier eras to readers. Finally, we should note that, for a variety of reasons, some of those authors originally invited to contribute were unable to complete their chapters; as a consequence, some sections are less robust than we originally intended.

Practical constraints led to the editors' decision to end this history in 2000, the last year of the twentieth century. A further challenge was how to treat the emergence of the new discourse of bioethics: a discourse that evolved in the second half of the twentieth century as humanists, social scientists, lawyers, philosophers, and theologians began to collaborate with nurses, physicians, policy makers, and researchers on addressing challenges created by new advances in biomedicine. The "bioethics revolution" and its attendant preoccupations and discourses became an international phenomenon, and its concerns about autonomy, patients' rights, and informed consent could easily have dominated the pages of this volume. Yet, in the context of the long history of medical ethics, bioethics is but a recent and not wholly original development. We compromised by restricting a direct history of the discourse to eight chapters. Other chapters, of course, touch on topics integral to contemporary bioethics, such as truth telling and care of the dying, but we treated these topics as we did other contemporary preoccupations, by asking contributors to focus on the central concerns of eras past, rather than the present.

One could cast the development of this volume as an academic melodrama, playing up the aspects of courtship, and the redemptive achievement of actually producing a comprehensive volume on the global history of medical ethics. Terence Moore (1953–2004), late Humanities Editor for Cambridge University Press in New York

City, conceived of the project and courted potential editors. Spurned by at least one famous name, he rebounded, on the advice of Tom Beauchamp and Raymond Frey, by courting the two of us by e-mail. At the time, 1996, we were mere acquaintances. Both of us had been active in bioethics, both of us published on the history of medical ethics, and one of us had contributed a paper to a conference and a volume edited by the other. Beyond that we were almost strangers. So, two bespectacled, bearded, balding, middle-aged scholars of distinctly different temperaments began a mutual courtship. We found that we had both majored in some form of history as undergraduates, that we loved art and ballet, that we had a common middle name and a common taste for archival scholarship, and that we both believed, as we were to write in a grant proposal, that "a historically uninformed, crisis-centered mind-set will rob bioethics of critical perspective, rendering its intellectual footing precarious." On this basis we built a fertile partnership and an enduring friendship.

Once we accepted Terry Moore's invitation to submit a proposal to him, the burdens of courtship were reversed. We found ourselves courting Terry, Cambridge University Press, and its Syndicate at Cambridge University, even as Terry, a coy but brazen suitor, urged us to continue the suit and to make a formal proposal. Before we could propose, however, we had to be certain of our own motives. In 1995, the second edition of the *Encyclopedia of Bioethics* was published. As the *Encyclopedia's* Editor-in-Chief, Warren T. Reich, wrote in his introduction, he had recruited the world's leading scholars to write a "monumental" thirty-four-article, "book-length set of articles on the history of medical ethics" for the *Encyclopedia* (Reich 1995, 1: xxx). After rereading the history of medical ethics section of the *Encyclopedia*, we were profoundly impressed by the breadth and solidity of the scholarship. Nonetheless, we found ourselves restive with the geocultural-chronological approach that the articles offered. We had a vision of an alternative approach to the construction of the history of medical ethics. As we were to write in our prospectus to Cambridge University Press, we wanted to offer readers a sense of the different voices, or discourses, that contribute to the history of medical ethics: "religious medical ethics, philosophical medical ethics, practitioner-generated medical ethics, the connections between medical ethics and social ethics, public policy, medical police, and medical jurisprudence," so that readers will understand the diversity and conflicts that have historically informed what has come to be called "medical ethics."

We sent the earliest drafts of our prospectus to Warren Reich, hoping to draw on his editorial acumen and experience. We profited enormously from his generous advice and perceptive comments. He, in turn, commended our "design" for *The Cambridge World History of Medical Ethics*, which, as he wrote in a supporting letter, "takes the field well beyond anything the *Encyclopedia of Bioethics*

accomplished" because we had "constructed a new framework for the history of medical ethics . . . provid[ing] a broader-than-usual historical and cultural setting . . . [and] developing major themes ingredient in this history that have never before been worked out in the way they propose." Having assured ourselves that our proposed volume would offer something different, we recruited an editorial advisory board, including Warren, and submitted our prospectus, first to them, and then to Terry Moore – who circulated it to commentators from around the globe. We spent an additional 6 months revising the prospectus in response to comments. Especially perceptive and helpful were the critical comments and suggestions by Onora O'Neill and her colleagues at the Syndicate.

Once the contract was approved, we were again cast in the role of suitors, seeking contributors and funding. Our application to the Collaborative Research Program in the Division of Research of the National Endowment for the Humanities, an agency of the U.S. government, was approved and provided major support for this project in the form of a 3-year grant. Our program officers at the NEH, Daniel Jones and Kathy Toavs, were exceptionally supportive during the application process and throughout the duration of this project. Crucial matching funding for the collaborative editorial conference in Houston, Texas, in September 2000, was generously provided by the Earhart, Greenwall, and Lucius N. Littauer Foundations and the Milbank Memorial Fund. We especially want to thank Daniel Fox, then-president of the Milbank Memorial Fund, and William Stubing, president of the Greenwall Foundation.

At Baylor College of Medicine, Baruch Brody, the director of the Center for Medical Ethics, saw the importance of this project from its conception and offered ongoing and substantial institutional support and guidance. Thomas Moore, then of Baylor's Office of Development, helped in crucial ways to secure funding from the private foundations mentioned previously, as did Dr. Ralph Feigin (1938–2008), then-president of the college. At Union College, the Humanities Faculty Research Fund was generous in its support. Pam Simmons, then of the Development Office, assisted in the drafting of the proposal to the NEH, Felmon Davis of the Philosophy Department was a superlative critical reader of the proposal, Judy Manchester assisted with the financial details, and Deans Christina Sorum and Linda Cool provided encouragement and institutional support. Both institutions provided secretarial and research staff support. We wish to thank Gloria Johnson, Andrew Laccett, Ann Marie Nolte, Anjlee Patel, Anna Louise Penner, Fariha Ramay, Emily De Santis, Erika Selli, Jason Shames, Delores Smith, Kristel Tomlinson, Marianne Snowden, and Andrew Yerkes for their assistance. We especially thank Terrence McEachern for his many excellent contributions to the preparation of the volume's

bibliography and Lisa Angotti and Ian Dempsey for assistance with indexing. We are also indebted to Warren Reich, who reviewed the final draft of the manuscript for Cambridge University Press and who, in the process, helped us to clarify pivotal aspects of the volume's preface, introduction, and table of contents.

A sixty-three-chapter book is, of necessity, an extensive collaboration. We are deeply indebted to the authors of the chapters in this volume and to the international team of scholars on the Editorial Board. Authors and Editorial Board members set aside time from their other projects to participate in this volume. Many took the risk of exploring previously uncharted areas. All have risen to the numerous challenges of interdisciplinary collaboration, working, often by e-mail, with partners from other parts of the globe. They have done so with grace and humor. Finally, this book could never have been prepared and edited without the patience, understanding, tolerance, and support of our wives, Arlene Baker and Linda Quintanilla, who sacrificed innumerable weekends and evenings so that the two of us could collaborate on the editing of this volume. We dedicate the volume to them.

Sadly, three of the contributors to this volume, Dorothy Nelkin (1933–2003), Chester Burns (1937–2006), and Mikhail Yarovsky (1933–2007) died while *The Cambridge World History of Medical Ethics* was being completed. Dot Nelkin's collaborator, David Rosner, graciously and expertly completed the final editing of their chapter. Chester Burns and Mikhail Yarovsky died as the book entered production. Chester's scholarship pioneered the field of the history of medical ethics and has had a lasting influence of both of us, making this volume possible. We mourn their deaths. The scholarly world will be less interesting and less lively in their absence.

As we noted earlier, Terry Moore conceived the idea for this volume; unfortunately, he died before this book was published. We would like to acknowledge our debt to him for his encouragement, for his editorial acumen, and for his support during the 8 years in which he guided us. We are honored to add to the many volumes prepared under Terry's editorial direction that have contributed so significantly to the world of scholarship. He was an inspiring editor with a wonderful and wonderfully dry sense of humor. His abiding and deep commitment to scholarship, his wit, and his insight will be sorely missed. We are extremely grateful to Beatrice Rehl of Cambridge University Press for ably assuming the editorship role for the volume and shepherding it through its last stages, and to Peggy Rote and her colleagues at Aptara for seeing it into print.

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Deciding Together: Bioethics and Moral Consensus (1995), *Undue Risk: Secret State Experiments on Humans* (2001), *In the Wake of Terror: Medicine and Morality in a Time of Crisis* (2003), *Ethical and Regulatory Aspects of Clinical Research* (2003), *Is There an Ethicist in the House? On the Cutting Edge of Bioethics* (2005), and *Mind Wars: Brain Research and National Defense* (2006).

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