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Volume 2 Number 4  The American Journal of Bioethics

Becoming Bioethicists?
The Future of the Field

The Absent Professor:
Why We Don’t Teach Research Ethics and What to Do About It
by Arri Eisen and Roberta M. Berry

Review of Changeux and Ricoeur, What Makes Us Think
by Robert H. Blank

In Focus:
Has Patient Autonomy Gone Too Far?
Geneticists’ Views in 36 Nations
by D. Wertz, J. Fletcher, et al.
in the Jons Centre for Bioethics, where her principal responsibilities are as an ethics consultant and as an educator of health care professionals and bioethics graduate students. She is President of the Canadian Bioethics Society until October 2002. Dr. Harrison is a member of several research teams investigating and end of life decision making for children.

Melody Langley, M.A., is currently working toward a Ph.D. in healthcare ethics at Duquesne University. The title of her dissertation is The Right to Use a Contraceptive: Concerns with Premature and Surrrogate Consent. Her master's in philosophy and bachelor of arts are from the University of Saskatchewan, Canada.

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Mark G. Kuczewski, Ph.D., is the Director of the Nielsward Institute for Bioethics and Health Policy at the Stritch School of Medicine, Loyola University Chicago. He is the author of two books and coeditor of the recent volume Bioethics: Animi Thomis in Contemporary Law (MIT Press, 2000). Dr. Kuczewski is also the cofounder of the Disability and Rehabilitation Ethics Affinity Group of the American Society for Bioethics and Humanities.

David Magnus, Ph.D., is Graduate Student Director and professor of Bioethics at the Center for Bioethics at the University of Pennsylvania. He is the Associate Editor of The American Journal of Bioethics, Editorial Advisor for the Encyclopedia of Life Sciences, and directs the project on the Ethics of Generically Modified Foods at Penn's Center for Bioethics. His latest work includes Who Owns Life? ( Prometheus, 2003), which he coedited.

Karen J. Maschke, Ph.D., is an independent scholar who holds a Ph.D. in political science and a master's in bioethics. She is writing a book on human-subjects research and is coauthor of a forthcoming article in the Social Studies for the 2000 Bioethics Fellowship at the Cleveland Clinic Foundation.

Cynthia S. McCarthy, M.A., is currently preparing for her comprehensive exams for a Ph.D. in healthcare ethics at Duquesne University. She works as a healthcare ethics consultant in the Pittsburgh area and is an adjunct faculty member at the Consortium Ethics Program at the University of Pittsburgh.

Patrick J. McCready serves as Vice President for Mission and Ethics at St. Joseph's Mercy Health Center in Hot Springs, Arkansas, where he chairs the hospital's Institutional Ethics Committee and Institutional Review Board. He is currently a student in the online M.A. program in bioethics at the Nielsward Institute for Bioethics and Health Policy, Loyola University of Chicago.

Amy McGuire, J.D., is a doctoral candidate at the University of Texas Medical Branch (Gallveston). She is coauthor of Adjudication in the Texas Medical Jurisprudence Examination: A Self-Study Guide (Institute for the Medical Humanities, 2002).

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Thaddeus Mason Pope, J.D., is an attorney with the Los Angeles office of Arnold and Porter. In 1997 he earned both a J.D. and an M.A. in philosophy from Georgetown University. In June 2002 he successfully defended his Ph.D. dissertation in philosophy at the University of Pittsburgh. He has recently authored articles in the University of Pittsburgh Law Review and Health Matrix.

Kathleen P. Reeder, Ph.D., is Director of Bioethics Education at Mount Sinai School of Medicine and a member of the Doctoral Faculty of the Ph.D. Program in Philosophy at the Graduate School, City University of New York. She is Editor of the APA Newsletter on Philosophy and Medicine and coeditor of Medical Assisted Suicide: Expanding the Debate (Routledge, 1998).

Kenneth A. Richman, Ph.D., is a member of the Philosophy Faculty at Bryn Mawr College. He has published on early modern philosophy, philosophy of education, and philosophy of medicine. He is contributing coeditor of The New Health Debate (Routledge, 2000) and is currently completing a book manuscript on concepts of health and bioethics.

L. S. Rotherenberg, J.D., is Associate Professor of Clinical Medicine in the Division of Medical Genetics of the Department of Medicine at the University of California at Los Angeles (UCLA). He is Chair...
ing. I serve on the institutional review board as one of several physicians, but also as the only ethicist. The entire community is benefiting from my education.

While the program at Midwestern was originally conceived as a program for experienced professionals, it was recently opened to osteopathic, physician’s assistant, and physical therapy students interested in dual degrees. The interest has been impressive and suggests that healthcare professionals at all stages of their careers welcome the opportunity to learn about bioethics. Also, ethics classes are being integrated into the basic curriculum of all of the professional programs at Midwestern. The next generation of professionals will feel better prepared to deal with the ethical issues ahead of them, and there will be academically trained bioethicists to help guide us all through the challenges of the twenty-first century.

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**My Bioethics Education at Georgetown**

Thaddeus Mason Pope, Georgetown University

**Introduction**

In 1992 I enrolled in Georgetown University’s J.D.-Ph.D. joint-degree program. In 1997 I earned both a juris doctor and a master’s in philosophy (bioethics concentration). In the summer of 2002 I successfully defended my Ph.D. in philosophy (bioethics concentration).\(^1\) After clerking for the U.S. Court of Appeals for the Seventh Circuit, I joined the Los Angeles office of the law firm Arnold and Porter.\(^2\) Today, I litigate mass tort and securities actions, present papers at academic bioethics conferences, and participate on the Bioethics Committee of the Los Angeles County Bar Association.

**Georgetown's Graduate Bioethics Programs Exceeded My Expectations**

Georgetown’s bioethics programs not only met but exceeded my expectations. This is a result of at least three factors. First, Georgetown expanded and strengthened its programs during the time in which I was enrolled. Second, Georgetown’s law and philosophy programs worked synergetically. Third, Georgetown’s Washington, D.C., location offered many opportunities for off-campus research and learning.

When I began my studies at Georgetown, there were several established bioethics programs. The Department of Philosophy offered both an M.A. and a Ph.D. in philosophy with a concentration in bioethics. Many of the relevant courses were taught by scholars at the Kennedy Institute of Ethics and at the Center for Clinical Bioethics. These two centers also offered a wide variety of additional opportunities to graduate students, including lecture series, clinical practice, and ethics rounds.

During my time at Georgetown the number and variety of bioethics programs grew with alacrity. The law school, for example, expanded the number of full-time and adjunct faculty teaching and writing in bioethics and began offering an L.L.M. in health law. The law school also established the Greenwall Fellowship program and other joint-degree programs, such as the J.D.-M.P.H., with Johns Hopkins University. The increased number of bioethics activities in all of Georgetown’s schools ensured part-time jobs and other preprofessional opportunities for the graduate students. Many, for example, helped edit publications such as the second edition of the *Encyclopedia of Bioethics*, worked as research assistants for bioethics scholars, or taught introductory classes in the philosophy department or in the medical school.

While I cannot, in this space, describe all of Georgetown’s bioethics programs, I can at least describe the one in which I participated. In 1992 I had just completed the undergraduate honors program in philosophy at the University of Pittsburgh. I was torn between pursuing graduate studies in philosophy and going to law school. I ultimately decided to do both. I chose Georgetown because I expected that bioethics, which was a great strength of Georgetown’s philosophy department, would fit with my legal studies better than more traditional areas of philosophical inquiry.

I was right. While no bioethicist has, or may ever have, formal education in all the disciplines upon which bioethics draws, it is increasingly common to have formal education in at least two of them. Multidisciplinary train-

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1. The title of my dissertation is *A Definition and Defense of Hard Paternalism*. In it I clarify the ethical issues surrounding the restriction of substantially voluntary self-regarding conduct, and defend conditions under which such restriction is justifiable.
2. The firm’s website is http://www.arlonporter.com.
3. Georgetown permitted cross-enrollment, such that even graduate students who were not pursuing a law degree could enroll in the Law Center’s bioethics courses. This is where I met my wife.
ing both permits the bioethicist to view other perspectives more clearly and conditions him or her to be more circum-
спект in his or her analysis. My legal training enables me to understand how policies relating to bioethics are and might be implemented. My philosophy training gives me the analytic skills and theoretical grounding to draw upon a sophisticated scholarship to clarify and help solve conceptual and normative problems in bioethics (Pope 1999; 2000).

Finally, in describing and assessing my bioethics edu-
cation at Georgetown, I must discuss the off-campus re-
search and learning opportunities surrounding George-
town University in and around the nation's capital.

Washington, D.C., is an ideal place to conduct bioethics research. Georgetown has excellent medical, law, and humanities libraries, and it has the National Reference Center for Bioethics Literature. Moreover, Georgetown students have ready access to the National Library of Medicine, the Library of Congress, and numerous other universities' libraries.

Washington, D.C., is also an ideal place to engage in bioethical dialogue. First, federal government agencies such as presidential bioethics commissions, regularly hold open meetings around Washington. Second, public seminars and practica are regularly held at the National Institutes of Health and at the city's more than ten professional health schools. Third, policy makers from Congress, the U.S. Food and Drug Administration, and other government and nongovernmental organizations are close at hand and are regular guests in Georgetown's classrooms.

The Diversity of Disciplines in Which Graduate Bioethics Programs Are Based Is a Mixed Blessing

Bioethics is an interdisciplinary field both substantively and methodologically. It is surely richer for drawing upon so many perspectives. Nevertheless, this inclusion necessi-
tates some precautions. While many of the methods and much of the vocabulary are familiar across the field of bioethics, there is often as much of a language barrier be-
tween two bioethicists working in two different depart-
ments of the same university as there is between bioethicists in different countries.

In order to help minimize disruptions caused by dom-
estic language barriers, I offer two suggestions. First, conference planners must carefully consider the appropriate audience for their conferences. While some are clearly directed to healthcare professionals or to philosophers, other conferences have no clear target audience. The result is disappointed attendees and less than optimal dissemination of knowledge. Second, those who index bioethics publications should indicate the disciplinary approach of articles. Increasingly, bioethics articles are published in journals (such as this one) devoted exclusively to bioethics rather than in journals of philosophy or in law reviews. The time and expense of obtaining full-text reprints or downloads highlights the importance of supplementing the records for bioethics articles in bibliographic databases.

Conclusion

I went to Georgetown to become a bioethicist. Once there, I discovered that the role of the bioethicist is no more unitary than that of the lawyer or the doctor. I soon decided what sort of bioethicist I wanted to become, and George-
town prepared me well for that role.

References
