A Quarterly Publication from the Center for Bioethics

Bioethics
Examiner

Bioethics and Moral Psychology:
Have advances in moral philosophy influenced moral psychology?
By Muriel Bebeau, PhD

Many who work in bioethics these days are well aware of the controversy surrounding “foundational principlism” as a way of “doing ethics.” Most bioethicists also have at least a passing acquaintance with criticisms leveled at Kohlberg’s theory of moral development. But just as ethicists have been revamping ideas about the role of moral theory in actual decision making (Beauchamp and Childress, 1994), so psychologists have been rethinking the role of moral theory in constructing a theory of moral development (Rest, Narvaez, Bebeau, Thoma, in press). If you jump ahead to my “Faculty Profile,” you will notice that I am a psychologist with one foot in the world of bioethics and the other in the world of moral psychology. From this vantage point, I have been able to bring ideas from moral psychology to bear on researching the effectiveness of ethics teaching. Equally important, I’ve been able to draw attention to advances in ethical theory that challenge the philosophical grounding for a theory of moral development, thus becoming a participant in advancing a neo-Kohlbergian approach to moral judgment development. In the paragraphs that follow, I hope to interest you in reading our book Postconventional Moral Thinking: A Neo-Kohlbergian Approach.

We begin our book by considering the societal context in which Kohlberg’s work became popular. Recall that in the 1960s, when Kohlberg’s ideas became popular, many young people were challenging the moral basis of American society. The Civil Rights movement, the anti-war protests, the Black Power movement, and the women’s movement all made it relevant and important to understand what the ideal of social justice entailed, and thus made the focus of Kohlberg’s work relevant.

For instance, in the 1960s a highly controversial figure, Martin Luther King Jr., was deliberately disobeying the law by marching in illegal places, sitting in illegal places,

Would You Give a Stranger Your Kidney?
The ethics of “unknown” kidney donors
By Jeffrey Kahn, PhD, MPH

How far should we go in creating new avenues for organ procurement? Federal law prohibits the buying and selling of human organs, and for good reason. Instead we allocate organs based on waiting time and severity of illness, and are trying to address geographical disparities by creating a single national allocation system. Further, through federally required reporting of all deaths to procurement organizations and requests for donation by experts, the hope is that donations will increase by 20 percent in two years. But even a 20 percent increase will only begin to dent the unmet need for organs. In addition to these changes we need to create new pools of donors. Currently, kidneys are the only organs that are regularly removed for transplant from live donors, though segments of the liver, the lung and the pancreas are also starting to be harvested from live donors in some centers. Refined surgical techniques and post-donation medical care have reduced the risk of kidney donation and there is little increased risk associated with living with only one kidney. But a barrier exists to expanding the pool of live kidney (and other organ) donors, since to be eligible to donate a kidney to someone

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Jeffrey Kahn

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and eating in illegal places. George Wallace, then governor of Alabama, gained national attention by calling King a lawbreaker, just like other lawbreakers. Wallace argued that if the U.S. was a country of law and order, then King should be treated like others who break the law, like bank robbers or purse snatchers. Entering the debate of King and Wallace, Kohlberg proposed that development in moral judgment was sequenced into three main levels: “Preconventional,” “Conventional,” and “Postconventional.” Kohlberg said that King was to be distinguished from common criminals because King represented postconventional morality, whereas George Wallace’s thinking was conventional or “law and order.” To many people, both in academic psychology and in the society at large, this way of looking at the issues of social justice made sense.

Recall that Kohlberg further divided his three levels into six stages, defining the developmental endpoint of morality in terms of the individual’s mental operations (and therefore on Kohlberg’s definition of Stage 6). Up through the 1960s, moral theories were commonly formulated by defining a “foundational principle” that would be used to deduce moral judgments applied to concrete cases. Since Kohlberg’s attention was focused on social justice issues (rather than particular face-to-face relations that people have in everyday life), he embraced the ideas of the leading theorist of his day, John Rawls. But by embracing a particular theorist, grounding his developmental theory on the principle of justice, assuming that judgments could be deduced from an overarching principle, and assuming that the most advanced form of moral thinking was the individual’s cognition, his theory of development was vulnerable to criticism.

And, criticisms have come from many quarters. Some think that Kohlberg’s approach to morality was so fundamentally wrong-headed and flawed that researchers in morality are better off starting anew. We disagree. Our neo-Kohlbergian approach contends that Kohlberg’s theory is still fruitful—although some problems warrant modification.

Using DIT research, we also find substantial support for Kohlberg’s key idea: that people develop in their moral understandings (i.e., their cognition changes over time so that it is possible to talk of “advance”). Further, the course of moral judgment development is generally describable as evolving from simpler ideas to more complex ideas. The concluding chapters attempt to show the relevance of morality research to current social issues (e.g., the polarization between Fundamentalism and Secular Modernism), to cite and summarize related empirical findings, and to integrate our perspective with existing psychological and philosophical views.

Writing this book has been a community project, involving colleagues from many disciplines, including our colleagues at the Center for Bioethics. We have benefited greatly from this exchange and are ready to present our ideas for bridging the gap between ethical theory and moral psychology to a larger community of scholars. We welcome your comments.

A pre-publication version of the book is currently available. Contact the Center for details.

**REFERENCES**

Faculty Profile
Muriel Bebeau, PhD, FACP

Muriel Bebeau is a Professor in the Department of Preventive Sciences, School of Dentistry; Director of Education for the Center for the Study of Ethical Development; and a Faculty Associate in the Center for Bioethics. She received her undergraduate degree from Concordia College, River Forest, IL, and spent her early career as a musician and music educator. Her graduate degrees are from Arizona State University, where she held a faculty appointment before coming to the University of Minnesota in 1979.

An educational psychologist, Dr. Bebeau pioneered the teaching of ethics in dentistry. To design the curriculum, she enlisted an interdisciplinary team of practitioners, philosophers, and psychologists. To evaluate outcomes, she and Jim Rest designed and validated measures that assess functional processes that give rise to morality. To maintain the program, she recruits dental faculty to lead seminars and practitioners to serve as expert assessors. For a description of the program see “Influencing the Moral Dimensions of Dental Practice.”

Recently, Dr. Bebeau and colleagues at Indiana University’s Poynter Center applied ideas worked out in dentistry to research ethics. In related work, she surveyed research leaders to learn the prevalence of questionable research practices. Then, as Chair of the American Association for Dental Research Ethics Committee, she organized a symposium to explore the role of scientific societies in deterring misconduct, developed a consensus statement on future directions of the AADR to promote research integrity, and published proceedings.

She writes on ethical issues facing the dental profession, leads workshops for ethics educators, seminars for peer review boards, and individualized courses for dental professionals cited for ethics infractions. In recognition of contributions to dental ethics, the American College of Dentists awarded her an honorary fellowship. The Association for Moral Education recognized her contributions to moral psychology with its lifetime achievement award.

Current projects include: applying methods for assessing role concepts of dentists to other professions, designing measures of intermediary ethical concepts for ethics education, and working out a neo-Kohlbergian theory of development (described in the feature article in this issue).

Selected Publications:

Books

Book Chapters


Articles
Bebeau M, Rest J, Narvaez D. Moving Beyond the Promise: A Perspective for Research in Moral Education. Educational Researcher, in press.
If you or one of your students is interested in graduate study in bioethics, why not come to Minnesota? The Center for Bioethics offers a range of options for graduate study, including a graduate minor in bioethics, which consists of core courses and electives in bioethics and related disciplines. The graduate minor in bioethics is open to masters and doctoral students in any department in the graduate school, although in practice, students in the bioethics minor have generally come from philosophy, health services research, nursing, genetic counseling, and psychology. For graduate students who want more than a bioethics minor and are interested in a career in bioethics, Center faculty are available to serve as dissertation advisors. Students in the Law School may pursue the JD alongside a graduate degree in a department of the graduate school or the business school.

The University of Minnesota is also home to an MD/PhD program which is open to students who want to specialize in bioethics. Students can pursue a PhD in a discipline relevant to bioethics (which can include the bioethics graduate minor) while also pursuing a medical degree. The MD/PhD program is one of 33 national programs funded by a Medical Scientist Training Program grant from the National Institutes of Health.

Finally, the Center for Bioethics offers an annual $27,000 postdoctoral fellowship for scholars who have completed the PhD or another relevant terminal degree in any discipline related to bioethics. All students and scholars at the University of Minnesota have access to a variety of specialized and interdisciplinary programs, such as the Minnesota Center for the Philosophy of Science, the Center for Advanced Feminist Studies, the Humphrey Institute for Public Affairs, and the Program for the History of Science and Technology. A list of bioethics courses offered at the University of Minnesota during the 1998-99 academic year is available on the Center’s web site: http://www.med.umn.edu/bioethics/ (click on the Education link).

Recent Faculty Publications

Books

*Philosophical Disease: Bioethics, Culture and Identity* by Carl Elliott, MD, PhD

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— Stephen Toulmin, Henry R. Luce Professor, University of Southern California

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**Recent Faculty Publications**


**Book Chapters**


**Articles**


in need, a donor must somehow be related to the recipient, whether by blood, marriage, friendship or as members of a shared community. Unlike blood, bone marrow, sperm and even human eggs, in which we allow and encourage anonymous donation, we have not allowed anonymous or “unknown” donors to offer a kidney to any needy patient for whom their organ would be a match.

This barrier has been staked to three issues: the physical risk and lack of offsetting benefits to the donor, concerns that the donation is not sufficiently voluntary, and the potential for exploitation of the organ-allocation system through payment to the donor. Each of these concerns can either be sufficiently addressed or ought to be no greater a problem than in live donation by related individuals.

“Unknown” donation creates ethical concern in part because the risks of donation fall entirely to the donor and the medical benefits accrue entirely to the recipient. The argument is that splitting apart risk and benefit in this way should limit the amount of risk donors ought to be allowed to undertake. Related donors, on the other hand, should be allowed to undertake greater risk because they will realize the medical benefit to the recipient in some secondary way through their relationship. But this approach undervalues the benefits to individuals of altruistic acts, which may in fact be greater than in cases where donors might feel expected to donate to a relative.

Just as in related donation, we must be sure that “unknown” donors are making a voluntary decision to donate. In practice, related donors who are an appropriate match often feel pressured to donate, and sometimes even request a “medical” excuse from the transplant team so that they do not have to refuse to help a friend or loved one. Such pressure would not exist in truly unknown donation and so long as the usual psychological assessment is carried out there should be no greater concern over the voluntariness of unknown donors than of any others. The informed consent of all donors is crucial to assure that they understand what organ donation entails, but again is no different than with other living donors.

It is crucial that there be no offers or expectations of payments, gifts or favors between donors and recipients. Payments could lead to an unacceptable market in organs and the exploitation of the allocation system and of potential donors. The test must be whether donors are being encouraged to overlook the risks of donation in return for whatever returns they see in it. We must also be careful about future contact between donor and recipient and the expectations of indebtedness donation might create.

The concerns about “unknown” donation can be addressed, but the question remains as to whether we are ready to accept such offers. With appropriate screening of donors, and vigilance to assure that improper relationships neither exist nor develop, “unknown” donation offers an important new avenue for obtaining lifesaving organs.

A version of this article appeared in "Ethics Matters," Dr. Kahn’s bi-weekly column on CNN Interactive.
Calendar of Events

Oct 6
“An Introduction to Law, Medicine, and Bioethics at the University of Minnesota.” (See the sidebar for more information).

Oct 8-10
The American Society of Law, Medicine, and Ethics (ASLME) sponsors its 1998 Annual Meeting “Law, Medicine, and Ethics in the Real World of Managed Care” in Cambridge, MA. For information, contact ASLME at 617-262-4990.

Oct 10
Jeffrey Kahn, PhD, MPH, will speak on “End of Life Issues: An Ethics Overview” at the University of South Dakota Medical School Board of Visitors Lecture. For information, call 605-357-1300.

Oct 15
Steven Miles, MD, will speak on “Ethical Issues in End of Life Care” at the University of Minnesota Clinical Medicine I Lecture. For information, call 612-626-3817.

Oct 15
Jeffrey Kahn, PhD, MPH, will participate on a panel sponsored by the Minnesota AIDS Project discussing HIV Vaccines at the Hyatt Regency in Minneapolis, MN. For information, call 612-373-2437.

Oct 16
Carl Elliott, MD, PhD, will lead a workshop “The Unbearable Likeness of Being: Individualism and Enhancement Technologies” at the 1998 Canadian Bioethics Society Annual Meeting in Toronto, Canada. For information, call 416-813-5000.

Oct 19
Susan M. Wolf, JD, will speak on “Managed Care” for the Women’s Club of Minneapolis, MN. For information, call 612-870-8001.

Oct 22
Steven Miles, MD, presents “Has MinnesotaCare Fixed Equity and Access for the Uninsured?” at the Institute for Research and Education’s 5th Annual Managed Care to Managed Health Conference at the Northland in Brooklyn Park, MN. For information, call 612-993-3531.

Oct 29
Steven Miles, MD, will speak on “The Ethics of Managed Care” at the Minnesota Interprofessional Association Luncheon at the Town and Country Club in St. Paul, MN. For information, call 612-653-3933.

Oct 30
Dianne Bartels, RN, MA, will speak on “The Human Genome Project” at a conference sponsored by the Minnesota and St. Paul Senior Workers Associations and the Minnesota Association of Senior Center Program Coordinators at the Earle Brown Heritage Center in Brooklyn Park, MN. For information, call 612-922-5183.

Nov 3
Steven Miles, MD, will speak on “The Ethics of Research with Residents” at the American Association of Homes and Services for the Aging 37th Annual Meeting and Exposition in Los Angeles, CA. For information, call 888-508-9441.

Nov 5
Jeffrey Kahn, PhD, MPH, and Dianne Bartels, RN, MA, will speak on “Promoting Patient Confidentiality: Is Confidentiality Realistic?” at the 3rd District Nurses Professional Practice Committee Meeting in St. Louis Park, MN. For information, call 612-920-9860.

Nov 6
Steven Miles, MD, will speak on “General and Current Issues in Bioethics” at the Lake Region Healthcare Corporation Ethics Committee Meeting in Fergus Falls, MN. For information, call 218-739-2221 x6723.

Nov 12
Jeffrey Kahn, PhD, MPH, will speak on “Ethical Issues in Research” at the University of Minnesota Clinical Medicine I Lecture. For information, call 612-626-3817.

Nov 12
Jeffrey Kahn, PhD, MPH, and Susan Wolf, JD, will speak on “Seeing Double: Scientific, Ethical, and Legal Issues of Human Cloning” at the Sheldon C. Reed Distinguished Lecture Series. The talks, presented by the Minnesota Association for Human Genetics, will be held at the Science Museum of Minnesota in St. Paul, MN. For information, call 612-221-4513.

Nov 13
Susan Wolf, JD, will speak on “Framing Compliance in Moral Terms: New Roles for Institutional Ethics Committees in Organizational Ethics” at a conference sponsored by the Center for Ethics and Health Care in Atlanta, GA. For information, call 404-851-5723.

Nov 15
Jeffrey Kahn, PhD, MPH, will speak on “Decision Making Capacity and the Equipoise of Research Subjects” at the Friends Research Institute conference in Baltimore, MD. For information, call 800-413-3837.

Nov 16
Jeffrey Kahn, PhD, MPH, will speak on “Current Issues in Human Subjects Research” at the 126th Annual Meeting of the American Public Health Association in Washington, DC. For information, call 202-789-5600.

Nov 20
Susan M. Wolf, JD, will participate in a panel discussion on “Organizational Ethics;” Steven Miles, MD, will present an abstract “Bioethics and International Economic Sanctions;” and Carl Elliott, MD, PhD, will speak on “The Last Physician: Walker Percy, Literature, and Medicine;” at the Annual Meeting of the American Society for Bioethics and Humanities in Houston, TX. For information, call 847-375-4745.

Dec 3
Jeffrey Kahn, PhD, MPH, will speak on “Ethical Issues in the New Reproductive Technologies” at the Study Group of the Minneapolis/St. Paul Chapter of Brandeis University Women in St. Paul, MN. For information, call 651-545-6313.

Dec 3
Jeffrey Kahn, PhD, MPH, and Tim Schacker, MD, will speak on “Ethical Issues in Patient Confidentiality” at the University of Minnesota Department of Medicine Grand Rounds. For information, call 612-625-5454.
Letter to the Editor

The summer issue of the Bioethics Examiner included a letter to the editor from Dr. Knatterud who addressed problems with the “physician-patient relationship.” Such problems apparently were part of the content of her recent doctoral dissertation in 1997. It would be very hard to argue with her theme that patients deserve respect, empathy, compassion, and courtesy—all of that should be a given.

Relationships are always a two way street. Physicians also deserve respect and courtesy. A doctor/patient relationship, like most human relationships, requires both sides to invest time and effort to make the relationship work. When it works well it is a precious thing that enriches both the doctor and the patient the longer they continue with one another. In many ways, they take care of one another with mutual respect and understanding. If we reflect upon and begin to understand the essential physician/patient commonality of a shared humanity, we have a better chance of making that precious relationship work to a mutual advantage.

Dr. Knatterud’s last sentence, in my opinion, somewhat begs the dignity of the relationship by implying that encounters occur because the physician is paid for the encounter. Certainly one expects to be paid for one’s professional service but, equally certainly, almost all physicians see patients under circumstances when it is well known that no payment or only token payment will ever be made. Similarly almost all physicians provide services (some of which may take only a few minutes) for which no payment is expected but which are necessary to accommodate the patient. These may be as trivial as a note about medical circumstances which preclude a person from serving on jury duty or as somber as explaining what the findings on an autopsy meant to a bereaved spouse. There is not, and probably should not be, payment for such services in financial terms. The reward is in deepening and strengthening the relationship.

Let me broaden the discussion articulately begun by Dr. Knatterud by emphasizing the need for physicians and patients both to work at the doctor/patient relationship and by asking both to reflect upon the external circumstances, including government regulations and managed care, which impinge, sometimes negatively, upon that relationship.

David M. Roce, MD, FACP
Associate Professor of Medicine
Northwestern University Medical School

Audio Tapes
A series of 27 audio tapes are available from the October/November 1996 conferences, “ICU Care at the End of Life: Ethics and Practice,” and “End of Life Health Care in Managed Care Systems.” Tapes are $10 each or $100 for the complete set.

Reading Packets
Center reading packets contain an overview of legal and ethical issues, key articles, and a bibliography. Reading packets are available for $5 each:

- No. 1: Organ Transplantation (August 1997)
- No. 2: Withholding or Withdrawing Artificial Nutrition and Hydration (July 1997)
- No. 3: Termination of Treatment of Adults (September 1997)
- No. 4: Baby Makers: The New Ethics of Reproduction (October 1995)
- No. 5: Distributing Limited Health Care Resources (April 1997)
- No. 6: Resuscitation Decisions (June 1997)
- No. 7: The Determination of Death (May 1997)

Managed Care and End-of-Life Care Packets
A Center program addressing ethical issues in managed care has led to the publication of annotated bibliographies on end-of-life care that are available for $5 each.

- References on Ethical Issues in Managed Care—articles addressing ethical issues in managed care.
- Advance Directives—focuses on empirical research related to the dissemination, clinical use, and effects of advance directives.
- Palliative Care—articles describing clinical, legal, and ethical issues in pain control for terminally ill persons and articles describing and comparing hospice care to conventional care for terminally ill persons.

Reports

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The Winter 1999 Bioethics Examiner submission deadline is December 4. Please send inquiries, comments, and announcements to the Center by this date.

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