Compared to twenty years ago, the research environment is greatly changed in its sophistication and complexity. The research enterprise promises the pursuit of medical knowledge and advancement, and is an effort that relies upon the willingness of research subjects to participate in an endeavor that may yield no direct medical benefit to them. This enterprise is undergoing dramatic changes in the way it is funded, and in terms of who participates in it.

The history of serious misuse of subjects in a few infamous cases was partly responsible for the development of a system for protecting the rights and interests of research subjects. The need for protection was underscored by research through which medical knowledge, and thus societal interests, were advanced — and which often carried substantial risk to subjects, with little hope of direct medical benefit.

Over time, the likelihood has increased for real medical benefit for subjects of medical research, and with it a change in the kinds of protections that are needed. The case of AIDS research, in particular, has taught us that while it is important to protect research subjects from potential misuse, it is just as important to assure fair access to clinical trials and the hope and potential benefit they offer.
illness. Moreover, many people, including laypersons as well as bioethicists, fail to see an important ethical difference between killing and letting die in these contexts—especially in the face of a public policy which permits “double effect deaths” from lethal doses just so long as the death was merely forseen but not intended.

But even as principled objections to physician-assisted suicide have tended to give way in the public dialogue to utilitarian considerations about possible dangers, I wonder if they aren’t still fueling the debate in various ways. Consider the following. The Oregonian reported that supporters of the repeal effort in Oregon spent a whopping four million dollars on the campaign, thereby outspending their opposition four to one, and making it the third most expensive campaign in Oregon’s history. And while most of this money was spent on television spots warning of possible abuses and other tragic outcomes, The Oregonian reported that most of that money, especially in the final days of the campaign, came from groups whose underlying objections to physician-assisted suicide are widely known to be principled, not consequentialist: Right-to-Life groups and the Catholic Church.

Of course, politics is politics, and perhaps it’s naive to expect big-spending participants to be up-front about their real concerns. But I suspect something analogous may often be at work even when slippery-slope arguments are offered in earnest, as well as when they are dismissed by defenders of the proposals they criticize. As I debated physician-assisted suicide recently with a Catholic priest, I was struck by the fact that he appeared genuinely convinced that slippery slope and abuse concerns were legitimate, while I, who holds strong principled convictions about self-determination even in connection with suicide, was ready to brush them aside as fanciful. It occurred to me that while our disagreement was ostensibly about a hypothetical empirical claim about dangers if physician-assisted suicide were legalized, and while in an epistemologically ideal world each of us would have given the claim the due that the known facts warranted, I fear neither of us was doing quite that.

Rather than assessing arguments in light of the hard evidence, I suspect each of us was doing so instead in light of our different ideologies and commitments to principle.

Of course there is no reason this must be so, and the dangers posed by some public policy proposals are no doubt easier to assess objectively than others. But if (as I suspect) people on opposite sides of public policy questions often view the potential for harm differently, slippery slopes may often not be what they seem, but rather may be just surface manifestations of deeper, principled ethical disagreements. The apparent empirical disputes about whether more, or less, explicit sex education in the schools will reduce unwanted pregnancies, or whether the distribution of clean needles would reduce or increase HIV transmission, may really be red herrings; misleading glosses for other, deeper disagreements they tend to hide.

If I am right, what follows? First, we should realize that predicting the future implications of policy changes within complicated systems is very tricky indeed; that, surely, is the first lesson of chaos theory. Reasonable predictions may be possible, but they will rarely be simple or easy. Second, I believe those offering such arguments sometimes assume any risk of even an occasional bad outcome is unacceptable. But this is an unrealistic standard; we do, after all, with a few restrictions allow any two adults to marry if they want to, and grant presumptive childrearing responsibility to any couple who produce a child, without for a moment denying these policies sometimes result in tragic outcomes. The relevant question is not whether the policy is risk-free, but whether it is the best we can come up with, all things considered. Third, when confronted with a slippery slope argument that strikes us as frivolous (or offering one that strikes our listeners that way) we might do well to ask whether there is a deeper disagreement driving our surface disagreement. Perhaps the best we can hope for is that persons of good intentions on both sides of such disputes will realize that their assessment of risks may be colored by their ideologies.

Many people are more terrified than reassured at the prospect of a physician who construes the central mission of medicine as the prolongation of life whenever possible.
Faculty Profile
David J. Mayo, PhD

David Mayo is a professor in the Department of Philosophy at the University of Minnesota, Duluth. He received his undergraduate degree in philosophy from Reed College, and his PhD in philosophy from the University of Pittsburgh. He began teaching at the University of Minnesota in 1966, and became interested in bioethics in 1974, when he participated in a six week summer seminar in bioethics sponsored by the Council for Philosophical Studies. In 1985 he was a Visiting Exxon Fellow in Clinical Medical Ethics at the Center for Medical Ethics and Health Policy at the Baylor College of Medicine in Houston. During leaves from his position at the University of Minnesota, Duluth, Professor Mayo has taught at Macalester College in St. Paul, and at the University of Minnesota, Twin Cities, and held Visiting Scholar appointments at both Macalester College and the School of Nursing at Case Western Reserve University. He has served on the boards of directors of the American Association of Suicidology, the Midwest Chapter of the Hemlock Society, and the Death with Dignity National Center. His work in bioethics has focused largely on issues related to death and dying, privacy, and AIDS.

Selected Publications:

BOOKS

BOOK CHAPTERS

ARTICLES
Mayo D. Confidentiality in Crisis Counseling: A Philosophical Perspective. Suicide and Life-Threatening Behavior 1983;14:96-112.
The CHIP Student Committee on Bioethics presents lectures on Thursdays during Winter Quarter from 12:15-1:15 pm in room 2-470 Phillips-Wangensteen Building, University of Minnesota.

JAN 8: “Is There a Duty to Die?” by John Hardwig, PhD, Professor of Philosophy, East Tennessee State University.

JAN 15: “Braindeath: Are All the Donors Dead?” by John Dolan, PhD, Professor of Philosophy, Co-Chair, Program in Human Rights and Medicine, University of Minnesota.

JAN 22: “Cloning: How Brave a New World?” by Jeffrey Kahn, PhD, MPH, Director, Center For Bioethics, University of Minnesota.

JAN 29: “Individual Risk and Public Benefit: The Ethics of Human Subject Research” by Jeffrey Kahn, PhD, MPH, Director, Center for Bioethics, University of Minnesota.

FEB 5: “Spirituality and Clinical Care” by Greg Plotnikoff, MD, Medical Director, Center for Spiritual Care and Healing, University of Minnesota.

FEB 12: “Doctors and Drug Companies” by Frank Lederle, MD, Division of Internal Medicine, VA Medical Center, Minneapolis.

FEB 19: “Biological Terrorism: The Ultimate Bioethical Nightmare” by Michael Osterholm, PhD, State Epidemiologist, Chief of Acute Disease Section, Minnesota Department of Health.

FEB 26: “Ethics of Enhancement Technologies” by Carl Elliott, MD, PhD, Associate Professor, Co-Director of Graduate Studies, Center for Bioethics, University of Minnesota.

MAR 5: “Palliative Care for the Dying” by Phebe Saunders Haugen, JD, Professor of Law and Biomedical Ethics, William Mitchell College of Law.

MAR 12: “Ethical Considerations in Delivering Bad News” by Steven Calvin, MD, Co-Chair, Program in Human Rights and Medicine, University of Minnesota.

Continued from Page 1

The system of protections has begun to change accordingly, with changes in policy guidelines and requirements that respond to the work of advocacy groups, expert panels, and professional organizations. Take for example three recently proposed changes in policy, all of which attempt to increase access to the benefits of research while providing for adequate protections: (1) the possibility of an FDA “hold” on research if women (or men) with reproductive potential are excluded because of risk of reproductive or developmental toxicity; (2) a proposed FDA requirement that more drug testing be carried out on children so that more information on pediatric dosage and effects can be obtained; and (3) the now final policy allowing waiver of informed consent for research in emergency settings when specific conditions are met.

But some of the old challenges continue to raise concerns for the ethics of research, and new challenges are facing us that demand attention. As has long been the case, the delivery of patient care and the carrying out of biomedical research occur side by side, and in many contexts the caregiver and the researcher are one and the same. This can only lead to continuing confusion on the part of subjects as to the differing roles of physician and researcher. Further, we have yet to adequately address the participation of subjects of limited decisional capacity. And debate continues about the ethics of research carried out abroad.

New challenges face us in the research context, some in ways we might not have predicted. Calls for a research ban on cloning raise questions about the fairness of limiting access to what may be a valuable assisted reproduction technique for many individuals. If a ban is applied only to research using public funds, the research that would then be forced into the private setting would be subject to far more limited protections. Third party payers are playing a growing role in access to research, since the medical costs associated with participation in research protocols are often not covered by them. In parts of the country with large proportions of the population covered by managed care, refusal to pay for research participation may also impact the availability of research subjects and jeopardize the funding of some clinical research.

Where does all this leave us as we continue to address the rights and interests of research subjects? New research is being funded by the NIH into how the informed consent process in research can be improved. The National Bioethics Advisory Commission is taking on some of the ongoing issues in the ethics of human subjects research, and payers continue to wrestle with how to provide the necessary funding for important research in an environment of cost consciousness. The recent NIH program announcement for teaching research ethics is more evidence, and another commitment, to do a better job of educating future researchers about issues in human subject research. All this points to the conclusion that work on the ethics of human subject research was not finished when the federal regulations came into effect nearly 25 years ago, but was only a beginning.
Center News
Center for Bioethics Faculty Position Available

The University of Minnesota invites applications for a faculty position in the Center for Bioethics and the University of Minnesota Medical School. This position is a tenure/tenure track position at the Full, Associate, or Assistant Professor level. The appointment will be 50% in the Center for Bioethics and 50% in the relevant medical school department, with commensurate clinical care responsibilities. Salary and rank commensurate with experience. The person in this position will be expected to join in the Center’s educational, research, and service activities, particularly in the area of the ethical issues involved in the delivery of clinical care. The successful applicant will be an academic physician with a track record of research in bioethics.

Applications received prior to April 15, 1998 will be assured full consideration, though applications will be considered until the position is filled.

Start date on or after July 1, 1998. Send a letter of application, CV, and names of three referees to: Search Committee, Center for Bioethics, N504 Boynton, 410 Church St. SE, Minneapolis, MN 55455-0346. For information, contact Dianne Bartels, Associate Director, Center for Bioethics. Telephone 612-624-9440; Fax 612-624-9108; Email barte001@tc.umn.edu. The University of Minnesota is an equal opportunity educator and employer.

Post-Doctoral Fellowship Available

The Center for Bioethics, University of Minnesota, will have a one year post-doctoral fellowship available beginning July 1998. The goal of the fellowship is to foster scholarship and career advancement in the field of bioethics. The award will be $27,000.

The mission of the Center is to advance and disseminate knowledge about ethical issues in health care and the life sciences. The Center carries out this mission by conducting original interdisciplinary research, offering educational programs and courses, fostering public discussion, providing community service, and assisting in the formulation of public policy. The fellow will be expected to commit to at least 75% time to conduct research in his/her defined area of study. One or more Center faculty will be available to act as advisor(s). Research may be conceptual/philosophical, policy analysis, empirical, or a combination of approaches.

Applications must be submitted by February 16, 1998. For application, contact the Center for Bioethics at 612-624-9440; Fax 612-624-9108; Email vange001@tc.umn.edu. The University of Minnesota is an equal opportunity educator and employer.

Bioethics Course Offerings

The following courses in bioethics are being offered during Winter Quarter and Spring Semester at the University of Minnesota. For more information on these and other courses, see the Center’s web site, or call Candace Holmbo at the Center for Bioethics, 612-624-9440.

GCB 8914: Ethical & Legal Issues in Genetic Counseling
3 cr, Bartels and LeRoy
Overview of ethical challenges faced by genetic counselors in practice.

Law 5831 Seminar: Genetics & Assisted Reproduction: Law & Ethics
2 Cr, Wolf & Magee
Cutting-edge topics in genetics and assisted reproduction technologies (ART), including genetic testing and screening, gene therapy, cloning, in-vitro fertilization and other ART, cryopreservation, micromanipulation of gametes, embryo research, third-party reproductive collaboration (with surrogate motherhood, sperm donation, and egg donation), and prenatal testing. Throughout the course we examine issues of privacy, access, nondiscrimination, intellectual property, ownership of body parts, status of embryos and fetuses, commercialization, and health care ethics.

Phil 8315 Seminar: Ethical Issues in Human Experimentation
4 cr, Kahn
Examines the history and evolution of ethical protections for human subjects, and issues in the ethics of research and the research process.
Calendar of Events

**The Midwest Intensive Bioethics Course will be held in Chicago on July 13-18, 1998.** The course will discuss major ethical issues and methods for addressing them. Course sponsors include: The Center for the Study of Bioethics, Medical College of Wisconsin; Department of Medical Ethics & Humanities, Northwestern Medical School; The University of Wisconsin Program in Medical Ethics; and the University of Minnesota Center for Bioethics. For information, contact the Center for the Study of Bioethics, Medical College of Wisconsin at 414-456-8498.

**Jan 20**
Jeffrey Kahn, PhD, MPH, will speak on “How Close is the Brave New World: Ethical Issues in Reproduction” at the Minneapolis Jewish Federation Political Awareness Study Series. For information, call Barbara Rubin at 612-593-2600.

**Jan 29**
Steven Miles, MD, will speak on “End of Life Issues” at Mt. Olivet Church, Minneapolis, MN. For information, call Andrea Brown at 612-926-7651.

**Feb 8**
Dianne Bartels, RN, MA, will speak on “Ethical and Spiritual Issues at the End of Life” at Westwood Lutheran Church, St. Louis Park, MN. For information, call 612-545-5623.

**Feb 8**
Jeffrey Kahn, PhD, MPH, will speak on “The Difference Between Jewish Bioethics and Bioethics as a Jew” at the Hillel Center at the University of Minnesota. For information, contact Frances Fischer at 612-624-5634.

**Feb 12**
Jeffrey Kahn, PhD, MPH, will speak at the Greater Minneapolis Chamber of Commerce Leadership Minneapolis Program. For information, call Bill Heiman at 612-626-3379.

**Mar 6-8**

**Mar 18**
The Cleveland Clinic Foundation sponsors “Religious & Cultural Diversity in Healthcare: Clinical Ethics for the 21st Century” at the Bunts Auditorium in Cleveland, OH. For information, call 800-762-8173.

**Mar 18**
Steven Miles, MD, will speak on “Ethics and Economics of Health Care” at the Physician Management Pathway Seminar Series sponsored by the University of Minnesota Medical School Division of Renal Disease and Hypertension. For information, call 612-624-9444.

**Mar 29**
Muriel Ryden, RN, PhD, will speak on “Resuscitation Decisions for Nursing Home Residents with no DNR Order” at the Midwest Nursing Research Society Meeting in Cleveland, OH. For information, call Kay Kroll at 847-375-4711.

**Apr 2-4**
The International Programme in Bioethics Education and Research hosts its advanced bioethics course in Nijmegen, The Netherlands. For information, contact: Bert Gordijn, PhD, 232 Dept. of Ethics, Philosophy, and History of Medicine, Catholic University of Nijmegen, PO Box 9101, 6500 HB Nijmegen, The Netherlands. Phone [31] (0) 24-361 53 20, Email: b.gordijn@efg.kun.nl

**Apr 19**

**Apr 20**
Steven Miles, MD, will speak on “Managed Care” at the Older Womens League in Owatonna, MN. For information, call Mary Jean Overend at 612-922-4839.

**May 21-22**
The Centers for Bioethics at the University of Pennsylvania and the University of Minnesota, will cosponsor a conference, “Families on the Frontier of Dying” at the Ritz Carlton Hotel in Philadelphia, PA. For information, contact Sally Nunn, Center for Bioethics, University of Pennsylvania Health System, 3401 Market St., Suite 321, Philadelphia, PA 19104. Email snunn2@mail.med.upenn.edu.

**Jun 24-27**
The fifth annual “Teaching Research Ethics” course will be held at Indiana University. Topics will include an overview of ethical theory; using animal subjects in research; and using human subjects in research. For information, call 812-855-0261.

**Jul 13-18**
The Midwest Intensive Bioethics Course (MIBC) in Chicago, IL. For information, call the Center for the Study of Bioethics, Medical College of Wisconsin, 414-456-8498.

**Aug 3-7**
The Department of Medical History and Ethics at the University of Washington in Seattle hosts its annual “Summer Seminar in Health Care Ethics” in Seattle, WA. For information, call 206-616-1864.

**Aug 3-7**
The International Programme in Bioethics Education and Research hosts the “European Bioethics Seminar: Health Care Issues in Plurality Societies,” in Nijmegen, The Netherlands. For information, contact: Bert Gordijn, PhD, 232 Dept. of Ethics, Philosophy, and History of Medicine, Catholic University of Nijmegen, PO Box 9101, 6500 HB Nijmegen, The Netherlands. Phone [31] (0) 24-361 53 20, Email: b.gordijn@efg.kun.nl
**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 (revised August 1997)
- No. 2: Withholding or Withdrawing Artificial Nutrition and Hydration (revised July 1997)
- No. 3: Termination of Treatment of Adults (revised September 1997)
- No. 4: Baby Makers: The New Ethics of Reproduction (October 1995)
- No. 5: Distributing Limited Health Care Resources (revised April 1997)
- No. 6: Resuscitation Decisions (revised June 1997)
- No. 7: The Determination of Death (revised May 1997)
- No. 8: New Frontiers in Genetic Testing and Screening: The Human Genome Project (August 1993)

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

- References on Ethical Issues in Managed Care—a continually updated annotated bibliography of articles addressing ethical issues in managed care.
- Advance Directives — an annotated bibliography focusing on empirical research related to the dissemination, clinical use, and effects of advance directives.
- Palliative Care — an annotated bibliography of 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**
The Role of Bioethics in Health Care Policy/Broadening the Bioethics Agenda? transcript proceedings from the May 1994 conference held in Washington, DC. The Greenwall Foundation makes this report available at no charge.


**Ordering Information**
To order reading packets, tapes, or reports, please make checks payable to: Center for Bioethics, University of Minnesota. Send to: Center for Bioethics, University of Minnesota, Suite N504, 410 Church Street SE, Minneapolis, MN, 55455. All orders must be prepaid.

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**Recent Faculty Publications**


**Position Available**

The Stanford Program in Genomics, Ethics, and Society (PGES) Visiting Fellows Programs invites applications for a one to three academic quarter fellowship. Each year, a multi-disciplinary PGES Working Group examines a different theme related to genomics. The topic for 1997-98 is “The Implications of Individualizing Medicine Through Genomics.” For information, contact: Laura McConnell, MPH at 650-498-6934. The application deadline is February 1, 1998.
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**AMERICAN ASSOCIATION OF BIOETHICS**

The AAB has merged with the Society for Health and Human Values and the Society for Bioethics Consultation to form the American Society for Bioethics and Humanities (ASBH). For information, contact: ASBH, 4700 West Lake Avenue, Glenview, IL 60025, 847-375-4745.