For good or bad, a new form of prescription drug marketing seems to have arrived—direct mail samples. In addition to the usual offers, ads and assorted fliers, some people are now also receiving unsolicited trial supplies of medication in the mail. In response, a class-action lawsuit was recently announced against Eli Lily—the maker of Prozac—along with three doctors and a drug store. The charge? That they misused patients' medical records and invaded their privacy by mailing them a free one-month sample of a weekly version of Prozac, along with a "Dear Patient" letter. The allegations will eventually be sorted out, but the case and the practice raise serious questions: Who has access to patient records and on what grounds? Should patients receive—let alone take—prescription drugs without consulting their doctor? Should consumers decide which prescription drugs to take like they do laundry detergent or shampoo? And should they try a variety of samples that show up in their mailbox and then choose based on which offers the best coupon?

In the process of teaming up with drug companies, the doctor-patient relationship seems to have gone awry. A pillar of that relationship is that physicians will act in the best interests of their patients. Does sharing a patient's records with drug companies and their marketing departments serve the patient's interests? Even if medical care is well served by the practice, medical privacy demands that patients give their permission before their records are disclosed.

That medical information is so readily available to others points out that it is not only physicians and
Since being snubbed, I have given the question more thought. Am I a bioethicist?

my insights as a sociologist—about stem cells and about bioethical perspectives on stem cells—were as important (if not more so) than anything he might learn from a bona fide bioethicist. He did not buy it for one second. He let me go on for about one minute before he said, “Well thanks for your time . . . if I need anything else I will give you a call.” Click.

Since being snubbed, I have given the question more thought. Am I a bioethicist? I have spoken with fellow social scientists who work at centers for bioethics, most of whom advised me to take the plunge, to tell reporters, “Sure, I am a bioethicist.” After all, bioethics is an interdisciplinary enterprise, and social science is one of those disciplines. On the other hand, I am convinced that to do my work well I must avoid the many temptations to go native.

Okay, some of my best friends are bioethicists, but I am not. I cannot make that leap. I am not a bioethicist. Why?

Put simply, it is because I care too much about the bioethical project, a project that began with the intent to speak truth to power. If I were to become a bioethicist, if I were to join the professional project of bioethics, I would lose the ability to encourage my friends who are bioethicists to reflect on their place in the world.

There are some sociologists who hold out the hope of uncovering some large, systematic truths about social behavior—who wish to follow in the footsteps of Talcott Parsons, producing a Social System for the 21st century. My view of sociology is more modest. I believe it is the task of sociology to hold up a mirror to behavior in a given social arena, a mirror that allows the participants in that arena to see how what they are actually doing corresponds to what they think they are doing. Erving Goffman was a master of this kind of sociology (see his Asylums, Stigma, The Presentation of Self in Everyday Life) as was Thorstein Veblen (Theory of the Leisure Class, The Higher Learning in America). In the world of medical sociology Charles Bosk (Forgive and Remember) and Daniel Chambliss (Beyond Caring) present fine examples of this sort of work.

There is a paradox here: sociologists are most useful when they give no thought to the utility of their work. Some of my colleagues believe that social science can be most beneficial to bioethics if it uses its considerable ability to examine the empirical world to help bioethicists solve the quandaries they face. They insist that any ethics center worth its salt should have a team of social scientists who can go out and measure things bioethicists need measured: Are research subjects really informed after they sign an informed consent? How does culture get in the way of communication between ethicists, doctors and clients? What does (some section) of the public think about genetic testing? These are important questions, and I too think that social scientists must be brought on board to help answer them (in fact, some of these questions are the basis of my current research), but the real value of social science to bioethics lies elsewhere.

When social scientists answer questions brought to them by ethicists they are practicing sociology in ethics. They are using their discipline to answer questions generated by others; they are (merely) assisting in the work of bioethics. Sociologists can be more useful to bioethicists if they approach ethics as just another social arena, another opportunity to enhance sociological understanding of health, medicine and the professions. It is this approach—a sociology of ethics—that allows sociologists to hold up a mirror that ethicists can use to judge their own behavior.

The in/of distinction is subtle, but important. One example will illustrate. In a recent issue of the Hastings Center Report a team of bioethicists published their review of the propriety of ethics consultation for corporate clients and issued a set of guidelines for the proper conduct of these consultations. It is noteworthy that social scientists were not invited to investigate this aspect of bioethics; after all, there are empirical questions to be answered here. What is the extent of paid bioethics consultation? What sort of companies are likely to seek consultation and for what kind of “problems?” Which ethicists are called on to proffer advice? How is bioethical advice used? Does (level of) remuneration influence the sort of advice ethicists offer?

These are all fine sociological questions but a sociologist in ethics and a sociologist of ethics will frame them differently. Most importantly, a sociologist in ethics would not entertain these questions unless asked to do so; having been asked, he or she would design a suitable method, collect the data and present...
Raymond de Vries, PhD, first became interested in ethics as an undergraduate at Westmont College in Santa Barbara, California. His major in sociology and a few courses in ethics gave him a life-long curiosity about the social foundations of morality. After a few post-college years in the blue-collar work force, de Vries flirted with the idea of a career in law, but eventually decided that he was more interested in the idea of law than in practicing as a lawyer. He chose to continue his study of sociology at the University of California, Davis, working with Julius Roth and Edwin Lemert.

Much of his research explores the intersection of law and medicine. He has examined the use of law to disadvantage alternative approaches to health care, giving special attention to the situation of midwives in the United States and Europe. Although his work in this area is not often regarded as “ethics,” he is convinced of its ethical import and the value of a sociological perspective to the field of bioethics. He explains (from Bioethics and Society, p. xv):

“In the course of [my] research [I] found American physicians using unfair political tactics to prevent midwives from practicing, thus denying many under-served populations access to maternity care. When [I] looked for the bioethical response to these (and other) ethical problems [I] found none. The clinical bent of bioethicists . . . leads them to overlook some of the most profound ethical problems of medicine. It is clear . . . that bioethics [is] in desperate need of sociological examination.”

In the late 1990s de Vries began to focus his research directly on the field of bioethics, examining the new profession of bioethicist and its place among other health care professions. His lurking in the world of bioethics—hanging around everywhere from “bioethics summer camp,” to meetings of the American Society for Bioethics and Humanities, to meetings of institutional review boards—generated several published articles on bioethicists and one of the first anthologies on the sociology of bioethics.

Raymond de Vries is Professor of Sociology at St. Olaf College in Northfield, MN. Recipient of a “Mentored Scientist Development Award in Research Ethics” from the National Institutes of Health (NIH) allowed Professor de Vries to spend the past three years collaborating with members of the Center for Bioethics in an ethnographic study of Institutional Review Boards and has opened the door to other research projects. He is currently a co-investigator in two other studies, both funded by the NIH: “Work Strain, Career Course, and Research Integrity”—a study of the norms of conduct in science—and (in conjunction with the Minnesota Center for Health Care Ethics) “Ethical and Policy Problems of Deep Brain Stimulation (DBS)”—a look at the unique ethical problems that surround the development and dissemination of new medical technologies.

Most recently he spent six weeks at the University of Maastricht in the Netherlands under the auspices of Senior Specialist Award from the Council for the International Exchange of Scholars. While there he studied the Dutch system of protections for human subjects of research. He is now creating a team of researchers to examine the international “market” in research protections and how this market is negotiated by companies that make and market medical devices and pharmaceuticals.

Selected Publications

Books

Book Chapters

Articles
the findings, perhaps with a few suggestions. For example, the research might yield a break point for reimbursement, a line under which bioethical advice is not tailored to the needs of the client. Because the sociologist of ethics is a free agent—one whose questions and research are guided by a desire to understand the social forces that shape the way a society organizes moral advice giving—he or she would automatically put these research questions in a larger context. This sort of sociologist will see the move to provide guidelines for corporate consultation as a natural part of the professional project of bioethics, an effort to solidify this new profession's claim to competence and jurisdiction.

The insights generated by the former approach will help bioethicists strategize for their professional future, but the work of a sociologist of ethics is far more useful in helping bioethicists reflect on the meaning and value of their work.

Why would any center for bioethics want a pesky sociologist of ethics lurking in its midst? Because this kind of social science improves bioethics, not by providing better facts, but by holding a mirror to its activity, allowing bioethicists to see, for example, the difference between the bioethical project that originally animated the discipline and the professional project now underway. In the last issue of this publication, my colleague Steven Miles called upon American bioethics to do some soul-searching. Bioethics cannot examine its soul without seeing itself in its historical and social context.

I am not a bioethicist but I am deeply concerned about many of the issues that occupy bioethicists. As a sociologist I have no interest in finding the "right" thing to do. Rather I want to know, "Who gets to say what is the right thing to do?" Who defines moral problems? Who is empowered to resolve them? Why do certain moral issues have more salience than others? I am curious about the who, what, where and when of bioethics: Who are bioethicists? What are they saying? Where are they working? Who is paying for, and using, their services? When are they called upon? Simply put, my goal is to examine and measure bioethics as a new way of being moral. This is no task for a bioethicist.

Position Available

Post-Doctoral Fellowship

The Center for Bioethics at the University of Minnesota invites applications for a one year post-doctoral fellowship, to begin in July 2003. The goal of the fellowship is to foster scholarship and career advancement in the field of bioethics. The award will be $27,000 plus health care coverage for the fellow and a partial subsidy for dependents.

The fellow will be expected to commit at least 75% time to conduct his or her defined area of research. One or more Center faculty will be available to act as advisors. Research may be conceptual/philosophical, policy analysis, empirical, or a combination of approaches.

To qualify, applicants must exhibit:

1. Completion of PhD, MD, JD, or other relevant terminal degree.
2. Evidence of academic excellence and scholarly promise.
3. A project that coincides with the research goals of Center faculty, including the following topics in bioethics: ethics and health policy; long term care; managed care; health care reform and allocation of services; reproductive technologies; genetic counseling and screening; advance directives and end of life care; ethics of clinical trials; research ethics; values assessment; professional ethics; relationship of law and ethics; and ethics, law, and policy issues in biotechnology.

Applications must be submitted by February 15, 2003. EO/AAE. For information and applications, contact the Center for Bioethics, at 612-624-9440, fax 612-624-9108, or e-mail: chamb033@umn.edu.
Continued from Page 1

patients in the examining room. Insurance companies have long been a part of health care decision making, and it seems the drug companies want a more prominent spot at the exam table, too. But when does information and marketing go too far? I think that when psychoactive drugs are distributed like toothpaste samples, we have crossed the line.

Even if physicians consulted with their patients before enrolling them in free sample drug programs, the fact that such programs exist at all is evidence of market forces encouraging the use of prescription drugs. The woman leading the class-action suit claims she had tried Prozac a number of years ago and stopped taking it because “it didn’t agree with her.” Receiving a newly packaged version of the same drug did not appeal to her and seems to ignore her wishes in favor of what others wanted her to buy.

The fact is that drug companies have a huge financial stake in making sure patients take the drugs they make, and offering samples is one way to get patients to buy theirs over a competitor’s product. It is almost reminiscent of the cola wars, with Coke and Pepsi fighting over the soft drink taste preferences of millions around the world. But instead of our sweet-tooth, it’s control of our psyches that’s at stake, and that’s what makes this a worrisome trend.

Part of why we call it junk mail is that it is not much more than that. When free samples of expensive medications show up in our mailboxes, it is a different story. But while we are well past the point of being able to stop junk mail, let’s hope it’s not too late to stop junk medicine.

A version of this article appeared in Dr. Kahn’s bi-weekly column, “Ethics Matters” on CNN.com

Recent Faculty Publications

BOOK CHAPTERS


ARTICLES


Steven Miles, MD, was guest editor for the HealthCare Ethics Committee (HEC) Forum.


On November 1, 2001 the former Minnesota Network for Institutional Ethics Committees was revitalized and established as the Minnesota Network of Healthcare Ethics Committees (MNHEC). MNHEC is currently the only statewide network of healthcare ethics committees in Minnesota. It brings together medical centers, long-term care facilities, home care providers, and individuals in an effort to support and strengthen the increasingly important role that ethics committees play in healthcare. MNHEC provides a forum for networking, offers education and assistance in the development and maintenance of ethics committees, and responds to queries about medical ethics. As a statewide Network, MNHEC has been particularly effective in addressing the ethics needs of the rural healthcare community.

It’s current structure consists of a coordinator, Gay Moldow, BSN, MSW, and an Advisory Board whose purpose is to monitor the effectiveness of the Network’s efforts and to discuss ways in which to best serve the needs of its members.

Over the past year, MNHEC has successfully promoted networking by means of an e-mail group and an Internet listserv. In addition, MNHEC conducted statewide educational conferences addressing, “Ethical Challenges in Patient Care,” and “On Starting and Maintaining Ethics Committees.” On October 9, MNHEC will sponsor a conference on “Ethics Committees: The Consultation Process.” Through generous support from the Veterans Administration medical facilities of Minneapolis, St. Cloud, and Twin Ports, conferences are held in several locations simultaneously through V-tel technology. Members and others interested in ethics committee development enjoy the convenience of attending the conferences closer to home and the opportunity to network.

The new membership period begins November 1, 2002. For information, please contact us at 612-624-3171 or email moldo004@umn.edu.

Reference

Letter to the Editor

Why should anyone stop couples from choosing the sex of their child?

This is with regard to Dr Kahn’s article (J Kahn. The Questionable Future of Unregulated Reproduction. BioEthics Examiner 2002;(6)1:1,6.) I fail to see why the American Society of Reproductive Medicine or the government should want to interfere in such a personal and private area as a couple’s decision to choose the sex of their baby using preimplantation genetic diagnosis.

We enter a dangerous realm when we try to regulate so intimate an aspect of our lives as reproduction, because of fuzzy claims about gender discrimination or hypothetical fears for the health of yet-to-be-conceived children. In the crusade to protect the health of unborn children who are just a gleam in their parent’s eyes, we should not trample on the rights of the parents themselves!

If we allow people to choose when to have babies; how many to have; and even to terminate pregnancies if they inadvertently get pregnant, then why not allow them to select the sex of their child if they would like to do so?

The basic purpose of technology is to give Man more control over his destiny than he has had in the past. We need to give due credit to people’s intelligence and allow them to make choices for themselves, rather than let the government dictate what is right and what is wrong!

We should allow couples the freedom to choose–medical technology should empower them with choices they can make for themselves. To deprive them of treatment options is not fair. This just creates black markets and engenders unethical practises, making matters even worse. Far better to have an “open” system which is quality-controlled and reliable because it is performed ethically.

It would be tragic if laws which restrict our reproductive freedom are passed. This is an area which affects all of us–and our children as well. Do we really want the government to limit our reproductive choices?

Aniruddha Malpani, MD
Malpani Infertility Clinic
Bombay, India
Calendar of Events

Oct 9
Jeffrey Kahn, PhD, MPH, will speak on “Ethics of Stem Cell Research” for the Program in Biomedical Ethics, Lawrence University, Appleton, WI. For information, email: patrick.a.boleyn-fitzgerald@lawrence.edu.

Oct 9
“Ethics Committees: The Consultation Process,” sponsored by the Minnesota Network of Healthcare Ethics Committees (MNHEC), held at VA Medical Centers: Minneapolis, St. Cloud, and Twin Ports, via video conference. For information, call 612-624-3171 or email: chamb033@umn.edu.

Oct 11
Peter Ubel, MD, Ann Arbor VAMC, University of Michigan, will speak on “Do Patients Have a Clue? A Look at How to Improve Patients’ Health Care Decisions” at the University of Minnesota, Center for Bioethics Seminar Series, 12:15 - 1:30 pm, D417 Mayo. For information, contact the Center for Bioethics.

Oct 16-18
“Medicine/Culture/Power: Medical Anthropology at the Beginning of the 21st Century,” sponsored by the University of Minnesota Department of Anthropology, and co-sponsored by the Center for Bioethics. For information, visit www.cla.umn.edu/anthropology/medical2002.

Oct 18
Carl Elliott, MD, PhD, will speak on “Amputees by Choice” for the Medical College of Wisconsin’s Ethics for Healthcare Psychologists Program, Froedtert Hospital, Milwaukee, WI. For information, email: molson@mcw.edu

Oct 24
Jeffrey Kahn, PhD, MPH, and Carl Elliott, MD, PhD, will speak at the American Society for Bioethics and Humanities (ASBH) Annual Meeting, Philadelphia, PA. For information, visit www.apha.org.

Nov 22
Joan Liaschenko, RN, PhD, will speak on “At Home with Illness” at the Ethical Challenges in Home Care Nursing Conference, sponsored by the University of Levy, Quebec, Canada. For information, call 612-624-9440.

Dec 13
Jerome Kroll, MD, Department of Psychiatry, University of Minnesota Medical School, will speak at the University of Minnesota, Center for Bioethics Seminar Series. For information, contact the Center for Bioethics.

Jan 10
Carl Elliott, MD, PhD, Faculty, will speak at the University of Minnesota, Center for Bioethics Seminar Series. For information, contact the Center for Bioethics.

Jan 31
Jeffrey Kahn, PhD, MPH, will speak on “Sources and Stem Cells: Ethics and the Future of BMT” for the American Society for Blood and Marrow Transplantation (ASBMT) Conference, Keystone, CO. For information, visit www.asbmt.org.

Feb 20

Hold the Date – March 14, 2003
Genetics and Disability Insurance: Ethics, Law & Policy Conference

The University of Minnesota Center for Bioethics will sponsor a day-long conference on genetics and disability to be held at the Cowles auditorium on the West Bank campus, Minneapolis, MN. Visit the Center’s website at www.bioethics.umn.edu, for more information.

Center News

Visiting Faculty

The Center for Bioethics welcomes the following visiting scholars this fall.

Norman Berlinger, MD, PhD, will be at the Center for Bioethics through June 2003. His research will focus on the determination of whether trust in the physician correlates with better patient adherence to medical regimen and better patient outcomes.

Carol Tauer, PhD, will be at the Center through June 2003. Her research addresses the ethics of human embryo research, reproductive decisions, and the allocation of medical resources.
Faculty and Staff at the Center

**CENTER FACULTY**

Jeffrey Kahn, PhD, MPH  
Director, Center for Bioethics; Professor, Department of Medicine; University of Minnesota Medical School; Division of Health Services Research and Policy, School of Public Health; Department of Philosophy, College of Liberal Arts

Dianne Bartels, RN, MA, PhD  
Associate Director Research Scholar

Debra DeBruin, PhD  
Assistant Professor, Center for Bioethics; Department of Medicine, University of Minnesota Medical School

Carl Elliott, MD, PhD  
Director of Graduate Studies, Center for Bioethics; Associate Professor, Department of Pediatrics, University of Minnesota Medical School; Department of Philosophy, College of Liberal Arts

Jonathan Kahn, JD, PhD  
Research Scholar

Joan Liaschenko, RN, PhD  
Associate Professor, Center for Bioethics; School of Nursing

Steven Miles, MD  
Professor, Center for Bioethics; Department of Medicine, University of Minnesota Medical School

John Song, MD, MPH, MAT  
Assistant Professor, Center for Bioethics; Department of Medicine, University of Minnesota Medical School

Maryam Valapour, MD  
Assistant Professor, Center for Bioethics; Division of Pulmonary Medicine, Department of Medicine, University of Minnesota Medical School

Susan M. Wolf, JD  
Eugene & Benson Professor of Law; Professor of Law and Medicine, Law School; Medical School; Center for Bioethics; Director, Joint Degree Program in Law, Health & the Life Sciences; Chair, Consortium on Law and Values in Health, Environment & the Life Sciences, University of Minnesota

**FACULTY ASSOCIATES**

Muriel Bebeau, PhD  
Professor, Department of Preventive Sciences, School of Dentistry, University of Minnesota

Dan Burk, MS, JD, JSM  
Professor, University of Minnesota Law School

Ronald Cranford, MD  
Professor, Department of Neurology, University of Minnesota Medical School; Associate Physician, Department of Neurology, Hennepin County Medical Center

Barbara Elliott, PhD  
Professor, Department of Family Medicine, University of Minnesota Medical School, Duluth

Rosalie Kane, DSW  
Professor, Division of Health Services Research and Policy, School of Public Health; Graduate Faculty, School of Social Work, College of Human Ecology, University of Minnesota

David Mayo, PhD  
Professor, Department of Philosophy, College of Liberal Arts, University of Minnesota, Duluth

Gregory Plotnikoff, MD, MTS  
Associate Professor, Departments of Medicine and Pediatrics, University of Minnesota Medical School

Edward Ratner, MD  
Assistant Professor, Department of Medicine, University of Minnesota Medical School

Karen-Sue Taussig, PhD  
Assistant Professor, Department of Anthropology, University of Minnesota Medical School

Beth Virnig, PhD, MPH  
Assistant Professor, Division of Health Services Research and Policy, School of Public Health, University of Minnesota

**VISITING FACULTY**

Norman Berlinger, MD, PhD  
Raymond de Vries, PhD  
Carol Tauer, PhD

**POST-DOKTORAL FELLOW**

Andrea Nicki, PhD

**MINNESOTA NETWORK FOR HEALTHCARE ETHICS COMMITTEES**

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Coordinator

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