

SPECIAL ON BIOETHICS

Interview with Professor Gopal Sreenivasan

Crown Professor of Ethics and Professor of Philosophy, Duke University.

Email: gopal.sreenivasan@duke.edu

Interview by Eric Wong and Sepehr Ehsani.

Can you tell us a little bit about your background? What inspired you to study philosophy? Why did you decide to focus on bioethics?

In a way, there's no specific answer. I started university as an economics student, and for some reason, I decided that I was going to go to law school. But after meeting some of the people who had also chosen that path, I decided quickly that I didn't want to go to law school. My entry into bioethics was quite a bit later; in a way, it was an accident. In philosophy, I was interested in ethics and political philosophy. I had done a lot of stuff that was "next door" to bioethics but more general. I was teaching philosophy (mainly political philosophy), and my job sort of came to an end. My girlfriend, who is now my wife, was interested in bioethics; she got a postdoc at the NIH (National Institutes of Health). At that time, NIH had just revamped its program and was looking for more philosophers to get into bioethics. I suppose they were trying to make bioethics better. So, they offered postdocs to people with a PhD in philosophy who were interested in bioethics. They also thought it would be good to have some faculty trained in philosophy. They were going to hire a colleague of mine, but she declined to take the job. So it was a coincidence that Ezekiel Emanuel, who was running the bioethics department at that time, offered me the job. (Dr. Ezekiel Emanuel is a breast oncologist with both an MD and a PhD, the latter of which is in political theory. In a sense, he had both a clinical and a philosophical background.) Emanuel thought that it was a risk to hire philosophers, but if he could get philosophers interested in it, the program would benefit. I decided to take the job and that's how I got into bioethics.

What constitutes life? How do you distinguish between life and non-life?

I really don't know. You can give it a technical definition. Life scientists are in a better position to answer that question. In a way the simplest definition is that life begins at conception; that's a "neat" definition. Scientifically, that sounds plausible—one can't imagine life beginning before conception. The question that triggers more ethical debate is at what point does an organism have a value that constrains what you can permissibly do with it. I don't think philosophy can settle that question. Just because life begins at conception, it doesn't follow that life



at that point has a value that forbids you from destroying the organism.

Suppose we have a rock, a moss, a fly, and a mouse. As humans, we would allow ourselves to cut through the rock or the moss. But once we reach the fly, the hesitation increases. What is the underlying logic behind this human behaviour?

That's a good question. Presumably, the rock and moss are clearly non-conscious. The mouse is conscious, but I don't know about the fly. So one way of distinguishing them is consciousness. Another way to distinguish them, which is similar to Aristotle's basic categories, is that the fly is self-moving (even if

it's not conscious) whereas a moss is not. In a way, vegetarians draw a line between a moss and a fly. In some religions, you find that people go to excessive lengths to avoid eating flies. That's because, philosophically, some people equate consciousness with suffering. If an organism is conscious, then it can suffer. If consciousness is the key, then we can perhaps answer our previous question. A human is not conscious at conception. So, you get life before conscious life. However, the point where life becomes conscious is debatable.

What is your research focus?

I don't have a neat focus. I have many topics that I'm interested in, but they're all in the realm of philosophy and ethics. Within bioethics, health and healthcare is one focus. I'm also interested in virtues. Virtues are character traits of a person, like being brave, kind, or patient. People have different questions to ask about virtues. In a way, virtues are positive moral qualities of a person. I'm interested in the psychological counterpart to that. For example, what kind of psychology or psychological material does a person have to have to become virtuous?

Let's talk about healthcare. Is the Canadian healthcare system a good one? How do you define a good system?

At the simple basic level, the Canadian healthcare system is good. It includes everybody. When regular people talk about healthcare, they focus on questions of details. How long are waiting times? What treatments or services are covered? What does this cost me? In a system that's in good order like the Canadian system, people tend to focus on fine-tuning details. When people talk about the US system, it's different. In the US system, people ask more fundamental questions: How should we organize the payment system? Should we have a one-payer model like Canada? Should we have tons of different insurance companies like we currently have? Or should we have the government take care of everything like they do in Britain? I think those questions concern the administrative details. I think the best administrative system is whichever one works best. Researchers have not been able to come up with a robust empirical answer to the question, which system is the best administratively. But all those administrative variations should still deliver certain general moral features of a healthcare system: covering everyone, delivering a minimum level of care, etc. With respect to these moral features, Canada has a good system.

Another administrative detail: we worry about whether healthcare should be delivered publicly or privately. This is sort of a messy question because it's hard to define what's private. But it doesn't matter whether a public system or a private system works best, as long as it is delivering the basic moral features of a healthcare system. The debate in the Canadian system is whether we should have two-tiered medicine or not, meaning if we should allow people to pay privately to get a faster, better, or more extensive set of healthcare. People think there's a moral imperative to have one tier and not two. If there's a second tier, many people worry that it would undermine the basic tier, thus unevenly distributing resources and leaving people in the basic tier with poor care. If that's true, then we should not have two tiers. But I really don't know whether it's true or not because there hasn't been a country which switched from one system to the other. Without such a precedent, it is hard to

determine if a two-tiered system will truly undermine basic users.

Equal access to healthcare globally is an important issue because life expectancy in various parts of the world differs significantly. Should rich nations be obligated to help out worse off nations in terms of healthcare?

Up to a point, there should be some help or assistance. It doesn't have to be healthcare. Sometimes, helping to improve sanitation or public health measures, or even adequate nutrition would benefit health in worse off nations more than healthcare. Another mode of attack is to improve education, especially for girls. Educating mothers would not only allow them to help themselves but also their kids.

The American economist William Easterly, among others, argues that although there have been billions of aid dollars given to a number of African nations, these assistances may have indeed resulted in net negative consequences for the recipients. In terms of healthcare, if Western nations provide resources, in later years, it is plausible that other, more severe allergies or disease outbreaks would occur. Because we don't know the various consequences of assistance, should help be provided in the first place?

It's true that there is a general debate about how effective aid has been. Even if you limit yourself to people who are experienced with the matter, people still disagree. My suspicion is that evidence is lacking that aid doesn't work. Another concern is that aid is not targeting basic human needs. At one point, different agencies tried to get the G8 to raise their development aid to 0.7% of GDP (that's what Bono was getting excited about). They were also trying to get donor and recipient nations to agree on the 20/20 goal: 20% of donations and 20% of expenditures go to basic needs. The goal of this campaign implies that currently less than 20% actually goes to basic needs! So, aid for these basic services can be effective although there are difficulties.

About the consequences issue, it's quite true. You don't know if mosquito netting, when made widely available, would lead to a bad outcome. My thought is that that can't be an objection. Otherwise, you wouldn't be able to do anything! Let me give you one example: a big campaign now is to limit CO₂ emissions. We don't know that cutting CO₂ emissions now won't make it worse in 50 years. We don't know if there would be bad consequences years from now. The same reasoning can be applied to mosquito nets. If it looks reasonable, despite the fact that you can't absolutely rule out the possibility of bad consequences, then it still shouldn't be an obstacle, especially if it's just minimal basic assistance.

Do you see a future where everyone can have fair access to healthcare? Can this equilibrium be maintained?

It is possible for everyone to live under conditions where they have a reasonable expectation of the global average life expectancy rather than the life expectancy in their own country. The tricky thing about talking about health in the least healthy countries is

that we are only talking about elementary things. It is still true that people in the rich world have much better healthcare than anything like that. I don't know if I endorse this, but if you mean by fair healthcare everyone having access to the life expectancy of people in rich countries, I'm not sure if it's even possible. You could say that it's not fair that poor nations have a lower life expectancy. You can also say that it's not fair that rich countries already have that high a life expectancy. You might be able to have everyone at a lower level. But I don't think we can have everyone at our level of care and health.

Bioethics is sometimes seen as a distinct field from “pure” philosophy due to its applied nature. How do you see bioethics in terms of its relation to “pure” philosophy? Is it more important for a student of bioethics to have a strong background in philosophy, life sciences, or a balance of both?

Bioethics is an interdisciplinary field; it doesn't belong to any “old-fashioned” subject like medicine, philosophy or biology. It does overlap all sorts of different fields. It would be good for people who work in it to know various subjects. I think there are different sorts of work in bioethics. It's hard to make a big generalization. Most people are only part-time bioethicists. If you want to go into those fields, you should get a sort of full-scale training in some “old-fashioned” discipline. For the purposes of bioethics, it doesn't matter what it is. If you were going to do it in a medical way, it's important to have a medical degree. If you are coming from a philosophical standpoint, then you would want a PhD from a philosophy department. As an individual, you want some kind of traditional training. One reason is the credential: you have a lot more security to find a job if you have an ordinary training that you can fall back on. It's risky to find a job with a specialist bioethics training. Second reason: it's good intellectually to have a solid foundation in something. There are really two kinds of bioethics: medically oriented and philosophically oriented. The people working in them have something intellectually to fall back on—a line of first principles when they are solving problems. In general, it doesn't matter which one you choose. Most people will want to focus on one or another.

You have taught and studied at many universities around the world. How does the University of Toronto compare to other leading institutions in terms of bioethics research? Is the University of Toronto a respectable institution for graduate studies in bioethics?

That's a tricky question. I didn't do bioethics research in most of those universities. I only did bioethics research at NIH. I don't know that they have bioethics degrees. Princeton is trying to make one, but even that is new and I don't know much about it. U of T has a good research profile in bioethics. It's almost all through the Joint Centre for Bioethics (JCB) and the Medical School, and therefore the medical style of bioethics. It's rare to have a well-developed philosophy-based bioethics program anywhere. The undergraduate teaching in bioethics is channelled through philosophy here, which I think is good. But that's about all of the Philosophy Department's involvement in bioethics. Most of the graduate students in bioeth-

ics are trained via the JCB.

What other schools offer a prominent bioethics program?

There really aren't any. For philosophically grounded bioethics, there are many researchers. But there's no common thread of how they got into it. There's not really a unique program for bioethics. Very recently, there's a program at Harvard started by some famous bioethicists (e.g. Norman Daniels and Dan Brock). It's not an undergrad program; it's more of a postdoc program between the Medical School and the School of Public Health. The faculty members are good, but it doesn't mean their program is good. You don't know how much these students actually get to see these famous professors!

In terms of philosophy, most of the schools you expect to be top schools have good programs. Yale recently improved their philosophy program. Harvard, Stanford, UCLA, Michigan, Pittsburgh, and MIT are good. A distinction that you should make is that there are departments that are just good in general, and there are ones that are good in ethics. It's good if you find a department that's good in ethics if you ultimately want bioethics. In the last ten years, the U of T philosophy department has improved a lot. But in terms of philosophy, it's not the best compared to other leading schools.

What advice would you give undergraduates who want to pursue a career in bioethics?

The best advice is not to worry about it too much. It's more helpful to follow your nose. If it interests you, you can do more of it. If not, try something else. It's hard to plan everything out and just follow your plan! It's better to do something that's exciting for you than to follow a plan. It's a good thing because you can find other “home base” subjects that you are good at and build on that. If people want to get a sense of what you can do in bioethics other than teaching, it's good to go to the JCB. They have a lot of jobs and projects that people can apply for. It gives you a view of the kind of things one can expect from a career in bioethics.