



# American Bioethics after Nuremberg: Pragmatism, Politics, and Human Rights

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## American Bioethics after Nuremberg: Pragmatism, Politics, and Human Rights

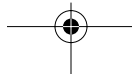
In his compelling novel *Blindness*, José Saramago tells us about victims stricken by a contagious form of blindness who were quarantined and came to see themselves as pigs, dogs, and “lame crabs.” Of course, they were all human beings—although unable to perceive themselves, or others, as members of the human community. The disciplines of bioethics, health law, and human rights are likewise all members of the broad human rights community, although at times none of them may be able to see the homologies, even when responding to a specific health challenge. In this lecture I will argue that modern bioethics was born at the Nuremberg Doctors’ Trial, which itself was a health law trial that produced one of the first major human rights documents: the Nuremberg Code. Accepting this conclusion has significant consequences for contemporary American bioethics.

American bioethics has a distinct political content and a unique pragmatic philosophical history. On the political side, bioethics issues have consistently taken center stage in elections since *Roe v. Wade*, as most recently illustrated by President Bush’s establishment of an overtly political President’s Council on Bioethics to defend his position on federal funding for stem cell research, his triumphant signing of a previously declared unconstitutional law banning so-called partial birth abortions (which President Clinton had twice vetoed), and his enthusiastic signing of an emergency law authorizing the federal courts to order the reinsertion of a feeding tube into a specific patient, Terri Schiavo, after her right to have it removed had been upheld multiple times in Florida state courts.

All of these contemporary political actions actually reject America’s traditional pragmatism and seem to replace it with a reliance on—or pandering to—fundamental religious sects. Pragmatism was at the heart of the leading American philosophers of the late 19th and early 20th centuries, William James and John Dewey, both of whom believed in science and progress, and the overtly optimistic and American view that obstacles to progress could be overcome by

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This lecture is adapted from the final chapter of George J. Annas, *American Bioethics: Crossing Human Rights and Health Law Boundaries*, Oxford University Press, New York, 2005. Copyright 2005 by George J. Annas.



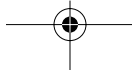
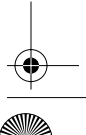
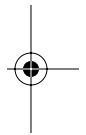


the application of knowledge. Although Dewey is often cited as an enthusiastic supporter of experimentation, it has been rightly noted that his philosophy was developed in a pre-World War II world. Dewey “was a very old man when the world learned about Hitler Germany’s satanic surgical and genocidal experiments...when Dewey recommended experimentation and mentioned no limits, he simply failed to anticipate the kind of world we live in.”<sup>1</sup>

Even after World War II and the Nuremberg Doctors’ Trial, American pragmatism remains a fundamental characteristic of American medicine. The fruits of human experimentation that have made medicine much more powerful have also helped displace the venerable Hippocratic ethic, “First do no harm,” with a more American ethic, “Don’t just stand there, do something.” This attitude in turn is supplemented by the pragmatic rule: “If it’s working, keep doing it. If it’s not working, stop it and do something else.” American bioethics—ethics applied to the practice of medicine and more accurately labeled simply “medical ethics” (“bio” meant to encompass all of the life sciences, but the field has never gone beyond medicine in America)—has been more pragmatic than principled, reflecting our culture. Putting pragmatism over principle is perhaps best illustrated by the central doctrine of American bioethics: informed consent. This doctrine requires the voluntary, competent, informed, and understanding consent of the research subject (and usually of patients as well) before experiments that entail risks of harm can be ethically or legally performed. Nonetheless, physician-researchers have consistently found ways to maneuver around the doctrine when consent was considered difficult or impossible to obtain, and the research project was considered important to medical progress or the good of society.

Uniquely American as well, the primary force shaping the agenda, development, and current state of American bioethics has not been either medicine or philosophy, but law, best described as health law. Like bioethics, health law is an applied field—in this case law applied to medicine, biotechnology, and public health. Often the legal issues are raised in the context of a constitutional dispute, as in public debates about abortion, quarantine, the right to refuse treatment, and physician-assisted suicide; other times it involves the more routine application of common law principles to new technologies or techniques, as in medical malpractice litigation; and still other times it is in the form of a debate over the wisdom or effectiveness of statutes and regulations, as in human experimentation, drug safety, patient safety, and medical practice standards.

American bioethics has had a major positive impact on the way medicine is currently practiced in the U.S., especially in the areas of care of dying patients, including advance directives (living wills and health care proxies) and ethics committees; and the establishment of



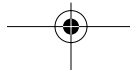


rules governing medical research, including federal regulations to protect research subjects and institutional review boards (IRBs). American bioethics has probably exhausted what it can usefully accomplish in these limited spheres. In the only other major area it has worked in, the related fields of abortion, embryo research, and cloning, it has had no real impact in debates that have been dominated by religion. Given this, I think it is fair to conclude that American bioethics is likely to have no real-world future without a significant reorientation of its focus and direction. I will suggest that the most useful reformulation involves recognition and engagement with two interrelated forces reshaping the world and simultaneously providing new frameworks for ethical analysis and action, globalization and public health. Most relevant for American bioethics is that globalization brings with it a new focus on international human rights law, and its aspirations as articulated in the Universal Declaration of Human Rights. Public health brings a new emphasis on populations and prevention, and a population-based approach to health has become a global imperative with increasing concerns about global health inequalities and diseases that annually kill millions, like tuberculosis, HIV/AIDS, and malaria, as well as threatened global pandemics, both naturally occurring and man-made, currently illustrated by growing fear of an avian flu pandemic.

### **Nuremberg and Bioethics**

The boundaries between bioethics, health law, and human rights are permeable, and border crossings, including crossings by blind practitioners, are common. Two working hypotheses form the intellectual framework of this lecture: we can more effectively address the major health issues of our day if we harmonize all three disciplines; and American bioethics can be reborn as a global force by accepting its roots in the 1946–47 Nuremberg Doctors' Trial and actively engaging in a health and human rights agenda. That these disciplines have often viewed each other with suspicion or simple ignorance tells us only about the past. They are most constructively viewed as integral, symbiotic parts of an organic whole.

Both American bioethics and international human rights were born of World War II, the Holocaust, and the Nuremberg tribunals. While the Doctors' Trial was only a part of Nuremberg and the new field of international human rights law, I believe it is accurate to conclude that the trial itself marked the birth of American bioethics. The International Military Tribunal at Nuremberg (which articulated the Nuremberg principles that serve as a basis for international criminal law, and in which judges from the four Allied powers presided) was followed by 12 subsequent trials, each presided over solely by American judges. The first of the "subsequent trials" was the "Doctors' Trial," a trial of 23 physicians and scientists for murderous





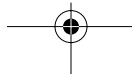
and torturous experiments conducted in the Nazi concentration camps. The most infamous of these were the high-altitude experiments and the freezing experiments, both of which resulted in the planned death of the research subjects, and both of which were conducted with the rationale that the results would help German pilots survive and so the experiments were necessary for the good of the survival of German society. The American judges rejected the defense that the experiments were acceptable in wartime. In their final judgment, condemning the experiments and most of the defendants, seven of whom were hanged, the court articulated what is now known as the Nuremberg Code. This ten-point code governing human experimentation was articulated by the American judges—based on what they had heard at trial, including the arguments of American prosecutors and the American physicians who served in the roles of consultant (Leo Alexander) and expert witness (Andrew Ivy) for the prosecution.<sup>2</sup>

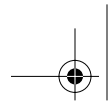
Why did the Americans try the doctors first at Nuremberg? Murder and torture is criminal no matter who commits it, but it was seen as especially horrible to have educated professionals who were (or should have been) dedicated to promoting health, alleviating suffering, and protecting life become the active instruments of torture and death. Elie Wiesel speaks for all of us when he asks, “How is it possible? How was it possible?” How could physicians actively and enthusiastically treat other human beings as, in the words of the prosecutor, General Telford Taylor, “less than beasts”?

Reaching the conclusion that American bioethics was born at the Nuremberg Doctors’ trial after exploring the post-World War II history of bioethics and human rights evokes T.S. Eliot’s fabled lines from “Little Gidding”:

We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.<sup>3</sup>

It is coincidental, but fitting nonetheless, that T.S. Eliot composed these lines during World War II when he was a night fire-watcher during the fire bombings of London. World War II was the crucible in which both human rights and bioethics were forged, and they have been related by blood ever since. As I have already suggested, recognizing and nourishing this birth relationship will permit American bioethics to break free from its focus, if not obsession, with the doctor-patient relationship and medical technology and to cross our own border to become a global force for health and human rights—not as an imperialistic project, but to learn from and work with other cultures, countries, and activists. It may also help us





answer another question Professor Wiesel posed after learning of contemporary torture at Abu Ghraib and Guantanamo Bay—why the “shameful torture to which Muslim prisoners were subjected by American soldiers [has not] been condemned by legal professionals and military doctors alike?”

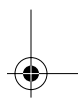
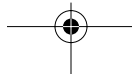
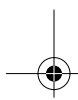
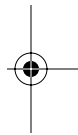
### **Human Rights and Bioethics**

In reflecting on the principled foundation of his philosophy, Descartes adopted a model from nature: “Philosophy as a whole is like a tree whose roots are metaphysics, whose trunk is physics, and whose branches, which issue from this trunk, are all the other sciences.” Of the sciences themselves, Descartes identified three principal ones, “medicine, mechanics, and morals.” The fruits of this tree, Descartes went on to note, will only be culled from “the extremities of the branches,” and what they will turn out to be may not be known until they actually appear.<sup>4</sup>

The human rights tree took root and was nourished in the blood and ashes of World War II and the Holocaust. Its roots are in universal law and human dignity, both of which apply to all humans by virtue of their humanity, and which were articulated at the trial of the major Nazi war criminals at Nuremberg, which concluded that there were universal criminal law prohibitions (such as murder, torture, and slavery), and these included both “crimes against humanity” and “war crimes.” The trunk of this human rights tree is the Universal Declaration of Human Rights.<sup>5</sup> The branches are the major human activities needed to bring the human rights outlined in the Declaration to fruition. One of these branches is bioethics, and other branches include health law, international law, treaties, humanitarian law (the law of war), corporate law, and corporate ethics. Science, technology, and economic development can also be seen as branches. The fruits of each branch will, of course, vary—some nourishing the mind, some the soul, and some the body.

### **Nazi Doctors and American Bioethics**

Although the World War II origin of American bioethics is easier to see at the beginning of the 21st century, mainstream bioethics historians, while acknowledging the Nuremberg Doctors’ Trial and the Nuremberg Code as important historical events, continue to prefer seeing American bioethics as a 1960s and ’70s response to medical paternalism made more powerful by an increasing volume of medical research and the development of new medical technology, especially organ transplantation and mechanical ventilation.<sup>6</sup> Nuremberg is seen as an important event, but one that had no immediate impact on medical ethics. One of the main reasons for this has been an active program to bury the Nazi doctor past and distance American medi-





cine and American bioethics from Nazi medicine for fear it would be somehow tarnished by it.<sup>7</sup> The best-known example is probably Henry Beecher—an anesthesiologist sometimes himself credited with getting American bioethics started with his 1966 article in the *New England Journal of Medicine* that catalogued a series of unethical experiments conducted at major U.S. research institutions long after the promulgation of the Nuremberg Code.<sup>8</sup>

Beecher was also a leader in drafting the World Medical Association's (an organization formed in London at the end of 1946 just as the Doctors' Trial was getting under way) Helsinki Declaration on human research—which many saw as a way to “save” medical research from becoming dominated by the “overly rigid” Nuremberg Code.<sup>9</sup> Nuremberg was considered overly rigid because of what psychiatrist Jay Katz has consistently highlighted and praised about it—its “uncompromising language to protect the inviolability of subjects of research.”<sup>10</sup> By putting the liberty and welfare of research subjects over the promise of medical progress, the Nuremberg judges sought to put the interests of individual humans over the interests of society in medical progress. But medical progress has consistently won out over the consent principle in the real world. The “Belmont Report” of 1979, probably the most cited government-sponsored statement of research ethics, for example, begins with an opening paragraph about the Nuremberg Code, but then quickly asserts that it is “often inadequate to cover complex situations,” like research on children and the mentally disabled.

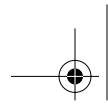
Nuremberg was also on the minds of Daniel Callahan and the founders of the Hastings Center, and they held a major program on its implications for bioethics. But, as described by Arthur Caplan (who himself sponsored a similar program a decade later, in 1989), there were many reasons for American bioethics to suppress its birth, most notably the sheer unprecedented scale of immorality of the Nazi doctors, and potential guilt by association, especially in the research enterprise.<sup>11</sup> But suppression did not prevent Caplan from concluding that “bioethics was born from the ashes of the Holocaust.”

The judges at the Doctors' Trial prefaced their enunciation of the Code as follows:

The great weight of the evidence before us is to the effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:







### THE NUREMBERG CODE (1947)

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and acknowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

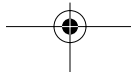
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached





the physical or mental state where continuation of the experiment seems to him to be impossible.

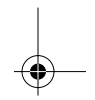
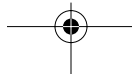
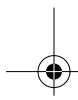
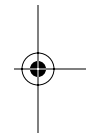
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

The source of American bioethics can also be read in the biographies of almost all of the founders of American bioethics and its current leaders.<sup>12</sup> But the history of American bioethics is rooted in the Nazi concentration camps in another way as well. Historians are correct to see American bioethics in the late 1960s and early 1970s as fundamentally a reaction to powerful new medical technologies in the hands of medical paternalists who disregarded the wishes of their patients. Thus, the major strategy to combat this unaccountable power was to empower patients with the doctrine of informed consent (sometimes called autonomy, and put under the broader rubric of respect for persons). This is perfectly reasonable. But it is unreasonable to want to distance yourself so much from your origins to miss the fact that Nazi physicians who performed experiments in the concentration camps did so in an impersonal, industrial manner on people they saw as subhuman, and were unaccountable in the exercise of their power over their subjects. The first response of the American judges to the horror of the Nazi doctors was to articulate, in the first precept of the Nuremberg Code, the doctrine of informed consent. The modern doctrine of informed consent was not born either of U.S. health law in 1972, or of American bioethics shortly thereafter, but at Nuremberg in 1947.

### Health Law, Bioethics, and Human Rights

Misidentifying the birth of bioethics has also helped us to misidentify the birth of its primary doctrine, informed consent. American bioethicists have spent so much energy denying their origins that they have produced a misleading account of their central doctrine as well. The American judges at Nuremberg were also comfortable crossing borders, especially the border between American medical ethics (what we now know as bioethics) and international human rights law.

As in any organic whole, the boundaries between the interrelated fields of health law, bioethics, and human rights are easily crossed. The collapsing of other boundaries in human rights discourse suggests how a more integrative model might be built. In the brief history of human rights, for example, there have been three



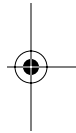


great divisions—all of which have been breached (although attempts to police these borders persist). These are the divisions between positive and negative rights, between public and private actors, and between state internal affairs and matters of universal concern.<sup>13</sup>

The positive/negative distinction has been seen more and more as a difference in degree rather than kind. This is because at least some positive government action is required even to ensure so-called negative rights, such as the right to be left alone, the right to vote, freedom of speech, and the right to trial by jury. All of these negative rights actually require the government to do something positive—such as setting up a police and court system, and making legal counsel available to the accused. Of course, in the arena of positive rights, like the right to food, shelter, jobs, and health care, governments will be required to expend more resources (many more than for “negative” rights) to fulfill these rights. But resources will have to be expended to fulfill both types.

In the language of contemporary human rights, governments don’t simply have the obligation to act or not to act; but rather have obligations regarding all rights to *respect* rights themselves, to *protect* citizens in the exercise of rights, and to *promote* and *fulfill* rights. Of course, not all governments can fulfill economic rights immediately because of financial constraints, and international law suggests that governments must work toward the “progressive realization” of these rights within the limits of their resources. Some governments may be so limited in their resources that they may require assistance from the world community, and the novel but powerful “right to development” speaks to the obligations of the world community to provide that assistance, as does the UN’s Millennium Declaration.

A similar analysis can be made of the distinction between private and public. Individuals cannot be free to commit crimes in the privacy of their homes; the law has jurisdiction in both the public and private sphere. And although international law has traditionally focused solely on the relationships between governments (and between a government and its people), private actors, like transnational corporations, have more recently been seen as having so many direct relationships with governments, who often act explicitly to protect their interests, that they should be seen as a fit subject for international human rights. Similarly, although historically the boundary of a country protected it from interference with its “internal affairs,” the world today will not always now simply stand by and watch as countries engage in massive human rights abuses (as the world did in Rwanda and continues to do in the Sudan), but may rather, as in South Africa, intervene to try to prevent major human rights abuses.



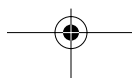


Entirely new entities, termed nongovernmental organizations, or simply NGOs, have sprung up and become the leading forces for change in the world. A notable health-related example is Médecins sans Frontières (MSF), a humanitarian-human rights organization founded on the belief that human rights transcend national borders and thus human rights workers cannot be constrained by borders, but should cross them when necessary. As Renée Fox describes it, over the years the *le droit d'ingérence* (the right to interfere) has been displaced with an even more activist *le devoir d'ingérence* (the duty to interfere).<sup>14</sup> This concept takes human rights to be universal and sees globalization as a potential force for good. MSF expands medical ethics to include physician action to protect human rights, blending these two fields and treating the law that protects government territorial boundaries as subordinate to the requirements of protecting human rights. In this regard, MSF itself can be seen as one of the first health and human rights fruits of our human rights tree. Other notable physician NGOs that have taken the lead in adopting a human rights framework for their work include Physicians for Human Rights, Global Lawyers and Physicians, and, perhaps most notably, the British Medical Association.<sup>15</sup>

### The Universal Declaration of Human Rights

Globally, boundaries are being breached by ideas, communication systems, and economics, even as the world paradoxically splinters into more and more countries. Nonetheless, as daunting and discouraging as many contemporary challenges are, especially those related to global terrorism, the international research in genetic engineering and human cloning, and provision of basic health care to everyone, the Universal Declaration of Human Rights (UDHR) really does provide the world with an agenda and a philosophy. The centrality of the UDHR to bioethics is well recognized internationally. As put concisely in a 2003 report of the International Bioethics Committee of UNESCO: “modern bioethics is indisputably founded on the pedestal of the values enshrined in the Universal Declaration of Human Rights.”<sup>16</sup> Notably, the current version of UNESCO’s attempt to develop an international bioethics framework explicitly adopts the UDHR as its basis, and has been retitled the “Declaration on Bioethics and Human Rights.”

The cold war is well recognized as the force that prevented a single treaty from incorporating the principles of the UDHR, and instead saw the drafting of two separate treaties—one for civil and political rights, and the other for economic, social, and cultural rights, reflecting the East-West divisions of government ideologies during the 1950s and 1960s. This separation was political and artificial, and it is now well recognized that economic and social (positive) and civil and political (negative) rights are interconnected and inter-



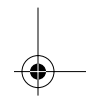
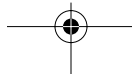
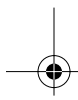
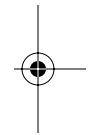


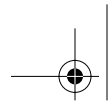
related, and human beings need both to enable human flourishing. Less well recognized is that it was also the cold war that prevented, or at least slowed, the development of American bioethics that originated with the Nuremberg Code. Because of fear of the Soviet Union, the U.S. acted much more pragmatically than principled in not only performing research, especially in the area of radiation research, not permissible under the Nuremberg Code (and thus required suppression or marginalization of the Code), but also actively recruited Nazi scientists and physicians to continue their research in the United States under U.S. military auspices.

The world's one remaining superpower and empire builder, the United States, has yet to enthusiastically embrace the UDHR—even though it was drafted under the able direction of Eleanor Roosevelt<sup>17</sup>—and has turned itself into an object of fear and distrust around the world in the wake of our “preemptive war” in Iraq. But our government’s attempt to ignore the precepts of the UDHR cannot ultimately prevail, and ignoring its political and civil precepts is fundamentally anti-American. Recent action by the U.S. Senate provides a powerful example. In October 2005, the United States Senate voted 90 to 9, over the objections of the president and his administration, both to affirm our commitment to the UN Convention Against Torture, and to explicitly outlaw “cruel, inhuman or degrading treatment or punishment” of anyone in the custody or control of the U.S. government. The chief sponsor of this legislation, Senator John McCain, began his floor speech on his amendment to the Department of Defense Appropriations Bill by saying:

...let me first review the history. The Universal Declaration of Human Rights, adopted in 1948, states simply: “No one shall be subjected to cruel, inhuman or degrading treatment or punishment.” The International Covenant on Civil and Political Rights, to which the United States is a signatory, states the same.<sup>18</sup>

Few Americans, I’m sure, ever thought that their government would condone and practice torture and inhuman and degrading treatment, let alone publicly justify torture as necessary for national security. Nonetheless the administration’s torture position is consistent with a view of American pragmatism that says there are times when principles must be ignored to produce a result that is highly desired, and when fighting evil (whether in war, or in a war against disease and death) it is acceptable to use an inherently evil means. This justification for committing war crimes and crimes against humanity was, of course, rejected at Nuremberg by the United States, and has now been overwhelmingly rejected by the U.S. Senate as well.<sup>19</sup>





McCain did not highlight the role and participation of physicians in torture and “aggressive interrogation” (and, of course, nor has American bioethics had anything to say about either the war on terror or the role of physicians in it), but had he focused on physicians and medical ethics he could have said even more about the Universal Declaration of Human Rights and the subsequent Covenant on Civil and Political Rights. He could have noted that in adopting language for the 1958 Covenant, a treaty that the U.S. signed and which came into force in 1966, the Nuremberg Doctors’ Trial was front and center on the minds of the drafters. The drafters added a second sentence to the original text of Article 5 of the UDHR, “In order to prevent the recurrence of atrocities such as those which had been committed in Nazi concentration camps during the Second World War.” The two-sentence provision of Article 7 of the International Covenant on Civil and Political Rights reads in its entirety:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

The drafting of the treaty on civil and political rights and its result, of course, means that Nuremberg and its consent principle was taken very seriously by the international law community in the 1950s.



#### UNIVERSAL DECLARATION OF HUMAN RIGHTS (1948)

##### Article 5

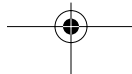
No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

##### Article 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.  
(2) Motherhood and childhood are entitled to special care and assistance...

##### Article 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.



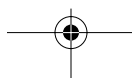


## Visions of the Future

The future that many American bioethicists, notably those on President Bush's Council of Bioethics, continue to worry about is Huxley's *Brave New World*—a world in which humans would be commodified and stratified, and would give up all of their dignity and self-respect for security and recreational drugs and sex. It was a world of humans reduced to animal status.<sup>20</sup> Preventing this vision from becoming a reality is a reasonable goal. But exclusive concentration on a *Brave New World* vision, and an embryocentric view of ethics energized by anti-abortion sentiments, is not so much about bioethics as biopolitics, specifically President Bush's limitations on federal funding for human embryonic stem cell research to placate his Christian fundamentalist base. Bioethics is important in U.S. politics, just as morality is important in law-making. But when bioethics is used primarily to serve an ideological, domestic political agenda, rather than helping to develop a global ethic, it is of little use to anyone other than narrow interest groups.<sup>21</sup>

Making bioethics the servant of domestic politics also narrows its focus such that it is incapable of responding to or affecting a changing world, one envisioned more accurately in Orwell's *1984*: a post-9/11 world dominated by military dictatorships kept in power by fear induced by "perpetual war," debasement of language (double-speak), and constant rewriting of history. The Guantanamo prison camp is emblematic of our *1984* syndrome, and the fact that bioethicists have had almost nothing to say about the role of physicians there in "aggressive interrogation" and force feeding (termed "assisted feeding" in doublespeak) hunger strikers demonstrates its real-world limitations. What seems evident is that human rights activists are more likely to provide nourishment to the human rights tree than bioethics theorists or health law scholars.<sup>22</sup> Nonetheless, having practitioners of these interrelated fields working together has the potential to radically increase their impact on the real world, and for the better. This is why rather than abandoning health law and bioethics for human rights, we recently renamed our department in the Boston University School of Public Health (formerly the Health Law Department) the Department of Health Law, Bioethics, and Human Rights.

Salman Rushdie also had border crossings on his mind when he reflected on the meaning of 9/11 in his collection entitled *Step Across This Line*. He ends his reflections by noting that "We are living, I believe, in a frontier time, one of the great hinge periods in human history, in which great changes are coming about at great speed." On the plus side he lists the end of the cold war, the Internet, and the completion of the Human Genome Project; on the minus a "new kind of war against new kinds of enemies fighting with terrible new weapons." The changes we will adopt are not preordained, and





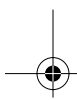
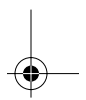
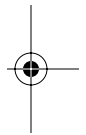


Rushdie quite properly notes that “the frontier both shapes our character and tests our mettle.”<sup>23</sup> He is also right to wonder whether as we stand on this frontier if we will regress into barbarism ourselves or “as custodians of freedom and the occupants of the privileged lands of plenty, go on trying to increase freedom and decrease injustice?” A globalized American bioethics, infused with human rights, would have to pursue global justice.

In another post-9/11 reflection, José Saramago astutely agrees that what our world needs most of all is justice, “a justice that is a companion in our daily doings, a justice for which ‘just’ is most exactly and strictly synonymous with ‘ethical,’ a justice as indispensable to happiness of the spirit as food for the body is indispensable to life.” Saramago has in mind not only a justice “practiced in the courts whenever so required by law” but more, “a justice that manifests itself as an inescapable moral imperative . . .”

Where do we find the embodiment of this universal justice that is required by law and nourished by ethics and moral imperatives? In Saramago’s words, “we already have a readily understandable code of practical application for this justice, a code embodied for the past fifty years in the Universal Declaration of Human Rights, those thirty essential, basic rights...in terms of the integrity of its principles and the clarity of its objectives, the Universal Declaration of Human Rights, just as it is now worded and without changing a single comma, could replace to advantage the platforms of every political party on Earth . . .”<sup>24</sup>

This is powerful language and clear eyed: Saramago is no romantic seeking a new Eden, but a realist who understands that without a human rights-focused action by both individuals and governments, “the mouse of human rights will implacably be eaten by the cat of economic globalization.” Saramago’s implicit assertion is that law, ethics, and human rights are all of a piece—and that justice cannot be obtained for humans without all three components.







## End Notes

1. E. Cahn, "The Lawyer as Scientist and Scoundrel: Reflections on Francis Bacon's Quadricentennial," *New York University Law Review* 36 (1961): 1–12.

2. G.J. Annas and M.A. Grodin, *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation* (New York: Oxford University Press, 1992); and E. Shuster, "Fifty Years Later: The Significance of the Nuremberg Code," *New England Journal of Medicine* 337 (1997): 1436–40.

3. Excerpt from "Little Gidding" in *Four Quartets*, copyright 1942 by T.S. Eliot and renewed 1970 by Esme Valerie Eliot, reprinted by permission of Harcourt, Inc.

4. R. Descartes, *The Philosophical Works of Descartes*, trans. E.S. Haldane and G.R.T. Ross (Cambridge: Cambridge University Press, 1967): at 211.

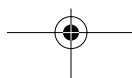
5. The UDHR itself incorporates the Nuremberg principles and the Charter of the United Nations. Jonathan Mann has also suggested the human rights tree model, with the UDHR as a trunk, although without including either bioethics or health law: "The Universal Declaration can be thought of as the trunk of the human rights tree, with the UN Charter as its roots. The two major branches, the two major International Covenants on Civil and Political Rights, and on Economic, Social and Cultural Rights, emerge from and expand upon the trunk with further elaboration through many important treaties and declarations." J. Mann, "Human Rights and AIDS: The Future of the Pandemic," reprinted in J. Mann et al., eds., *Health and Human Rights: A Reader* (New York: Routledge, 1999): at 223.

6. E.g., A. Jonsen, *The Birth of Bioethics* (New York: Oxford University Press, 1992); D. Rothman, *Strangers at the Bedside* (New York: Basic Books, 1991). Jonsen does date the "birth of bioethics" at 1947 and the articulation of the Nuremberg Code, but doesn't really seem to believe it—preferring instead to concentrate on the 1960s. Rothman also devotes considerable space to Nuremberg, but ultimately decides to date the beginning of modern bioethics with Beecher's 1966 exposé (infra Note 8).

7. See, e.g., M.A. Grodin, G.J. Annas, L.H. Glantz, "Medicine and Human Rights: A Proposal for International Action," *Hastings Center Report* 23, no. 4 (1993): 8–12.

8. H.K. Beecher, "Ethics and Clinical Research," *New England Journal of Medicine* 274 (1966): 1354–60.

9. As Beecher put it in 1970: "The Nuremberg Code presents a rigid act of legalistic demands...The Declaration of Helsinki, on the other hand, presents a set of guides. It is an ethical as opposed to a legalistic document, and is thus a more broadly useful instrument than the one formulated at Nuremberg." W. Refshauge, "The Place for International Standards in Conducting Research for Humans," *Bulletin of World Health Organization* 55 (1977): 133–35 (quoting Beecher).





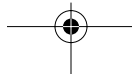
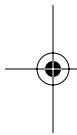
10. See, e.g., J. Katz, "Human Sacrifice and Human Experimentation: Reflections at Nuremberg," 1997. (<http://lsr.nellco.org/yale/ylsop/papers/5>).

11. A.L. Caplan, "How Did Medicine Go So Wrong?" in A.L. Caplan, ed., *When Medicine Went Mad: Bioethics and the Holocaust* (Totowa, NJ: Humana Press, 1992): 53–92. An edited transcript of the Hastings Center conference, *Biomedical Ethics and the Shadow of Nazism*, was published as a supplement to the *Hastings Center Report* in August 1976. On the long relationship of national security and bioethics, see also J.D. Moreno, "Bioethics and the National Security State," *Journal of Law, Medicine & Ethics* 32 (2004): 1980–2208.

12. A rewriting of the intellectual history of American bioethics is beyond the scope of this lecture, but my guess is that virtually anywhere one begins to dig in American bioethics, one will end with World War II. The best-known examples are from two of the field's intellectual founders: Jay Katz and Hans Jonas. Both were born in Germany and had family members killed in the Holocaust, and the bioethics-related writings of both grew out of their reflections on the war and the concentration camps. Jay Katz, for example, published what is still the leading text on human experimentation in 1972, and the Nuremberg Doctors' Trial was central to this collection of primary sources. His star student, and assistant in this project, Alex Capron, went on to be a leader in American bioethics himself, and I don't think it's an accident (although he may) that he is currently the ethicist for one of the major "health and human rights" organizations in the world, the World Health Organization. Jay Katz himself was a member of two major U.S. bioethics panels that examined scandals: the Tuskegee Study Panel in 1972, and the President's Advisory Council of Human Radiation Experiments (1994–95). The Nuremberg Code was the centerpiece of the latter report—although attempts to distance bioethics from it continued. Hans Jonas was, of course, extremely prolific. His bioethics were also much broader than just medicine, but included the entire biosphere. Nonetheless, it was grounded in the Holocaust and the dehumanization of Auschwitz, where his mother was murdered. It is no accident that his own star pupil, Leon Kass, was the head of America's bioethics council from late 2001 to October 2005.

13. The most comprehensive text on international human rights, and the one I rely on heavily in this conclusion, is H. Steiner and P. Alston, *International Human Rights in Context: Law, Politics, Morals*, 2d ed. (New York: Oxford University Press, 2000).

14. R. Fox, "Medical Humanitarianism and Human Rights: Reflections on Doctors without Borders and Doctors of the World," reprinted in Jonathan Mann, et al., eds., *Health and Human Rights: A Reader* (New York: Routledge, 1999): 417–35. With her colleague Judith Swazey, she has accused American bioethics of being based on "Anglo-American analytic philosophical thought [and thus projecting] an impoverished and skewed expression of our society's cultural tradition." Tom Beauchamp (co-author with James Childress of the leading theoretical text on American bioethics, *Principles of Biomedical Ethics*, 5th ed., New York: Oxford University Press, 2001) recently described the Fox/Swazey thesis as "surprisingly influential," although given the isolation of American bioethics from the rest of the world, no surprise is warranted. T.L. Beauchamp, "Does Ethical Theory Have a Future in Bioethics?," *Journal of Law, Medicine & Ethics* 32 (2004): 209–





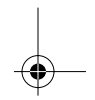
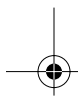
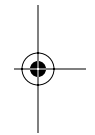
217. Fox and Swazey have had more uncomplimentary things to say about American bioethics. For example, “if bioethics is . . . more than medical—if it is an indicator of the general state of American ideas, values, and beliefs . . . then there is every reason to be worried about who we are, what we have become, what we know, and where we are going in a greatly changed and changing society and world.” R.C. Fox and J.P. Swazey, “Medical Morality is not Bioethics: Medical Ethics in China and the United States,” *Perspectives in Biology and Medicine* 27 (1984): 336–60. And on the narrow focus of American bioethics, “One of the most urgent value questions...[unexplored in bioethics] is whether as poverty, homelessness, and lack of access to health care increase in our affluent country, it is justifiable for American society to be devoting so much of its intellectual energy and human and financial resources to the replacement of human organs.” R.C. Fox and J.P. Swazey, “Leaving the Field,” *Hastings Center Report* 22, no. 5 (1992): 9–15.

15. My colleague Michael Grodin and I followed up our conference on the 50th anniversary of the Nuremberg Code at the Holocaust Memorial Museum by founding our own physician NGO—but combining it with lawyers as well: Global Lawyers and Physicians ([www.glphr.org](http://www.glphr.org)). The basic concept behind this NGO is that the professions of law and medicine are both inherently transnational and that by working together they can be a much more powerful force for promoting human rights than either profession can be working by itself.

16. International Bioethics Committee, *Report of the IBC on the Possibility of Elaborating a Universal Instrument on Bioethics*, UNESCO, Paris, June 13, 2003, 1. My initial view on the question of whether to draft a universal bioethics declaration was that the Universal Declaration of Human Rights already serves this purpose, and that we cannot do better. I continue to believe that it is more constructive to put international efforts into instruments aimed at specific bioethics problems areas, such as genetics. I agree, for example, with the spirit of the statement of former IBC chair Ryuichi Ida of Japan, who noted of UNESCO’s Universal Declaration on the Human Genome and Human Rights that it “has its place in the series of international instruments for the protection of human rights in the same way as the 1948 Universal Declaration of Human Rights, whose force is today universally recognized. The UNESCO declaration represents an extension of human rights protection to the field of biological sciences.” On the other hand, to the extent that the drafters now seem to have adopted the UDHR as their touchstone, and are attempting to craft a document that in essence combines bioethics and human rights, this effort can be useful and constructive. For views on both sides of the debate see the special issue of *Developing World Bioethics*, “Reflections on the UNESCO Draft Declaration on Bioethics and Human Rights”(September 2005).

The appointment of Edmund Pellegrino to head the President’s Bioethics Council in October 2005 is also a positive move in the direction of merging human rights and bioethics. Dr. Pellegrino, for example, has strongly endorsed the centrality of the UDHR to medical ethics in the context of revelations about how physicians were used to torture under the Iraq dictatorship:

National and international medical associations must examine more closely the implications of becoming instruments of anything other than the healing purposes for which the profes-





sion is ordained...This issue will be as critical for democratic as for despotic regimes, and it must become a global issue if the United Nations' Universal Declaration of Human Rights is to maintain significance. With such powerful tools [advances in biotechnology that could be used for torture] in hand, will the medical profession remain a moral enterprise even in the face of threatening emergencies?

E.D. Pellegrino, "Medical Ethics Suborned by Tyranny and War," *JAMA* 291 (2004): 1505-6.

17. For an excellent account of the origins of the UDHR see M.A. Glendon, *A World Made New: Eleanor Roosevelt and the Universal Declaration of Human Rights* (New York: Random House, 2001).

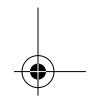
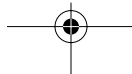
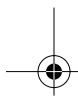
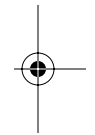
18. *Congressional Record*, 151 (No. 128), October 5, 2005, S. 11061 (debate on amendments to the Department of Defense Appropriations Bill).

19. Accepting the Nuremberg Doctors' Trial as the birth of American bioethics has consequences. Let me tentatively suggest four that require more attention: (1) American bioethics is real-world oriented, and it is reasonable for physicians and lawyers to determine the agenda and approach to bioethical issues; the dominion of law over ethics in bioethics is as reasonable today as it was at Nuremberg; (2) American bioethics is an inherent part of the international human rights movement, and therefore should be actively involved in promoting the goals articulated in the Universal Declaration of Human Rights and subsequent treaties (this agenda includes "positive" rights, the most important of which is the right to health, and this should be a central priority of American bioethics); (3) American bioethics, like American health law, has a role in politics, and should engage in politics that supports basic human rights both domestically and globally; NGOs will therefore become increasingly central to bioethics-human rights work; (4) articulation of codes of conduct (like the Nuremberg Code) is necessary, but not sufficient; at least for extremes, international forums, like the International Criminal Court, in which doctors and lawyers can work together, as they did at Nuremberg, to hold ruthlessly unethical medical practitioners criminally accountable for their actions, are necessary. "Naming and shaming" is integral to human rights work, but the development of more important enforcement mechanisms is essential, if for no other reason than that some government officials have no shame.

20. President's Bioethics Council, *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (Washington, D.C.: President's Bioethics Council, 2004); See also R. Pollack, *The Missing Moment* (New York: Houghton Mifflin Co., 1999): at 155-60.

21. See G.J. Annas and S. Elias, "Politics, Morals, and Embryos," *Nature* 431 (2004): 19-20.

22. See, e.g., H.H. Koh, *Introduction of U.S. Department of State 1999 Country Reports on Human Rights Practices* (Washington, D.C.: U.S. Department of State, 2000): ("in the new millennium, there are at least three universal 'languages': money, the Internet, and democracy and human rights."). See also L.P. Knowles, "The Lingua Franca of Human Rights and the Rise of a Global Bioethic," *Cambridge Quarterly of Healthcare Ethics* 10 (2001): 253-63; and D.C. Thomasma, "Proposing a New Agenda: Bioethics





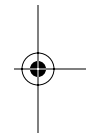
and International Human Rights," *Cambridge Quarterly of Healthcare Ethics* 10 (2001): 299–310; and R. Andorno, "Biomedicine and International Human Rights Law: In Search of a Global Consensus," *Bulletin of World Health Organization* 80, no. 12 (2002): 959–63.

An international human rights approach is also consistent with Kant's views on enlightenment in the context of the entire human species, all of whose members "have an interest in the preservation of the whole" giving rise to the hope that "after many revolutions of reform, nature's supreme objective—a universal *cosmopolitan state*, the womb in which all of the human species' original capacities will be developed—will at last come to be realized." (emphasis in original) I. Kant, *Perpetual Peace and Other Essays*, trans. Ted Humphrey (Indianapolis: Hackett Publishing Co., 1983): at 38 (originally published in 1784). Kant's philosophy supports the concept of universal human rights and of giving all human beings the status of "world citizens." G. Borradori, *Philosophy in a Time of Terror: Dialogues with Jürgen Habermas and Jacques Derrida* (Chicago: University of Chicago Press, 2003): at 55.

The father of American pragmatism, philosopher John Dewey (the favorite philosopher of the first chair of a national bioethics commission in the U.S., physician Kenneth Ryan, among others) espoused a frontier pragmatism that is also perfectly at home with the concept of equal humans freely moving toward a better world by virtue of their intelligence and experience. "It is [American pragmatism's] faith in the power of free intelligence to work its way, item by item and day by day, to that union . . . which the United Nations purports and the Universal Declaration of Human Rights affirms." H.M. Kallen, "John Dewey and the Spirit of Pragmatism," in S. Hook, ed., *John Dewey: Philosopher of Science and Freedom: A Symposium* (New York: Dial Press, 1950): at 45.

23. S. Rushdie, *Step Across This Line: Collected Nonfiction 1992–2002* (New York: Random House, 2002): at 381.

24. J. Saramago, "From Justice to Democracy by Way of the Bells," closing speech of the World Social Forum, Porto Alegre, Brazil, January 22, 2002. See also P. Farmer and N.G. Campos, "New Malaise: Bioethics and Human Rights in the Global Era," *Journal of Law, Medicine & Ethics* 32 (2004): 243–51.



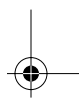
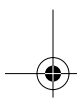
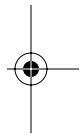


## BIOGRAPHICAL NOTE

George J. Annas

George J. Annas was born in St. Cloud, Minnesota, a long time ago, between VE and VJ Days. He came to Massachusetts to do undergraduate studies at Harvard College, where he graduated *magna cum laude* in economics (A.B., 1967), and went on to graduate from Harvard Law School (J.D., 1970) and Harvard School of Public Health (M.P.H., 1972). In between his last two degrees he clerked for Justice John V. Spalding of the Massachusetts Supreme Judicial Court, and after teaching a year at Boston College Law School he came to Boston University School of Law as the Director of the Center for Law and Health Sciences in 1973. (The Center was the successor to BU's Law-Medicine Institute, which was founded in 1958.) In 1978 he moved to the Medical Campus, where he taught in the medical school and helped to found the School of Public Health, and its Department of Health Law, which he developed to include bioethics and human rights teaching and research components. In recognition of this, President Aram Chobanian and the Board of Trustees approved a department name change in 2003 to the Department of Health Law, Bioethics, and Human Rights. Professor Annas is the Edward R. Utley Professor and Chair of the Department of Health Law, Bioethics, and Human Rights of Boston University School of Public Health, Professor of Socio-Medical Sciences in the Boston University School of Medicine, and Professor of Law in the Boston University School of Law.

He has authored, coauthored, or coedited 16 books, but is still best known for his first book, *The Rights of Patients*, initially published in 1975 but now in its 3rd edition (NYU Press, 2004). The book, which articulates the human rights of patients, has been termed "the Bible of patient rights" and helped earn him the designation of "the father of patient rights." His other sole-author works are *American Bioethics: Crossing Human Rights and Health Law Boundaries* (Oxford U. Press, 2005), *Some Choice: Law, Medicine, and the Market* (Oxford U. Press, 1999), *Standard of Care: The Law of American Bioethics* (Oxford U. Press, 1993), and *Judging Medicine* (Humana Press, 1987). These books are all based on his regular feature writing for professional journals. From 1976 to 1991 he wrote a







regular "At Law" feature for the *Hastings Center Report*, and from 1982 to 1992 he wrote a regular "Public Health and the Law" feature for the *American Journal of Public Health*. Since 1991 he has written the "Legal Issues in Medicine" feature for the *New England Journal of Medicine* (surviving four strong-willed editors), most recently on the outrageous interference of Congress in the Terri Schiavo case and on the inexplicable role of military physicians in facilitating torture at Abu Ghraib and Guantanamo. This body of work has earned him the designation of "America's preeminent medico-legal analyst," [Bernard Dickens] and "one of the most visible, prolific, and influential scholars in the field of bioethics" [Arthur Caplan]. Nonetheless, his favorite (and least publicly appreciated) work is his play, *Shelley's Brain*, which has been presented to bioethics audiences across the U.S. and in Australia. It is a dark comedy about the world's first brain transfer experiment. His major disappointment at Boston University was being rejected (twice) by Derek Walcott to be a student in his playwriting course.

Professor Annas has always tried to find ways to encourage physicians and lawyers to work together for the benefit of the public. With Dr. Elliot Sagall he founded the American Society of Law and Medicine (ASLM) in 1972 to further continuing medico-legal education, and was also the founding editor of its first publication, *Medico-legal News* (now the *Journal of Law, Medicine & Ethics*), in 1973. Both the Society and its publications are now housed at Boston University School of Law. In 1976 he chaired the first National Health Law Teachers Meeting at Boston University under the auspices of the Center for Law and Health Sciences. This meeting, which was repeated in 1978 and 1980 and was later adopted by ASLM (now the American Society of Law, Medicine & Ethics), has met annually at law schools across the country since 1985.

In 1989 his department sponsored a national conference on the Nuremberg Code, which led to a book coedited by Professor Michael Grodin, *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation* (Oxford U. Press, 1992). This work continued when his department sponsored a national conference on the Nuremberg Code at the Holocaust Memorial Museum in Washington, D.C. in 1997, the 50th anniversary of the judgment that articulated the Code. At that conference he and Professor Grodin decided to found a new non-governmental organization in the department, Global Lawyers and Physicians (GLP), to encourage physicians and lawyers to work together transnationally to promote health and human rights through education, service, and advocacy. GLP's most successful project to date has been the collaborative Boston Center for Refugee Health and Human Rights, a joint project of Boston Med-





ical Center, Boston University School of Medicine, Boston University School of Public Health, and Boston University School of Law, which since its founding in 1998 has provided medical, legal, and social support services to more than 1,000 survivors of torture and refugee trauma from more than 60 countries. GLP also works closely with its sister organization at Harvard School of Public Health, the Francois-Xavier Bagnoud Center for Health and Human Rights, with whom GLP teaches an annual continuing education course on "Health and Human Rights" and with whom GLP has edited two textbooks: *Health and Human Rights: A Reader* (Routledge, 1999) and *Perspectives on Health and Human Rights* (Routledge, 2005).

Professor Annas has always believed in using law to change society, and to this end has lectured to lawyers, judges, physicians, and the public in all but six of the 50 states, and more than a dozen countries, including South Africa, Japan, Argentina, Israel, France, Germany, England, Ireland, Italy, Portugal, Australia, and Mexico. He and his colleagues at Boston University, Leonard Glantz and Barbara Katz, wrote the informed consent background papers for the National Commission for the Protection of Human Subjects in the mid-1970s (later published as *Informed Consent to Human Experimentation: The Subject's Dilemma*, Ballinger, 1977). He led the effort to draft a model state living will/health care proxy law in the 1980s and the committee that wrote the Massachusetts Health Care Proxy form in 1991. In 1991 he co-chaired the first extramural workshop on the Ethical, Legal and Social Policy Implications (ELSI) of NIH's Human Genome Project with genetics colleague, and often co-author, Sherman Elias (later published as *Gene Mapping: Using Law and Ethics as Guides*, Oxford U. Press, 1992), and later led the effort to draft ELSI's "Genetic Privacy Act" (with Leonard Glantz and Winnie Roche). Currently, however, he is fighting against more laws, specifically efforts to erode civil rights by increasing the powers of government to involuntarily quarantine and treat people in emergencies.

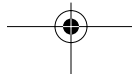
Professor Annas is a fellow of the American Association for the Advancement of Science, a member of the Institute of Medicine, co-chair of the American Bar Association's Committee on Health Rights and Bioethics (Individual Rights and Responsibilities Section). He has also held a variety of government regulatory posts, including Vice Chair of the Massachusetts Board of Registration in Medicine, Chair of the Massachusetts Health Facilities Appeals Board, and Chair of the Massachusetts Organ Transplant Task Force. He is currently a member of the Massachusetts Biomedical Research Advisory Council.

Professor Annas lives in Newton with his wife, Mary Frances Annas, who specializes in Post-Colonial Canadian literature and teaches English at Northeastern University, and her two cats. Mary has a Ph.D. from Northeastern but undergraduate and master's





degrees in English from Boston University. Their daughter Katie is an attorney and the Director of Patient Safety at the Massachusetts Department of Public Health. She has no degrees from Boston University. Their son David, on the other hand, is a fourth-year medical student at Boston University School of Medicine and holds an undergraduate degree from Boston University (English and Classical Studies) and an M.P.H. from the Boston University School of Public Health.





## THE UNIVERSITY LECTURE

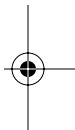
The University Lecture was established at Boston University in 1950 for the purpose of honoring members of the faculty engaged in outstanding research. The lecture provides an opportunity for all members of the University community—as well as the general public—to meet a distinguished scholar discussing a topic of recognized excellence. Each spring, all members of the faculty are invited to make nominations for the subsequent year's Lecturer. The University Lecturers from the previous five years act as the Nominating Committee.

### THE UNIVERSITY LECTURES

- Brenton R. Lutz, *The Living Blood Vessels*, December 11, 1950  
 Edgar Sheffield Brightman, *Persons and Values*, April 16, 1951  
 Warren O. Ault, *The Self-Directing Activities of Village Communities in Medieval England*, December 10, 1951  
 Sanford B. Hooker, *The Individualities of the Human Blood*,  
 April 17, 1952  
 Elmer A. Leslie, *The Intimate Papers of Jeremiah*, December 11, 1952  
 Karl Geiringer, *The Bachs—A Family Portrait*, April 8, 1953  
 William Malamud, *Psychosomatics—A Medical Definition of Body-Mind Relationship*, December 8, 1953  
 Edward Wagenknecht, *The Unknown Longfellow*, April 8, 1954  
 Walter G. Muelder, *The Idea of a Responsible Society*,  
 December 9, 1954  
 Albert Morris, *Homicide: An Approach to the Problem of Crime*,  
 April 14, 1955  
 Frank T. Nowak, *Russian Imperial and Soviet Foreign Policy*,  
 December 6, 1955  
 Chester S. Keefer, *Medical Science and Society*, April 10, 1956  
 Gerald W. Brace, *The Age of the Novel*, December 11, 1956  
 Donald D. Durrell, *The Search for Better Schools*, April 9, 1957  
 William C. Boyd, *Genetics and the Races of Man*, December 11, 1957  
 William O. Brown, *Racial Issues in South Africa and the American South*, April 24, 1958  
 Leland C. Wyman, *Navaho Indian Painting: Symbolism, Artistry, and Psychology*, February 17, 1959  
 Peter A. Bertocci, *Education and the Vision of Excellence*,  
 March 23, 1960  
 L. Harold Dewolf, *Acknowledgement of Non-Christian Contributions to Christian Faith and Life*, November 2, 1960  
 Walter J. Gensler, *Making Molecules: Ways to New Polyunsaturates*,  
 December 11, 1961



- Robert E. Moody, *A Proprietary Experiment in Early New England History: Thomas Gorges and the Province of Maine*, April 23, 1963
- Lashley G. Harvey, *The "Walled" Towns of New England*, April 15, 1964
- Amiya Chakravarty, *The Emergent Design*, April 22, 1965
- Franz J. Ingelfinger, *Medical Technosis*, April 12, 1966
- David Aronson, *Real and Unreal: The Double Nature of Art*, May 9, 1967
- Robert S. Cohen, *Science: Life and Death*, April 25, 1968
- Theodore Brameld, *Our Climactic Decades: Mandate to Education*, May 14, 1969
- Albert R. Beisel, Jr., *Erotica and the Law*, April 22, 1971
- John Malcolm Brinnin, *Pray You, Undo This Button: The Sentimental Strategies*, April 25, 1972
- Irwin T. Sanders, *The Search for Community in a Complex Society*, December 3, 1973
- Helen H. Vendler, *The Recent Poetry of Robert Lowell*, April 3, 1974
- Joseph H. Silverstein, *The University Music School: Its Uses and Its Future*, December 9, 1975
- Lynn Margulis, *The Early Evolution of Life*, January 26, 1978
- J. Michael Harrison, *Sound and the Way It Controls Animal Behavior*, November 8, 1978
- John N. Findlay, *Ethics as an Art*, March 12, 1980
- Paul N. Rosenstein-Rodan, *The New International Economic Order*, March 25, 1981
- Sidney A. Burrell, *The Scottish Dimension in Irish History*, April 1, 1982
- Millicent Bell, *Meaning and Unmeaning: Henry James*, April 11, 1983
- Richard H. Clarke, *Star Wars Surgery: What Chemical Physics Has to Offer the Operating Room of the Eighties*, April 9, 1984
- Howard Clark Kee, *Medicine, Miracle, and Magic in the Roman World*, April 8, 1985
- Norman M. Naimark, *Terrorism and the Fall of Imperial Russia*, April 14, 1986
- William B. Kannel, *Conquest of Coronary Heart Disease: Epidemiologic Contributions of the Framingham Study*, March 23, 1987
- Peter L. Berger, *Moral Judgment and Political Action*, October 26, 1987
- Phyllis Curtin, *Views of Life and Education Gleaned from Performance*, October 27, 1988
- Stephen Grossberg, *Human Vision and Neural Computation: Illusion and Reality in the Mind's Eye*, October 25, 1989
- Christopher Ricks, *Literature and the Matter of Fact*, October 30, 1990
- H. Eugene Stanley, *Fractal Landscapes in Physics and Biology*, October 21, 1991
- Jean Berko Gleason, *Language Acquisition and Socialization*, October 19, 1992
- Nancy Kopell, *Rhythms and Clues: Mechanisms of Self-Organization in Nature*, October 18, 1993
- Lukas Foss, *A Twentieth-Century Composer's Confessions about the Creative Process*, October 24, 1994





- Roger Shattuck, *The Rule of Excess: Faust and Frankenstein*,  
October 10, 1995
- Glenn C. Loury, *The Divided Society and the Democratic Idea*,  
October 7, 1996
- Charles R. Cantor, *After the Human Genome Project: A Peek at Future  
Biomedical Science and Technology*, October 20, 1997
- Michael Mendillo, *Astronomy Through a Glass, Darkly—Searching for  
Extended Atmospheres of Planets, Moons, and Comets*,  
October 5, 1998
- Robert Dallek, *Presidential “Disability”: An American Dilemma*,  
October 18, 1999
- Robert G. Bone, *From Judgment to Settlement: The Changing Character  
of American Courts*, October 16, 2000
- David H. Barlow, *The Origins of Anxiety and Its Disorders*,  
October 15, 2001
- Stanley Rosen, *Comfortable Virtue: Remarks on the Enlightenment*,  
October 21, 2002
- Charles DeLisi, *Crossing the Watershed: Biological and Other Worlds in  
the Post-Genomic Era*, October 20, 2003
- William C. Carroll, *Macbeth and the Show of Kings*, April 28, 2005
- George J. Annas, *American Bioethics after Nuremberg: Pragmatism,  
Politics, and Human Rights*, November 10, 2005

