This is Suzanne Snider. I'm here with Dr. Ruth Macklin on June 2, 2022. We're here in Pittsburgh [Pennsylvania] in Ruth's home. I want to thank you, Ruth, for being here today as part of an oral history project called *Moral Histories [Stories and Voices from the Founding Figures of Bioethics]*, initiated by the Berman Institute at Johns Hopkins University. Thank you.

Macklin: [00:00:25] It's my pleasure.

Q: [00:00:27] And I want to acknowledge Liz [Elizabeth] Reid in the room, who is serving as recordist today. And I'd like to start, Ruth, by asking you to introduce yourself, please.

Macklin: [00:00:41] My name is Ruth Macklin. Macklin is my married name. I've been divorced for quite a number of years. Some people change their name back to their--it used to be called maiden name, but I call it my birth name, because I don't like the maiden idea. And I never did that because I had children and they had their father's name and it just seemed a lot easier to keep that name. So, I'm sorry, the second part of your question was?

Q: [00:01:12] That was great. I was asking you to introduce yourself in any way that you want to before I start with some questions for you.

Macklin: [00:01:20] Well, so far it's just my name. I'll have more to say if you have some questions of interest.
Q: [00:01:26] Great. Well, thank you for being here. And I know that our joint purpose is to speak about bioethics and your contributions to the field, which are many. Before we get to the subject of bioethics, I'd like to go further back and find out about your early life, in hope that we can make, really help, someone coming to this interview appreciate the whole trajectory. So I wanted to know if we could start by talking about your earliest memories and maybe going back to your childhood home.

Macklin: [00:02:05] All right. I was born in Newark, New Jersey, and lived at the time in my early, very early life in Newark with my parents. They moved to another suburb for a larger home. I mean, a larger space. It was not anything fancy at the time. And I grew up, as most kids did, I went to public schools. My family--my father was a physician. He was a, what they called at the time a "GP," a general practitioner. And it was very much part of my life because he made house calls. He made night calls with his little black bag. And we lived not lavishly at all. His patients were working class, mostly, some of them lower-middle class. And we lived in a poor section of Newark and not in a wealthy section of the town that we subsequently lived in. So my early life, I was in public schools my whole life. My early life, my brother was born when I was four. And we got along pretty well. We got along much better as adults because he was a younger brother [laughs]. And it was a very uneventful life. I was a good student, and the children of physicians often become physicians, fewer women than men, at least while I was growing up. And at a certain point, probably when I was in high school, I was thinking of becoming a physician. I admired my father. We had a very close, warm family. Everybody got along. And it was just a very, very nice upbringing. And my father was so devoted to his profession that sometimes we couldn't go away on a vacation that we had planned, or my mother and my brother and I would go, and my father would not go, even though he was intending to go. So the life of a busy doctor like that, he had office hours in the afternoon and the evening. He worked in the hospital in the morning. And the evening office hours--we had to eat dinner very early because he had office hours from six thirty to eight thirty in the evening. And I was very resentful because all the other kids are playing outside or in the winter, in each other's homes, and they are... I was called in, if I were playing out in the yard, and my mother would call me, Time for dinner, and I would protest. But of course, I had to go in and eat. So that was my young upbringing.
[00:05:08] I was always a pretty good student, and interested in whatever the classes were. And when I started talking about possibly becoming a doctor (and this is of course, before I went to undergraduate college) my father discouraged me. And I was really very surprised at the time because he really did love his work and was dedicated, extremely devoted to his patients. But possibly, he was a little bit prejudiced because he said he didn't like women in medicine. And I'm not sure exactly why. But I came to understand what it was: He didn't know about academic medicine. He was an old-fashioned GP living in a--working--with a middle class and lower, lower middle class patients, and making house calls and night calls. And that's what medicine was to him. It was clear to me at a certain point that had I gone into medicine, I would have become an academic. There's no question about that. But he pictured me making night calls with my little black bag, and having some marauder in the street find me or see me walking around with my little black bag. So he was really very discouraged. I think there was something else, too, and that is he wanted grandchildren and the whole idea of a busy doctor who may not even have children. So he discouraged me from that. And once he discouraged me, then I looked at my other interests. I was good in sciences, but I was probably a little better in languages and human--what we call humanities. Now, in seventh grade, my family, when I was entering seventh grade, my family moved to go to a better school system. And it was indeed a very good school system as a public school system.

[00:07:13] My classmates went to Harvard [University] and Yale [University] and Princeton [University], and Harvard and Yale and Princeton were off bounds for women at that time, because they were not coed until quite a few years later. So I chose Cornell [University], because I wanted to go to a coed school. I did not want to go to a women's college. And some of my best friends went to the women's colleges that were then the ones that smart girls went to. They went to mostly Wellesley [College]. One or two may have gone to Radcliffe [College] and a few to Smith [College], and a couple of them transferred after the first year because they didn't want to be at a women's college either [laughs]. And that was actually very smart of me, because little did I know that Cornell made me what I am: not my graduate school, my undergraduate school. I'm skipping over high school now because I'm talking about this feature of it. [Clears throat]
[00:08:22] I studied philosophy at Cornell. I didn't know what philosophy was in my first year there, because that's something you don't get--now they teach it in high schools, but there was no philosophy in high school. And when I went to Cornell, I thought I was interested in sociology. So I signed up to be a sociology major. And it wasn't until my sophomore year that I took my first philosophy course. But once I took my first philosophy course, it must have been the first week I decided, this is it. This is where I belong. And it was partly because there was a lot of arguments, and I was very argumentative. And I'm going to go back a little to my childhood... My family, we had very heated discussions. And I know, or I came to realize much later in life, that that was something that Jewish people did. They just--they were heated conversations, but friendly. But very heated with raised voices sometimes, and correcting other people, and maybe getting even a little bit angry (not very angry, but a little bit angry). And if I had some friends who came over for dinner, they'd say, “Why is your family fighting so much?” And [laughs] I said, “We're not fighting. We're just, we're talking.” you know, “We're discussing something.” And we had some differences of opinion. So philosophy was for me.

[00:09:45] I later learned, because I got involved much, much later with Albert Einstein College of Medicine, which is part of Yeshiva [University], that it was something to do with a Jewish background, that there was a lot of arguments and discussions and things, and give and take, that were viewed as almost rude by some other people who were very polite in their families and other arrangements. I think it's what drew me to philosophy. Because philosophy is indeed argumentative. So the first philosophy course I took, I knew that that was it for me. And eventually (of course, I'll come back to that), but eventually, bioethics--philosophers were among the first group. There were physicians before it was called bioethics, and even before it was called medical ethics, but there were--some physicians who were interested in the ethical issues. And before it was a field, I guess. But my education at Cornell, because there were, at the time--I was there from 1955, in the fall of '55, I entered Cornell. And I left early (I'll come back to that) because I was married while I was in school. As were very, very many people. I was married after my sophomore year in college, and that summer I went to six weddings. So that says something--of my friends--and that says something about what it was for women--girls, we called ourselves, in those days. That was a time when people were getting married at that age. So the faculty at Cornell at the time was probably, along with Harvard and maybe one other, the best
in the country, and very well known. So I didn't know that before I came. And I quickly left sociology and went into philosophy. And of course, that was eventually what brought me to medical ethics or bioethics. So, more about my childhood or youth?

Q: [00:11:53] Well, before we go back, I do want to go back, but I'm still thinking about you saying that that first week in philosophy, was it for you? And I hear that the argumentative, you know, the debate, appealed to you. But I'm curious, what else can you tell me about that first week? What did you learn? What was the room like?

Macklin: [00:12:13] Well, one thing about Cornell, it is a big school. And the classes, except for big lecture classes, there were small--there were different sections of philosophy. So it was back and forth. I mean, there were maybe twenty five students in the class. And the first professor I had, his name was David [H.] Sachs. This was my sophomore year, so it was my second year there. And there was a lot of... philosophical method. A lot of give and take, a lot of dialogues. We were reading, for example, we were reading Plato, and the teacher would always (Sachs) would always digress from Plato and pick up some topic. And so we learned how to argue, how to debate and argue philosophically. And the teachers I had were some of the most famous (among the most famous) people in philosophy at the time, which I didn't quite realize. I began to realize it a little bit after I was studying, and knew about the people that we were reading.

[00:13:28] It just clicked with me, because it had to do--of course there were readings, and we were reading Greek philosophers: Plato and Aristotle. And I liked that. So it was a combination of liking the readings, but particularly the argumentation. And it must have been that first class I took, that Philosophy 101, that had all that give and take. And of course, I grew up arguing with my family and my friends, so that became naturally to me [laughs]. And I never changed it, I never regretted it. I mean, that was what--and pretty soon... I left early, because I was married. I'll come back to that part. But when I had to have my advisor, who was a very well-known philosopher, sign my... sign off on my work to graduate, he said... (And they were very formal, he called me “Mrs. Macklin,” and when I started I was Miss Chimacoff, and then I became Mrs. Macklin). And he said, “What are your plans after you graduate?” I said, “I'm going to graduate school in philosophy.” And he said, “That's what all the women say.” Well, that was
the attitude. That was the view. There were very, very few women in philosophy then. There were a few big stars, but very, very few.

[00:14:59] And so, for example (I'm jumping ahead a little bit), when I eventually went to the program from which I got my PhD, which was Case Western Reserve [University] (it was then Western Reserve, but they merged with Case Institute of Technology). I was the... In my entering class as a beginning PhD student, I was the only woman. And the second year, I think there were two women in the second year, but I was the first one to get a PhD from that program. It was a new PhD program. So it was kind of pioneering, I guess, a little bit. But I thought that was not a very nice attitude that my advisor had (Norman Malcolm), saying, you know, “That's what all the women say.” Especially because I was married, and the expectation was that I was going to have children and probably not go on for a PhD.

[00:15:59] I got married that summer like all my friends did. And because my husband (he is my ex-husband), my husband was three years ahead of me at Cornell... He was, he got a master's degree in industrial engineering. Basic engineering was five years, and he was there for a sixth year to get his master's. But I wanted to leave when he did, so I doubled up. I took--the standard course load load was fifteen credits, which would be five three-credit courses. I took twenty one hours that summer, or that year, rather. And I went in the summer to get extra. So I graduated in three years and a summer. And I intentionally became pregnant, because... It was--what was it, it wasn't the Vietnamese War, it was the Korean [War]? No, it was--before the Vietnam War. But there was a draft. And my ex-husband didn't want to get drafted, and I didn't want him to get drafted. And they were drafting married men, but not men with children. So, I never told my daughters this, but I had, I got pregnant intentionally to keep my husband from having to get--[laughs] to be drafted. And I never regretted it.

[00:17:26] Of course, I had no skills, no job, no skills of any kind for a job. And I knew that I wanted to go to graduate school. So I started taking courses wherever I lived after I was--when I had babies, because it's easy to do. There were some night courses. I mean, I'm jumping ahead, but I'm sort of telling the narrative. And I didn't... I lived in two different places before I moved to Cleveland [Ohio], which was the only place that had the graduate school. So first, we lived in Hartford, Connecticut, and they had what they called a terminal master's degree (it sounded like an illness of some sort). And I did take courses there. Then we moved. It was my
husband's job, and we moved to Buffalo, New York, where we lived for one year. And I took classes there. I think they did have a PhD program, but we only lived there for one year. Then we moved to Cleveland, and Western Reserve had a philosophy department, which was a pretty good department, and I started taking courses. But they didn't yet have a PhD program. And as my luck would have it, they formed a PhD program jointly with Case Institute of Technology when the schools were not yet merged. And it was with the catchy title, the "WRU-Case Program on Philosophical Studies," some name like that, and I enrolled the minute they had that program. And I could take more courses at that time. At that time, there were... This was in the early ‘60s. There were babysitters, teenage babysitters. So I could go to classes, I could go to a seminar in the afternoon. There were no evening classes, but I could take the class in the morning and my kids were in nursery school. So it was much, much easier than women who go to work. Much easier. I could stay up, I could read my kids stories and put them to bed, and then do my homework. So it really was not grueling in any way. I mean, it was a piece of cake, actually, because I could study and read and learn to cook and have big parties and take care of my kids and do all of it, because the circumstances allowed it at that time.

Q: [00:19:57] I want to come back to this moment you're describing, and you mentioned the first pregnancy. And I want to understand the timeline. Before we do that, I'm still thinking about your earlier life, describing the sort of Jewish spirit of arguing at the dinner table and also mentioning the influence of your father's medical... his medical degree and his life as a doctor. Can you say more about influences in your home and how else Judaism was an influence, if it was?

Macklin: [00:20:33] It was not. It was not. Actually, it... Let me correct that. It was, but in a secular way. My family, I came from a long line of atheists. And interestingly, my father, who was a physician, was drafted as a physician in the Second World War, and he was in Italy, in North Africa, and he got a Bronze Star [Medal] from whatever bravery he did in taking care of patients and stuff. And I remember him telling us, I mean, I knew that my family was definitely... attached to being Jewish, but without any background at all. Nobody was bar mitzvah. My brother was not bar mitzvah. I was not bar mitzvah. I will tell you this: they sent me to Sunday
school, because they thought I should have a Jewish education. So, I went to Sunday school, which was not Hebrew school. I was not in the Hebrew school thing, but it was a Sunday school. And after going for one year--and I started, I think I was five or six. And then I told my mother, I told my parents, I don't want to go there anymore. I said, “The teachers stand out in the hall and talk to each other, and they have us color in coloring books for the Jewish holidays.” I said--and that was not interesting to me. I had to put on some Sunday clothes, I couldn't go out. I was a tomboy. Can I use that word, as a tomboy? Somebody [clears throat] once told me, a friend, a woman friend, said, “Don't use that word.” But I was a tomboy! I wore blue jeans. As an aside, when I climbed the tree, fell out of the tree and sprained my ankle, the biggest punishment my father could give was to take away my blue jeans. So I couldn't wear the blue jeans for a week. So that was my young life. But... [sighs] Where was I?

Q: [00:22:37] Well, we were talking about your Jewish identity.

Macklin: [00:22:39] Yes, right. So my mother, they didn't enroll me. I finished that year in Sunday school, and I didn't go again. So the rabbi called my mother and said, “You didn't enroll your daughter in school.” My mother said, “My daughter did not enjoy the classes. She said that the teachers stood out in the halls and that all they did was coloring books.” And she said, “I want you to know my daughter is a good student, and thought she would learn some things.” So that was the end of my Sunday school, until I was in junior high school (and I had a lot of Jewish friends in junior high school) and they were all going to be confirmed. Now there was bat mitzvah, which was at thirteen, and then the confirmation that was at sixteen. And I was, at that time, developing my philosophy of life, which was anti-materialism. So I didn't want to be confirmed because it was only about the presents. You know, you get all these presents and that's the only reason people do it. But because all of my friends were going to Sunday school, I told my parents I wanted to go to Sunday school. So I took two classes. The first was Jewish history, and I was interested in that because I was interested in any kind of history. So that was interesting. And then they all took a confirmation class, which was what you did when you were going to be confirmed. I didn't want confirmation class, because I wasn't going to do that, so I took a course in contemporary Jewish affairs. And what we did was essentially read the
newspaper, and the discussions that we had is, what's good for the Jews or what's bad for the Jews? So if there was a criminal named "Longie" [Abner] Zwillman, who was Jewish, and obviously his name was Jewish, that was bad for the Jews. [Laughs] There was something else. If there was Jascha Heifetz, who was a great violinist, that was good for the Jews. So that was my one year of choosing to go to Sunday school. But there was nothing really religious about it. So neither of my parents--we did not... They never went to, they never celebrated any holidays. And because at one point, when I was going to Sunday school, I said, “Well, we have to celebrate Hanukkah because, you know, it's Hanukkah and you're supposed to celebrate it.” Well, I didn't even own a menorah, so I had a lot of things that boys (I was a tomboy), I had a lot of things that boys did. So I had a piece of balsa wood, and I carved out a menorah, the place to put the candles for the menorah. That was during my Jewish phase, which lasted about six months or so. So that was basically it.

[00:25:18] And the thing that I ended up fighting with my parents about really quite a bit, because they were--almost all their friends (I did have a couple of non-Jewish friends), but almost all their friends were Jewish. They went to Jewish resort for resort kinds of things, but they never, ever went to temple. My grandfather took me on the high holidays so I could be exposed to it, but my grandparents were also atheists, so there was no religion, there was no praying in the home, but it was a Jewish identity. And when I started dating, when my parents didn't want me to date boys who were not Jewish, I landed into them. I told them they were hypocrites. I said, “You don't do anything Jewish. You don't believe in anything Jewish. You don't believe in God. You're atheist, you don't go to temple, you don't do that. And yet you want me not to, you know, have the life.” So I was... I was a fighter, I guess, even then. And I told them that, and eventually they kind of came around, because I was very rational. I gave them good arguments. And that's how I knew I was going to be a philosopher. [Laughs] I just gave them good arguments. So that was my background, which was not, as I say--my ex-husband was, he was bar mitzvahed. His family was more Jewish, but he also was an atheist. So we didn't do anything. And we didn't celebrate Christmas either, because we didn't grow up celebrating Christmas. And that was tough on my kids, because... I have two daughters. And everybody celebrated either Hanukkah or Christmas. Everybody celebrated some holiday or other at those times. We did have matzahs in the house at Passover, but we also had bread. And I came to... I
came to love fried matzahs. And these days you can't get chicken fat. It was always made with chicken fat. Some people, when you see recipes for it, it's all with butter. But this is just a little aside, a little aside. That guy downstairs, Dave, who you saw, he and I talk about food a lot. He's a real foodie. We talk about food a lot. He rendered some chicken fat for me, and I made fried matzahs [laughs] at home. So, I mean, something that you have as a child can come back to you. And only Jews are making, eating, fried matzahs. So that was my background with a Jewish identity, but I didn't feel the identity. It's just that I know that if there were anti-Semites, they would be against me too.

**Q:** [00:27:53] I'm thinking of a story you told me off tape, and I wonder if you could describe in your neighborhood... You mentioned, you know, what was it like to be Jewish in the 40s? What was the neighborhood like?

**Macklin:** [00:28:06] Well, in the 40s, we moved from a very small apartment, which was where my father had his office. He started his practice in The [Great] Depression, in the '30s. He finished medical school, and was--interned in the early 30s, and opened his medical office. I was born in 1938. His medical office was in North New Jersey, and we lived in the back, and his office was in the front of the small house. So it was really very small. It was before my brother was born. And then we moved to a larger dwelling, a larger apartment. It was a three-story apartment owned by my grandfather, my mother's father. And in that, the reason we moved to that town, which was Irvington, New Jersey, was that my grandfather owned the house there and we could... I'm sure they paid rent, but not high rent. And my grandfather was by no means rich. I mean, he--this was my mother's father. And my mother was born in the Ukraine--by the way--was born in Russia, which is the way--but it was Ukraine. She was born in Odessa, with two S's at the time...

[00:29:19] So we were in Irvington, New Jersey, which is where I later discovered... there was a, they called it a "Nazi underground." There were German--Nazi sympathizers, this is the best way to put it. Germans, whose heritage, and they probably, maybe they came to the United States around the same time, but they were sympathizers with the Nazis. They met in the basement of a funeral home. And I didn't find out about that until later. And especially I found
out about it when I came home from school in seventh grade, when my parents moved to South Orange Maplewood School System, they moved--we lived in South Orange, and it was a school system with very good schools. And that's what my parents cared about, and that's why they moved. By that time, my father was making a little bit more money, and we moved when I was entering seventh grade. So I was in junior high and high school. And one of the people, one of the young girls (they weren't young women, they were girls) in my class, was a girl named Lois Manger, and she was the daughter of the person in the funeral home. So when I came home and told my parents that, Oh, there's a couple of girls that I became friendly with. One is Lois Manger and her friend Lynn Scharninghausen [phonic]. And my parents immediately knew, because they knew about the Nazi underground from Irvington, New Jersey. But it never touched my life. But as I thought back on it, and I remember this, you know, you remember the names of your classmates in elementary school? Erna Lueg, Ludwig Ollert, Robert Kruysman. Those were all German names. And so there were a lot, there was a lot of non-Jewish, German non-Jewish. Of course, there were a lot of German Jews around, too, but these were non-Jewish people. So that was a feature of Irvington, New Jersey at the time. And then when we moved to South Orange, then there were (South Orange Maplewood), then there were a lot of Jews. And I guess my parents felt that that was more comfortable for them.

Q: [00:31:36] And can you tell me about any other influences that you think shaped you in your home or in your community in your early life?

Macklin: [00:31:46] Well, my grandfather, my maternal grandfather, was--I guess you'd call him an intellectual. He spoke or knew five or six languages. Russian was his native language from Russia. My parents spoke Yiddish at home. And you can be sure that I had to learn Yiddish, because when they didn't want kids to know what they were talking about, they would speak Yiddish, and so I, of course, had to learn Yiddish. I never learned it to speak, but I understood what they were saying when they didn't want us to know what they were saying, because that's, I was motivated for that. But my grandfather knew really quite, quite a few languages. And he was always reading. He didn't have a career in--he was an insurance man with Metropolitan Life Insurance, but he was always reading, standing up and reading. And in fact, he started teaching
me Russian. He taught me chess, taught me how to play chess. And he started teaching me Russian when I was about seven, eight years old or so. So that was really my intellectual influence. My parents were highly intelligent, but I wouldn't call them intellectual. And when I was in high school, you know what the high school kids are like, I mean, they're not very nice to their parents. And when I was in high school, I used to ridicule them, and tell them that they were pseudo intellectuals. They thought they were, but they didn't read books. And my father read the *Reader's Digest* and I said, “Why don't you read real books and not the *Reader's Digest*?” So [laughs] that was my rebellion at the time.

So my grandfather was an influence. I'm trying to think what else. My parents were... totally and thoroughly supportive of my, anything I wanted to do in my education. My father told me I could do any--I could be anything I wanted to be. Now, I told you that he didn't want me to be a doctor, because he didn't like women doctors, or he really didn't like the life he thought I would lead. Because the life he led as a physician was grueling. He made house calls, he made night calls. And at a certain point, when the drug trade began, and he would be carrying his little black bag, he started getting worried. This was not early in his career, but he got worried, that people would think, you know, here's a doctor. He's got to, must have, opiates in his bag. And so he was very careful when he would make these house calls. We had a phone at home. We had a business, I mean, his office phone at home. And patients would call him at home in the middle of the night and he would get up and put his clothes on, and go. So that was the kind of physician that he was: dedicated. But when I, they encouraged anything that I wanted to do, and when I finally said I wanted to study philosophy, I told them, I joked, I said, “I'm not going to be a physician, but I'll be a metaphysician.” But they supported it. They didn't really know what philosophy was or what I would be, but they were really completely supportive of me. And I was a good student. They were proud of me. And so my home background was extremely supportive. And my parents' friends, I remember they, you know, they had good friends that they'd see socially, and I would be around sometimes. They'd come to play bridge, and I'd be around, and they'd say, “Well, what are you doing? What are you studying?” And they would say, either to my parents or to me, to my face, “Why don't you go to”—it wasn't quite a teachers college, you know, “because that's, it'll be a nice career for you to have. You know, go to teachers college.” I said, “Look, I think I want to be a professor. I don't want to go to teachers
college.” And this is, I'm interested in education. And it was early enough in women's education. I did mention, in the PhD program, you know, that I was the first woman student in the PhD program that I went to. So there were not as many women. Of course, now there are probably more women, as many women in philosophy as in any other... Women getting PhDs. But at the time, there were not. So my parents were completely supportive of that.

[00:36:18] I read a lot. We went on vacations in the summer. A two-week vacation. Maybe it was a one-week vacation. My father never took two weeks, but sometimes I'd go with my mother and my brother, and my father would come on weekends. So that was a thing. We went to the Catskill [Mountains] or the Adirondack [Mountains], and you could go to the library when I was a kid, and take out twelve books. So I'd take out the twelve books and I'd read half of them before we even went [laughs]. So I was an avid reader.

[00:36:53] I'm going to jump ahead just to say one more thing here. Because of all of the busy work that I did, I mean, there were periods when I was reading novels regularly, when I was studying or even when I began teaching. But when my career got very busy and I began traveling, I just stopped reading fiction because I just didn't have time. I had to keep up with the journals and the books and the writing I was doing and do all the research. And in my retirement I've decided to go back and catch up. I don't think you ever catch up, but reading novels is something that I always loved and enjoyed, so I'm trying to make up for all those years when I was doing my work.

Q: [00:37:45] Well, this question might relate to that love of literature, because I was about to ask you during your time at Cornell, what else... You know, we're following, we're tracking your course toward bioethics. But I'm curious what else you were exploring or what else you discovered as strengths?

Macklin: [00:38:05] Right. Well, I mean, philosophy was my major. And because I ended up finishing in three years and a summer, you know, I had to squeeze a lot of it in. My first--I took--let me go back to languages just for a second. The first language I took was Latin, which I started in eighth grade. And most of the girls (I'm going to say “girls,” because they were girls, they weren't women then). Most of the girls took French. Most of the boys took Latin. I don't
know exactly why. And I did more with the boys did, you know, I wanted to take shop, rather than the sewing and cooking. And they didn't let you do that then. But I just took Latin. And then, and I continued in high school for one or two years with Latin, and then I took French in high school. And when I was in college, the first year I continued, I passed the--they had a proficiency exam, where if you pass the proficiency, you didn't have to take any language for your first year. So I passed the proficiency, but I still wanted to take French, so I took conversational French. Would that I could converse now as in French as well as I did then. But in my third year, when I took those twenty one credits... Languages at Cornell were six or eight credits, because there was a lab, and there was a spoken language, and there was the lectures. There was a lot of language. So I took German. And the reason I took German was that the God of philosophers was Wittgenstein. Wittgenstein, Ludwig Wittgenstein was the... I guess the idol of the faculty. And Wittgenstein had been at Cornell the year before I came, and lived in somebody's treehouse outside my advisor's treehouse. Norman Malcolm was a Wittgensteinian. When I left earlier than my classmates, they gave me Wittgenstein's Philosophical Investigations. They gave me the book, which I had been reading in the library, and they gave me the book and they inscribed it. And they inscribed it with, there was an old saying, I don't even remember--"Remember Grant, remember Lee." It started like that. So they wrote this thing in the book that they dedicated to me: "Remember Grant, remember Lee. To hell with them. Remember Wittgenstein." [Laughter] So I still have the book and their inscription.

[00:41:08] So I was focused very much on philosophy, but I took Far Eastern studies. I took the German, I took some literature classes. And I think I mentioned to you that I started as a sociology major and I found it utterly boring. It just sounded to me like what you read in the newspaper. Now, that was the first--that was 101, and it was a lecture course, but it wasn't interesting to me, unlike philosophy, which just, you know, opened my eyes. So I did take a variety of courses. I took history, I took government. There was a very good government--I didn't take American government. I took Far Eastern studies. So it was a very broad undergraduate education, even though it was packed into three years and one summer. The final summer was not at Cornell. I don't think they had a summer school, but it was where I was, near where I was living. And I took my last six hours to get--and I graduated in September of 1958, but I was with
the class of '59, and I always considered the class of '59--even though I graduated in the year of '58, I matriculated with the class of '59. And those were my friends for the whole time, so...

**Q:** [00:42:37] I am interested in thinking about you on campus during this period when you went to Case Western Reserve. Did you graduate in '68, was it?

**Macklin:** [00:42:51] Yes. '68.

**Q:** [00:42:53] So I'm curious, I want to get into making your way to Case Western, but I'm curious what it felt like on both campuses when you were there. What were the sort of events of the day that really--

**Macklin:** [00:43:10] Well--

**Q:** [00:43:10] --moved you?

**Macklin:** [00:43:10] --the 50s, I guess most people don't think--the 50s were a very boring time. It was the man in the gray flannel suit. All the boys had crew cuts, which I never found particularly attractive. It was a button up, button down shirt time, without very much going on. And the beginnings that led to the 60s were in the late 50s when I was on the Cornell campus. So things began to happen. There were what were called "parietal rules." I don't even know what that word means in any other context, but that means that girls had to be back in the dorm at ten thirty on Friday night, and at twelve thirty on Saturday night. And boys, they would have an open house, and the boys were allowed in the room, but you had to keep the door open, and you always had to have one foot on the floor, which meant nobody [laughs] could be lying on the beds. So, I mean, it was strict. These were girls--and there beginnings of, rumblings, of opposition to that, especially the difference--the girls had to live in the dorm, the boys did for the freshman year, but then they could live in apartments. So my ex-husband, when he was still a student, he was living in a fraternity. And then he, in his last year, he lived with a colleague, a friend, in an apartment. But we still had to live in the dorms, as the girls.
But there were beginnings of opposition of one sort or another, just little rumblings of it. And later, I mean, in the 60s, Cornell became a big... They took over the Willard Straight Hall, which was the, what do you call those halls, those, you know... Like a student center, basically a student center, where they had food and, you know, activities and things. So that was--but these were just the beginnings, these rumblings. By the time I was at Case Western Reserve in graduate school, I mean, there were a few years in between, but not much when that wasn't really part of the thing. In Hartford, Connecticut, I went to school at night. I mean, it was an evening class. In Buffalo, I took one course, because I had little kids at home. But when I went to Case Western Reserve, when it was still Western Reserve, then I took some courses before I... they had a graduate program there. And by that time, everything was in full swing. And there were lots of...

And I remember even in teaching, some of the students were becoming "radicalized," not like the people today are radicalized. But, you know, with antiwar, and other... There were racial things that were emerging, you know, racial... Not bad things, but racial recognition, you know, of Blacks being oppressed, et cetera. So I was part of a lot of that, actually. My husband, my ex-husband, ridiculed me because I went to work, volunteered, for CORE, the Congress of Racial Equality, and my volunteer work consisted of cleaning up the office and filing things and the filing cabinet. And this is meanwhile while I'm studying for a PhD. And I mean, I hired somebody to clean my house, and I'm over there in the CORE, cleaning. So he was right to make fun of it. But, you know, I was standing up for it because it was a solidarity, you know, for the movement. And for those things. So I was always in the front of those things. And my kids, I took my kids when they were in elementary school, and we were marching on the streets for the various marches that took place. We had armbands that said whatever they said about peace now. I mean, we marched for all kinds of things. They were going to cut down trees on our streets, so we marched for the trees. They were going to, you know, something about the racial inequality. And we marched for that. And there were some rough times in Cleveland and some racial strife. There were occupations... some military occupations at the time, because there were people on street corners with rifles. I mean, it wasn't a lot of it, but it was a tumultuous time, let me say, about that. And so I was quite involved in those things, as a believer in freedom and justice and justice for all. So that was in my young life.
I mean, I never continued it beyond certain boundaries. I didn't consider going into that kind of work. I mean, I was more on the intellectual stream. And while I was at Case Western Reserve, I may have been a... I'm trying to think whether it was while I was still a graduate student, or whether--I was only on the faculty there for a couple of years before I then moved on. Three years, maybe, or more. I'll get the years straight, because I do remember them. But there was the peace movement at the time. It was not only, you know, Blacks and their freedom, but the peace movement against the Vietnam War. So I was very active in the anti-Vietnam War. And I guess I must have been a faculty member, because this was a faculty lounge, and there was none other than Benjamin Spock, who was an anti-war activist. And we sat at the same table there, having lunch on Fridays, and that thing. I mean of course we all knew who Benjamin Spock was, and of course, I had his book, too, because I had little kids. [Laughs] So, I mean, it was a really a very, very interesting time, because while I was in graduate school, there was this side activity, because there were a lot of movements. And I would say I was moderately active. I didn't abandon my studies. I didn't stop anything that I was doing, you know, towards a career. Because the thing as my... Well, I will mention this personal thing: as my marriage wasn't doing so well, I don't want to say it began to fail, but as I could see that this was really not very positive, and I thought of a future, if there was a future beyond my marriage, I had to get that PhD. There was no question about it. I mean, I wasn't going to diverge for any purpose at all, whether it was the Vietnam War or whatever. So I stuck to my guns, so to speak, so that I could pursue my career and make sure that I finished and did it on time. And I got the first PhD in the program and took it from there.

**Q:** [00:50:42] I'm really appreciating the fact that not only were you the only woman in your cohort, your year, but I didn't realize that you already had children. And I wondered if you could tell me more about any memories or experiences, challenges you faced, as the only woman in your year and one of the only women in the program?

**Macklin:** [00:51:05] Well, the first thing I'll tell you is that all of the men... This was, they had gotten the department, when they formed the PhD program, the department set it up in such a way that it was... I'm going to say this: "philosophy of." Philosophy of history, philosophy of
science, philosophy of language. And it was very heavily philosophy of science. And the faculty members were very... The people that were hired were very active in philosophy of science and logic and those areas. So the program got a grant from the National Science Foundation to be able to pay the faculty, to be able to pay graduate students, so they didn't have to pay tuition. So, all the men got stipends. Not me, because I was married. [Pause] Right? The men, some of the men were married, but they were the men and the so-called breadwinner. And they all got, when I say “stipends,” I mean, they got, you know, everything. Not only tuition. They got money. And I didn't. And I spoke up about that. And when they saw what kind of good student I was, they figured, this is ridiculous. [Laughs] She's the best student in the thing. And we're not giving her the money. They didn't charge me tuition, but I didn't get a stipend, you know, a living stipend, because I was married. Well, it turns out, I think it was probably the same year that I began my PhD (I was taking courses before that), my husband then entered a PhD program in biophysics. It was bioengineering, actually. He was an engineer, a mechanical engineer. And then his masters was in industrial engineering. But he decided he wanted a PhD so he went to Case (the Case part of Case Western Reserve), and we were both in graduate school at the time, and he got a lot of money for what he was doing. And I didn't, until they thought there was something a little unfair about that.

[00:53:29] So... My kids were... My older daughter was born in '58, my younger daughter in '60. So when I entered my graduate program at Case Western Reserve, if I was just taking a course, which I did one at a time, I got the babysitter. But once I started full time, you know, I had to take a full load for the courses. And I was still using those babysitters. And I did all my studying at night, but I was able to do things, and they were in either nursery school or kindergarten at that point, because by--'64 was when the program, the graduate program, began. So my older daughter was then six, and she was already in--she entered kindergarten, but got moved to first grade because she was already reading and she had just missed the deadline for entry, you know. So she was among the older kids, but she was already reading, and the school, they were very enlightened. The school system was very enlightened. So they moved her into--and my younger daughter at the time, who was twenty one months younger than my other daughter, little less than two years, she was in nursery school. And as I think back on it, I wonder how I did it, but I really did not feel overburdened. I mean, I guess I've always had a lot of
physical energy. And you can't take a credit for that because it's just the [laughs] way your body works, your body and your mind. I never needed much sleep, and I had a lot of energy. So I was able to take care of my kids and spend time with my kids and learn to cook.

[00:55:08] I became very interested in cooking and had a lot of friends and had a lot of very big parties. Parties of... not dinner parties, but with a lot of food late at night, because we all had kids. So you don't have dinner parties when you have kids, you know, little kids like that. So you eat at home at six o'clock, and then you invite people for eight o'clock, or eight thirty, and they come, and then you start drinking, and then at ten thirty or eleven o'clock, you have a feast. And I used to have these feasts, sometimes twelve people, sometimes twenty. Lots of things like that. So, I mean, I led a full life, and enjoyed every minute of it, despite the fact that the marriage wasn't going very well. But we did things together as a family. We traveled, we went to Canada. We never went abroad with the kids, but we went to Canada, and different places in the United States, and took summer vacations. And so that was good family time. Did I answer your last question?

Q: [00:56:17] Yes.

Macklin: [00:56:18] You asked me about the kids, I guess.

Q: [00:56:19] Well, and I was asking you about your experience of being one of the only women in the program and being a mother. And you told me a really important story and an example, and I'm wondering if there are any other examples or memories you have that would help someone appreciate how much of a pioneer you were in that department.

Macklin: [00:56:41] Well, I mean, that was in graduate school there. I mean, I was the first one to get the PhD. I mean, that was within four years. And I got a little bit of credit for--some people's dissertations go on and on and on. You must know that some take people seven years, eight years. I was dedicated to it, and I wrote a dissertation knowing what my advisor wanted to hear. And I knew I would write other things, and I knew I would have a freedom once I finished, and I didn't care. [Laughs] I was just focused on that. It was a very good department. It was a
fairly small department, and the faculty were all people who had gone to Columbia [University], Princeton [University], Stanford [University]. Columbia, Princeton, Stanford, University of Michigan, the top schools, the top universities and very good philosophy departments. So eventually, the whole place kind of petered out, for whatever reason, at Western Reserve. But I had left before that. So I guess my kids were both either in school or nursery school, or with a babysitter at whatever time. So I spent a lot of time with my fellow, with my classmates. The men, there were no lines of demarcation because I was a woman. In the second year, there was one other woman, in the second year, and in my third year, there were a couple more women. So, I mean, but... I wasn't friendly only with the women. It was very, very collegial, extremely collegial, and fun. We had a lot of laughs. There was an annual party in which the graduate students spoofed the faculty. So I did a lot of writing of little ditties. Little comic ditties. Yes, we had little, little poems, and little ditties to existing tunes. We didn't make them, I didn't make up any tunes, but, you know, existing tunes. So I did that with my fellow philosophy graduate students. So I'm telling this because I had fun. You know, you might think, well, you know, you're home, you're cooking, you're taking care of kids and you're grinding away doing your homework and writing your dissertation. I wrote my dissertation between eleven p.m. and one a.m. when the kids were asleep (and after I argued with my husband), [laughs] and then I'd write my, was working on the dissertation.

[00:59:20] And that was, indeed, I should say, by today's standards, an enormous hardship. I had a portable typewriter. It was not an electric typewriter. It was a Smith Corona or whatever it was at that time, a little portable typewriter. And when you made a mistake, you had to erase it or use white-out. And I mean, there were no photocopy machines. I mean, there was not--when I think back on that, if I would have had to do the writing I did, because you didn't want to revise anything, it was torture! And even with the dissertation, it all fit on the page. If you changed a couple of sentences, it changed everything that went ahead, you know. So it was a minor nightmare.

Q: [01:00:15] What was your dissertation on?
Macklin: [01:00:17] Theory of action. It was a hot topic at the time. It was not ethics, by the way, at the time. And this was, remember, I did say that philosophy of science was the field. So there was one faculty member--there were a couple who were philosophers who know a lot about science philosophy of physics, there was one person who was a mathematician, but also a PhD, and he had come from Case, he was teaching at Case, and he was the chair for a while. He taught philosophy of mathematics. Others taught philosophy of science, and epistemology, and standard philosophy, history of philosophy, et cetera. One person who was from Columbia couldn't wait to get back to Columbia, and finally did. He was my dissertation advisor and he did probability and induction. So it was very science-oriented, including, of course, in philosophy of physics, not just philosophy of science, but philosophy of physics. Somebody who knew that. So that was the field at the time.

[01:01:21] And theory of action was a hot topic at the time. I mean, it was... There are waves of things... I mean, I haven't followed philosophy for years, because once you go into bioethics, it's another field, really. I mean, my philosophy education (I don't say training). I used to say, when people say, “Oh, I was trained in philosophy,” I said, “Well, training is for dogs and fleas. Education is for human beings.” So I was educated in philosophy, and took all those courses, but at the time there were waves of interest in different things. So philosophy, theory of action. So here's an illustration: What's the difference between, I raise my arm, and my arm goes up? Now, I mean, it sounds like a silly question, but there are whole treatises on the difference between volition (raising your arm, which is a volitional act), and your arm, someone pulls it up, or you get a tic in your in your shoulder, and your arm goes up. So there was a lot of that.

[01:02:26] But philosophy of mind, I would say, was my interest. And that was Wittgenstein. I mentioned Wittgenstein, and that's what I did my dissertation on. But at first, I thought--I always loved art, and I thought I would, the chairman--there were two chairs who kind of alternated. One was in philosophy of mathematics, who I mentioned, and the other one was in aesthetics. So, it would be philosophy of art, but it was aesthetics. So for a while I thought I might want to study aesthetics, and because I was enjoying, I liked, art so much. But I'm not exactly proud of this thought that went to my head... There was a hierarchy of areas in philosophy at the time, and not in the particular program, but at the time. And philosophy of science was at the top. Philosophy of science, philosophy of physics. And philosophy of mind
also, because even though it wasn't specifically scientific, there was a little basis of, you know, some underpinnings of science. Aesthetics was at the bottom of the totem pole, and ethics was only a little bit above it. And I never took an ethics course as an undergraduate. They taught, there was an ethics teacher. I wasn't down there on that part of the totem pole. I was, [laughs] I wanted to be up in it. So I never took an ethics course. I think I ended up taking one in one of the summer programs when I was--because I had to go two summers in order to get all those credits. So in one of the summer courses, probably the last one, that was the first, and I think--little did I know that I would make my mark and [laughs] make my name in bioethics, which at the time didn't exist. There was no name for it. It didn't exist. So the courses that I took, and my dissertation being in philosophy of mind, was very much because it was Wittgensteinian. And I mean, it was philosophy of mind, and theory of action was kind of a branch of philosophy of mind.

**Q:** [01:04:38] I have more questions about Case Western, and hoping you can solve some of the mystery about why it became an important place in terms of a breeding ground for bioethics. But I think we should probably, I propose we take a break shortly. The one thing I want to ask you before we take a break: You mentioned these ditties that you created. Were any of them philosophy... were they philosophically relevant?

**Macklin:** [01:05:06] Yeah, yeah.

**Q:** [01:05:08] Do you remember any?

**Macklin:** [01:05:09] No. But I think I have some. No, I think I saved some of those things. I may, I may. I'll look before tomorrow.

**Q:** [01:05:16] Okay.

**Macklin:** [01:05:16] I will look to see. I may have saved some. I wrote some, and then with my colleagues, just remember, the graduate students would be spoofing the faculty at these meetings.
It was like a picnic, a summer barbecue or something like that, or maybe just a Christmas party or something like that. So we would spoof the faculty, and I did... It's a long time since I looked at it. It'll probably pop into my head when I'm in bed tonight, but I'm going to look, look at them, look for them. [Clears throat] So is that what you asked? What the...

Q: [01:05:56] Yes, yes. So maybe we'll revisit them.

Macklin: [01:05:59] Actually, in my youth... I sort of forgot about this. This is just reminding me. In my youth, I started writing poetry. Poetry, you know, [scoff's] when I was eight years old. [Pause] I wrote a poem about the Hudson River. Now, we used to cross the Hudson River from New Jersey to go into New York, because my parents would go to a show or something like that. My parents would go into New York and they took me, from a very young age, they took me to musical shows from a young age, and my parents were theatergoers. So the poem, which I was in fourth grade when I wrote--no, I was eight when I wrote that poem: "If Hudson could see his river today, he would gasp and say, ‘Oh my’!" Something like that. I mean, it was a kid's poem, you know, but it was about the Hudson River, and the bridge, the George Washington Bridge, that we used to cross. Or the tunnels that go under the Hudson River. But I did a lot of little poetry ditties for parties, social events, things like that. Not necessarily spoofing people, but, you know, just something that rhymed. You know, I mean, I was not Ogden Nash, but [laughs] it was something that I did at the time. I haven't done anything like that since. [Discussion about break]

File 2, Day 1

Q: [00:00:04] This is Suzanne Snider. I am back with Dr. Ruth Macklin. This is our second file on June 2, 2022. And before we get back to Case Western Reserve University, I do want to ask you about the term "bioethics," I don't want to take for granted that we all agree what that term means. And also, although you're included in this group of founding figures and most important voices in the field, I'm curious how you describe what you do if you are at a party. How do you describe what your work is?
Macklin: [00:00:48] That's a good question. I think the short answer to your question is: I do philosophy. And it happens that the subject matter in philosophy is ethics in medicine. So what I do is I make arguments, and arguments with conclusions. Which is what philosophers do, whatever their topic. So whatever topic--and we'll get into some of the details, I'm sure. You know, whatever topic I happen to be discussing, I'll make an argument in favor or against whatever the topic or the area is. So, I used to, when people asked me what your field is, and it can be anything from a person I meet at a party to a taxi driver. Because sometimes if you get a long taxi ride, and somebody's, you know, I had a three hour drive from Mexico, from one place to another, and somebody asks you what your field is, after you do the introductory stuff... I will often say "medical ethics," because that's a little more understandable than--"bioethics" is a word people haven't heard of. If you're an academic or if somebody is a little more conversant with things in academics... There are always mergers of fields. For example, in the field that my ex-husband was in, it was biomedical engineering. It wasn't just medical, but it was bioengineering and medical engineering. So there are these hyphenated things, you know, when two fields, you know, biology and engineering, come together. So... But I would usually say "medical ethics", because people don't know the term bioethics. And then the person will often say, "Well, what's that? I don't know what that is." And I said, "Sure, you know what it is." I said, "Do you ever go to a doctor?" I said, "Yeah. Did the doctor ever use words that you don't know, or fail to give you a full explanation of something, or treat you like an ignorant person when you're really not an ignorant person?" And, "That rings a bell." And then I say, "Well, I have a specialty in this area." I mean, and this is--we're, the end of my career--not the end, but research ethics was really, was my main focus. You can teach anything in the field, but there were a few highlights or areas that I've done most. And I said, "Well, ethics and research. For example, supposing they want to find out why people are having a certain pain, or they were trying to find out whether a certain pill will help people if they have heart attacks, but the pill has side effects. And somebody's got to decide whether to give somebody a pill that's going to have some bad things, and even do some good things." So everybody--there's a simple way to describe it by way of examples, because there's always something that, you know, that someone can relate to in their own life. If they have children, for example. I mean, certainly you can talk about abortion, but I stay away from that except for my professional work because, you know, that can be entirely too
hostile. But, you know, pediatricians. Suppose your kid doesn't want to get his injection. Then what do you do? So there are enough examples of things that when people say--and usually, then they start telling me stories:” Oh, well, I had this--I mean, this doctor did this, or I was in the hospital and this nurse came in.” You know, so people immediately... And so I start with the common things, and depending upon the background of the person and their education and their interest, it becomes easier to explain. But everybody can understand that, because everybody's been to a doctor.

**Q:** [00:05:05] Aside from this generous effort to meet anyone where they are and explain bioethics in terms that will be understandable, how do you locate yourself in the range of adjacent fields you're part of? How do you think of yourself professionally--

**Macklin:** [00:05:25] I'm trying to understand--

**Q:** [00:05:25] --in terms of title or field? Because this is a bioethics project, but I don't assume that everyone walks around saying, “I'm a bioethicist.” And you mentioned that you describe yourself as a philosopher.

**Macklin:** [00:05:42] Well, I don't necessarily, because people don't know what a philosopher is either. That's not much clearer, actually. I usually say, the first thing I say is, "I'm an academic," because you do it in phases, and it's a little bit easier to do: “I'm an academic, you know, I was teaching in a medical”--well, let me say I was still working, okay, or even now. You know, "I taught in a medical school." “Oh, what did you teach?” “Well, I taught ethics in medicine.” And then I would say, “The doctor-patient relationship, the healthcare system, which is, you know, is part of it, all the money you have to pay for things in this country. Whereas in Europe, you know, you get free medical care. And research,” which people do understand. Because even before I give an example, research is something that people know about. So, you know, how do you get these medications? And then, what are the rights of a research subject? Because who is it that they do these studies on? People like you and me?
[00:06:53] So I find it very easy to describe it, because as soon as I start--I use the taxi driver as an example, not putting taxi drivers down, but I mean, they are people who are not usually acquainted with academia. But they live a life like everybody else. So anybody from any field, you know, is going to understand some of this. And certainly when there's something going on, I mean, there was Covid, there was HIV [human immunodeficiency virus]. You could always describe things from, you know, people--should they be isolated? Should you force people to do this, that or the other thing? Or should they be allowed to, you know, refuse? Whatever the example is. So there's always an example. And usually then if it's real conversation, I don't do this as a lecture. If it's a real conversation, the person will respond. [Laughs]

[00:07:49] Now, the other area that I worked in, I mean, when I say “research ethics,” that became [coughs] my main area of work. When you teach, you got to teach the whole gamut. But the other area, because one of my books is on surrogacy, so [coughs] reproductive ethics is another example [coughs]. Excuse me, I'm going to take another sip of this. [Drinks water] And I don't usually--as I say, I sort of steer away from abortion unless I'm going to talk about abortion. But I'll say reproductive ethics, and surrogacy is a good example, because most people know about that. But there are other things in the birthing process. You know, a woman doesn't want... an anesthetic. Or, you know, there's lots of examples. So whatever the example is and certainly in reproduction, there are a lot of examples. Adoption is another example. And you know, if it's really a dialogue, I'm not getting up and giving a lecture. You can tell, like anything else, you can tell from the other person's interest or questions or comments how to proceed.

Q: [00:09:10] Thank you. I wanted to make sure I asked that question of you. And this relates a little bit to my Case Western question, because in archived interviews that I've listened to with your colleagues, several people have made mention of what was going on at Case Western, and I think they were referring to bioethics work being done there before bioethics had a name as a field. And that it was one of the centers of sort of the birth of bioethics. And I'm curious--

Macklin: [00:09:48] Oh, I can explain that.

Q: [00:09:49] Great.
Macklin: [00:09:53] And we have to mention Sam [Samuel] Gorovitz here. But the program at Case Western Reserve began very soon after--a year, or two, but within a year or two--after two landmark events or organizations. One was the Kennedy Institute of Ethics, which the people that you are talking to, some of them come from there: Tom Beauchamp, for example, and LeRoy Walters and that crowd. And then there was The Hastings Center. The Hastings Center was founded in 1969. At Case Western Reserve... Should I begin the story?

[00:10:38] Okay. [Pause] Sam Gorovitz was a colleague when I was a faculty member, but he came as a faculty member when I was still a student (a graduate student). I never took a course with him. I was far along at that point. I mean, I may have even been starting to work on my dissertation, or maybe it was a course, but whatever he was teaching, I didn't take. [Laughs] So, we became social friends, as couples. I was still married. And I don't know exactly, you know, people hit it off. And I was older than the other graduate students. I mean, I was thirty when I got my PhD, because I had these babies first, [laughs] and then lived in those different places, in Hartford, Connecticut, and in Buffalo, and then in Cleveland for two years before the program began. And I did take a couple of courses before there was--you know, the program officially began in '74. So I think I started taking courses there in '72. And Sam Gorovitz, I don't remember exactly what year he was hired. I think it was probably '67, maybe? But we became socially friendly as couples, and in a social circle with other people. [Discussion about outdoor noise]

File 3, Day 1

Q: [00:00:01] Okay. So you were talking about Sam.

Macklin: [00:00:04] So I became socially friendly with Sam and finished up my... And he had a very nice surprise party for me when I got my, when I finished my dissertation. It turned out that my parents were visiting from New Jersey, which is where they still lived. They were visiting that weekend, and they knew about the party. And of course, they would stay with the children. But Sam, this is his modus operandi. He called me up on the phone. My parents were there
visiting. And he said, “Look, I got something for you to sign. You've got to sign this, because we have to move forward with this.” I said, “Well, my parents are here visiting.” I said, “Well, I'm not going to come and sign anything. I'm about to make dinner. You know, my kids are here. Can't this wait until Monday?” “No, no. We have to do this now and I have to get it finished. And please, would you please do this?” So I went. I got in my car and I said--my parents, of course, encouraged me to do it. They said, “It's okay. You know, we'll play with the kids.” And the kids were older, ten years old at that point. So I got in my car, and I went over to his house and he opens the door and I walk in. And I came in the kitchen, he said, “Come in the kitchen to sign it.” And everybody's hiding behind the door. And they open the door, and here's all my friends, and some colleagues from Case Western Reserve, et cetera, et cetera. So that was my surprise party for that. And of course, I didn't go home. I got back and I said to my parents, “Did you know about this?” [Laughs] So they laughed. Of course they had to know about this!

[00:01:39] So, some time early in 1970, Sam went around to the faculty, several faculty members, not all of them. And I was one. And he said, “We're going to,” he said, “Are you at all interested?” He said, “I'm planning to get a grant to develop a program in medical ethics.” I said, “What kind of ethics? Medical what?” I mean, that's--it was not the word "bioethics" at the time. I said, “Medical ethics? What is it?” So he started to mention things. And of course, even though there was no field at the time, or I didn't know of any field at the time, I did not know of The Hastings Center. I did not know of the Kennedy Institute of Ethics. I was doing straight philosophy at the time, theory of action and other things, you know, for 101, Philosophy 101, and other courses that I taught. I did teach an ethics course, but I said, “Sounds interesting to me.” He started explaining what it was, and a little bit about some of the topics. So he said, “There's money coming from the National Science Foundation”--oh no, sorry, the National Endowment for the Humanities--“to develop a program in bioethics.” And it would be developed at Case Western Reserve. So I said, “Sure, I'm interested.” [Pause] Three people from the department... (I mean, Sam will tell you more, of course, he's going to do it.) So there were three other people in the department who were interested enough to be a kind of core group. And one of the features of the program was a postdoc. I guess a "fellow," is what we called it at the time, or a postdoc. So it was like a postdoctoral position that was for one year, and the grant was for three years. So the main thing was to decide what to teach. We had to do literature searches. And there was very,
very little. We edited the first anthology in the field. Others came thick and fast after that. But this was really the first book of readings, the first thing to use.

**Q:** [00:04:11] What was it called?

**Macklin:** *Moral Problems in Medicine.* I'll show you the first edition, and the second, and then the revised one. Right now. [Gets up to find book] [rustling] [inaudible] [hands book to interviewer]

**Q:** [00:04:39] [Quietly] Wow.

**Macklin:** [00:04:41] You can look at those later. You can take them with you, whatever.

**Q:** [00:04:43] Okay.

**Macklin:** [00:04:45] So *Moral Problems in Medicine.* We didn't call it medical ethics--Woops, sorry. [Shuffling noises] [interviewer laughter] So, yes, I need this... Yeah, I know. So for the first one, that blue book there, you can see the names of the people on the back. Sam was the first editor. John O'CONNOR was a philosopher in the department who expressed interest. Who else is there? [Andrew] Jameton?

**Q:** [00:05:14] Eugene [V.] Perrin?

**Macklin:** [00:05:16] Oh. He was a medical doctor who was very interested in ethics, and he did some teaching in the course. And when we were putting together the book, he was helpful in the book. And he was the only medical person in our group. And so it was O'CONNOR, and Perrin, and Gorovitz and me... Jameton--

**Q:** [00:05:41] Susan Sherwin.
Macklin: [00:05:45] And Andrew Jameton? Yes. They were the second- and third-year postdocs. Jameton was in the second year, and Sherwin was in the third year of the three-year program. So that was a feature of the program from the beginning. The person we had in the first year never... I think he never finished a PhD, and I guess he didn't go into the--you can put those [books] on the floor--[laughs] and may be something to look at, because I'm going to point to something in the first book. But both Jameton and Susan Sherwin, Andy Jameton and Susan Sherwin, worked in the field, became well-known in the field. And Jameton, interestingly enough, I saw him on a program, on a Zoom program, two weeks ago. I had not seen him since I left Case Western Reserve in 1976. And I recognized his voice and his mannerisms, but [laughs] not somebody from almost fifty years, forty five years ago. And Susan Sherwin, who was Canadian, went back and--she taught--she's retired. He's not. He's still working. He's retired from the job he had at the University of Nebraska. So those were... We started this project in the second year, or maybe in the first year, but it takes a long time to get a book together.

[00:07:22] So the first book, there was very, very little written in the field of bioethics, so it was mostly philosophy. And then we found articles, read articles that were readable or understandable in some of the medical journals, that were not technical, but that dealt with ethical issues. So a few of the articles in there, and I'll have to look again, you know, to see what they were, a few of them were actually from the field of medicine. Others were background ethics, because we had to explain the field a little bit. You've got to know about ethics philosophically, before you can talk about medical ethics, so people, you know, can understand it. But the examples we used were all... So it was one section called "Birth and Death," making it very evident. And then some others. So by the time the second, the revised edition, we decided to do the second edition, there was already a literature. There were already beginning to be journals. The first one, there were no bioethics journals. So we had to look in medical journals. There was a, one of the authors of the second, or the authors or editor, coeditors, of the second volume, was a medical student at Case Western Reserve. So she was more knowledgeable about the medical stuff and helped out with the journals. So that was the culmination. The first book was published in... Oh, we have to look at the first page there. [page rustle] The second one was '82... [page turning] [pause]

Macklin: [00:09:19] Oh, '76. Yeah, I think the second was '82, so it was a few years different. So '76. So that was really very early in the field. And that was the year that I left Case Western Reserve and came to The Hastings Center.

Q: [00:09:39] Before we talk about your move to The Hastings Center, is there anything else you want to do to really depict kind of the scene at Case Western?

Macklin: [00:09:50] Yeah. Yeah. I was going to go back to that. Sam left after two years to go to the University of Maryland, and I became the head of the program after that. But I still didn't know how to talk to medical students. I was still in a philosophy department. I wasn't reading medical journals, I just... And Sam, the second book, the second volume, Sam was still very much involved in that. But I became the head of the program, and I actually never liked to head anything. It's not my taste. I like to work very much, but I like to do--I don't like administrative work at all. And this had to do with budgets, too, which I hate more than just administrative stuff. So I didn't love doing that. But, you know, I had to do it, but I was in charge of it at the end.

[00:10:52] I remember giving a lecture to medical students. And I had only given lectures to philosophers. Our class was small. This was different. I mean, a class is different because you're teaching and you've got examples, and you have students responding. So the actual courses that we taught, the one course that we taught, in moral problems in medicine, which was the basis for the books, there were no medical students except that one who became one of the editors of the second book. And the reason was that the medical--there were pre-med students, and anybody interested in the field, and nursing students. Because nursing was an undergraduate curriculum. And their semesters and their timing was just like all of the other undergraduates. But the medical school was on a completely separate calendar, on days, et cetera. So we had exactly one medical student who took the course, and she became one of the editors of the second book. So the third year, I was in charge of it, working on the second book went on longer because I think, right about '82, that was some years later, when the field had already grown. But when I spoke, I was invited, to speak to a class of medical students. And I spoke like a
philosopher! I still wrote like a philosopher, I spoke like a philosopher. And I remember--I was very embarrassed, actually, because I remember hearing titters in the audience when I used some term that you would use for philosophy students, but not medical students. If it comes to mind, I'll tell you what it was, but it was some term that, you know, philosophers use that medical students... So, you know, they laughed at me. But I realized then how narrow my scope was, and my language and my approach.

Macklin: [00:13:02] The other thing was working with physicians. Now, there was the one who worked with us on the book, and I don't remember what his field was, but I don't think he saw patients a lot. There was a neonatologist. Neonatology was a fairly new specialty, but was becoming very important because they could keep more and more infants alive... with the neonatal intensive care units. I mean, they were able just to get, you know, respirators and incubators and all of that stuff. So that was a growing field, and they had a huge number of ethical problems because the problems were, if you keep these extremely premature babies alive, they may have a lot of problems, and particularly mental problems. And what are we doing? So there were some doctors who began to write in the literature about letting parents decide. And there were others who said, “No, we're the doctors. We have to decide.” And so it was actually a time when medicine began to be more patient-oriented. Let me put it that way. Before that, it was paternalistic. And a lot of the readings, you'll see the readings in here are all about paternalism, in medicine, and in general. Even an article on paternalism has nothing to do with medicine. So this was a time of transformation, not only neonatology, but doctors, you know, doctor's orders. Remember that phrase they used to use? They used to refer to patients as "noncompliant." Right? The doctor gives an order, and the patient doesn't comply. Then they begin to change the language, and soften the language. So instead of saying noncompliant, they would say "non-adherent," because the doctor would give advice, and the patient wouldn't adhere to the advice. So this was partly, even this change in terminology, reflected what was going on in the field and it became much more patient-oriented. So the themes in bioethics at the beginning were very much the doctor-patient relationship. Informed consent was part of that, but not the whole thing. It was the right to say “no.” It was doctors who decide, and patients are not allowed to say “no,” and so they're given surgery, you know, against their will. (And I'm coming back--I know I
started with the neonatology. I'm coming back to that.) But here was a field, namely the field of neonatology, where the questions that began to be raised, and that the neonatologist would raise for themselves is, “Is it worth it saving all these extremely premature babies? What kind of life are they going to have, if indeed they've got physical problems or really serious mental deficiencies because of this?” So this neonatologist, who was quite famous in the field, he was in--there were two of them, actually. They worked together and they coauthored things. He was very interested, and he started having neonatology rounds so people could go and, you know, they'd have to present a case.¹ At Case Western Reserve, they would have a case. And there were arguments in the literature, too. So one of the articles in the book, the second book, were a couple of Yale doctors who were debating this. And there were big debates about Down Syndrome, children, babies, Down Syndrome, who were diagnosed at birth. I'm going to, in a minute, I want to digress for just a second, but I'll wait until I do that. So, the point here is that the field had begun in different ways, even within medicine itself, with the doctor-patient relationship and more--patients' rights movements. Patients' Bill of Rights would be posted in the hospital. So there was a movement within the field. It's not as if bioethicists brought this to medicine. I mean, these things were happening in medicine.

Macklin: [00:17:42] To give another example of an issue that arose at the time, that was a big deal at the time, was kidney failure and dialysis, because dialysis was first developed during this era. And the question of people being able to walk away. Can you force people to have dialysis? I mean, they were all of these problems where these issues, that were happening within the field of medicine, that raised ethical problems for the practitioners, for the doctors themselves. And the attitudes of doctors were... sharply divided. There were some who would say, and this is the expression they used, you know, “You're a bioethicist, you haven't been in the trenches.” Okay. So the warfare analogy: the doctors have been in the trenches. They are caring for patients. They face these dilemmas. Who are you, you're a philosopher? And you're dealing with this stuff? So there were medical people in the field of medicine who wanted nothing to do with bioethics. I mean, this was: they haven't been in the trenches, so what do they know? And what do they care? And they don't have the feeling. You know, it's a question of expertise, medical expertise. And

¹ Marshall H. Klaus and John H. Kennell, respectively
none of us ever pretended (well, maybe some did [laughs]), but not me, not Sam. We never pretended to have the medical knowledge. And we always wanted to co-teach. And that's why we did a lot of co-teaching and bringing in, even consultations, with medical people, and then bringing them in to be co-teaching, which later in my career I did a lot of, when I was at Einstein. Albert Einstein [College of Medicine]. So the topic, the issues in the field, were those of doctors, not that the medical, or the bioethicists or medical ethicists, as we were then, were introducing these issues as they were there. The issues were in the journals and in the discussions, and we had to get up to speed [laughs]. And really up to speed about a lot of the things. Learn medical terminology, which was interesting. It was good for the brain to get whole new knowledge. And sometimes you have to learn a lot in order to be able to talk about the field. I mean, when I started going into reproduction, you know, assisted reproduction, I mean, it was a lot of stuff to learn. And HIV, a tremendous amount to learn. But that keeps the brain, even I was going to say the aging brain, but, you know, keeps the neurons firing. Which was very interesting. So at a certain point... What was I going to bring up? I was talking about--

Q: [00:20:28] That digression that you put a pin in was related to Down Syndrome. You mentioned--

Macklin: [00:20:34] Yes, yes. Yes. There was a big debate about Down Syndrome, and whether to save the, you know, save the babies. A group of doctors and residents at Johns Hopkins University, long before there was bioethics there, but there were people who were interested in that. And they made a film. Who Should Survive? was the name of the film. We heard about the film because it was just released at the time, and this was when there was a lot of things swirling around. This was a Down Syndrome baby, in the film, and the question was in the film, Who should decide? And the parents, you know, the parents were given the right to decide, which was heresy, because the doctors would have saved the baby and they were given the right to decide. So (this is a little personal note here), I see the film, and... At the end of the film, the film was about this, and there were real doctors or no actors in the film. And if I'm not mistaken, Dan [Daniel J.] Callahan's wife was one of the speakers, or one of the people who was interviewed, if I'm remembering the film (it was a long time ago that I saw it). And I get to the end of the film,
and they got all the credits and stuff. And I see that one of the people responsible for the film is a pediatrician whom I knew as a kid. He was the son of friends of my parents. I saw his name, and of course, I remembered him. I knew he had gone into medicine. His father was a doctor. One of his two older brothers were a doctor, were doctors. But here he is in bioethics. So I saw his name there, and I wrote to him. I think back then I had to send a letter [laughs]. There was no email. And I wrote to him, and I told him I saw the film, and I saw him, and I didn't know that he was interested in this. And I said, “I haven't seen you since your bar mitzvah.” [laughs] And he was, I think he's three years younger than I am. So I had been, our parents were friends, and the parents were invited, and we were invited to the bar mitzvah. So he wrote back (he was a very witty guy), he wrote back and he said, “Oh, if the last time you saw me was a bar mitzvah, you would recognize me because I'm still wearing the watch that I got at my bar mitzvah.” [Laughs] Okay. So we rekindled. We were friends then as kids, but we knew each other through our parents, because sometimes there were things that the parents and the kids got together. So we became actually friends. We were never at the same institution, but we--he invited me for a couple of things, I invited him for a couple of things, so that was just a kind of crossover from family to work. And that was one of the key issues at the time, because it was who should survive, and it had to do with a Down Syndrome baby.

**Q:** [00:23:58] Can you tell me more about the movie *Who Should Survive?*

**Macklin:** [00:24:03] The film?

**Q:** [00:24:04] Yeah, the film. Whether the tradition of the film was sort of a polemic, or propaganda, or persuasive media. How would you explain what it was?

**Macklin:** [00:24:13] I think it was a... largely descriptive account. They did not show the faces of the,.. the parents of the Down Syndrome child. They had the doctor explaining to the patients what the baby's condition was, and what his future was likely to be. They had the chief resident who was caring for the baby, who was very anguished (I think he later worked in the field of bioethics). And then they had some commentaries by people who were, I mentioned Dan
Callahan's wife, who was not--she was sort of at the periphery of bioethics. She was a psychologist, and she was asked to speak. She was a practicing Catholic, so she would be pro-life on this kind of thing. And that would be, that was her talk. So it was very balanced, because then they had someone else, and then they had the anguished medical resident who was caring for it, because they were filming, actually, right with the filming. I don't think they had a picture of the baby. That was something that they couldn't have. So it was mostly... expository, with both sides. I mean, as it happened, the parents refused, and the hospital let them refuse. And that became part of the debate, you know, whether they should or shouldn't be allowed to refuse, based on that. But that was a big issue at the time because of the development of neonatology. And they knew that these babies were bleeding into their head. They were extremely premature. And there wasn't the kind of, I mean, there was neonatology. That was just beginning. It was a new field at the time. So it was an attempt to be balanced, but obviously, the people at Hopkins who did it had to be in favor of allowing the parents to make this decision. Otherwise they wouldn't have done it. They wouldn't have allowed, you know, somebody would have come in there, as I have seen in the work that I did, sitting on the hospital ethics committees, coming in there saying, with a piece of paper saying, “There's a legal problem here, and we're not going to touch it.” You know, that just became--the legal overcame the ethics after a while. And I stopped sitting on hospital ethics committees. Because they wouldn't let--there was one meeting, and this was already at Einstein--I remember one meeting and we were discussing something about a child, it was an infant, and they passed around a one-page piece of paper that was describing everything that was going on in the care of the infant. And they had somebody from risk management. You know what risk management is? [Pause] Yeah, well, it's a big deal in hospitals. And these are people--there are lawyers involved. It's usually a lawyer who's in charge of it. And the lawyer is not an advocate for the patients. The lawyer is an advocate for the hospital not being sued. And this was not the first time, but it was one time. At first they had the hospital ethics committees, and the ethicist came and everything was fine, and then the liability started. And so they'd always have risk managers there. And the risk manager got up where the pieces of paper were, and she just goes, Give me those papers! Give me those papers! She grabbed all the papers and went to shred them, because she didn't want to have any evidence, anywhere, if there was any kind of
lawsuit in that particular case, which did have to do with, you know, withholding treatment or something, or denying treatment.

[00:28:16] So anyway, that was a big issue at the time. And one of the things that, in bioethics, it sort of followed what was going on in medicine. This kind of work in neonatology, which was brand new, gave rise to the ethical issues of whether or not to save the infants and whether the parents should have a voice. Similarly, with dialysis and transplantation. Because once dialysis was there, it could be a halfway movement, or it could stay. And again, the question, of course, for dialysis, somebody could just walk away. But it was the ethics of dialysis and then kidney transplantation, mostly kidney, but also others, that came. And that was a new field also. So as medicine moved into areas--and HIV is another example, because there wasn't any HIV until a certain point, and then there was HIV. So all of these developments in medicine raised, posed ethical questions. And the people in medicine who cared about it, who didn't want to be the one who said, “You haven't been in the trenches, [coughs] were interested in whatever kind of help.” So most of us... I'll speak for myself. I was very reluctant [coughs] to take a stance, because I knew that I hadn't been in the trenches. And I knew that there were people that, doctors were divided. But I also knew that they wanted answers. They wanted the right thing to do. And there's no question that their heart was in the right place (even if their mind didn't always follow). So when I would give a talk, I would do mostly analysis and arguments, and I thought, ‘This is not going to satisfy them.’ They want an answer, and all I'm going to do is give them a little on the one hand, on the other hand, then the third and then the fourth hand. And you know, they're not going to be happy. Well, I remember one... And this was, this had to be at Case Western Reserve, I'm sure. It was back then, it was long before I came to Einstein, because as I said, I was uneasy with giving answers. And I was doing all this analysis. Several people came up to me afterwards and thanked me. And they thanked me profusely because it gave them some understanding. All you had before that was, one guy said “yes” and the other guy said “no.” There was no argument. There was, that was a decision. And here were the arguments. And these are highly intelligent people. The arguments may not change their mind, but I was giving the arguments on both sides. And these intelligent people began to see (these doctors), began to see that this could be helpful to them. So that was very affirming to me, because I was always a little nervous when I was giving on the one hand on the other hand, thinking, well, they want answers
and what am I doing? I'm giving a philosophical analysis. So that was encouraging, speaking to a group of doctors.

**Q:** [00:31:38] Can I break from chronology for a second to ask you about this issue that you're reminding me of: just arguments versus stances. So around very controversial issues or difficult questions over the course of your career, when was it important to frame arguments and focus a group around the right set of questions? And when was it important for you to take a stand?

**Macklin:** [00:32:11] I don't think there's a general answer to that.

**Q:** [00:32:14] Maybe an example.

**Macklin:** [00:32:17] Alright, I'll think of an example. But let me say this. That... In some cases, there is a genuine dilemma. Life has dilemmas of various sorts where you're damned if you do and damned if you don't. Right? I mean, this is what a dilemma is. I mean, I don't know what to do about this, because if I do X, I got all these bad things happening. And if I do Y, that these other bad things happening. So that's a dilemma. And sometimes if something is a genuine dilemma, I mean, I'm answering your question: if something both in my mind, even if there are other people on both sides of it, if something is a genuine dilemma, then I would give the arguments, and know that there were some people who would come down on one side or another, but I would remain agnostic. Partly, maybe because we don't know enough facts. And there are things that happen later that make it clear that you did the wrong thing or the right thing. So sometimes, you just don't know enough because you don't know what the outcome will be. And then if there's an outcome, sometimes you regret what you've done, if the outcome is different, but you don't know what the outcome of anything, everything, is going to be, especially, you know, that way in medicine. And I think some of these examples in neonatology are probably a good illustration because you don't know, whether for a particular infant--some of them are extremely premature and they end up being normal, and others have these bleeds in their head and they end up being retarded. And it's true if you just think about medicine in general. You don't have to be a doctor or a bioethicist. You think, sometimes there are better outcomes for
things. So the dilemma, I mean, at the end, once you get the answer and you see what's happening, you say, “Oh my God, we did the wrong thing.” Other people might say, if it's a question of saving a life, “No, you didn't do the wrong thing because killing is wrong.” So there are people usually, but not always, with religious views. Usually, I say, but there are other people who, you know, whatever it is, life is sacred, whatever... that sounds religious, but [laughs]--sometimes they were just, you know, people. So if you're talking about medical decision making, now, there are other areas where you're not talking about decision making. There's plenty of other stuff there. But if it's a clinical decision, and that's really these kinds of things, because this is what we got started with. And even though we talked about research at the beginning, it wasn't as robust. And much of the discussion here that drove medical ethics that people were interested in had to do with the clinical situation. So that was much of what I did at the time.

[00:35:17] So the answer to your question is: some of each. Now, if I had a view that I truly believed, I would make the stronger argument, right? I would make an argument that would come to the conclusion that I wanted to have. Which in much, if not all of my writing I've done, whether to override a patient's view. Here's an example: The Jehovah's Witnesses. That was a big thing, too. I think it sort of faded in the distance. But that was a big thing, because they refused blood transfusions. Perfectly healthy people. They need a blood transfusion. They need it to save their life, and their relatives are around, and the elder from the Jehovah's Witnesses right there with them, and the person who's a Jehovah's Witness can't say, “I want to refuse it,” when everybody's there. I'm sorry--you can't say “I want the transfusion” when everybody's there, the family who believes it and the elder from the church. And so the kind of solution to that became, I want to talk to the patient alone, which they didn't do at the beginning. So that would be an example, even back then, before it was kind of a settled issue. When it comes to adults, they can decide. When it comes to a child, then the parents may not decide. They will always bring in somebody. Always call in the law immediately for the transfusion for the child. If it's an adolescent, it's a dilemma. And, if there's something else, like a single parent caregiver for the whole--the child, or the family, and there's nobody else around, well, maybe they would override the refusal, you know, for the transfusion. So it depends on the issue. And I didn't have firm views about some issues. I had firm views about many issues. [Laughs] And so I would just make
a stronger argument. And hope it would be a stronger argument. I guess sometimes people were convinced, but it's usually the case that anybody who's got religious views, they don't get convinced. I mean, there's an answer there, you know: it's wrong to do this. So...

**Q:** [00:37:47] Thank you for addressing that. I think I've been interested in the role of a bioethicist, how it might or might not overlap with advocacy and activism, and thinking about whether a bioethicist can still serve in certain functions if they take a very public stance or shake a sign.

**Macklin:** [00:38:11] Well, there are some people really much more in the public advocacy. And there are some bioethicists who, some have been fired from their jobs, because they didn't do what the school, the medical school, for example, wanted them to do. I can think of a person, but I can't think of a clear example. There are some--there's a, it's actually a medical doctor, I think, I don't know if he also has a philosophy degree, at the University of Minnesota. His first name is Carl, and I'll think of his last name at some point (the names are the last things, that, you know...). So I'll either look up these names or just give you the first name. But he is a polemicist. I mean, he writes very, very strong things in journals and articles like that. But there's not quite as much public advocacy. There is... I mean, among philosophers, or among... Well, let me put it a different way. It depends on whether the person who's involved in the debate or the discussion is doing it in one's own environment. Like in your own school, it comes before a committee, because there's ethics committees, there are neonatal ethics committees that I served on. There are ethics committees for care of patients. And in those circumstances, it's a private thing. I mean, not private. I mean, it's within the institution, let me put it that way. But increasingly, I can say that there were people from the risk management for the hospital, if this is taking place in a hospital, who would be at all these meetings. So, I mean, this was certainly true at Einstein when we had the surrogacy issues, and anything to do with reproduction, assisted reproduction, not just surrogacy, but surrogacy was one of them. They were always there, those people. So that kind of took over, and became less interesting to me. I wasn't interested in having to fight with risk managers. And so I pulled away from the ethics committees eventually. I mean, and there can be

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2 Carl Elliott, Professor of Philosophy, University of Minnesota
that kind of argument in a research ethics committee, too. And the IRB, the Institutional Review Board, which I served on at Einstein the whole time I was there. So am I answering your question?

[00:41:08] I mean, public advocacy can take place in print. I mean, if you write an editorial or something like that. I mean, the article that I just wrote for the *The Indian Journal of Medical Ethics* is a full-throated defense of the right for abortion, and criticizing everything that's going on in this country (the anti-abortion movement). So, I mean, that's advocacy. But who reads the *Indian Journal of Medical Ethics?* Now, a lot of people do, actually. But still. And more people are going to read the *New England Journal of Medicine*, of course, and the British—*The Lancet*, you know, the big journals and the JAMA, the *Journal of the American Medical Association*. So there is advocacy. But I guess the point here is, where does that advocacy take place? Is it in print in a major journal? And, I mean, I have no qualms about writing or doing that kind of thing. And I've done both. You know, the uncertainty, arguments and the dilemmas. Because there are a lot of dilemmas [laughs]. [Siren] [Discussion about sirens]

**Q:** [00:42:49] Yeah. So I appreciate you bringing up the editorial you wrote about the *Roe v. Wade*—well, the draft that was leaked—and what you just described as the anti-abortion movement. Just as an example, I'm wondering if you've ever taken a strong stance and felt punished professionally. You know, whether one's position in bioethics is respected and appreciated, or whether it's ever a liability to have a fixed stance on something.

**Macklin:** [00:43:24] Well, there's exactly one article that I wrote for which I was vilified. And even today, I wrote that article in, I think, 2001. And even today, people remember the nasty comments that I got. That was a two-page opinion piece in the British—*BMJ*, the *British Medical Journal*. And... I'm trying to think of the... It'll come to me. I've for some reason suppressed it or blocked it right now, but there were so many—I'll think of it. I mean, it'll come to me, you know, what the topic was. But the comments that came after that... Someone—here's how it, here's the story that came. Raanan Gillon, who is a British bioethicist, an MD. He was a regular, practicing MD, and also a journal, edited a journal. Very smart guy. Very interesting guy. Very witty. This was a *Festschrift* for him. And it took place in the UK. And I was one of two commentators, two
or three commentators. There were several sections of the *Festschrift*, and he wrote four vignettes. He did, the author, the person being honored, wrote four vignettes with his own views, coming to a conclusion. And I don't remember the details of the vignettes. And then the commentators either agreed or disagreed. And the whole thing had to do--he was a proponent of the use of what are called the "four principles of bioethics." And you'll get a lot of this with Beauchamp, so I don't need to go into that. Okay. But Beauchamp--are you interviewing [James F.] Childress as well?

**Q:** [00:45:53] [Nods]

**Macklin:** [00:45:53] Okay. So they are the authors of that. I mean, terrific books, which I have, I have almost all of them, in each edition that came out. And I am largely a defender of the four principles. So... I was one of the commentators, and I was defending the four principles. Other people criticized the four principles. The editor of *BMJ*, who probably knew at the time, well, no, he was just--he came to the--there was no plan at the time to publish something, and what was published was published in some other, you know, the results of this thing. I'm trying to remember exactly what I said... [Pause] I'm going to have to remember it to tell you the anecdote. But there were questions from the audience and... I'm very annoyed at myself because I can't think of it. People--there were various questions from the audience. And one person asked a question, a woman asked the question... And I'm going to set this aside and remember exactly what it was, because, I mean, I think it is important. Because what my answer, what I said in that answer, and I'll remember as I continue the story. After the session was over, the editor, the then-editor of the *BMJ*, Richard [Hurley], came running down the aisle to talk to me (I was still on the stage), running down the aisle, and he said, “Will you write a piece for the *BMJ*?” You know, these are very short. They're like open--it's called "Perspectives," that kind of thing, you know, which is basically two pages. What I said, and I just have to--I can't believe I don't remember this, but what I said in answer to the questioner... She said, “What about X?” Right. And I blurted out, X, whatever the X, and I'm going to think of it, is a useless concept.

**Q:** [00:48:24] Dignity?
Macklin: [00:48:27] [Quietly] Yeah. Yeah, right. Dignity. That's what it was. See, I've suppressed it. Because, you know, it was so painful. It was painful, because they, the people never stop talking about it. Other people invited me to talk about dignity, when I knew they were going to trash me. A couple of people admitted that they actually liked what I had to say about dignity (this was much later). But that was the piece that I was vilified, and the only thing that people ever knew that I wrote, you know, not not the only thing, but I mean, it was because it was very, very strong. I said, “Dignity is a useless concept.” [Laughs] Thank you for remembering. And I mean, I don't think the woman who asked that was offended when I said that. But then I had to defend myself. And I think, I later wrote something about that thing, and softened my view slightly, because what I was claiming at the time was, there's really no use for it. But I later came to think of examples in which one could use dignity. So I softened my view. I didn't actually change the main view, but that was the example. So that was an answer to your question. I mean, that was a circumstance in which I said something in public that not only were people in the audience, or, you know, people who were there, the people who saw my piece, it became well-known. And I became known as the person, you know, who trashed dignity. Um... I still pretty much have that view, but I've softened it a little bit.

Q: [00:50:16] You're bringing up so much I want to follow up about. I'll name two things right now that I'm interested, and we can decide which to take first. But one is really about rational thinking. And if you excel at shaping arguments and logic, I'm curious about one's emotional life within this realm of bioethics and medicine, because... you are... framing arguments. And I don't hear from a lot of the interviews, you know, that I've listened to or read, with other bioethicists, that there are a lot of questions or space for just talking about feelings, or... You just mentioned the word pain. That it was a very painful experience, for example, to receive that criticism. So I'm curious about challenges and pain and disappointment.

Macklin: [00:51:26] Well, those are things that I mean, as a philosopher, you--the coin of the realm is rational argumentation. That's what it is. Now, that doesn't mean that in assessing a situation, you don't take people's feelings into account. But the nature of the arguments has to be,
it has to be an argument. In that regard, bioethics, in this field where you're in bioethics and making arguments of one sort or another, is very much like the law. Because lawyers make arguments and you try to win your case. And it's really the same thing. And it's not only in bioethics. I mean, I was in philosophy before I was in bioethics. And you make arguments, rational arguments, that other people will try to rebut, but then you respond to that. One way--I've written a few things like this, but not very many--is to write something in the form of objections and replies. That's a philosophical tool, and [René] Descartes used that. Okay, so it's nothing new. Descartes was in the seventeenth century. So, you have objections and replies, which is a very good way, instead of just making your arguments, you have the answer that you know you want to make. So you construct the argument so that the reply is stronger than the objection. So you know what the objections are, and then you decimate them, by making your argument as strong as possible. And it's a very effective philosophical tool. So where do the emotions come in? Well, I mean, you will find them at a meeting when people are sitting around and talking about a case. I have had very, very few--I think I could count them on one hand--sessions where patients were involved. So as you can imagine, if it's a patient, or a family member of a patient, and there's something to do, something about a treatment... I mean, that's going to be emotional, the whole thing is going to be emotional, and it probably can be really irrational at the same time. But I've had very few. Other people have a different kind of professional life where they may see more of that. People who do a lot of... What are they called... You know, if you do case analysis, or case, you discuss cases with a small group of physicians and a patient, maybe. I've done relatively little of that. Other people have done a great deal more. So most of the arguments that I make are ones that would be in the committee, in an ethics committee, in an IRB, or a place like that, where there can be emotions, but the emotions run high because the people are emotional about their part of the, you know, the situation. But it's not like a patient who would be emotional. So it really is a question of making rational arguments. And there are people who don't like that. They say, “Look, you know, we're human beings and we have emotions.” And what it is, this is just an argument. But what about my feelings? Well, you try in your argument to take feelings into account. But, you know, when people start saying, “I feel that,” I will often (or I haven't been known) to respond, I want to hear about your beliefs, not your feelings. Because to say, “I feel that,” you know, sounds visceral,
whereas in order to come to a solution, if there was disagreement, you need to have an argument. It needs to be a rational argument in which one can override what may be irrational feelings. So that's where rationality comes in. And I know that bioethics is sometimes criticized for that. And I think it's a poorly placed criticism. Because when you're trying to decide what to do, that doesn't mean you ignore people's emotions, but it means that if a decision has to be made, and there's a rational argument in favor of one side or the other, and you make that argument as strong as possible, then the feelings, whatever they may be, are not a response. It's got to be another rational argument that would be a response.

Q: [00:56:36] If the feelings don't drive--

R: [00:56:37] I just want to turn this page, without ruining your sound, that's all.

Q: [00:56:44] If the feelings don't drive the decisions, where do they go or where do they count? So, if you aren't using your feelings to drive an argument, but you still have them, where do they go? Why do they matter?

Macklin: [00:57:06] Well, I would really need an example. Now, when someone like you in this situation, or anybody else, asks me a question like that, I will come back and say, “I'd like to see an example.” And sometimes people can think of an example, and then the question goes away. I said, “You come up with an example, and then I'll give you the answer.” So I need to hear an example of what you're driving at here.

Q: [00:57:39] Maybe when we get to the ACHRE [Advisory Committee on Human Radiation Experiments] report, it might actually become relevant. I'm not sure. But maybe that's a time I can bring this back.

Macklin: [00:57:47] Okay. I mean, I may try to think of something--

Q: [00:57:50] Okay.
Macklin: [00:57:50] --because I mean, there are circumstances in which I might have feelings about something. But, feelings are subjective. And other people are going to have different feelings. And if you just, there's no resolution. When two people have different feelings, there is no resolution. But if people are making rational arguments, one argument can be more powerful than another. It can be more powerful because it's, the reasoning is better. It can be more powerful because the facts are used in support of the argument. It can be more powerful because you think of an analogy, and arguments by analogy can be tricky, but they can be very powerful, because if you come up with a good analogy for something, you can decimate your opponent! [laughs] So the things that you can't argue against are religious views, because those are not rational views. Those are beliefs that are deeply rooted. How they get there, where they get there, where they come from, is different. So if somebody says, "My religion says such and such," the answer to that is, "Well, I'm not adherent of that religion, so I don't have a reason, any reason to accept that." So people's feelings can be attached to a number of different things. Sometimes people will have feelings about something they witnessed or experienced. So, a loved one dying, or someone whose physician committed malpractice, and their mother died. I mean, you know, something like that, the feelings are powerful, but it's because the feelings are so powerful that might have, there is a way of arguing, you know, and setting aside the powerful feelings, because there may be underlying facts or circumstances to take into account. So sometimes we really do need examples. And I'm a big one for asking for examples, and people get annoyed at me because, you know, they'll say something and I'll say, "Give me an example." And they'll say, "I can't think of one." I said, "Well, sorry, I can't accept this until you give me an example."

Q: [01:00:22] I can see why an example would be very useful with the question I asked, so I will I will think of one, and circle back to this--

Macklin: [01:00:29] I don't mean to challenge you, but, you know, there are some things that don't easily, readily admit of a general answer, a generalizable answer.

Q: [01:00:39] Mm hmm.
Macklin: [01:00:39] And that's because sometimes the example will prompt the best answer.

Q: [01:00:47] I appreciate your challenge, because I think we're recording part of your methodology [smiling] right now, and so I feel I'm experiencing it, and that's--

Macklin: [01:00:57] Well, good!

Q: [01:00:57] Yes. The thing, you know, I kind of freely associated into that realm because you mentioned the criticism around the editorial you wrote.

Macklin: [01:01:09] Yeah.

Q: [01:01:09] Dignity is a useless concept. And you said it was very painful. And I am curious, given all that you've come up against and all of the challenge to, let's say, be the first woman to get a PhD in your program, for example, while a parent. I'm curious what was painful about that response? I'm sure you had received criticism before.

Macklin: [01:01:46] Yeah, I'm sure I've received criticism. I think it was so open and shut. I think it's--I mean, if the criticism is rational, then I can respond with a rational--or try to respond with a rational... And I mean, granted, saying dignity is a useless concept is just sort of waving it away. But the people who were vilifying me, I mean, I remember reading those comments, because if something is published like that in a journal like BMJ, then they have follow-up. And the follow up would be something like marginal comments of people's comments afterwards. It's like letters to the editor. And letters to the editor, after my Perspectives piece, the letters to the editor were also vilifying. And it led me to think more about the concept of dignity, and try to think of a circumstance where I would accept the notion, the application of dignity. And I'll tell you the one I came up with. [Pause]

[01:03:09] There was a woman in works in this field who has a... extremely retarded adult daughter. And she has spent much of her life--the woman, the bioethicist--spent a lot of time
talking about, and uses her daughter as an example of a variety of things, and is a big defender of
topia who have handicaps and you know, and things like that. I mean, it's sort of part of her life
work. And she gave an example once, it was maybe a talk, maybe it was just like a conference
where people were discussing it. Her daughter needed some surgery and was wheeled down the
corridor on a gurney with a sheet over her. And she was naked under the thing, and the sheet
slipped off her. So her body was exposed... And she, because she was so severely retarded, would
not have any notion, or sense, of being--offense, or of shame, or whatever the feelings might be if
you and I were there and were naked, and the thing was off, and get angry, or you know, but...
So, the claim that the mother was making was that this was her dignity as a grown woman. If it
was a baby that was naked, it would be different, but her dignity was... It was an assault on her
dignity, that the thing slipped off and there she was, naked to the views, even though she herself
couldn't feel it. So I thought that was really a good, a good argument. And that's an example that
I would use. Now, there may be other examples, too, as I softened my view, you know, from my
initial "dignity is a useless concept," because here I found a use for it, in this example. So
sometimes, and the use of examples is extremely powerful, and I use them all the time.
[Swallows] I think it's the best way to make an argument, because almost everybody, anybody
can relate. Now, sometimes if we're writing about something that's so totally esoteric, or people
without much experience in life, or whatever, you know, then it doesn't have an effect. But
examples, real life examples. So I would accept the view that this was violating her dignity, even
though she couldn't feel the violation of dignity, being a woman in her forties, being wheeled
naked down a corridor. So that's how I saw it in my view. And I did include that as an example.
But in that same article that I wrote, someone else had talked about his dog. They dressed up the
dog in a little tutu, and that was a violation of the dog's dignity. And I thought that was just
preposterous. Because there is something about the individual's ability to feel the loss of dignity
and not just, you know, putting a dog in a little cap and a tutu.

Q: [01:06:38] I sensed from your writing that your complaint was not about the concept of
dignity, but about it being used vaguely, to gesture to a wide range of things.
Macklin: [01:06:50] Well, here's the example in the article, okay? Death with dignity. The people who were in favor of assisted suicide. When I say assisted suicide (or it could be suicide, but assisted suicide is for the medical people) people who are in favor of of that, would argue that it's the person's dignity that's being preserved, because the person doesn't want to live like this, feeling undignified in whatever the condition is. It could be pain, it could be disfigurement. It could--whatever it is. So "dignity" is used to defend death, death with dignity. Other people use the word "dignity" to say exactly the opposite. To take a person's life is to violate that person's dignity. And therefore, suicide, or assisted suicide is a violation of dignity. Now, my argument in that little brief piece that I wrote is: how can a concept really be useful if it's used to argue opposite... conclusions? Or make an argument for conclusions that are diametrically opposed? It can't really be a very good concept if it can be used both to affirm or deny the very same thing. So that was the nature of the argument that I get, and that's why I said it's a useless concept, because it can be used any way people want to use it. One guy says it's a violation of dignity, and the other person says, “No, it is an exercise of dignity.” So. And you'll find that in many places. I mean, when people are talking about dignity, the same thing. Some people will be--whatever the action is, or the circumstance is, some people will defend it and others will attack it. And one is using dignity to defend it and the other is using to attack it. To me, that's a useless concept.

Q: [01:09:00] How would you define the word dignity?

Macklin: [01:09:03] I don't define it. I don't define words. I use them. It comes from the... tradition of philosophy that I come from, which is analytic philosophy of Wittgenstein. I mentioned that's that branch of analytic philosophy (because there are a lot of little branches there) and the phrase there is "meaning is use." And because that was the way I was weaned in philosophy--meaning is use--I have to see what the use is of a concept in order both to accept it, to reject it, to argue against it. So... Meaning is use. And I don't define things. Use them, and then we'll see. [Pause] [inhales] Now, I have the sense that I have been jumping all over the place, and not going back and finishing things. I mean, maybe I should have taken notes about what I'm saying, because you were taking notes and you wanted to go somewhere. But I mean, I think there's a lot of unfinished business going on here.
**Q:** [01:10:18] So we have a little bit of time left today, and I'll tell you where I think we--I hope--we can go together, but I don't feel like you're jumping all--I should say that that's the experience of an oral history, is that we don't stick to a chronological track, or it would be all description. So we left our chronology a little bit to talk about this. If we go back to the chronology, where we are in time is your move from Case Western to The Hastings Center, which I do want to get to, and I want to talk about your work in several areas, really your areas of specialty and focus. And--

**Macklin:** [01:11:05] I'm sorry to interrupt. I mean, some of the most interesting things that I've done in my career have been the international work. And that's because, even though there are a lot of Americans who disagree with each other about a lot of things, and it's getting much worse than it ever was, a different culture, a different (now we do have different cultures in this country). I mean, it's pretty clear. We got the MAGA [Make America Great Again] culture. [Laughs] But the ways in which different cultures differ, and whether one can use the same kind of reasoning or arguments when there are such deeply rooted differences, cultural differences, some of which, but not all of which have to do with religion, but not all of them. And that really has been a much bigger challenge. [Pause] [exhales] I won't say more now, but I'll try to think of some examples of that, when we get there.

**Q:** [01:12:13] Yeah, I definitely have a lot of questions for you about your international work, including the question about how it began. We can, with this bit of time left today, we can start on your move to The Hastings Center, but we don't have to move in chronological order. So if right now you want to talk about some of your international work...

**Macklin:** [01:12:37] All right. Well, let me start... One thing... I want to go back to Sam Gorovitz. Because he's not going to say this about him, but I will say this because it's my life. The first thing that was, that I mentioned, the story about his coming around and--he is causally responsible for my being in bioethics. He's not morally responsible, but he's causally responsible, because he came around and said, “You want to do medical ethics?” And I said, “Medical what?
What kind of ethics?” So that was, that changed my career. Even though while I was at Case Western Reserve, that was--he came around and said that in 1970. The project was from ’71 to ’74. I'm going To talk about the chronology just for one second. At the end of ’74, Sam Gorovitz... I don't know if he'll say all this, but I will, right. Some time near the end of ’74, there were--at that point I knew about The Hastings Center, because I wrote an article. Somebody asked me to write an article about Jehovah's Witnesses, I think. And so I knew about The Hastings Center. I hadn't met anybody from there. I barely knew the name Dan Callahan. I knew there was somebody there, but I really wasn't focused on it. Maybe I did after I wrote the article. But they normally had, The Hastings Center normally had a summer, a week-long summer conference, basically, and it was mostly physicians and nurses who came to that. It was introducing bioethics, basically, and they did that for many, many years. Sam was a fellow with The Hastings Center. Had worked with them really from the beginning, and part of his interest in bioethics. And he proposed to Dan Callahan that there be another seminar in philosophical approaches to bioethics, something like that. Was it called... Philosophical Problems in Bioethics? But anyway, he used the word philosophical, so that it wasn't going to be all of the dilemmas, but it would be things about the rational arguments, et cetera. So that was a one-week seminar. And that must have been in ’74, but I don't want to make a mistake about the years.

[01:15:22] Dan Callahan sat in on the seminar one afternoon, and that was when he was still a smoker before he quit. And he's sitting there at the end, and it was actually in the ‘70s, in places where people were still smoking. He smoked one cigarette after another, right, and he was sitting at the end of the table. And... as the meeting broke up, or the session broke up, he came up to me right at that moment and said, “How would you like to come work at The Hastings Center?” So, first of all, I was taken aback because I never, I mean, just even the thing mentioned. Here I was at Case Western Reserve in Cleveland, which I had come to hate. And I said, “Well, when do you have in mind?” He said, “Starting in September.” This was the end of June. Last week in June, is when they had these things, after school was, you know, universities were out. I said, “I can't do this next year.” I said, “I've signed a contract, you know, I have a contract for”--at the time, I was an associate professor, not a full professor, but I was up for full professor. That was in the works, that they had said that I would be promoted. So I said, “I can't do that because I've signed the thing.” He then said, “Could you give us twenty percent of your
time?” So I said, “I don't know why not. I got to find out.” I mean, why not? It might mean twenty percent less of my salary in New York, and I'd have to work--sorry, in Cleveland--and I'd have to work that out, but... [laughs] It turned out, Hastings Center was paying so much more. I was making at the time, when I left Case Western Reserve... Remember, there's been inflation since then. Remember that, right? I was making fifteen thousand dollars a year, which is unbelievable when we think of it now, but even with inflation, if we think of what, in 1975, you know what it was, it was still pretty low salary. And The Hastings Center offered me twenty five thousand. So that was a big jump. And of course, everybody said, “Well, it's more expensive to live in New York.” Well, it's true. It's more expensive to live in the New York area. But I found accommodations. They were fine.

[01:17:45] So, that first year with Hastings Center, I mean, I don't know if I had to decide at that moment that I was going to do it, but I think I probably did, and said, “Yes, I would like to do that” because I was eager to get out of a philosophy department at that point, because all my research at that point had switched. This was the end of the program that we had, because that ended in '74. So this was in '75. So the point of this is that it was just a quick discussion that I leaped to do. I knew I would move, I knew I would leave Cleveland, I would bring my children with me. My older daughter had just graduated from high school and was going to Yale the next year. My younger daughter was a junior in college. I mean, sorry, had finished her sophomore year, so she had two more years in high school. And I just said to her, “Shelley, I wouldn't take you to a bad place.” She actually never stopped thanking me for the move, because she had a better group of friends when we moved. And she was a better student when we moved because she had friends who were ne'er do wells. [Laughs] So. Why did I... Oh, I told that story because this is Sam Gorovitz, again. Because he was the one who did that. Had it not been for his thing, I never would have been in the situation where Dan Callahan heard me talking on the spot, gave me, you know, gave me an offer. I went there and that's what really changed my life. [Phone rings] [Discussion about phone ringing]

**Macklin:** [01:19:30] So that was item number two, of Sam Gorovitz. And since we began to talk about the international thing, that was item number three about Sam, because (we'll segue for the next thing) he already... I mean, he was always at the right place at an early time. I would say in
an early place, in an early time. He already was on some kind of committee at the World Health Organization. It was a very peripheral committee, I don't know how it was or what it was, but he was on a committee that was a group of five men. It's important for this. And they were, there was to be a conference in Thailand with the Department of Reproductive Health from the World Health Organization, their whole Department of Reproductive Health and Research, it was called. And these men were sitting around, there was a committee, trying to decide whom to invite to give a keynote address. So Sam, to his great credit (I'm very fond of this man) to his great credit, said, “I think we ought to have a woman give this talk on reproductive health.” They were surprised [laughs]. 'A woman? Eh eh' [laughs] So. He... Then, they agreed. And of course, I had to be vetted, but he came to me to ask if I would be willing to do it. So, much like my comment on when he said, “Would you like to, we're going to have a program in medical ethics.” And I said, “What kind of ethics? Medical what?” When he said, “The World Health Organization is having a conference on reproductive health and we're looking for a keynote speaker.” And I then said to him, he said, “Would you be interested?” I said, “I don't know anything about reproductive health.” He said, “So you'll learn!” Typical Sam comment: “So you'll learn.” I said, “Okay, I'll learn.” And, I agreed to do it. And they had to vet me. I don't know what they did, but maybe they looked at my resume and they looked at something and said, “Yeah, she looks good enough for this.” And of course, I gave the talk. And the person, the man, who was then the head, the director of the Program of Reproductive Health and Research was in the audience. And he spoke to me afterwards, and we just had a little chat. And about four months later, I mean, we just had a little chat, but I gave that talk. And about four months later, Dan Callahan was supposed to give a talk in Brazil on something and reproductive health, and he pulled out. Whatever the reason was, I mean, he had a good reason. He pulled out of it. So this same man, who's the director, remembered me from a few months before. We met at the conference. And he then invited me to be on a committee at the World Health Organization. His committee that he was--it was the Research Ethics Committee for Reproductive Health into his department. And he invited me to be on the committee, which I, of course, accepted. And that launched my, basically launched my work, my international work, because then I was at the World Health Organization and subsequent to that, I was on three different committees toward

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3 José Barzellato
the World Health Organization and one at UNAIDS [Joint United Nations Programme on HIV/AIDS]. So that's how things went. [Narrator request for audio only]

**Q:** [01:26:42] And this was before you went to The Hastings Center?

**Macklin:** [01:26:45] Oh, yeah. Yes, yes. I was still there. And after that, because I did live... I was there a couple of years after I was divorced. I was divorced in '69, and I didn't leave until '70. Well, '76 was when I left. '75 was when I was going back and forth. So that was six years. I mean, I got my PhD in '68. I mean... Did I say '68 or '69? I said '68, didn't I? Yeah, that's when I got my PhD, is that what I said--

**Q:** [01:27:26] You said '68. And that--I think you said '68.

**Macklin:** [01:27:30] I can look it up.

**Q:** [01:27:31] And that is what is also on your CV [curriculum vitae].

**Macklin:** [01:27:33] That's accurate. That's accurate. So anyway, the point of that last story really was Sam Gorovitz once again, but the first three stories were about my career, you know, introducing me to medical ethics, The Hastings Center, and then the international thing. Because once you're in that international world, and if people like you, I guess, then other people find you, and it's one thing and another. I was actually on that committee, World Organization, World Health Organization, until... When I was there for twenty five years, somebody on the committee gave me, bought a watch and a little plaque thanking me for twenty five years on the [laughs] committee. It was a watch from the World Health Organization. So anyway, I'm sorry I jump around all this, but...

**Q:** [01:28:38] Oh, I'm following everything you're saying and I'm taking notes on things we can come back to.
Macklin: [01:28:42] Okay, but let's not come back to the Czech...

Q: [01:28:45] Okay. Noted. We won't come back to that, but I'm appreciating just how pivotal Sam Gorovitz was in the trajectory of your career, on top of your personal life. And two of the things you've mentioned, both The Hastings Center opportunity and the international work, I would love to get into tomorrow more. Because we have just a little bit of time left now, I want to make sure before we close out tonight that I give you a chance to put any names or subjects on the record that you haven't had a chance to talk about yet today that you want to state now. We'll start tomorrow with these larger subjects. But is there anything--

Macklin: [01:29:31] What do you mean by larger?

Q: [01:29:32] The Hastings Center and the international work, we'll really get into that tomorrow.

Macklin: [01:29:36] That's really more, I mean, that's when my career took off. I don't have anything more to say. One or two quick things about my life in bioethics at Case Western Reserve. And there were two episodes I'll just mention very briefly. One was a... I guess he was... He had something to do with death, after people died. And he was not like a coroner. But it had something to do with an aftermath of a death. And the situation was one in which there seemed to be, or there was likely, medical malpractice. And the person who I was discussing this with, the... What's the name of the person who is in charge of, I can't think of the person in charge of death in the hospital. The... When they do an autopsy, I guess the--

Q: [01:30:48] Not coroner?

Macklin: [01:30:48] Yeah, maybe it was the coroner. Maybe it was the coroner. But I know it had to do with, you know, the autopsy. And he was describing this case, and said that the likely cause of death was some medical malpractice. And I said, “Well, did you tell the family that?” Which I feel they have a right to know. He said, “No, we never do that.” So, that gave me--that's
the whole thing. I mean, there's no more to that story. But it certainly gave me an insight into the
secrets, you keep the secrets, you don't make any waves. You don't have a duty to a family to tell
them what the thing was, because, of course, they would sue. But, what's interesting that I later
learned is that many people sue for malpractice when there is no malpractice, and many people
don't sue when there is and they know that there is. So there's a kind of disconnect between, you
know, the two. But the preference, and that's, I've told you the story before about the woman who
came in, the risk manager, who came and took everything away. Because, you know, if anybody
found out about it, it would be a thing. So that was one eye-opener that I had there, about how
they thought that was the right thing to do. And we just keep our mouths shut. And I think people
like that didn't like bioethicists, because they knew that we have a commitment to truth and
justice, right? At least that kind of truth. I had another... episode. Oh, the other episode from Case
Western Reserve was, I was on one committee there, that was like an IRB, you know, an
Institutional Review Board, but it was just for the social sciences. Because the medical school
had its own, and I was not, I didn't have an appointment in the medical school, unlike Einstein,
which is where that was my appointment. I was in the philosophy department. But they had a
committee that was solely for social--

File 4, Day 1

**Macklin:** [00:00:00]--science research, which was not conducted in the medical school. It was
done by social science researchers. So, I met with--we rarely met in person. We met once a year
in person. We did everything passing things by paper. It was no fun. It was no fun in that. But we
did meet in person on one occasion, and we happened to be talking, or discussing, social science
research that involved deception. And I had, not at the time, but subsequently wrote articles
opposed to deception in social science research. Isn't there a way that one can do research where
you're giving people an honest--and you don't deceive them in some way that may eventually
make them embarrassed, may make them humiliated, or whatever, because they're deceived? And
then they "debrief" is the word. That's a, you know, term of war. You know, you debrief the
enemy or something. So they say, “Oh, well, we always debrief people.” But, you know, my
objection was for deception and research. And I actually wrote articles about that. I published
articles, one at least, on deception and research. So there was one person on the committee, and
this is six people, or five people, sitting around. And this guy does research, social science research. The rest of them were all social scientists. And he uses deception all the time. And he ridiculed me, really ridiculed me, as if to say, “You don't belong on this committee. What are you? You know, you're a bioethicist, and you bring ethics here? This is what we do! We are social scientists, and this is a methodology, and we do it. So you really don't belong here at all.” He put me down. Really put me down. And that strengthened my resolve, even more, to write something about deception in social science research. And can't you do it without the deception?

Q: [00:02:04] That's a very powerful story to me because it's a question of sort of, what are you doing here? But it's a very productive challenge, too, to bioethics.

Macklin: [00:02:15] Well, as it turns out, of course, things that I have held and believe are ethically wrong, there are bioethicists who defend them. Now, I will take a middle ground on withholding information in social science research, because it'll destroy the--I mean, it's a question of how you design research. And it just seemed to me the lazy way is to deceive people when you might be able to do something and design it in a way that doesn't involve the deception. And I was actually, there was a case in which... I guess this was on the IRB at Einstein, when I was then at Einstein. And there was a proposal that came to the committee, and it was out and out deception. And I raised an argument against it. The rest of the people are all mostly, all medical people, and maybe one social scientist on the committee. And then the person who was the principal investigator, always came in person to the committee. And I was making my powerful arguments against deception. And the rest of the people on the committee were not social scientists, so they didn't automatically leap to his defense. And he got very, very angry. And he went to a colleague at Columbia University and he asked his colleague at Columbia University, would your IRB accept a protocol, a research protocol, that involved deception? Of course, we do it all the time! Right? So, here he's picking the big muck-a-muck of the university, you know, Columbia, the big you know, many people thought the best one in New York City. And they would accept deception and research. And he came back with something else. And the committee, I was proud to say, was following what I was saying. And a couple of people got very strongly, and were at my side, and even took the lead in other cases that looked like they were
deception. And this guy finally, I mean, we ended up with not really a compromise, but a... He wasn't allowed to design it that way. And that was the committee. So, sometimes I felt as if my voice was heard, in a way that I was, first of all, the lone voice, but not the person who ridiculed me, at Case Western Reserve.

**Q:** [00:05:05] I appreciate that story. You were described to me very respectfully as someone not afraid to... Was it? I have it written somewhere. It was not afraid to... not afraid of a fight.

**Macklin:** [00:05:25] Well, I think that's true. But I will say this, and I don't say this in the spirit of bragging. I'm trying to say something that I believe is accurate about me. I always argue nicely. I don't yell. I don't call people names. I make powerful arguments [laughs]. Sorry. But, I mean, that really does amount to something, because there are some people that get angry. Their face gets red. They say things--I once, I was in a meeting where we were adjudicating something that was a disagreement among a researcher and the head of the committee, the IRB actually. And they were fighting. And they started calling each other names. I mean, one was the chair of the committee, and one of them said, “You're a little squirt!” And, you know, you're a big--they didn't say “a Big Fuck,” but, you know, he said something like that, and they were calling each other names. And it was all tape recorded, you know. So my response, I don't think I've--I don't normally raise my voice. I may speak with conviction, but you got to speak with conviction. Otherwise people don't believe you, you know. So maybe that's, I do take strong positions, but I try to do it in a way that's respectful. So I'm going to ask you one quick question. What did Dave downstairs say about me? [Laughs] Tell me what he said.

**Q:** [00:06:53] Liz can maybe back me up here, but I think he said we were in for a treat and--

**R:** [00:07:00] He said you were a great person, I think, something along those lines.

**Q:** [00:07:05] I think it was like "a fantastic lady," and...
Macklin: [00:07:10] You see, he never says things like that to me in person. And I mean, I like to think he's, I think of him as a pal, as a friend, because we talk about life, you know, really about life. I mean, we talk about cooking, but, you know, we talk about... He talked about his sister and his deceased brother and family things. And we talk about, you know, public affairs and things like that. But so it's really like a friend, but, you know, it's because I'm a resident and he's a worker here, that there's a kind of little distance. So I don't actually know what he said. So I thought if he said something good, I would really like to know.

Q: [00:07:52] That is what he said. And I will, I'm going to think about whether there was any more specific--it was a quick, we passed each other on the way to the elevator. And let's do this. Let's pause for tonight.

Macklin: [00:08:07] Mm hmm.

Q: [00:08:07] And we can start tomorrow. If things come up that you remember that you want to start with, we can start there. Otherwise, we can start with The Hastings Center, and get back to the international work.

Macklin: [00:08:20] Yes, absolutely.

Q: [00:08:22] Wonderful.

Macklin: [00:08:22] I mean, there's so much more to say about that, that I'm sorry we spent so much time about this, but I guess you're the person who has to decide.

Q: [00:08:30] I'm not sorry. And I'm looking forward to tomorrow. And that's why we have several hours tomorrow together.

Macklin: [00:08:36] Now, it's okay if I tell these anecdotes and stuff? I mean...
Q: [00:08:40] It's wonderful. And why don't we close out and I can say more, but thank you for sitting today, and sharing your lived experience and your interpretations. And we'll continue tomorrow.

Macklin: [00:08:56] Okay. Good.

[END OF SESSION]

File 1, Day 2

Q: [00:00:02] This is Suzanne Snider here with Dr. Ruth Macklin on June 3, 2022, in Pittsburgh, Pennsylvania. And I'm sitting with Ruth on day two of an oral history interview as part of Moral Histories, an oral history project initiated by Berman Institute at Johns Hopkins University. Ruth, thank you for sitting with me on day two, and I'd like to ask you again to introduce yourself, please.

Macklin: [00:00:30] I'm Ruth Macklin. And happy to be here, quizzed by Suzanne.

Q: [00:00:35] Thank you. And I thought we could start off today's introduction. I'd like it if you would put on the record your title, that you shared with me yesterday, at Albert Einstein.

Macklin: [00:00:50] My title while I was there was Professor. And the way that titles go in medicine, as probably a lot of people know, is that you give "Professor" and then you name your department. So I was Professor in the Department of Epidemiology, and at first it was Social Medicine, and then it was Population Health. But when I retired, I didn't want to retire with just the title Professor, Professor Emerita. Some people actually use the Latin male, they say "Professor Emeritus," and that would probably be preferable in this day and age rather than gender the names, but that would be it. And I asked one of the deans when I was retiring, isn't it possible to get something like a better title? And the school did have a title that they reserved for big shots. Now, I didn't think of myself as a big shot, because these were all people in medicine.
You know, they discovered a cure for cancer or something. But they gave me the standard title for the people who, for some reason or other, deserved a lengthier title. So my title is Distinguished Professor Emerita. Is that the whole... No, Distinguished University Professor Emerita. So it's the distinguished part, and the "emerita" basically says you're retired.

**Q:** [00:02:20] Thank you. I wanted to make sure we put that on the record. And just so someone listening to this can appreciate the breadth of what we're trying to cover over these two days... I wondered if you could, in list form, try and share your areas of specialty. And I know that list is long, but we're going to be going into some of these areas. But just so someone could get a sense of the scope of your work, could you try and list your areas of focus?

**Macklin:** [00:02:49] Right. The first one, because it was most recent and over the longest period of time, was research ethics. And that has a lot of subcategories. But just let me leave it at that category. But one subcategory I did want to mention is international research ethics, because when you're doing something in other countries or with other countries, there are other constraints and other factors. So ethics in research with human subjects. Not with animals. I will make that distinction. I did very little work on animal research, so research with human subjects was the main area of my work for the last twenty years. But since I was in this field for almost fifty years, there were others. At the beginning, it was a lot of clinical ethics. Clinical ethics including: informed consent, patients who refused treatment, I mentioned briefly in our talk yesterday Jehovah's Witnesses and special cases like that. And because I sat on committees, sometimes there were clinical ethics committees, but from the day I arrived at Einstein, they invited me to be on the Research Ethics Committee. So for my entire career, I was involved in research ethics and research with human subjects. A particular subject, well, though it's another category is reproductive health. And that included everything from questions or issues or topics or arguments about abortion... Assisted reproduction. I got very active in assisted reproduction, and there was a committee at Albert Einstein College of Medicine that was created, I believe it was created when they had the first egg donations, and surrogacy arrangements. So that was another area. And that was not limited to research ethics, but it was clinical ethics. And each one of these specialties or subspecialties involved other meetings, other articles, other different
activities. I put global health as an area of my interest because there are always ethical issues that arise in global health, whether it's clinical health, whether it's things like, as we'll get to Covid, for example, to talk about. But even before that, it was HIV. For a period in my life, I was quite interested and active in HIV. This was partly because the Bronx had (The Bronx, New York) where I was, had very high rates of HIV. It was also partly because a pediatrician at Einstein was the first person to identify and make the claim that HIV was in vertical transmission from mother to child. So that was certainly an area, and interestingly enough, it was not only an area of research, it was an area of contention among physicians, because there were stories of nurses leaving a tray of food outside a patient's room in the hospital. And there were big debates among some of the surgeons about actually doing surgical procedures on people with HIV because it posed a risk to the surgeons themselves. So being in a hotbed area for HIV was almost inevitable in my daily work, that I was connected with that. And I think you told me to make a list, but I'm saying a little more.

[00:06:32] I also became involved in the way I chose work on HIV, so I don't exactly remember the source of that. I think I was because I was already on a committee at WHO and somebody knew about it and they invited me. So there was one point in which I was on three different committees that WHO and UNAIDS, which was the United Nations program on HIV/AIDS,⁴ that was separate from WHO, but they were housed in Geneva in a building across from the main WHO building. And so I was actually in Geneva very, very often for those different committees. So I have to mention HIV.

**Macklin:** [00:07:17] And at the end of my career, which means I was already retired, but retired in academic, simply means you're not getting paid anymore. [Laughs] But near the end of my career, at the end, it was Covid, and so of course I had to become active in that. And I have been publishing a few things nationally and internationally in Covid. So those are really the main areas. You referred to informed consent, and some of the early articles I wrote were about informed consent. Informed consent is the topic most written about and most discussed in the field of bioethics. And frankly, I don't think there's anything more to say about informed consent.

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⁴ human immunodeficiency virus/acquired immunodeficiency syndrome
I said everything there is to say, and I will never again, even though I'm still writing a little bit less these days, addressed the question of informed consent. But those may be famous last words.

**Q:** [00:08:13] I might still ask you some questions [laughter] about informed consent, but thank you. I appreciate that list. It helps us prime the surface, and I know all of the things you listed deserve time and attention, but I think it's helpful just to appreciate the range of your work.

**Macklin:** [00:08:28] I should name one more, which I didn't say. Somewhat late in my career—not very late, but on the later side—I got more interested in public health ethics. And there's been a debate in the field about whether public health ethics is part of what's called "medical ethics" or "bioethics" or whether it's a separate area. And the people who argue strongly that it's a separate area, started a journal called *Public Health Ethics,* and I've written a couple of articles that were published in *Public Health Ethics.* So that really is different because whereas medical ethics in the clinical sense, and even in the research sense, focuses on the doctor-patient relationship or the researcher-subject relationship. But public health ethics is more population-based because it is more for public health. And the question of whether or not there can be ethically justified restrictions on individuals for the sake of public health. I don't need to say any more about that during Covid! So I did get interested in public health ethics, and debated both with people who did medical ethics, or clinical ethics, about some of the issues, and with people in the public health field who wanted to suppress topics like informed consent, because that's really in the clinical ethics, where it's one-on-one with doctor and patient. Whereas public health ethics is for the good of the public, and informed consent is something that you don't get. So...

**Q:** [00:10:05] Thank you. And I want to acknowledge that we did move around in time yesterday, but we also clearly left off, in terms of your chronology, with your time at Case Western, and you introduced going—the invitation to go to Hastings. But I wonder if you would start us again with that invitation and what happened next.
Macklin: [00:10:34] Okay. Well, the invitation, as I said yesterday, came as a surprise, because I only met Dan Callahan a couple--a week before and he invited me. I think he knew something about me because he read up on it, and he asked me to come there and work. I couldn't (as I said yesterday) I couldn't leave immediately. I'd signed the contract. But it was a bit fraught, since... I came once a month from Cleveland, which I had come to dislike, forgetting what [laughs] the point was there. And I got on the airplane, and I flew to LaGuardia Airport in New York, and I rented a car, and drove to Hastings on Hudson, which is a beautiful, small--eight thousand people still live there, under ten thousand people--on a beautiful "river town," as it was called, right on the Hudson. And as I drove up to The Hastings Center--got off the parkway, and drove up to The Hastings Center--I felt happy and fulfilled and very glad that this was a prelude to my moving from Cleveland and Case Western Reserve, which I had a very good relationship at Case Western Reserve with people in the philosophy department. But of course, I was still teaching philosophy, and at this point, my heart and mind were in bioethics. And then at the end of that year, I moved my house, my household. My older daughter was entering college at Yale. My younger daughter was resisting moving, because she was entering her junior year in high school. And whoever takes a sixteen year old out of her friends and her community and everything... But, I think I mentioned yesterday, she never stopped thanking me. She started reading The New York Times. She had a better group of friends [laughs] and on personal grounds, it was really a delight. So I had a title at The Hastings Center. They were--what were we called? Something like "associate for such and such." It was a name like that, not a very interesting title. And the title that they gave me at Hastings...

[00:13:01] I mean, Hastings was set up (I'll be very brief about this). Hastings was set up with research groups, separate research groups. So there was a medical ethics research group. And that really sounds global, it sounds like the whole field, but there are sub areas. There was a population health research group, because Dan Callahan, who was at first the Chairman and the President of The Hastings Center, was very much involved in population issues. I was going to say “population control,” but population--so there was a separate research group. There was a research group in genetics and there was one in behavior control. So let me say a brief word about those, because I think this is critical to the picture here. The research groups were structured such that there was somebody at The Hastings Center, which always had a very, very
small cohort of people working there, twenty five people, maybe. Not more than that. A small
group of professionals, a larger group of secretaries and other helpers. And the research group,
the people who were the heads of the research group, did the work at Hastings. But then there
were outsiders. Many were named "fellows" of The Hastings Center, and others were people just
working in those different fields. And The Hastings Center had very many meetings, which
included the evening meetings. So that included dinner, and they served wine at the dinner. And
you can imagine what it was after dinner sometimes, when we had the meetings starting at eight
o'clock, and going on into the evening. So there was, there were usually co-chairs of these
groups, the different groups. One was a Hastings Center employee (which would be me in this
case) and another was a person who was prominent in the field but was from a university,
working in some university or other. And the two of them were co-chairs. And when the
meetings came, there were members of the group, other people at Hastings (anybody could
attend any of the group meetings) and they were fairly frequent. There was at least one a month
of these different research groups because there were about five of them. So... I was, I didn't have
a choice, but I gladly consented to the position that they gave me, and the title. So there was a
behavior control research group and the person at Hastings who ran that group was Will
[Willard] Gaylin, who was a psychiatrist. Now, Will and Dan were the co-leaders. At first, Dan
had the title of Chair and Will was President. And later on they changed the things, and Dan
became the president, but the titles really didn't mean anything. And Dan was, of course, the day
to day operation, Will Gaylin was the president, but had an appointment--he had private patients,
one of whom was the governor of New York. [Searches for words] He had an appointment at
Columbia University in the psychiatry department.

So I was appointed because I had written about things in psychology and psychiatry. I
had already published some things, and I was very interested in that field, that area. So I was
appointed Associate for Behavior Control. Now, I'm going to digress just for a minute and talk
about the title, because since the group was called "Behavior Control"--and it was appropriate for
psychiatrists perhaps to talk about behavior control, but I'm a bioethicist, so what do you mean
behavior control? So when people ask me for my title, if I had to write it or if I had to say it,
[laughs] I was “Associate for Behavioral Control.” So [laughs] a very typical question was, What
do you do there? [Laughs] Right. So I then petitioned Dan and Will, and I said, “Look, can't we
change this name? Because it's a little embarrassing for me because I'm the Associate for Behavior Control, which implies some things about what I do,” which of course, wasn't at all true. So they acceded to my request, and the name of the research group was changed from Behavior Control to Behavioral Studies.

Q: [00:17:28] [Laughter] That's very funny.

Macklin: [00:17:30] [laughs] I like to introduce a little bit of humor into these things. But, you know, there are things that I remember from that time. So, the research group--this was an unusual arrangement for the following reason, and it turned out later to become a little bit fraught. And I'll say what the reason was: every other research group--I just mentioned The Hastings Center--had a Hastings Center, professional--well, let me call them professional employees, rather than, you know, I don't like to make distinctions about secretaries and stuff, but I mean, the professional staff. Or academic, let me say academic. There was one from Hastings Center, and then there was one from the outside. However, in my case, I was the Associate for Behavior Control who was a point person at The Hastings Center, but Will Gaylin, who was the President of The Hastings Center, was the other person. So he wasn't from outside. He was actually from the inside. And if I can use these words, he had a little bit of behavior control over me. And I didn't resent it. I didn't resent it at first. But eventually I did have to petition for some other kind of arrangement. And I think eventually at The Hastings Center, they abandoned those groups. That was the initial structure. And then they now what? They don't exist at all now.

Q: [00:18:53] Do you mind explaining what that means, when you gestured toward him having behavior control over you? What did that mean in terms of your work? What are you describing?

Macklin: [00:19:09] Um, [sighs] well, that's a good question. I... I said it because obviously it was something that I felt at the time. Well, here. I guess I would put it this way: I felt he was looking over my shoulder, a little bit more, and I felt like a professional person who had a boss. Whereas academics, academics don't usually have a boss, they have a chairman. And Dan Callahan was my boss. Okay? I'm going to digress just for one second, and tell you an anecdote
here, because this is connected with it. Dan, I loved him. I mean, I respected him. And we were personal friends, I went to his house, my daughters came to his house and socialized with his sons... So it was an extremely good relationship. And his wife, Sidney [Callahan], also became a friend of mine. And after Dan died, I saw Sidney a couple of times before I moved. So it was a very positive relationship. Nevertheless, he was the boss. And one time, I think this only happened once. Maybe there was some similar episode another time. He called me into his office. And usually, when somebody calls you into their office, and he was the President of The Hastings Center, they had, you know, you know, something was coming. And I had no idea what was coming. So I walked into his office as he invited me, and the first thing he said is, “Ruth, do you think you're smarter than everybody else here?” And I said, [laughs] “No.” I was very surprised, of course, to hear that. And I didn't know what was coming. And apparently--I really didn't know--it wasn't as if I had done something or said something. And frankly, I don't even remember the topic of what it was. But he felt that I had crossed the barrier of some sort and that I had done something, said something, or whatever. I mean, we smoothed it all out. There was no hard feelings. It didn't last. It was no recriminations. It was just, you know, a little thought. But I bring this up because I said he was the boss. And, you know, he called me in on something, and he would frequently--I mean, he had the power to fire people. Which he did. He hired and fired. So... The thing with Will Gaylin was, Will Gaylin, although he was the co-founder and equivalent head, he was at the--he came on Fridays. I think he came one day a week full time, and then for meetings and other things, because he had the private practice of psychiatry and he was teaching at Columbia in the medical school. So Dan was really the day-to-day boss for that.

[00:22:02] So eventually... Eventually those--I was only there for four years. Well, actually, the first year was half, when I was half time. I mean, not half time, twenty percent time. I was in Case Western Reserve, and coming once a month. And then I was there for four full years after that. And I don't remember whether, frankly, I don't remember whether those groups were dissolved at some point, or some of the groups were dissolved. But I did manage to extricate myself from under the wing of Will Gaylin. And there were no hard feelings, but he was a very colorful--he's still alive, I believe--very colorful person, with a lot of colorful... And because we were working closely together, he was sometimes critical, and I took it in good stead. But I think that was what prompted my desire to be out from it. At one point, he accused me, I
just remember his words. This was an accusation. He accused me of "Fandango-ing off the floor." Now [laughs]. Would that--no, that was a metaphor, obviously, [laughs] A figure of speech. In which I digressed. You know, I said something, making an argument, I don't remember the topic in that, but that was his, the words he used: "You're fandango-ing off the floor," when he wanted it to be sort of on the straight-and-narrow. But as you could see from my CV, we co-edited a number of books. And he was primarily, I don't want to say an "honorary editor." He had some work there, but the nitty gritty work was done by the people, you know, The Hastings Center staff, and not Will. Now, if I can stop for a moment and go back, why did I start this thread? What was your question then?

Q: [00:23:55] My question... Well, I'm following you, so what I'm thinking right now is, I'm interested in both anecdotes. When Dan Callahan asked if you thought you were smarter than everyone else, was there a precipitating incident that you are aware of? What inspired that challenge?

Macklin: [00:24:15] Yeah. I don't remember. And I think it was insignificant. It must have been. I mean, I'm just trying to think--this must have been something in which I took charge. And I'm not actually a "take charge" person. I'm really very collaborative. It's a little bit modest, or immodest, to say that, but I am really not a "take charge" person. And as I mentioned to you yesterday, I never wanted to be a chair or a head of a bioethics unit. Never. I didn't get along with the person at Einstein (that comes later). We actually--the only instance I can remember, one of maybe at most two or three, where there was a close colleague that I just, we did not get along with each other, eventually started out okay, but I never wanted to be a head, or in charge of anything. I'll come back to that when we talk about Einstein. So... Whatever I said or did was probably going beyond a little boundary at The Hastings Center and Dan made that comment. But it was smoothed over very quickly. There were no hard feelings. And no...

Q: [00:25:31] I wanted to ask, because you're starting to lay out the structure at Hastings, which I'm interested in. One, if you could set us in terms of time, what we're talking about, and also which home Hastings had at this time.
Macklin: [00:25:45] Okay. The first home that Hastings had was before I came, and it was on the--well, the first home was actually in Dan Callahan's attic. There was just Dan, and Will, and then Bob Veatch. Robert [M.] Veatch, who died a couple of years ago, was the first employee, the first professional employee. So Veatch was there, and Dan and Will, and they were in Dan's attic, or Will's attic, something like that. And then they rented a small space right in downtown Hastings-on-Hudson [New York], above a dentist's office. And that was before I came. When I came, when I arrived, they already had the Burke Estate. And I guess you know about that. That was Billie Burke, the Good Witch of the, in the... What was it? The rainbow, over the rainbow. Yes.


Macklin: [00:26:40] Wizard of Oz, yeah. She was the good witch. It was a beautiful, beautiful site, a wooded area. There was an open, big, open, grassy area, and a big old mansion that had been where Billie Burke lived. Nothing else on the property except trees. I'll come back to that later about an addict, an incident. And that's where the meetings, I mean that's where the meetings were held, that was what, The Hastings Center. And I have a memory, a sight memory, of Dan Callahan, who was, of course, there all the time. And he stayed late. After everybody left for work, he was still working there. And I guess it was a meeting that was ended, and people were leaving the meeting, and then some of us from the staff were leaving at the same time. And Dan was standing in the doorway saying goodbye to everyone, as if he lived there. I mean, and that was kind of the, almost the image that people had. There was Dan's office. Dan lived there. Dan [laughs] was saying goodbye to people from his second home. So that was in, right in, near downtown. And I could walk there from home. I did drive in the winter. I lived in three different places in Hastings, and I was still at The Hastings Center, still working at The Hastings Center, when I moved to the Bronx. But the first several years there, I lived in three different places. One was a little farther, but I could walk to The Hastings Center, which is something that I always desired, to be able to walk to work. After I left the Center to go to Einstein, the center moved to... [pause] Not Bedford Hills... Um... I'll think of it.
Q: [00:28:45] Briarcliff?

Macklin: [00:28:45] Briarcliff Manor. Briarcliff Manor. And they rented a place in Briarcliff Manor, which wasn't nearly as nice as that house. There was something to do with the city, the municipality, that led to the move. I don't remember exactly what it was. It was owned by the school system. That's right. It was--the property, the Burke Estate, was owned by the school system and they wanted to do something, or maybe they stopped taking care of it and wanted to sell it, whatever it was. So they moved to Briarcliff Manor. And I remember one person who asked, because of the name of the town, it was still The Hastings Center, in Briarcliff Manor. And someone asked, “Did Hastings Center move to a nursing home?” Because it sounded like a nursing home. But let me go back, and talk about the title, because it was not called The Hastings Center at the beginning. The title of the institution was called The Institute for Ethics... something on the life sciences. Ethics? [exhales] Something in the life--ISELS. Ethics, Law and the Life Science? It was I-S-E-L-S. The Institute for... oh, Society! Ethics and the Life Sciences. So Society was the first word. Institute for Society, Ethics, and the Life Sciences. That was the name. The Hastings Center was the name of the physical place where we worked, but the Institute incorporated the fellows and there was a small group of founding fellows, mostly physicians, but not entirely physicians, and some very famous people and some Nobel Prize winners, who were within a very small group of the Founding Fellows. But the--so the name of the Institute for the Study of... For Science, for the Study of Ethics--whatever it was. ISELS. That was how they answered the phone. "The Institute," was the name.

[00:30:46] At a certain point--because that was an unwieldy name. And when I was leaving, when I was leaving Case Western Reserve, and mentioned to someone that I was moving and I had to use the name at the time (which was not The Hastings Center), The Institute for Society, Ethics and the Life Sciences... This scientist there said, “What a pretentious name, as if somebody's setting up an institute that looks like it deals with the whole world.” But after--the name became unwieldy, and people started referring to it as "Hastings," so they officially changed the name to The Hastings Center. So Briarcliff Manor was the second place, and when, for a very short time a new president was appointed, that was when Dan retired. And Will had
retired first. Dan retired. And there was another person who was appointed, named as the--Dan was still affiliated with the Center, but he no longer had his—a big administrative burden. And the person who took over... First of all, I guess he wanted to be in another place. He didn't like it. And he looked, I mean, as the president, he got the opportunity to do that. And that's when they moved up to their current location, up in the hills up there.

Q: [00:32:11] What is the current location?

Macklin: [00:32:17] [Pause] It's not too far from Hudson. Yes, it is. It's on the Hudson River across from West Point. And it will come to me. See, my memory for names is not too good. It's... Well, we'll come to it. Or I can just pick up a thing in The Hastings Center, or we look it up.

Q: [00:32:39] I think I'm remembering. Is it in Garrison [New York]?

Macklin: [00:32:40] Yes. Garrison.

Q: [00:32:41] Garrison.

Macklin: [00:32:41] Garrison, yeah. So that turned out to be--it's, of course, very beautiful. And there's a beautiful view, and there's a huge space, and there's more than one building, and blah, blah, blah. There were all those good reasons, but it is so far away that you can't just take the train up there. You can, but you have to switch the train, because it ends--the local commuter train ends north of Tarrytown [New York]. And then you have to get on another train, or you have to drive an hour to get there. So people who, like me, who used to go up, when I still lived there, and used to be able to go to a meeting in the afternoon, were no longer doing it. There were fewer meetings in the evenings then, but there were some. And when people would go up there for a meeting, they would often stay overnight at, you know, at a local place. Which anyone from out of town had to do, when they were in Hastings.

There was a place--two anecdotes, sorry, two anecdotes--there was a motel, not far from The Hastings Center. It was in Dobbs Ferry that was in Ardsley [New York], actually in
Westchester County. And it was the closest place, and it was more affordable than the Tarrytown Inn, which was a little bit fancier, but it was quite close. So when they had all of these meetings, when fellows came, or many people who were invited to meetings were experts in their field, but not fellows of The Hastings Center. So they would put them up at the Ardsley Acres, which was really a cheap motel, and people used to joke about using it for day purposes, at the motel. So there was one meeting where there was a little work group, or a subgroup of work, and the meeting started on Friday evening and probably went till nine, nine thirty, and then--had some wine--and then they went back to the Ardsley Acres, and they continued meeting, and they came back the next morning with the Declaration of Ardsley Acres. [Laughs] So it kind of became a joke. My only memory of the Ardsley Acres--and when The Hastings Center... They were very thrifty. They, when the guests would come, the foreign--I mean, the guests meaning the people who were not working at The Hastings Center--they would put them up, of course. And always the Ardsley Acres was mostly the whole thing. And they doubled up the adults. I had to share a room--two single beds, or maybe two double beds, it could have been two single beds--in the Ardsley Acres, with some woman that I only met, you know, in the thing, and shared the bathroom! I mean, this was not fun. I think I objected to that. And I said, you know, “It's not going to cost very much more, but, you know, we are adults, and we don't particularly like sharing rooms.” [Laughs] But, you know, Dan Callahan didn't see anything wrong with that. And one time I left my nightgown on the door in the bathroom and forgot about it, and I’d never left it. So, that was Ardsley Acres. And my memory was pretty strong of Ardsley Acres because when I was still in New York, and I came for meetings, I would be staying at the Ardsley Acres. And then of course while I lived at Hastings, I lived in Hastings or even back in New York, I never stayed at the Ardsley Acres, while it was The Hastings Center. So when I saw this very, very long movie, three hour movie with Robert De Niro... The recent movie, you know, recent movie about his role. The "something," It started with I. We'll look it up. I saw the movie. And there was a flash scene with Robert De Niro, and a woman that he was seeing, and they were walking out of a motel, and it was Ardsley Acres! [Laughs] So I wrote to my old friends from Hastings, my old colleagues, and I said, “Did you see the movie?” [Laughs] With Robert De Niro? And one of them said, “Yeah.” So I said, “Did you see the Ardsley Acres there?” So it was a big joke.
Q: [00:37:11] I'm glad we've paid tribute on the record [laughter] to this site, which no one else might historicize. But I'm taken with your--hearing about the night meetings and your rigorous schedule and the travel involved, I'm taken back to your story about your father not wanting you to be a doctor because of house calls and evenings. And I'm thinking that your--you had children, and your schedule was quite rigorous. So how did you balance family and this schedule?

Macklin: [00:37:41] One, my older daughter was already in college. My younger daughter was sixteen, and able to be on her own. She didn't need a babysitter. She would babysit for other people. So it was no problem. But--not but--and, she worked at The Hastings Center. She had two jobs. Yeah. As a teenager, she had two paid jobs at The Hastings Center. One was stuffing envelopes. They had a program at The Hastings Center... they had reprints. It was reprints of articles from The Hastings Center Report and anyone, any readers--I mean, and this was before people were, before the internet, really. So people couldn't just copy and print, you know, their own thing. So it was a... They were called "reading packets" and they were in different categories. There was behavior control reading packet, and there was, you know, the genetics reading package, et cetera. And there were requests that came, I guess they came by mail, they probably didn't come by internet. And people requested the different packets. I'm not sure. I don't know, remember if they paid for it. But Shelley [Shelley M. Taylor], this is my daughter Shelley, her job was stuffing the reading packets. There was a person of, an administrative person, a secretary, who was in charge of that program, and they had all these reprints around there. So when somebody asked for the packet, Shelly's job was, take the things off the right shelves and put them in the thing, et cetera, et cetera. That was her job, which was a couple of afternoons a week, I think, something like that, not every day. But the other job was, she helped the--there was a woman who catered. She was just a single woman. She didn't have a helper. Maybe, maybe she had some helper at some time, but she made lunches at The Hastings Center for the staff every day. And at first I was bringing my own lunch, and eating at my desk, until Dan Callahan called me in. He didn't ask me if I was smarter than everybody else this time, but he said, "Why don't you eat lunch with everybody?" I said, "Dan, because I'm working so hard, I'm sitting at my desk and I'm eating my peanut butter and jelly and I'm working so hard," you know (of course, little
bit of an exaggeration), but I was really just working through lunch. And the whole idea was to socialize. And sometimes there was even a presentation at lunch. It was a very collegial place, extremely collegial. We even had this little anecdote that, if you're on your way to the bathroom, and somebody else--you cross paths with someone, and they ask a question, you end up having a half hour discussion in the hallway. Which was never... I mean, you would never see Dan or Will, but I mean, it wouldn't have been Dan saying "Get back to work," or anything like that. I mean, because we were always talking about work there, in the hallways, and that was part of the collegiality. Sometimes it ended up on collaborating a paper together, [laughs] you know, so it was all part of the, part of the work and part of the atmosphere, of the place.

[00:40:46] So Shelly, my daughter, we had--there were many evenings with the meals, and this catering person was there in the evening. And Shelly helped her out. She cleaned up. She didn't help with cooking or anything. She helped with serving, and she helped with cleaning up. And she could walk home. Because it was close enough and very safe in Hastings. So it was really close and she could walk home after that. But the good thing for the mother and daughter situation, was that we could then gossip about the people, and including the guests. Because there were some people there. And of course, Shelly was privy to conversations over dinner and things like that. So we had a lot of... fun discussions about the people. And she even... One little anecdote. Are you, by any chance, interviewing Alex [Alexander M.] Capron? [Interviewer nods] Okay. Alex and I have continued to be collegial friends. I mean, friendly enough so that we've gone to dinner. I've never been to his home. He's never been to mine. I became friendly with his current--his wife of many, many years. But he was married to somebody else at the time. And he had a son, with that marriage, whom he brought--he came from University of Pennsylvania at the time. He that's where he was. He was not yet in California, and with his wife. And I don't remember if his wife came to the meeting, or what the story was, but they needed a babysitter for their son. So Shelly babysat for Alex Capron's son when she was sixteen, and his son was maybe, you know, ten or eleven or something like that.

[00:42:35] So, there were personal things that--and this was, you know, somebody that I've known for a very, very long time--and we're still colleagues, we're still on a Hastings Center committee together. It's the committee that chooses the award, The Hastings Center Lifetime
Achievement Award.\(^5\) It's not the title, but that's what the award is. Jim [James F.] Childress is on the committee. I'm on the committee. Sissela Bok, the wife of Derek [C.] Bok, who was the President of Harvard for many years, she has worked in the field of bioethics. She's about my age. And she got her--she's two years older, actually--and she got her PhD around the same time, working with a famous philosopher at Harvard. And there's a person from South Africa on that committee, too. And Alex has been the chair of that committee for the last two years, and I'm the next chair coming up starting next year, and that's a four year stint, so... I'm going to be almost ninety years old when I'm [laughs] chairing this committee. That's all background, but, [clears throat] it's part of my life, and it's the closeness of The Hastings Center, the fact that there's all this family stuff.

[00:43:54] And it was certainly the best place where I ever worked in my life. The most collegial. The philosophy department at Case Western Reserve was quite collegial, and some of us were social friends, but not as much as The Hastings Center. Having all those meals and Shelley being friends with Dan Callahan's children, I mean, she continued to be friendly with them for the whole time that she lived, or that we lived, in Hastings. And then she went away to college and everybody drifted apart. But it was collegial on site, it was collegial with families, and a wonderful intellectual environment. So as I look back, I mean, which was exactly the opposite of Einstein, Einstein was the least--I only worked at three places: Case Western Reserve and Hastings and thirty eight years at--Einstein was the least collegial place. A medical school, very uncollegial. Maybe... I won't go back, I won't continue with that. We got there. Anyway, so what did I digress from?

**Q:** [00:45:06] Well, I'm interested because I'm hearing how much the social network and the exchange of ideas were key at The Hastings Center. And I'm curious who set the priorities for any, the group, while you were there. Who designed the working groups in terms of what your focus would be, and who articulated the mandate of The Hastings Center?

**Macklin:** [00:45:36] [Exhales] [pause] Well, when this center was founded, I'm going to put it this way. There was Dan and Will, and the first person to work there was Bob Veatch. Bob

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\(^5\) Bioethics Founder's Award, formerly known as the Henry Knowles Beecher Award
Veatch had a degree from Harvard in a... It was from the divinity school? And it had something to do with religion, but secular religion, more or less, unlike people who were, you know, ordained in something or other. And his field was medical ethics. So the very beginning, and of course, that was the whole point of The Hastings Center, was medical ethics. And that was the very first research group. And Bob himself, I don't remember who was the outside person, because remember, I said the structure was always somebody from the inside and somebody from the outside. But I don't--I'm not privy to exactly what that development was from the beginning, but I was there pretty close to the beginning. The Hastings Center was founded in--not that close. It was founded in '69 (that was when it was in the attic), and Bob, I don't remember when he was hired for The Hastings Center, but it was probably a couple of years after that. And then the research groups began. So as each new person, as The Hastings Center grew (never very large), as each new person was hired, that person with the outside person who was already attending meetings. So there was the Medical Ethics group. There was a Genetics group. There was the Population group, which Dan Callahan was the point person, with an outside person. The Behavior Control (eventually Behavioral Studies) was Will and I.

[00:47:17] The Genetics group, which was actually quite interesting, because there was a woman named Tabitha [M.] Powledge. We called her Tammy. That was her nickname. She had a master's degree. She was not a PhD or an MD. And she was the only person who was at that level, without a, what they call an "advanced degree," I guess, and a masters isn't an MD or PhD. And she was the person... it was somewhat hierarchical because she didn't have quite as much authority. I was going to say power, but authority is the right word. And then there was an outside person. Actually she took over. Sorry. The first person who was The Hastings Center employee was Marc [Lappé]... I'll think of his last name. He was a PhD geneticist, and interested in ethics. And in fact, he left. His name will come to me. He left just before I came, because I actually came to his office. And I mean, little office, little closet in the office with a chinning bar. He had the chinning bar put up. I didn't use it, [smiling] but he used it. I'm thinking of another Marc, but... I'll think of his name. So he was a PhD geneticist, and he left to take a governmental administrative job in California, in the state of California, some genetics-related job in California. So Tammy Powledge, who was the associate, like his--the centers, the research groups, always had a head. And then there was a younger person who was hired usually for two years. And then,
it was only a two year job, but it was like an associate position, you know, where you would do that and then move on. So the younger people often moved on, went to medical school, went to... whatever. But there were young people who applied. And they did the scut work, you know, whatever kind of thing. They'd do whatever you tell them to do. But it was that kind of job. It was an assistant, a research assistant, or a research associate. If the person had something other than a bachelor's degree, like a master's degree, they were called "Research Associate," The others were called "Research Assistant." So it sort of followed the academic titles in that way. So there was a genetics group and a person with a PhD who headed it, and somebody from outside. So that was the structure of the group. And as The Hastings Center expanded, some of the groups disbanded, when someone left, like after Marc left and Tammy. But that group continued, the genetics group.

Q: [00:50:11] Do you think that the the desired outcome of the work groups were reports, papers, publishing--

Macklin: [00:50:19] Oh, always.

Q: [00:50:21] --and ultimately, was there a policy...

Macklin: [00:50:23] Always.

Q: [00:50:24] --orientation?

Macklin: [00:50:24] It was, always. All those books that are on my shelf with The Hastings Center people, every single project (these were different projects) the groups continued, but the projects... So, when I first came to The Hastings Center, and the person who was the--somebody left, and that's when it was an emergency, and Dan asked me if I'd come in two months. And there was at the time a research assistant who left soon after that. His name was Leslie Dach, and he went on to become rather well-known in something else--I don't remember what it was--eventually. So he was my research assistant at first. There was an ongoing project when I
came to The Hastings Center, and it was about mental retardation. And so I inherited the remainder of that. And the first book that's there--every research project that the group had usually lasted--they were all funded. That were funded by the National Endowment for the Humanities, and other places. And there was a time limit. It was usually about two years, maybe three, but usually two years. So every research group culminated in a book. And the book [dishwasher beeps] [Discussion about noise]

[00:52:04] So the book--what the book was, was a collection of presentations. Everybody who was at the meeting, not everybody contributed, but people who made key contributions at the meetings were asked to write a full paper, a scholarly paper, and the scholarly paper was included in the books. So every single research group that had a project ended, culminated, with a book. So I think I've got five books from my group, which was Behavior Control, Behavioral Studies. The first one was on... So, the people who decided, back to your question, were the head of the research group and the outside--I mean, the two heads, the co-heads, the Hastings head, and the outside head, who worked together on the topic. But of course, it was where they got the money from. So the money for the project was geared to the grant proposal that you wrote. And I did a lot of grant proposal writing, because that's actually what that was. I mean, I wrote a lot of grant proposals in my professional life, not only there, but at... not Case, but Einstein, too. So that's what funded it. And that gave--the grant proposal itself was the structure for the work of the group, and the work of the group became the books that came out of it.

Q: [00:53:31] I see. Thank you for explaining that. And I want to talk about your shift from Hastings to Einstein. But before we do, just so someone can appreciate the size and scale of The Hastings Center, can you tell me on a given day, an average day, how many people were there? And then maybe, you know, if there's any sort of call to bring people together for a special event or weekend, maybe you can tell us how the scale of The Hastings Center changed.

Macklin: [00:54:06] Yeah. Um... At the time, I think there were a total at the time I was there and I don't think it changed very much there as the grants got bigger and the outreach got bigger, especially under the current president, who expanded in many ways, much more in public, public--but I'm not going to talk about that, because my work was all with Dan and Will, when
they were there. And of course, as a fellow, I've continued and... you know, continued to do all kinds of things with The Hastings Center. But my work there, while I was there, was maybe twenty five people. So there was the professional staff. Dan, Will whenever he was there, which was one full day a week, and then for meetings, basically. He didn't come the other four days. Every research group had a secretary. Dan had his own secretary, and Will--actually my secretary was shared with Will. So I actually got to know a lot of things under the radar, because she sat right out there. We became personally friendly, the secretary. She was a highly--a Holocaust survivor. Her whole family was killed. She was originally from Germany and came to the United States. Highly intelligent woman, but not highly educated, but very intelligent. And we became socially friendly. I went to their home. They took walks and hikes, particularly her husband. She wasn't much, she was a little overweight, and not much for an exerciser, but we took hikes on trails and things like that, and they came to my home for dinner. So I was never a hierarchical person. If I want to be socially friendly with the secretaries, I do. I'm friendly with Dave downstairs, you know. So maybe twenty five people.

[00:56:01] We were required to come to work. Academics--when I was at both at Case Western Reserve and at Einstein later, I did almost all my writing at home. It's just more convenient. And I'm not one of those people who sharpens pencils and goes to the refrigerator. I mean, I am very, you know, attentive to the work. And it's better to write at home. I mean, it's quiet. And I didn't have little kids at home, so I was always writing at home. But I still continued--I was writing in relation to the work at The Hastings Center--but I continued to write my own articles. And we were expected to do that. I mean, not expected in the sense that, you know, What have you done lately? But, you know, it was understood that we were academics and anything we wanted to write... We certainly went to professional meetings in our field or our area of work that were not related to The Hastings Center. So in that regard, it was like... Dan Callahan used the words: The Hastings Center is halfway between a business and an academic institution. And basically what he meant is, if you're working for a company, you come to work every day. You're there nine to five. I was there nine to eight. I didn't have anything to come home to. I mean, well, I had a teenage daughter and sometimes we'd go out to eat. Sometimes I'd come home and we'd, you know, but I would often stay later. And so did others. Friday we had afternoon drinks. And that was, Dan opened the bar, The Hastings Center bar, and he drank hard
liquor. Eventually he drank wine, but he always drank hard liquor. And he actually drank too much for a while, and then went on the wagon, or off the wagon, or whatever the wagon, whatever you do in that wagon. But he--Friday was happy hour time, five o'clock. And Bob Veatch didn't drink. So Bob Veatch didn't join those things. And he didn't even come for the socializing. And so there was a little talk about Bob being antisocial. But one time, and he knows--Dan probably called him into his office and said, “Bob, why don't you socialize with us?” And he knew that Bob didn't drink. So Bob felt a little bit of an obligation. So one Friday we're all there, and we all have our drinks in hand, and Bob comes to the door and he says, “Ta da!” So he was announcing his presence there. But it was that collegial, so that there were Friday afternoon drinks... [pause] So I mean, your question was, what was it like and whether--so we all, we all worked there. And if I stayed home or, you know, having been an academic and working at home, Dan--it wasn't a hard chastise. It was, you know, you're expected to be at work all day. So I did end up doing some of my writing there. And this was, you know, nine to five were the hours. That's the business hours. So I could go home and write, if I wanted to do it at night. I could write on the weekends. So, you know, it's that which, academics often always do. But that was the life at The Hastings Center. And everybody did--they were all there on schedule.

**Q:** [00:59:14] And my... One of my last questions about The Hastings Center is just, if you could, we talked about the fact that you were one of the only women getting a PhD in philosophy at Case Western. And I'm wondering at this point in your career at The Hastings Center, if you could give us an overview in terms of gender. And I'm also interested in other categories of identity in terms of race and class.

**Macklin:** [00:59:41] I was the first woman professional at The Hastings Center. Everybody else was male. I mean, Dan and Will and the heads of the other research groups. It wasn't until Marc Lappé, was his name, and his wife at the time, wrote a book that became very famous. It was called *Diet for a Small Planet*. You may have heard of the book. And Marc's daughter grew up, and she wrote a book with the title, *Diet for a Hot Planet*. So Marc was, he preceded me, I mean in the office. Tabitha Powledge, whom I mentioned, who took over the work of the genetics group... They never hired anybody. I don't know anything about the process or lack thereof. But
she took over the work. But she was not... she was halfway between the professional staff, because she was still, she didn't have the title that we had. Even though she was doing the work. She was just as smart as anybody else, but didn't have a PhD. So in that regard, that was like the academic part of Hastings. You wouldn't give somebody with a master's degree a professorial type title, even though we weren't called professors, you know, Professor. But I was the first professional person. She was hired as an associate, basically, and I was the first professional woman there. So... And there weren't as many people there at the time, which was, we're talking here about the early 70s. I was there from, uh, well, I was there from '76 to '80, but even in the early 70s, there weren't as many women in medicine or science. So the meetings were dominated by men. I don't mean they were domineering, but there were mostly men. There were a few key women. Sissela Bok was one. She did a project--she and Dan co-led a very big project on ethics in the professions, teaching and ethics in the professions. Um, there was no other woman--now, most of the employees are women at The Hastings Center, interestingly. But at the time, most of the associates, there was only one man, and the rest of them are women. And the president of The Hastings Center is a woman. So things really did change over those decades. But we're talking about five decades here, [laughs] right? And even in the field of bioethics, I mean, there were a lot of people from science and medicine, and they were mostly men. Of course, I told you I had to share rooms with a woman, you know, and didn't end up sharing a room with a man in the [laughs] the Ardsley Acres. But the women there were, you know, enough women for that.

Q: [01:02:37] And what about race in terms of an overview of... The Hastings...

Macklin: [01:02:41] Nobody. Nobody. There were, there were very... Even... Well, I'm going to say something here now about that, leaping to the present. But to my recollection, there were only, there were only two Black people, one man, one woman. And the man was not even very prominent. But I do remember him from many years ago, who was a philosopher and was doing work in bioethics. He was not at The Hastings Center, but I met him at some meeting or other. He may have been at a Hastings Center meeting. I don't remember. There were no Latino men or women. I don't even remember any Asians, but certainly no Blacks. There was one Black woman who was very prominent: Patricia [A.] King. And she was... Where did she teach? She was at
Georgetown, I guess. She was at Georgetown. She's now retired. But she was an early fellow of The Hastings Center, and... She was the only one. And she was quite prominent, and both in the field generally, and came to meetings at The Hastings Center. Now, leaping forward now, to this year, last year and this year, to say that as a member of the committee that I mentioned, which is the committee that selects the award, awardees, for The Hastings Center's--the name of the title has changed, but it's basically a kind of lifetime achievement award in the field. So, the five of us who are on that committee have all received that award, which would be awkward if there were somebody on the committee who hadn't received it and is giving it to other people. So last year, not this current year, but last year, we chose Patricia King, as not only one of the few women--there had been five women over the years, I don't now remember the statistic. Some twenty-some men and five women, or six women, over the years who were given that award. And we chose Patricia King as another woman, but as the first Black person to get the award. This year, we chose another Black woman, a younger woman, but not young. She sixty two, who has been in the field for thirty years. Anita [L.] Allen is her name. She's at University of Pennsylvania. She's both a PhD in philosophy and a lawyer. And she has written major books. Her field is privacy. So she's worked both as a philosopher and in the field of bioethics. So we on the committee decided last year we got to choose a Black person. And we absolutely did that intentionally. And we had a debate about--because Patricia King, although she was very prominent in the field, has not done things lately. And we had a debate about whether or not she's still in the field. And I made a very strong argument saying that she has been in the field, she was the first Black person, she made great contributions. And just because someone else came along and is now more prominent, that's not a reason to overlook her. And it would be a slap in the face, actually, if she didn't--so my argument carried the day. We got her last year. We got Anita Allen this year. And there's a separate but related category of international person who has been given the award, sometimes two at one time. Two guys from Britain at one time, both of whom were prominent. We didn't want to choose--they--I wasn't on the committee then. They didn't want to choose one or the other. So they chose the two Brits. And one of the people on the committee, the selection committee, Solly [Solomon] Benatar, is from South Africa. He's White, from South Africa. And so he was chosen in the award. So we chose a woman from Pakistan. So we got a Pakistani, not too common, because there's not much kind of scholarship goes on...
There's some people. So she got the international version, or the international version of the position. So I thought I'd bring you up to the present, because Patricia King, in--what year is it?--2021 was the first Black person. And there have been very few in the field. Now, there are a lot more. And there were three Black women under consideration when we chose Anita Allen. And Anita Allen from the University of Pennsylvania has a slightly junior colleague, but not young. But, you know, in her fifties, who was preferred by some of us on this committee, and I said, “That would be a slap in the face to Anita Allen [laughs] to pick that,” you know. So anyway, we worked very collegially, and that was the story about The Hastings Center. So the answer to your question is, only recently, although Patricia King from very early on was a fellow, but was only given this award in 2021.

Q: [01:08:04] And I'm curious in your discussions also whether you became aware of class identity within the working groups. Because although academia itself will impact what kind of class diversity you can get in the room with a group of people who mostly have PhDs, I'm curious how people did identify in terms of class at The Hastings Center?

Macklin: [01:08:28] Not at all. Not at all. I knew practically nothing, unless there were people with whom I became socially friendly. I knew nothing about their background, nothing about their parents, very little about it. I mean, when you're in such a small place with such few colleagues, you got to know a little bit. But I knew nothing about Marc Lappe's background, very little about Tammy Powledge, very, very relatively little. She was married to an author, a writer. I knew about Dan Callahan's because he talked about his family. His father was, I believe, a journalist. I'm not sure. But there was practically no discussion and no knowledge of that. I think there were people who came from children of doctors and lawyers, and people who came from children of, you know, butchers and, you know, salespersons. But no distinctions at all, in any way, among the people who were there. All right. Are we moving on from Hastings?

Q: [01:09:38] Yes. What I suggest we do is take a five minute break, a short break, and then begin with Einstein.
Macklin: [01:09:46] Alright. [Discussion about break]

File 2, Day 2

Q: [00:00:02] This is Suzanne, back with Dr. Ruth Macklin. And we were discussing The Hastings Center. And now I would like to know how you transitioned from The Hastings Center to your next position.

Macklin: [00:00:15] At the time I was at The Hastings Center and before, and somewhat after... People who are academics like me transitioned, didn't spend their whole career at The Hastings Center. I'm not exactly sure why, because it was such an enjoyable place to work. But the idea was that you were there for a while and then you went on and did something else. And that was true of everyone I knew at the time. Even people who stayed a little bit longer, like Art [Arthur L.] Caplan was there for quite a bit longer than I. Ron [Ronald] Bayer was there for a little bit longer. But Art went on to big careers in three different universities. Ron Bayer was hired at Columbia University. So this was common for people at the time. It's changed because there are people now, the professional staff at The Hastings Center now, has been there for very many years, and they don't see any signs of going anywhere else. So I'm not sure. I think it was just the tradition. It certainly was not because I didn't like it there. And I... If I recall correctly, and I believe I'm recalling correctly, it was--I still up to the end, continued to have that situation with Will Gaylin, and decided that I didn't want to have a boss anymore. I mean, it's now coming to me. I said earlier that I thought I wasn't working with Will anymore, but I think that group still continued, and... I felt there was no easy way out of it. I did tell Dan once in confidence that I didn't like the set up there, and Dan either, because of his collegiality or just because of the working arrangement, didn't have, didn't feel, even though he had the authority, didn't feel that it would be right... I mean, what else would he do with me there? And he couldn't tell Will, Don't be Ruth's boss anymore. So that was really the precipitating thing, even though I loved everything else about that. And I thought, ‘Well, maybe, I mean, I'm going to be in academia.’ So, there--
Q: [00:02:27] Can I ask a question? Did you experience a different treatment of you by Will Gaylin than others? I mean, was there any extra wish to control or monopolize your time or collaboration more than others? Or was that--[crosstalk]

Macklin: [00:02:42] Yes! Because I was the co-, he was the co-person of the Behavior Control group, or the Behavioral Studies group. The other people... only--Dan was their only boss. But in my case, I was subject to... For example, usually, not always, but usually, there would be outside person, and the Hastings person. The Hastings person had a little more control than the outside person, because that person was representing the field as expert. But the person at The Hastings Center was the employee of The Hastings Center, and these were Hastings Center projects. But I didn't have that independence. And so it continued like that. And I felt as if I had two bosses and had an academic boss. And I had been in an academic setting at The Hastings, I mean, at Case Western Reserve. So I experienced what it was like to be an academic without, you know, that boss, and I wanted to be a freestanding academic. So. I don't recall right now, I could search my mind, but it's not important. But I did have some contact with another institution. I met somebody from that institution. He might have come to a meeting at The Hastings Center, but I'm not sure. The university was Pace University in New York City, Long Island. I think they have a campus in Westchester County, and they were in different places. It's not a very distinguished university, but it's, you know, it's not bad. [Laughs] It's just not some top thing, with the top name. And they were looking for somebody in bioethics. The person that I had met (and again, I'm a little fuzzy about those details) came to meetings, may have come to a meeting at The Hastings Center... I met him, and he was a... in the administration. I mean, he was originally an academic, but he was someone in the administration, and he wanted as an administrator, a certain level of administration, wanted to hire somebody doing work in bioethics. So I met with him. I think I met with him and some students maybe made a presentation with some students. And at the same time--this was simultaneous. Someone from Einstein came to one of the June open meetings of The Hastings Center. The Hastings Center would have [clears throat] an open meeting where fellows would come. There was an annual fellows meeting, and then sometimes it was open to other people. In other words, people could come even if they weren't named as fellows of The Hastings Center.
[00:05:28] So there was a man who was a retired... physician. I mean, retired in he wasn't a practicing physician anymore, who had briefly been the Dean of, very briefly, the Dean of Einstein, was the Dean of the College at Einstein, and was now working in the patient representative's office of the public hospital affiliated with Einstein, the Bronx Hospital... Jacobi Hospital [Medical Center] was the name. And that was the public hospital. Montefiore [Medical Center] was the main teaching hospital, but the public hospital was also a teaching hospital. His name was Harry [H.] Gordon, and he was very interested in bioethics. So he came to this meeting, the annual meeting. I gave a talk at that meeting. This is the open meeting. And he came up to me afterwards, after my talk, right at that meeting, and said, “We're looking, we're interested at Einstein, in hiring someone in the field of bioethics. We don't have anybody who does that.” And he, Harry Gordon, was interested in bioethics. He had a brief--I'm going to digress just for one second. He had a brief time of fame in his own research, in... He was a pediatrician, and he was what today we would call a neonatologist, but he was just a pediatrician that dealt with newborns at the time. And he was very prominent in medicine at the time. And he was part of the team that discovered... that too much oxygen creates blindness in children. Because there were these premature newborns who were put in the incubator and given oxygen, and they got blind. Sometimes partly blind, sometimes totally blind. And there was one well-known, prominent bioethicist who was... that happened to her. She was blind. And she became really quite prominent. So anyway, he, that was his background, his field. And he was highly regarded as a physician. He was too nice to be a Dean. That's why he... He was a very nice man, gentle, and very nice. And I don't think he could really give orders or anything. So he was a Dean for a very short time. It just didn't work out as a Dean. And I could see why. A lovely, lovely man. And he was pretty old at the time. So he was volunteering. He may have gotten paid, but I don't know. He worked in the patient relations office, which had really become a kind of defense of the institution, you know. But he was patient-oriented. So he came to The Hastings Center, and he was in that meeting, and he heard me give my talk. And he came up to me, and I don't know if he was considering other people for that job or whatever. He invited me to give a talk at Einstein and he asked me if I was interested. And this was just at the time when I was already talking to the people at Pace, and... Although I never cared very much about this in my

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6 Adrienne Asch
life, Einstein was more prestigious as an institution to be affiliated with than Pace. But of course, I also know that if I got a job at Pace, I would also have to be teaching philosophy. Because you don't only teach bioethics, because if you're an academic, and you're in some kind of department, you know, maybe there's one course a year, or one course a semester in bioethics. So I had to think that part through: Do I want to go back to what I was doing at Case Western Reserve or move forward and be totally immersed in the field of medicine? So there were two institutions to consider. And to make the long story short, I decided that a medical school would be a better place, and at that time, other medical schools were beginning to hire people in the field of bioethics. And Einstein felt that they were a little behind the times, because the other places had it. So, when he saw me (and the others were all men) [laughs] at the other schools. But when he saw me and heard me--and he was not one of these people who doesn't think women deserve a place. It was an older, much older man. His father was a rabbi. So that was actually the beginning. And I went there and gave a talk. And little did I know they were planted in the audience, other people who would have a voice and whether to hire me, one of whom became, was the acting chairman. It was the guy who was the acting chairman for fourteen years because they never got a chairman for that particular department. Community Health, it was called at the time. So I chose Einstein over... over Pace.

Q: [00:10:20] Because you're linking us to a trend in terms of medical schools hiring bioethicists, can you place us in time? When was this?

Macklin: [00:10:29] Nineteen... 1979, '80. '80 was my last year at Hastings, and during that year, I'll just close it out with this comment. I had not done very much traveling. We're going to get to that, but I had not done very much traveling. I think the only place I may have actually been was to London [England] with my ex-husband. I'd done very little. But the--ordinary academic institutions have a sabbatical. You're there for six years, and on the seventh year, you get a half year, if you're not funded by outside funds, if you get outside funds, you can take a whole year. And I had one sabbatical from Case Western Reserve, in which I went to California, because I was going to be in the United States and I thought, ‘Where am I going to go for my sabbatical?’ I looked at the United States: get out of Ohio and go to California. So [smiling] that's funny. So...
[pause] The Hastings Center decided it had to do something like a sabbatical. So they gave, I think it was a one-month or maybe two-month, a one-month sabbatical, I guess it was, in my last year there. So I went to London on the sabbatical. I got myself hooked up with some place that did some something-or-other related to bioethics, and I had a ball. [Laughs] So, that was the end of my time at Hastings in 1980.

**Q:** [00:12:05] And can you tell me about what was different... Maybe tell us what it was like to suddenly be at a medical school? A totally different context?

**Macklin:** [00:12:15] Shock. Shock and awe. The first part was how relatively uncollegial it was. Even though there was collegiality within a department, there was very little else. And I came to realize that there was a sharp division between the PhDs and the MDs, and the sharp division was basically the PhDs, almost to a person, did lab work of one sort or another. I mean, they were scientists, not physicians. So they had no contact with patients. They may have been working in a field that the physicians had contact with patients, so... And they wore jeans and sport shirts to work, because they were in the laboratory. The doctors all wore suits and ties. So right there you could tell who was a [laughs] PhD and who was an MD, just by looking at them. The MDs kind of looked over at the PhDs as, you know, it's these guys working in the laboratory and they're doing all this, you know, kind of nitty gritty, little boring, little jobs, et cetera, where we're helping people and we're... you know. And the PhDs, for their part, rolled their eyes at the lack of academic, what they considered for, not everybody, of course, but that... you know, and these guys are caring for patients, you know, they're not contributing to knowledge in the scientific world, which was not completely true, because of course there's a lot of clinical research that goes on. But it was really kind of a sharp--and I recognize that, on some committees and things like that, you know, as I served on different committees at the medical school, several of them. One of them was a committee on appointments and promotions. So, you know, you get to hear what people say. You get to hear what the PhDs say about the MDs when they look at their resumes and stuff. But it was certainly not collegial. It could be within the department, which it was to a certain extent. And that's where I did have a--really developed--it didn't start at the
beginning, but developed a real hostility that I think was much more hostile on the part of the other person. So much so... I'll say more about that later.

[00:14:43] But the whole atmosphere and everything was different. I mean, it was different from Case Western Reserve, certainly different from the collegiality at The Hastings Center. The good thing about it is nobody at all, at least in my situation, I mean, it's different in different departments and circumstances. Nobody is looking over your shoulder at anything. I taught what I wanted. I was expected to do some teaching, which I did, and I was prepared to do that. And I came not to like teaching. I liked it in the, at the beginning. At the end, I considered it to be a total chore, and really despised the teaching obligations that I had, for a number of different reasons, which I can go into a little bit later. But the lack of collegiality. And the PhDs would be staying and working the lab late. The lights would be on in the lab. The MDs, they'd be finished, finished with their stint, finished with this. And some had a kind of a private practice, but those who were full time, they had their obligations in the clinics and, you know, in the hospital. And then they would have some of their own--they would have private patients as well. But there was very, very little collegiality. There was nobody... Well, with the exception of one or two exceptions in my department that I had spent--maybe had a dinner with once or twice, and people over to my house exactly once. I had some people from my department and that's, I was still, not yet had the rift with the other person in my department who was the head of my division. Departments have divisions. It's very hierarchical in medical school. So the departments have divisions, and the divisions are by topic, you know. So in a field like medicine, you'd have cardiology, I mean, huge numbers of things because medicine is gigantic. So there was medicine and pediatrics, for example, but each one. Neonatology was a separate one in pediatrics, adolescent health in pediatrics, and in medicine, it was cardiology and internal medicine broadly, and liver, and, you know, every part of the body. In my department, which was initially community health, and then (this is not related to anything else, I'll just state it) Montefiore Hospital was separate from Albert Einstein and then they merged, in some merger type situation. And then the name was changed to the Department of Social Medicine. It was changed from Community Health. But then, we finally got a chair. There was this acting chair for thirteen years when it was the Department of Community Health. It became the Department of Social Medicine when it connected with Montefiore. And then a new chair came in who was a cardiologist, an
epidemiologist cardiologist, and it became the Department of Epidemiology and Social Medicine. So it retained the social medicine part because that's where the ethicists were. You know, the few of us who were doing that, and other aspects of social medicine. There were a lot of aspects of social medicine.

**Q:** [00:18:05] I see. So based on your CV, I was imagining that you were continuing to move around within Albert Einstein, but it's the fact that they were renaming it.

**Macklin:** [00:18:15] They were naming, they were changing the name. I was with the same, in the same unit in the same building in the same office. Not the same--different offices in the same building, the entire thirty six years I was there.

**Q:** [00:18:28] Okay. And just to make clear what your... the range of roles you were playing there was, can you clarify--you were teaching, which I want to hear more about. Were you also doing rounds? Was that part of teaching?

**Macklin:** [00:18:47] It wasn't part of... It was part of teaching in a medical school, but it all--some of the things that I did were connected to the particular people among the physicians who were interested in bioethics. So that's really what it was. I went there as a bioethicist. My role, and my expected role, would be teaching medical students. And it's a funny name, they call it. They call them "undergraduates" in medical school, because there are so many graduate-type programs in medicine. I mean, even after you get an MD, then you get a fellowship. So there--first, you're an intern and then you're--so undergraduate means, you haven't yet gotten your medical degree. So it's a little confusing, because it's not like undergraduates in a regular college. So, I'll use the word, because we used it in that context: I was expected to teach undergraduate medical students, and the arrangements for teaching, the kind of teaching and whom you taught and what arrangement, I had nothing to do with. But every time they changed it, I... So I'll give the example. When I first came, I was expected to teach, and knew I would teach, the entire first-year class of medical students, Basic Bioethics. So that was a given. And in fact, throughout my entire time at Einstein, with all the changes that took place over thirty six
years that remained, even though there were other people who came in and blah, blah, blah...
There were other structures for teaching that took place at the time. There were electives, for example, like there are in any college or university, and this was in the medical school. So I taught an elective in bioethics. [Siren sound] And I believe this was for first year students. I'm not exactly sure. But even in addition to the full class teaching the class, if there was an elective as part of the year, that would be something that a group of students were interested in. So I taught that elective. [Siren sound ends] Then there were students, throughout the time that I was there, who had to do a fourth-year project, the fourth year of medical school. They had to do some kind of project. Of course, almost all of them took some project in the field of medicine, whatever it might be, and required a mentor. And so that was like a tutorial. I'll use that word. And it was one month or two months, in a tutorial, and they were expected to write a... not really a thesis, but a paper of some sort to complete that. And over the years I had some students who did that, who took that, who did that with me. They chose that topic, and it was the students who took the topic. I didn't, you know, they were interested in the particular thing, and they did that. So that was another thing at the beginning. I also have a recollection of doing something in the summer, and there were summer seminars, because the school taught--its regular curriculum was just fall and spring. And then in the summers, the first year, I think the students didn't do anything, and then when they started going out in the wards, then the students were there full time. But I didn't have any other full-scale teaching in the summer, but there were electives. The students could take electives in the summer, and for the first several years or quite a few years, I taught those electives in the summer. So I did a lot of teaching, but the curriculum kept changing. I mean, throughout the thirty six years, I still taught in the first-year course. At the beginning I may have been the only one. Things changed over the years. And so there were several people who taught in the first-year course. So that was the main teaching. Should I talk about the other things?

Q: [00:22:51] Sure. Well, yes, if you can list your other sort of roles or responsibilities. And then we'll come back to the bedside piece of this.

Macklin: [00:22:59] Okay. Well, you asked about rounds. [Pause] Well... I'll say a little bit more about the teaching. Okay. Harry Gordon, who hired me (or who recommended me for hiring;
other people had to do it as well), he put together a small group of faculty who were interested in bioethics. So for a very short time, we had seminars. These were people who--one was a woman surgeon. Harry had been a neonatologist. There was somebody from the field, a couple of people from the field of medicine. There was somebody from pediatrics and someone from medicine. These were all doctors who were interested in ethics. So we had an informal seminar, and two of them... one who was a pediatrician, and one who was in the field of medicine, two of them were interested enough in bioethics to ask me to join them in co-teaching. So this was teaching in the clinical world. The pediatrician had a seminar--it wasn't a seminar--it was for residents and fellows... interns, residents and fellows, for postgraduate people. And it may have also included some nurses, I'm not sure, but I know it was a required thing that they had for teaching. Required teaching. And he made one of them a month, or one every two months (I think it was one a month) in ethics and people brought cases. In other words, I didn't pick the agenda. It was always case-oriented. And so that was in pediatrics. So that became a regular for quite a few years. And the person from medicine, who was also part of this little group of faculty who were interested, I mean, that's how they--Harry Gordon was very smart. I mean, that's how we got people to meet me, because first we met in this little group and then that group disbanded. But two people asked me to become regulars in their departments. They liked me, they liked the kind of work, and I got up to speed in their field. So the other one, which I did for very many years, and was really my favorite teaching at Einstein the entire time I was there, with an internist named Saul [V.] Moroff, and he was in charge of the third-year medical students' rounds. Now, this was not bedside rounds, but it was called rounds anyway. And we met every two weeks for years. And the students brought the cases that they found. And it was very interesting because many of the cases that the students brought were ethical issues that were raised in the doctor-patient relationship. But very many of the (these were third-year medical students)--very many of the cases had to do with the behavior of the interns and residents that the third-year medical students didn't like, the way they treated the patients. So that in itself was interesting, because this had to do with the doctor-patient relationship, and these weary interns and residents who don't get much sleep, you know, had to get up in the middle of the night, and take care of patients and stuff. But they brought the cases.
Q: [00:26:30] Because you and I both like anecdotes, I wonder if you remember any particularly philosophically challenging scenario that a medical student brought to rounds. Since they weren't bedside, and they were essentially bringing their experiences and dilemmas to you, was there anything that you remember being particularly--[crosstalk]

Macklin: [00:26:53] Well, I remember a couple of them. I mean, they're just anecdotes of their own. One was in the pediatrics group. And... No, this one was in the medical group. The student, or the resident... These were the students who brought these cases... I'm not distinguishing now between each of those, because the students brought the cases, or the interns or residents brought the cases. So in this case, the surgeon had operated on a patient's eye. And, you know, there are rounds and the students followed these around, and they followed the medical people around [inaudible]. So there was something wrong--it was the ear. And the surgeon operated on the patient's ear, and the patient woke up, of course, after the surgery, or it was the next morning, or whatever it was. And the ear was bandaged. And the students, or the interns and residents, were there at the bedside when this episode occurred. So it was an old woman, and the woman wakes up, she's got the bandage on the right ear. And so she says, "Doctor," she says, "I'm wondering why the bandage is on my right ear. Because the problem I had was with my left ear." [Pause] And the intern who was there at the time, and speaking for the doctor, and he probably assisted in the surgery, of course, was shocked, but kept his cool. And he said, "Well, you see, the way it works is, we have to look at the normal ear before we can decide exactly what to do with the affected ear. So tomorrow morning, we will do the other ear, because we had a chance here to see what it was." The student brought this story. Okay. Lying to patients. Outright lies to patients. The other case... I remember what the students said. I'm just trying to... Remember the... Let me just think a minute, or I'll come back to it, because the student--these were cases in which the students, or maybe in one case the interns, but these were all the students who were shocked at what the doctor (or in this case, it was probably the resident, at that point, not the doctor in charge, but the resident who was making rounds). I just remember the students' outrage. But I'll come back to that. But anyway, you get the idea, from that example.
Q: [00:29:53] I do. And if you think of another, we can come back to this. I want to make sure we have time to discuss several other significant parts of your career. And I guess my last question about this particular setting for you is just how it felt to become what sounds like an applied ethicist.

Macklin: [00:30:15] Oh, definitely. Bioethics is applied. I mean, except when you write. Let me just--I didn't quite finish, because I wanted to cover--I told you about the teaching, you asked me about rounds, but there were other activities. And I already mentioned committees of various sorts. So let me just quickly name that. As soon as I arrived, I was invited (I guess they made it clear they were hiring an ethicist)--I was invited to be on the IRB. As soon as I arrived. And I was on the IRB from the day I got there until the day I left. And in fact, I was in the elevator going to the last IRB meeting with the chair, the person who was then the chair, a nicer man than the previous man, very nice man. And I said to him in the elevator, "This is my last meeting," because nobody knew. I didn't tell anybody I was leaving. I was quitting. I finishing. I was seventy... I'm sorry, was I seventy six? Yes, seventy six, I guess, when I retired. I said, "This is my last meeting." Well, he was very surprised, and then he expressed sadness, and then he said, "I have to tell the committee, may I tell the committee?" And I said, "Well, of course," because then I won't be there anymore, [laughs] you know? So he told the committee. It was really very nice. I got very nice comments from my colleagues and said, "We'll miss you," and "You've taught us a lot," and blah, blah, blah. So... Not everybody, but a few people who liked what I had to say on that committee. So the IRB was throughout. That was one committee.

[00:31:45] I was also on the Committee for Scientific Misconduct. And that was an extremely interesting committee. It was not medical malpractice. It was all in research misconduct of one sort or another. And each case was crazier than the next, because very few of them had to do with real misconduct, and most of them had to do with animosity that developed between colleagues. And some of those, those were just wild. The accusations that they made, and the things that they said, and the rifts that occurred. I mean, those cases, those were really, very interesting cases. And I enjoyed those meetings immensely [laughs] because of their interest. So that was another committee, and that met only--there was a protocol for this. I mean, you couldn't just have idle charges against people. It was a very strict protocol that had to be
followed. And I was on that committee for the entire time also. That was an interesting committee.

[00:32:46] Then, a person with whom I became socially friendly (one of the very few) I saw him and his wife socially for very many years—we even had a Zoom meeting last year when I was still there—he was a neonatologist, and he was very interested in bioethics, and has become a bioethicist in his own right. Alan [H.] Fleischman is his name. A very well, very nice man. A pediatrician. (The pediatricians and the geriatricians are the nicest doctors, I've found.) And he was extremely interested and really became writing things in bioethics. He wrote a whole book in the last few years. So he conducted neonatal ethics rounds. And those were in a classroom, with a very small group of people... Case-oriented. But occasionally, I think on one occasion, we met the family, the parents who were refusing treatment for their neonate. And those were always, almost always, cases that involved one or another treatment—one who wanted the physician to do everything when they knew there was no hope, and one that wanted the physicians to stop treating because the baby had something wrong, who was mentally retarded, or something like that. So he led those groups, and that was very interesting. And occasionally there would be a piece of writing or something that would come out of that. So with those neonatal rounds, and the pediatric ethics rounds that the pediatrician was doing, that was also interns and residents. And the course that I was teaching with Saul Moroff, that was in addition to, you know, it was the big course. There were a lot of activities that I was engaged in. And then the IRB meeting, the group that I told you about, the social science story that I told you yesterday, that group never met... That was at Case Western Reserve. Sorry. That was at Case Western Reserve, because that was not in medical school. Social science. So, I mean, there were committees, there were rounds—they used the word rounds, not—they'd call them bedside rounds, when you go around to the bedside, but the rest of them were usually every two weeks, some of them once a month. So these were a lot of activities, and the times were not set by me. So I was very busy. I was active there, and I did my writing at home, and I was still an academic, so I could travel anywhere. I mean, I did a lot as my career developed.

Q: [00:35:28] I wanted to know if you could help connect—you made earlier reference to the fact that your location, that the combination of the the timing and location of this job led you to the
HIV work, partly because of what was going on in the Bronx hospitals with children and vertical transmission. Can you talk about your lead into HIV work?

Macklin: [00:35:53] Yes, I will. But there was one thing that just popped up, that I remembered, that I do want to bring up. You didn't ask about it, but I want to bring it up, that goes back to The Hastings Center. And it's the move from being purely an academic to being called by reporters. Okay. Because I spent a fair amount of my professional life responding to writers from The New York Times and other other publications. So how did that come about? I mean, that was something--how did they know me? How did it come about? So that came from The Hastings Center. And the trigger for this, opening up bioethics to the press, was the birth of Louise [Joy] Brown, who was the first IVF baby. So, I mean, this was in vitro fertilization, the first IVF baby. Nobody knew anything about IVF. And they talked to doctors and people like that. But some reporter called The Hastings Center, and after the birth of Louise Brown, the phone was ringing off the hook. And that became my first entrée into the public domain of actually public bioethics, when people from newspapers began to write about it. I was often The New York Times. It was others, and I was on TV a lot. They came and picked me up in limousines, and I had to get dressed up and no matter what time of day or night or something, I was on TV. And at The Hastings Center, it was whoever was there at the time. So if I was there and it was five thirty or something, and other people were gone: "Anybody here answer this call from The New York Times?" So that's how I moved from being an academic and a bioethicist working in an organization, to public bioethics, and those newspaper clippings. So, I mean, that's important, too, because that kind of opened up bioethics a little more. It wasn't the only thing. I mean, there were other things that happened too--all of the people on respirators, and removing the respirators, was another big one, you know, that was occurring in the 1960s and '70s, but this one in particular. Because part of my career was really in the public domain, and part of that also led to, you know, a little more publicity about me, and other people. So I'll now go to HIV. But I did want to say that, because that was an important development at The Hastings Center, too. And it was the first time really that The Hastings Center became much more involved. [Discussion about feeding parking meter]
Q: [00:39:23] Okay. So you were telling--can you start back a little bit?

Macklin: [00:39:26] Yes. Well, I just wanted to go back up to The Hastings, because of the public world, which became a whole different thing. I was no longer a little academic, you know. People then started calling and finding me, all over the place. Because my--I was on what used to be called a "Rolodex." Remember those?

Q: [00:39:45] Yes.

Macklin: [00:39:45] Okay. There was a Rolodex, and I was in the Rolodex... HIV. It, of course, started at Einstein, because of the Bronx. First the patients, and then this pediatrician who saw the first case in an infant, and diagnosed it. And what was going on at the time--I did mention this yesterday, I believe--this was a meeting... And what was the meeting? It was a committee that met, from people who worked at the hospital... I guess it was a hospital ethics committee, as I'm now thinking about it, because it wasn't a research ethics committee. And the issue had to do with treating the HIV patients. Some surgeons didn't want to operate. Some medical people found excuses, you know, not to do procedures. And this became a big thing, and a strife in the hospital. Some nurses wouldn't enter the room. They put the patients' trays, food trays, outside the room, when it was time for food. And of course, there were people who said, "Look, this is the practice of medicine. There's always been infectious disease. This is a very serious one, granted, but you just have to mask up and, you know, wear clothes that put everything on you, and just..." So there were people who were strongly defensive of, "Do not change anything with patients. Just change your garb, and take care." And there were others who said, "I'm not going to--this is a fatal disease"--there were no treatments. It was only the diagnosis when it came, and no treatment at all, and it was uniformly fatal. So you can see why people were scared, of what was going on. And these were very hot debates. I didn't take as much part in them because my sensibility was to stand with the doctors who said, "We have to take care of the patients." But because I wasn't putting myself at risk, I didn't want to, you know: "Who are you? You're the bioethicist," you know. So I just kept pretty much silent and listened. And there were shouting matches, and all kinds of things. And people were charging other people with dereliction of duty.
So that was a big thing at the time. But because I was right in the middle of it, anything that had to do with--you know, there were anecdotes, there were things about the patients. So became very interested in it, and had to learn a lot about all the things that were going on. I didn't, however, in my work at Einstein, get as much involved with HIV as I did until when I went to the World Health Organization. Because by that time, I had already been--the first position I had at the World Health Organization was in the Department of Reproductive Health and Research. And as I told you, that was when I became more knowledgeable and interested in everything that had to do with, mostly, women. A few things with men, but not much went on with men. They were trying to do some male hormonal contraception. Male contraception. That contraception never got anywhere. All the contraception was women. But I then got appointed to an HIV group, because you get to be known.

Q: [00:43:21] I want to pause here, Liz, if you can...

File 3, Day 2

Macklin: [00:00:03] So I continued with HIV, much less at Albert Einstein College of Medicine, and much more in the international world. And that was one of the place that took me on my travels, because the committee that I was on at the World Health Organization, it's actually interesting, the committee began (just, this is factual), the committee began at the United Nations Program for HIV/AIDS. And then there were internal changes that ended up moving over to the World Health Organization. But as I remember, I think I said yesterday, the two buildings were adjacent in Geneva. So, this took me, at the time, I was on two committees in Geneva, and I ended up then even being on three, there was a third committee. So I went to Geneva very often. And I will say as an aside that I very, very rarely... sometimes it was a meeting that was a week long, I would go to Geneva and come back. But I rarely went, if I was going someplace, to Europe or Africa or Asia or wherever I was going, I rarely just went to the meeting and came back. You see the same four walls and you get back on the airplane, you don't do anything. So, when I went to Geneva so frequently, a place that is very close to Geneva is Paris [France]. And so that was where I went for my recreational enjoyment when I would go to Geneva.
Q: [00:01:34] Can you explain how this worked with your other responsibilities, whether that was where your daughter was and her trajectory, and Einstein also? Was this... this timing--

Macklin: [00:01:48] Well, my daughter... I'm not sure what you mean.

Q: [00:01:52] So, if you could place us in time... Last, when we were at The Hastings Center, you had a sixteen year old daughter, so... Maybe you could pull the thread through and tell me when you started this international work. Where are we in time in terms of your career at Einstein? [Pause] Do you know, timing wise when this was?

Macklin: [00:02:15] I'll have to think about that and I'll get back to you. I mean, it was certainly after my younger daughter went away to college. So it was not within the first two years. Let me get the years straight here. I moved... Well, that was Hastings. Sorry. I left Hastings in 1980 to go to Einstein. In 1980, my older daughter graduated from Yale. My younger daughter was at Cornell at the time, so she was out of the home. I guess she kept coming back, obviously, for a while, but I had very few responsibilities. I mean, I would be home when she would come home from college, but she was in college. And then as soon as she graduated, she moved in with her boyfriend, who became her husband. So I, at the time one--of the benefits, and this is something, this is a generational thing. One of the benefits of being married so young, and having my first child when I was twenty, my second child when I was twenty two, is that they were grown up. My career, I could take off in my career, unlike people who, obviously, in many years, this trajectory changes. And people who are fifteen years, ten to fifteen years younger, still had... I mean, older than I was at the time, still had young kids. So I was really free to do any of that. And my work at Einstein, people did that. The more successful people were as medical doctors or whatever, the more they traveled, the more they were invited, the more they were on committees, the more they did all of that kind of work. And the attitude towards that at a place like Einstein was completely positive. I mean, as long as you were doing, you could get somebody else to teach your class, or you just tell the people, I'm not going to be there for that rounds that day. Because the prestige of the university has to do with the awards that people get,
the different things that they're doing. You're at the World Health Organization. I mean, these are prestigious places, so nobody cares about that. Nobody in my department ever said anything because the department isn't in charge of where, what you do. The department is just to have a meeting, you know. You just have to come to the meeting once a month, if that. So there was no constraints. Actually, no constraints at all. I mean, there might have been a family constraint if something happened [laughs] at some point. My daughter graduates from some place. So I can't, you know, I would not go for family meetings. So, I had an extremely great amount of freedom. And frankly, there was... it sounded like I do a lot of teaching at the medical school. I went through all of those different things, the rounds, the conferences, the blah, blah, blahs. But compared to people who teach their own course in a regular university, or a law school, for example, where you teach for forty or forty two weeks, and you teach twice a week for forty two weeks, that is much more constraining. When I first went to teach at a medical school, I said this is kind of a little joke... You know, on Monday, you teach the left leg, and on the next Tuesday you teach the right arm, and, you know, pretty soon you've taught the whole body. So the teaching is the lowest--I did more teaching than most people at medical schools, because it was ethics. And the pediatricians wanted me, and then there were the committees, and then there was the medical people who wanted me there. So, it was more. But you could always leave and say, “I got a meeting at the World Health Organization.” “Oh, of course. Of course.” So, nobody's telling you you've got to stay there and teach courses, et cetera. So... We're still on HIV a little bit.

**Q: [00:06:23]** I think I want to understand what the central ethical questions were at the beginning of your work with HIV. You've mentioned a few in terms of surgeons and questions about contact and transmission, but because our understanding of HIV changed over time, how did the questions change? What were you working on?

**Macklin: [00:06:42]** Well, the committee that I was on was a research committee. So basically, the kinds of issues that come up in research are the kinds of issues that come up, that came up, with HIV: recruitment, involvement of adolescents in research (which turns out to have special characteristics because there has to be parental permission to enroll children and adolescents),
and the question of people's understanding of research, because some people think that it's experimenting on human beings, you know, without--they don't realize what research entails and that there are protocols and all of that. So the kinds of issues that come up are ones that would come up with any kind of research, which is involving children, involving patients who may be too sick to give consent, and, of course, informed consent, and the length of the informed consent forms, which nobody reads because they're too long. And the technical language of consent forms. And this goes back to my work on the IRB, which--I was often the person who did the editing of consent forms. And I remember one case, I'll have to try to remember what the word was, but the consent form had a word, a technical term in it. And I said, “Now the patient is not going to understand this word.” I said, “Can you please find an ordinary language word that expresses this?” Let's assume it was hypoglycemia just for the sake of this. I said to him, “Can you have an ordinary-language word so that the patient can understand this?” So he thinks, and he thinks, and he thinks, and he says, “There isn't any word that anybody understands.” Well, this was as part of the meeting. So somebody said, “Oh, yes, there is.” And they gave at the meeting a meaning of the word. It wasn't hypoglycemia, but something like that. So a lot of it had to do with informed consent, too lengthy, forms that are too lengthy. Should we have a short form that makes it clearer? Editing the consent forms, truthful disclosure in the consent forms. Don't use euphemisms, don't gloss over anything. But, you know, a lot of it had to do with informed consent.

[00:09:21] But from the standpoint of the international work, the committee, one of them was an issue with recruitment. How do you recruit and whom do you recruit? How do you make sure that the recruitment is fair when you're in some countries? This came up very frequently and not only HIV, but the other committees that I was on. But it was certainly true with HIV. Countries in which husbands decide for their wives. Where you have to get the husband's permission for the wife to be in research. And there was, at the World Health Organization, lots of questions about that, or lots of issues about that. Sometimes there were issues of a partner's involvement, not giving consent, but because it's infectious from one person to another, there might be something about--so we had to debate: Are there two subjects here or one subject? Do you need to get consent from both subjects? If it's not husband and wife with anything to do with reproductive health, obviously, because it takes two to tango. So, these kinds of questions were
sometimes involved in the design, very often involved in the recruitment. How do you recruit? How do you make sure that you--this is at the very beginning, when you're planning. You've got a protocol, and the protocol has to be passed by the IRB, the appropriate IRB. We at the World Health Organization would see the research protocol and criticize it as a second-tier activity, because somebody else has already seen it and has already gone through part of the process. So sometimes it involves going back from one committee to another. So this was all, this all took place in Geneva. But part of that work, which took me around the world... I was in, I've been in fourteen, I guess now fifteen--yes, fourteen countries in Africa, and that was mostly, not exclusively HIV, but very much of it, was HIV. Others were reproductive health. Almost all of that came from WHO work and the HIV UNAIDS work. And the reason for that was that the headquarters of both organizations thought that it was very important to go to the places where the research would be carried out. So you don't just sit there in Geneva. You get everything set up, and then your researchers go to a place where the people have never seen them. That's the first time they're ever doing it. And that became, so that with good will and also, you know, ethics, you had to go to the place. So there were many, both of the committees that I was on for a very long time, the HIV Committee and the Reproductive Health Committee, had sessions, regular sessions, in different places, where invited people, local doctors and nurses... Occasionally you might, if there was a patients group, which was a little rare in Africa, but it could exist... I'm thinking of the next anecdote... So that this was a good thing that the World Health Organization was doing, because they would go to the site where these things would be taking place. And there were almost always local--there had to be--a local setup, because you're doing, sometimes you needed refrigeration, sometimes you needed something that, you know, had to be done immediately with a sample. So there had to be collaborations with people on the local level, and--or the regional, local or regional level. And that was something that the World Health Organization, in its work, did to set up. And UNAIDS did the same thing. And so hearing from the local people, some of whom might be present or future patients, but a lot of them are workers, a lot of social workers, for example, who would be working in these areas. So you really had to be on the site. I mean, and these weren't--and of course, they made it very nice for those of us who came. I mean, we stayed in nice, generally nice accommodations. And sometimes we were really in a very remote place. Very remote. Did I mention this yesterday?
Did I say anything about one of these remote places? All right. This was a small group. The way this worked, and this was--actually, I'm confusing two things, so I'm going to just straighten it out for one moment. I was on a committee from this country. It was a committee of the... Let me set that aside. When we take a break, I'm going to get my thinking clear. I was, just, that was the worst place I ever visited. But I'll come back to that. So let me stick with the World Health Organization.

**Q:** [00:14:40] Can I ask a question here?

**Macklin:** [00:14:42] Yes, of course.

**Q:** [00:14:42] I'm interested in, as someone, you described yourself as someone whose travel had been very limited up to this point. Once a trip to London with your ex-husband, and then now you're traveling to Geneva and Paris. As you start traveling to these different countries in Africa and working more internationally, how did it change your life and work, to start thinking through this international lens?

**Macklin:** [00:15:15] That's a good question. Well, let me just say one thing which is so obvious, it hardly needs saying, is, it expanded my horizons remarkably. Because it's one thing to meet people from the United States whose family came from somewhere or even who immigrated here at some point. It's quite another thing to go to a place where you're immediately socializing, having dinner, going to local restaurants, in countries in Africa. I'm using Africa as an example. I was in Thailand many times. Thailand was a country where there was a lot of early HIV research, and I was there through the World Health Organization to go there. And I would always, of course, tell my daughters where I was going, give them my phone number, my hotel number, and, you know, say, “We'll communicate from there.” And I said, “Okay, I'm going to Thailand, I'm going to Bangkok” [laughs]. And one of my daughters then says, “Why do you go to Bangkok so often?” [Laughs] You know, it's not as if I have relatives in Bangkok. Well, it was a favorite site of the World Health Organization, but, more importantly, I mean, a favored place for where they knew people and had contacts. But they were looking at HIV vaccines. And
Thailand was a place where there were, there was a huge HIV epidemic in Thailand. And they were one of the first countries, and they had good scientists there. And it was all collaboration with scientists there, too. So it was a place where they were skilled, and knowledgeable, and they had facilities in Bangkok. So the World Health Organization was going to a place where there was a lot of HIV, and there were people with whom they could collaborate, and they were studying vaccines, HIV vaccines. There's still no vaccine for HIV. So the places were chosen by the World Health Organization as places where the, whatever the committee or the section, like reproductive health was one, HIV was another, that held these meetings all over the place. There was venereal disease all over Africa. Of course, and that was the same from the HIV and also the reproductive health thing, but there were.... reproductive health, you know, birth issues, and birth control, and other contraceptives that were being studied all over the world. So it was those things that the World Health Organization was much more--I mean, the pharmaceutical industry does research in the United States and Western Europe, you know, in the developed countries.

**Q:** [00:18:08] I would like to pause and ask about that, just about the ethics of exporting this research and what you were working on in looking at that.

**Macklin:** [00:18:20] All right. Well, I would not use the word "exporting" research, because the research was being done at the places that were hardest hit, and the people were most affected. People in the United States can get contraceptives. People in Uganda couldn't easily get contraceptives. People in the United States would have caregivers, health professionals, who could teach them about [intrauterine devices] IUDs. People in those countries couldn't. And for example, women sometimes would want an IUD, or, not an IUD, but an injectable contraceptive, because they didn't want their husbands to know. They were hiding that they were on birth control. Now, that may happen in the United States too, but I mean, certainly not as often. So the kinds of things that came up in these situations were largely different. Now, that could be the case among some poor people or some rural people in the United States. But there were endemic in those countries. So these were different kinds of ethical problems than existed, for the most part, in the United States. And a very, very low ratio of health professionals to patients, and very poor countries that couldn't afford--and very poor people who couldn't afford them. So the research
was being funded by the... not by the pharmaceutical industry, as it is in the United States and Europe, but by the World Health Organization, because they knew that the people in the countries were too poor to afford these things. And they couldn't exactly afford the research. So it was largely poor and rural populations. And so it opened my eyes to a way of life and circumstances. I didn't know very personally, very many poor people. I didn't know very much even in the United States. I didn't know that they didn't have access and things like that. But these were vast numbers of people at risk for all kinds of things. And with so poor, such poor and infrequent medical attention, more sick people and people with more problems and fewer medications and things they couldn't afford. So for me, it was an education, much greater in scope and in depth than anything that I ever learned in books or working in a hospital [laughs] in the Bronx, even.

Q: [00:21:12] I know sometimes that kind of expansion and enlightenment can be lonely, if you try and go back and then dialogue with your colleagues who didn't just take the trips that you took. So how did you come back to your field and colleagues and try and keep this international consideration... I guess, get the bioethicists in the United States thinking globally, since you were now expanding your view.

Macklin: [00:21:45] Well, one answer is, I never had any (I shouldn't say never). I rarely, if ever, had colleagues at my workplace who were doing the same thing. There was one exception, which was actually very interesting, at Einstein. There was a PhD researcher who worked in HIV. He was, he worked at Einstein. He was in an adjacent building. We knew each other. We had some kind of friendly, collegial, friendly contact. But it wasn't until HIV, I mean, and this was before HIV. So it wasn't until HIV, that we both ended up on the same committee in Geneva. And so here he was at Einstein. We never saw each other at Einstein. We saw each other in Geneva, it was in the next building! And we never saw each other in Einstein, but we would be at the World Health Organization at meetings, and spend time together, and have dinners together, and have a good social time. So that was a little bit crazy. But I didn't... I didn't have friends at Einstein, and I never talked to colleagues about much. I mean, if they were professional colleagues, and the one person I've mentioned several times who was real, became almost, I don't want to say
“enemy,” but, you know, really estranged from my department. We only did whatever we had to do together, which would be teaching something when she would be on the program and I would be on the program, and otherwise there was a rift. But, occasionally there'd be something to talk about with an Einstein colleague who was working on HIV. I mean, that would be the case. But mostly, I once said to one of my daughters, when I said something, and she said, “Well, what are you going to do with your friends, *blah, blah, blah*, over the weekend?” I said, “You know, I don't really have any social life in New York.” And I didn't say it sadly. I just said as a matter of fact. I mean, I went to the theater and I went to the concerts and I went to the museums, but I really didn't have a good friend. I did for a while, but we kind of broke up or something. And my daughter said, “You have a national social life,” meaning the people I would see at meetings, my colleagues in bioethics. And then she said, “You have an international social life.” And I mentioned that I had this project in Argentina from 2000, and it started before that when I met my Argentine colleague in 1992 in Argentina, and we became colleagues and friends and had this project together, funded by the NIH, the Fogarty International Center, for twenty years. And I got an email from her yesterday because I didn't show up at a meeting, a Zoom meeting, because I had forgotten about it. And she thought I was having a health problem, as her mother died at my age, so she was worried about me. So, international social life. I told you, two people came to my eightieth birthday party. You know, these were friends. Obviously, you don't invite them to your eightieth birthday party, unless then. So that's how the discussion--and some of the people at these meetings at the World Health Organization--for example, the one in the Department of Reproductive Health, the person who chaired the committee, the last chair of the committee that I was on for approximately thirty years (the entire time I was at WHO), he was the chair of the committee. He lived in Scotland in Edinburgh. And it was the kind of thing that when I went to a bioethics meeting in Edinburgh, I met him for dinner at his club. So that was my international social life because I was coming there and I let him know that I'd be there for a meeting that he didn't have anything to do with. So it's a partial answer to your question.

**Q:** [00:25:48] Well, I'll explain why I asked it. When, you know, researching the backgrounds of the sixteen people on my initial list that I'll be interviewing, I was taken with the fact that (and I know these are founding figures), but I was taken with the fact that you're one of the only people
Macklin: [00:26:26] Well, let me just say two things. I mean, it's kind of personal--not intimate, personal, but it's personal to think about it. One word.... I don't often use this word, but "serendipity," I mentioned Sam Gorovits as a way--because there are certainly three events, the third one being going to Thailand for that meeting that he had me give the talk, and meet the person from the World Health Organization who was the head of that committee. So after I joined that committee, I mean, when I met him the second time in Brazil, I mentioned, and he asked me to join that committee, all of this was kind of serendipity. Sam got me to give a talk. I didn't get invited there because somebody knew about me. Sam was on a committee. He named me to give the talk. The head of the Reproductive Health... WHO Reproductive Health Department was there and saw me. He was interested in ethics. He asked me to be a member of that committee. Once you remember that committee, other people know you. You go to another country and somebody from that country knows you. And it's just the way those things work. So it was really almost exclusively, not totally, but almost exclusively, through the World Health Organization and UNAIDS that I did most of that travel. But again, one thing leads to another. So I don't remember exactly where I first met Reidar [K.] Lie from Norway, but he was Norwegian, became a personal friend, invited me to Norway. He had other connections with other things, invited me. I ended up going to China through something that he had there. So, I mean, it starts out... being... It was more interpersonal connections. When people kind of make a little connection and hit it off, that leads to one thing and another. And I guess, I mean, people have sometimes said about me that I'm a nice person. I mean, I'm friendly and I don't stand on my high horse. And after you have a nice dinner with someone, they'll say, “Give me your email address.” And that's kind of the way it worked. But it was serendipity that opened the first door. Now, the other part of this, and this is another related thing because we'll get to ACHRE eventually, but I met Ruth [R.] Faden long after I met Tom Beauchamp, because I knew Beauchamp when he had another girlfriend, and Ruth was also a girlfriend, and I was wondering which [laughs] who he would end up with [laughs], because the other girlfriend picked him up...
once at The Hastings Center. She was blond [laughs] Ruth was different. And Ruth was the head of one meeting, and she asked me to be on the committee. That was a domestic activity, but she was the Chair of the ACHRE committee, and that too. By that time I was already connected through the World Health Organization and UNAIDS. But there were other things, you know, that emerged from that, because there were--I'm trying, let me just think for one second. This was not. [Sighs] [pause] There was another activity, international activity, that was sponsored by--this was not the ACHRE committee, because that was all in the United States. There was another committee. It'll come to me, I can probably look at my own CV, where it was... [sighs]

Well, that was the president's committee. Where I went to... I'm blocking on it. The next time we take a break. Remind me to say this, because this was something that started from a committee in the United States. And it was... I guess it was not, it couldn't possibly be the Clinton [President William J. “Bill” Clinton] committee. Because that was Ruth, Ruth Faden was in charge of that. But we went, I went to four countries. And why would I have gone to four countries on that committee?

**Q:** [00:31:18] I'll make a note, and then, I have a question, going back to your HIV work and international work generally: whether you can think of any other examples--you mentioned a couple where a cultural tradition is just not an easy fit with the principles that you're working with. So can you offer some examples?

**Macklin:** [00:31:42] I think the one I gave would be something from the Middle East, from an Arab country where women don't have any say at all. I mean, the husband had to give consent for anything that had to do with the woman. Is that the example?

**Q:** [00:31:54] Yeah. Do you mind drawing out that full--any story you can remember or issue or working on where you were just coming into a collision between the principles?

**Macklin:** [00:32:07] Well, I mean, that's one example with the Reproductive Health Committee, because the event or the circumstance had to do with a women's biological condition for which the husband had to give consent. I mean, I don't remember the specific detail. And the woman
seemed to be hesitant, but she wouldn't speak when her husband was there. And there was no way that the group that was doing it, if it was a, say, a research maneuver, could circumvent the situation because that was what the circumstance was in that place. It did have an impact on a committee--the same reproductive health committee, because there were a lot of this, because reproductive health has to do with sexuality, too. And in some places, women don't talk about it and they don't do anything about it. And the women don't insert their own things, because they don't touch their genitals. I mean, so there was an awful lot there. They don't even undress in front of their husbands. I mean, this is a huge cultural difference. And we were writing... This was at the World Health Organization. It was a small group of us within the committee, and the committee wasn't very large. We were writing some new rules, and it was rules for the working of the committee on the activity that would be taking place. And there was a woman, a lawyer woman, who was in Canada, she was from the United States originally, from Canada, and she was a member of the committee. And she and I were the ones who were drafting this. And she and I were entirely on the same wavelength, and completely favoring women's rights, women's rights over the doctor, over the researcher, and over the husband. And we came up with a statement (I'm speaking vaguely here because it may be too long to spell out all the details), but we came up with a statement that the head of the... the administrative head but he was the head of the WHO committee. I mean, they didn't have a big title, but he was like the chair of the WHO Committee on Reproductive Health and Research. And it was a research thing. So we came up with a very strong statement about informed consent, and that would be only the woman who gives consent, and... just blanket. So he said... [Interviewer coughs] Need some water?

Q: [00:34:57] I just didn't want to go over your words.

Macklin: [00:35:02] So we wrote the clearest example of only the woman and the woman's consent and no husband's consent, and blah, blah, blah. And he said, “Well, that means…” (this was the head of the committee, and he wasn't defending men, by any means, or the right of the man, let's say). He said, “That means we couldn't do research in that country.” I said, “Well, why not?” He said, “Well, they wouldn't allow us to do it. Because if it got to a certain point and they saw what our rules were, because you've got to have the rules there, you know, for the consent
that only the woman, and *blah blah blah*, they wouldn't allow--the country wouldn't, or the research people, or the collaborators or whatever.” So we said, “All right, so you skip that country. You don't do it there. You do it in another country. And you can still do the research and come up with the product!” And he said, “Well, there are some countries where unless you've done the research in that country on their population, they won't allow (this is the people who run the country, the king or the prime minister or whoever), they won't allow the product that comes out of it to be used on their population, because they think it's important that their own population be among the research subjects in case there are differences.” Well, the example, of course, that came up was India and Pakistan, that are archrivals that won't do anything for anything. So I said, “Well, yes, so you do that in India. And then the people from Pakistan, they're right there, the same group, who used to be all India, before there was Pakistan. So you do the research in India.” “Well, the Pakistani won't allow that. Not if they do the research in India. You'll have to do that research in Pakistan, and that's where the Muslims are.” So that's a perfectly good example, where the person, the WHO guy, was actually saying you would be denying the women in Pakistan a good product for birth control if the research isn't done there, and if the research is done there, you got to have the husband's--et cetera. So we softened the language. They convinced us, okay? We had to compromise, because if you do anything where there are clashes, you just have to compromise. So we softened the language, making it very clear that this is the preferred way and this is the ideal way, et cetera, et cetera, et cetera. But then there's this clause: If this is the only way that X and Y and Z can happen, and X and Y and Z are very important for the health of the women in the country, in those constrained and small, limited circumstances... you could do that.

**Q:** [00:37:53] That's such an incredibly helpful example. And I think what I'm understanding is that if you do the research ethically as you would ideally do it, you have another ethical problem, which is that treatment will not be available.

**Macklin:** [00:38:06] That's what ethical dilemmas are all about. And those of us who work in this field, and get up on our high horse, anybody who is immovable in these ways, doesn't belong on those committees. Just like anybody who is about "I draw the line here," whether it's
international or any other thing... People like that really don't belong on committees. There has to be a certain amount of flexibility, because if there's a dilemma and you don't do the ideal thing, you've got another ethical problem, you have to resolve the dilemma in a way that you're damned if you do and damned if you don't. So you might have to compromise. And anybody with the extreme rigid view, no exceptions to this kind of rule for women (and there are people like that, as you must know), they don't belong on committees and in decision-making circumstances like this.

**Q:** [00:39:03] I understand that compromise is very different from change of heart. Can you give examples of either in your international work where you either--you just gave a great example of a necessary compromise--can you think of another compromise that you lived with over this kind of clash, or a change of heart during your international work?

**Macklin:** [00:39:30] Not at the moment. That is, I don't want to delay, because I'd rather continue and go forward. But I've got this in the back of my mind, and it might come up somewhere. So did I have to compromise... Compromise is a little easier than change of heart. But I will try to think of change of heart as well, because I'm sure there have been. I mean, it's interesting that you say "heart," I mean, because I always think of it as mind, you know, because of these intellectual philosophers [laughs], you know. But it is change of heart or change of mind. And I gave a very small, minor example when we were talking about dignity. It was a teeny example. And it's not much because it didn't change very much. But these are much more important things.

**Q:** [00:40:21] Well, in our conversation about dignity yesterday, you made--I took note of something you said in passing, which was "I mostly..." I can't remember the exact word you used, but "I'm mostly a defender of the principles."

And I wanted to know if you could expand on that and tell me about how the principles stand up in the international settings you worked in.

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7 Four principles of bioethics
Macklin: [00:40:46] Well, there are two very different answers. One answer, and I'll start with this one: is that among bioethicists and among many people whom I highly respect, they trash the principles. So not everyone is a defender of the principles. Tom and Jim? Yes. (Tom Beauchamp and Jim Childress). Other people whom I like and admire greatly... I'll give you his name: Alastair Campbell from--he's lived all over the place. I became very, very close with him, and international work that we did and went to places where he worked all over the world. And he was not a defender of the principles. He had other philosophical approaches, other approaches in bioethics. I remained a defender of the principles. But it's one thing to defend all four principles. It's another--because there is no hierarchical order of the principles. So there are some people who are so strongly in favor of autonomy that they won't budge for one of the other principles. And you know what they are, but I'm going to name them right now. I will hold the principle of justice at least as high, if there's a clash, as autonomy, because I believe that sometimes justice should trump autonomy in cases where there are inequalities and some people are more powerful than other. I mean, I can think of an example. The biggest clash is usually between the principle of autonomy and the principle of beneficence. That is, help the most people. And then you might violate somebody's autonomy. And the autonomy, the strong autonomy defenders, will much less frequently give in to a principle of beneficence. But in public health, this is an area that I can say, truthfully, that even though I'm a very strong defender of patient autonomy, when it comes to public health...

[00:43:09] And I think one of the best single examples is Covid, just coming right up to the present here, because it's a highly infectious condition, which is very... A million people died in the United States. More than a million at this point. So here's an example of a public health context, and HIV was another, where I would subordinate autonomy to public health. And this is where there's often a clash between--I mentioned earlier that the people in bioethics, some public health people, wanted to get rid of it. I mean, I have a good friend who we worked together at The Hastings Center, Ron Bayer, at Columbia University. You interviewing him at all? He's been at Columbia for many years, and we were at The Hastings Center together. And he's always been in the field of public health. Not that he doesn't think autonomy is important, but we disagreed at various times. But, you know, with something like HIV and Covid, I came over to the other side. So that's an example of dilemmas and people who are fiercely defending one or the other. I
wouldn't call that a change of heart exactly, but it was a change of balance where, in talking about clinical ethics, autonomy was always at the top. But if we're talking now about public health and even sometimes about research ethics, I believe people have a right to refuse being in a study, you know... Well, anyway.

Q: [00:44:51] Before we leave the subject of international work, and we can return to it, but before we move on to ACHRE, I did want to ask you about surrogacy, and your work in this area.

Macklin: [00:45:06] Well, I wrote a whole book. A little hard to summarize it. What got me interested in it... was my first interest in reproductive health, which wasn't really in... I work in reproductive health, which wasn't in clinical work. It was really in research area, but it started with the, before surrogacy, with in vitro fertilization, because that was just a progression. And... Well, there are so many issues related to surrogacy. I'm going to think of a clear way, a pathway through it. There's a person who is highly regarded, he sometimes is referred to as a bioethicist. I never thought of him as a bioethicist. He was a scientist, an MD PhD. Leon [R.] Kass is his name, who was a very, very conservative person in his beliefs and his behavior. Highly regarded for his scientific work, but he started--he was an essayist. I would never call him... He writes as an essayist, not as a philosopher, not as a bioethicist. But he gets called a bioethicist because he writes on topics in bioethics. But he doesn't really make arguments, as much as take stances on things. And he writes rather eloquently. But he was opposed to surrogacy. I believe he was opposed to in vitro fertilization. It was a very, very conventional, or conservative, in these various ways. And we were in the same place at various times. We had interchanges at various times, never unfriendly, but cordial--cordial, but disagreements, much later. And he was opposed to in vitro fertilization, opposed to surrogacy with all kinds of arguments. Not really religious, but maybe with a kind of religious background, but not overtly so. What I found out many years after these occurrences, because that was at a certain time in my life, is that he had a daughter who was infertile. And she wanted to use an assisted reproductive method. I don't remember whether it was surrogacy or, you know, in vitro fertilization. And he wanted grandchildren. [Laughs] So when it was his own daughter who was the issue, he changed his view. He softened his view, making a little exception there. Okay. That was one little, one example. I got involved in the
surrogacy business—not business, but the surrogacy field, very, quite early, after the first surrogate arrangements, because... I was invited to be on a committee in the state of New Jersey where they wanted to make a law. And there had been the Baby M Case was in New Jersey, and that was a big national brouhaha. That was the surrogate who was both a genetic mother and the gestational mother, which is very rare these days, much rarer. Sometimes within families it occurs. In other words, a sister will agree to be inseminated by the sister's husband. You know, artificial, you know, insemination, in order to carry the baby. So that's not taking an embryo. So that's within families, sometimes the only thing. But the first cases of surrogacy were actually insemination from a stranger, or--well, I mean, that's why you can have five parents, right. As I mentioned yesterday. But the state of New Jersey decided it needed to do something because the Baby M Case was a woman who was both the gestational and the biological mother. And she wanted to keep the baby. I mean, she went, the baby--that was the story of Baby M.

Q: [00:49:55] Can you, just for someone listening to this--and I need a refresher, too--can you just paint this full scenario? So who wanted the baby? And who was she recruited by as surrogate?

Macklin: [00:50:07] The woman who wanted the baby.... and this had some connection, I don't remember exactly what it was, but I was, had some connection with Albert Einstein, and it could very well have been the biological mother who was actually a... I mean, I'm fuzzy on the exact memory, but the woman who wanted the surrogate was not infertile, but she had a medical condition where pregnancy was contraindicated. And so she wasn't really, truly infertile. But she and her husband wanted, they wanted a biological child. They didn't yet have the embryo, the that kind of surrogacy. This was at the very beginning where the only way of carrying the baby was for the sperm of the father to be inserted into the surrogate. So that was the arrangement that they had. They got the surrogate who had children of her own (that was a condition in New Jersey). She was always, this was always the case, of lower socioeconomic status. I believe the woman who was the biological mother... No, no, I'm sorry. The surrogate was the biological mother. The surrogate did the whole thing. All right. So she was going to be the adoptive mother, basically. [Laughs] And she (she had this medical condition) was also either a physician--I don't
think she was a physician. Maybe she was a scientist. So the procedure took place--so because she was a more highly educated person, which was always the case in this imbalance between the surrogates and the other person, the other woman. And the surrogate--I'm really trying to remember the exact details, but the baby was born of the surrogate. And had to remain with the surrogate for a certain period of time for medical or biological reasons before being given to the commissioning parents. Let's call them the "commissioning parents," because that's really what they were. The surrogate named the baby. The family who was the commissioning family wanted a different name. So from the outset, the baby had two names. The surrogate had the baby for a period of time, and I don't remember whether she then wanted to keep the baby, but then the baby had to go back to the--maybe at that point she did want to keep it, but by law or whatever, the baby went to the commissioning family. And then it was either a visitation that was requested from the surrogate to the baby, and she escaped with the baby, and kept the baby. So it went to a court in New Jersey. And the court eventually decided, because this was unprecedented, it was a case of first impression, as these are called, in the law. And there had never been a case like this before. And the court decided that because there was a contract between the surrogate and the commissioning family, that you had to honor the contract. That was their legal--it was a case of first impression, it never happened before. So the court decided, determined, that the baby had to be returned to the commissioning parents, after living for a while with the other parents. But pretty soon the baby would forget. Just like adopted babies eventually do. And the baby went to the commissioning parents. Well, so this was--and only the father, of course, had any biological connection. As gestational surrogacy began, if the woman, you know, that became a different thing when the embryo could be transferred, but still. So then there was a very, very sharp division. And I came down (everybody had an opinion about this) and my opinion was that the... It was the surrogate who was the biological, and in this case, the gestational, and the biological mother. People differed on this point. In other words, they said, “Well, if she was the biological mother, biology is so important, then of course she should have the baby. But not if she's just the gestational mother, because it's mere gestation.” Well, you know, then you get to some biological questions about the contribution that being in the womb of this woman makes to this child's development, et cetera. So there were people all over the map. There were people who said the commissioning parents, no matter what happens, they should get the baby. Others say it depends
on whether the surrogate is a full surrogate or a merely gestational surrogate. So all of these were the debates that occurred at the time.

Q: [00:55:44] Can you clarify where your position was on this?

Macklin: [00:55:47] My position was that the surrogate should have a claim on the baby, in all cases. Because the nine months of pregnancy--so if she's, if it's only the gestational part, the nine months of pregnancy have a kind of bonding (that's the word that's used, where there's a mother-infant, or what's before the infant, mother-fetal bonding). And my position from the beginning, even though there weren't as much surrogates, or people were divided on that. But if she was merely--this goes to the question of how important biology is, as opposed to social circumstances and other things. And this is a social and also biological circumstance, because the things that a woman has to do for nine months, as anybody who has ever had, every woman who has ever had a baby knows, there are restrictions, there are discomforts, there are pains, there are denials, there are changes in life habits of various sorts, whether it's drinking, smoking (not smoking so much anymore), but drinking, and all kinds of things that affected, and can affect the woman's health as well. Or some people still die in childbirth. So the division here usually comes between people who think that genetic biology is the most important factor, especially now that there is gestational surrogacy, is most of the surrogacy. There are other people who have a very strictly legal thing: "It's a legal contract. You got to keep the contract. That's it." You know, and some lawyers hold that view. So the views are all over the map on that. And it becomes really much more complicated if you've got, you know, a gestational surrogate, and donor sperm, and all of those other things. So I wrote a whole book about it [laughs] with these--and the book was prompted very largely by my experience on that committee, and we didn't always agree, the members of the committee. And New Jersey actually came out with a strict law. They may have changed the laws now, I don't know. But the results of this committee, which really gave full decision-making authority to the surrogate, that was the answer in New Jersey. I was also on a committee in New York State because New Jersey was the first one that came out with that. And the Baby M Case was in New Jersey. So I was on a committee in New York that was discussing the same thing. And that committee came to the decision, which was not a very (I didn't think) a
very wise decision, that it has to go to court, and the court is going to decide. So there's no preordained decision based upon a court decision of who should get the baby. And the problem with that, as I saw it, is that almost always the people with more money, the people with perhaps a more stable home, the people with higher education, the court's going to decide that the baby will be better off in the home of the wealthier people or the people who, you know, which would always be the commissioning people, because these things are expensive. It used to cost fifteen thousand dollars for each surrogacy act. I mean, now it's up to thirty [thousand], forty [thousand], fifty [thousand], whatever it may be. So... And then there were things that are outside the law, you know, that are not done within the confines of the law. So I don't know if that's complete enough.

**Q:** [00:59:30] Yes. I did want to ask you one question related to both international work. We've talked about cultural differences, but not as much about politics. And I remember asking some of your colleagues, If you had to generalize about the field and the politics of bioethicists, would you put them on the progressive side of the political spectrum or somewhere in the middle or conservative? And I did hear that most bioethicists are probably in the more progressive side, but that there is a school of sort more conservative bioethicists. And I wanted to think about how then the trajectory of bioethics is impacted by various presidencies, and the fact that some presidents have initiated committees and reports. I think Leon Kass, his name, came up under [George W.] Bush? Was that correct?

**Macklin:** [01:00:30] Yes. He was the chair of the President's Committee. I worked very closely with... I was not a member of the committee, but I worked very closely with the Clinton committee on one report. The international report, actually. They were the international reports. So I was the person who actually wrote a lot of that report and worked with them. But that was not on surrogacy or reproductive health.

**Q:** [01:01:03] I guess my question that's buried in there is whether certain presidents end up spinning the trajectory of bioethicists' impact by calling together a specific committee that's more conservative or more progressive.
Macklin: [01:01:23] Well, I'm not able to answer that question. And the reason is, I would, in order to answer the question accurately, I would have to look at two things. I would have to look at the work of the different committees, what their products were. And then I'd have to look at the impacts that those committees had in their writings. I would have to say, unfortunately, but truthfully, unless some legislature adopted the work, the conclusions of any of the several reports, they sit there in the archives and other bioethicists quote them and cite them, but they don't have any impact after that. So it turned out that the very conservative--they were all a bunch of very right wing people under Kass. So he was one of the two chairs of the committee. And the other one was, he's now deceased, a physician, a Roman Catholic physician, who was always... He was president of Catholic University [of America] for a while. I'm forgetting his name at the moment. But unless something is brought into law, the impact of the committee... Other bioethicists read them and write the recommendations and things like that. So Kass, the committee that was under Bush, was largely intellectual products. I will say, I'm coming back to an anecdote now: I was certainly not a member of that committee (the committee appointed by Bush). But I had some connection with it at some point. And I would have to really go back deep, more deeply, into my--if we were going to meet again, I'd do a lot of thinking and looking back for this one, but I made my views known in some public way. And when the report came out (that is there a final report on whatever that issue was), they had a series of meetings where people were invited to attend, and I wasn't invited. There were other bioethicists that were invited and I wasn't invited to any of those, but I had made some comments along the way and people knew what my views were about what the committee was writing about. And someone later who was actually a student or a trainee who was working with the committee, whom I met years later at a meeting, she told me (she said it out loud at a meeting there), I said, “You know, they never invited me to the...” Before something is published, they bring a group of people together and they want comments and things. And there were a lot of bioethicists who were invited in that context, and I was not. So this person who had worked with the committee said, “Oh, yeah, well, somebody brought up your name and said, ‘You know, well, what about Ruth Macklin, to invite to this meeting?’” Well they had a series of meetings in different places, getting some feedback on their draft. ‘And what about Ruth Macklin?’ And the chair of the committee at the time, who was not
only on Kass [said], “Oh, we don't need to ask her. We know what she thinks.” So I was not included in that.

[01:05:22] So when the book came out (the book that was their conclusion on this topic), I looked in the index to see if I was cited in the index because there were articles... The book had chapters by different people, most of whom were members of the committee. Maybe there were one or two chapters of people who weren't, but it was really the chapter on, you know, what they were writing on. And I looked to see if my name was in the index. I counted the number of times my name was in the index. The only individual whose name was cited more frequently than mine was the seventeenth century philosopher Thomas Hobbes. So I had the most references, all of which were negative, in the book. Now, I mean, this was an example--I mean, obviously, I was vilified. Why were there footnotes there? It is because everybody had something to say negatively about me. Right. [Laughs] And I found it totally amusing. I wasn't angry at that. I mean, I have enough outlets for what I want to say, and the fact that there were so many footnotes, all of them negative, said something about that committee [laughs] and its work. So, any more about surrogacy?

Q: [01:06:49] Not yet. I think this is a good place for us to take our last break. Why don't we take a very short break and we'll continue after that.

File 4, Day 2

Macklin: [00:00:02] It may have been when I was responsible for the international report of the Clinton committee, which was on international research, ethics and international research. Because I do have a picture of me shaking the hand of Bill Clinton. And there was a lot of... Well, I'm just not--I'm going to think about it afterwards and be mortified. Absolutely mortified.

Q: [00:00:38] Well, I will take us somewhere else for now, which is to the subject of ACHRE. And knowing that we have two different audiences for this interview, one very insider audience of colleagues and another audience of lay people, I wanted to know if you could explain what ACHRE is.
**Macklin:** [00:01:03] [Pause] Well, the first thing to do is get rid of the acronym. The Advisory Committee on Human Radiation Experiments is the full title, and I actually don't refer to it as ACHRE just because that's a little confusing to people who don't know. But it was obviously a committee--I mean, other people are going to give that historical background. The person who wrote the article about it from the Arizona newspaper... Someone else is going to do that. So I'm not going to do that. But quite clearly, and the circumstance was kind of interesting, of my being appointed to the committee, just because I had been a colleague of Ruth Faden's (not in the same place), but, you know, we knew each other as colleagues. And I had previously been on one committee that she chaired, and I'm sure other people recommended members of that committee. But I had just finished being on a committee where Anna [C.] Mastroianni was an associate who worked with the committee, and Ruth Faden was the co-chair of a committee that yielded a book about women in health research. And I don't remember if Ruth Faden called me. I think I called her on the phone to tell her that I was recommending her to be a fellow at The Hastings Center, and I wanted her CV, because I needed the CV to get that in motion. And curiously and coincidentally, she told me, Well, I was going to get in touch with *you* because I wanted to invite you to be on this, a member of the radiation committee. So that was a kind of mutual, a little bit of [laughs] mutual admiration. And of course, I said yes to the radiation committee. There were other bioethicists, and quite a number of big shots, from one place or another. Many people I didn't know before, other people whom I knew and knew of. And we plunged into that committee. That was probably the committee of all the governmental, governmental and other kinds of internationally-related committee that had the most money. Because they just threw every--I mean, we stayed at the Mayflower Hotel in Washington, DC. We had, I don't want to say "lavish," I don't mean to say it was profligate, but I mean, there was plenty of money, and there was a lot of very hard work. We met very frequently. We had lots of things to do. We had small committees that met. There was, of course, a public part of it because this was one of those committees that fits in the law. And I was very honored to be invited to be on the committee. I knew nothing before that about radiation. I knew nothing about these experiments. But I had already been working in the field of research ethics for a lot of years.
Q: [00:04:16] Because you didn't come with a historical knowledge of these experiments until you were tasked with participation in this committee, can you give a couple of examples of experiments you learned about just in short form?

Macklin: [00:04:32] Well, there were certainly a lot of them. There were experiments on patients. There were some that were done at prestigious medical schools, the University of Rochester Medical Schools, the medical school. And I don't remember the details about the nature of the experiment, but they did have to do with human radiation, obviously, which was always thought of as a somewhat dangerous thing to do to people. And as I recall, there was one experiment in which people were giving large amounts of radiation, unprecedentedly large amount of radiation. But these are people who, as it was discussed, were going to die anyway because they had a fatal condition. So that raised the question of whether or not it's ethically acceptable to risk a person's death by the radiation you're giving them rather than by the condition that they had. But of course--not of course--for medicine to go forward, and treatment for patients to go forward, there are often circumstances like that. So that was one example.

[00:05:45] There were examples of things in the atmosphere, where there were releases of radiation in the atmosphere, in order to see how it traveled, and the people who were in the path of the radiation, because this happened from the atomic bomb experiments, because those were--and the nuclear, all the nuclear, or the atomic bomb, you know, the hydrogen bomb, whatever those bombs were. And they were done out in the Pacific [Ocean] somewhere. But they carried, they wafted the... So there were some of those that were done in the Northwest of the United States. And I'm sure the people who were more intimately involved with the writing can come up with these. But those were public health experiments, really, that were done in that way. There was one very interesting experiment. This was actually not, let me not say an “experiment,” it was a study, of miners in I believe, in Colorado, who were exposed to radiation in the mines as part of their work, their mining work. And they got lung cancer. Now, some of these, many of them were Native Americans. And some of them were smokers. Which is understandable, and, you know, usually poor people, a little more prevalent. And certainly in those days, there were many people who were smokers. And the issue that came up there was in... I believe it was in compensation, because there was already some compensation that was
given for people who were victims of radiation through their jobs. And smokers were exempted. They wouldn't get the commensurate, the amount of money that people who got the--because it was clear that if you were not a smoker and you got radiation, that you got it from the mining, from your work. But the others didn't. And that was for some people, clearly a mark that was wrong. And that was really after the experiments took place. And there were some on whole body radiation, where they zapped people with whole body radiation. And the question of who was responsible, was it the people who designed it? Was it the people who conducted it? Were they justified in any way of learning it? So these are just a few examples of many, but some of them were in the atmosphere and some of them had to do with compensating people and some had to do with patients who were getting the experiments. So there was a lot of debate about this, a lot of name calling. And then the question eventually, of who should be compensated, was also a kind of a bone of contention.

**Q:** [00:09:00] So what was the outcome of this committee? What would you call the sort of tangibles or deliverables that came out of this rigorous work?

**Macklin:** [00:09:13] Well, I wished I had boned up on it before this meeting with you, because it's evident all you have to do is read the report, or read the summary of the report. But basically, there were questions about compensation. There was one lawyer on the committee, who is not a bioethicist, not an academic, actually. And I've seen his name--I'm forgetting his name right now--but I've seen his name, even long after that committee finished its work, because he is the person who was called upon by the government... I don't know if he's in private practice or associated with a law firm, or a law school. But he was most famous as the person who is knowledgeable and has expertise in reparations, I guess I would say. Compensation and reparations for injury. And I know nothing about that field, and I still know very little about it. But I know that I was personally, not publicly, but personally somewhat critical of him. He was very lawyerly, obviously, and this is a difference maybe between lawyers and, you know, where there are consequences of a different sort from holding your view and saying "this is unethical," But I thought his views were too stringent on a cautionary note about that. But I didn't review the  

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That the minutes we're weak, saying something about Yale, a well-known physician who wrote publicly about a lot of things and a really very nice man. He wrote a couple of books. And he refused to sign on to a couple of the... He's no longer with us. He was pretty much older at the time. He was a professor of medicine at Yale, and his appointment was in the law school, which is kind of interesting, that a professor of medicine would be in the law school. But he was a... Or was he a lawyer who was in the medical school? [Laughs] But he was critical of some of the conclusions, thinking that they were too weak, in some of the recommendations. And so he wrote a... I guess the committee had to vote on the recommendations. And if anyone dissented, they couldn't have the recommendation. And the great majority, he was the only one who would vote against it, but it had to be unanimous. So they cooked something up because he wouldn't accept the wording just as it was, and was going to vote against it. And this was his conscience and his true, strong, truly strong ethical belief. And they came up with some—you can always concoct something—they came up with some mechanism whereby he could state his objections without voting against it. And there in the recommendations at the end, when you see what all the recommendations are, and then there's like a postscript, I'm not sure if it's a commentary (the book is sitting right up here [gestures]) but we're not going to look at it right now because we're really running out of time. Twenty five minutes left. So that was a compromise, and it was a very good compromise, because otherwise there couldn't even have been a recommendation. But nobody else signed on to those. And it looks better if everything is unanimous and there aren't a lot of, that looks like a lot of strife. But that was one of the most interesting committees that I was on, partly because of the issues.

[00:14:09] And I'll say this about being in the field of bioethics: When you're a physician working in a particular field and you get involved in an ethical issue, and especially if it's going...

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to have some public outcome, like a committee or a report or something like that, you're working in a field that you know, and you know intimately, as the scientist, and maybe some other things about what people said about the field. If you're a bioethicist who doesn't work in a narrow area of bioethics (by narrow, I don't mean--research ethics is a branch of bioethics, but it's a vast field because look at all the examples that I've given of the different kinds of things). You have to get up to speed in, I'm going to say "in the science." Now, you have to get up to speed in the medicine or the science, not to the point of a scientist, but you have to be able to speak intelligently. You have to understand what the scientists are saying and then be able to make judgments about degrees of risk, degrees of harm, amounts of benefits, balances of harm and benefit, because that's what ethics is all about, before you get to the autonomy and the individuals. So the amount of education that I've gotten in my professional life about HIV, about radiation--not that I've retained it all--but about HIV, about radiation, about reproductive health, about Covid, and a wealth of other things, that I had to get up to speed in order to be able to write about it, talk about it and not sound like a bozo on this bus, are really... It's quite remarkable. And I actually am quite pleased, proud a little bit, and pleased, of all of these areas. Now it doesn't stay with you when you stop working in the area. But it's a way of broadening the mind.

**Q:** [00:16:18] I appreciate the details you've brought up, though, because the report is available, and I do have a copy, and that will be in the archive also. But what you brought up that surprises me is that you were aiming for consensus. That's very ambitious and I don't know how common that is for a committee, that you wanted a unanimous recommendation.

**Macklin:** [00:16:40] Well, if it's a governmental committee, and you expect someone to act on it... I mean, this was a presidential committee. It was not a committee of a subcommittee of a branch of government. I mean, that doesn't have that kind of clout. If the president appoints a committee, they expect conclusions and recommendations. And this committee had conclusions and recommendations. So the recommendations--Now, I don't know, legally or morally, but as far as the governmental precepts are concerned, whether they have to be unanimous. But it certainly has to be at least a majority of the committee in one direction. And maybe there has to be
unanimity. I mean, when I said that the... I wish I can remember his name.\textsuperscript{10} Someone will remember it. The other people, the younger people whose memory for names hasn't completely flown out the window. You know, as soon as you walk out the door, all these names are going to come to me. Would you mind at any point, let me just ask you this: If I email you for some things, I mean, is it okay if I do?

**Q:** [00:18:06] I'll make a note if you send me any additional information.

**Macklin:** [00:18:06] I mean, if it's additional information or things that I remember that weren't clear, that may lead you to ask somebody else about these things. Because, I mean, I'm a little embarrassed by my lack of memory here. It seems only mostly to be memory of names, but I really want to get the record clear and make it clear. So if it's a presidential committee, they expect to act on the recommendations. And that's why they've put the committee together and that's why they name the people, et cetera. So that is really pretty important, more so than a committee that's--even a committee of the WHO. Now, of course, the president doesn't have to act on the committee, but that would look kind of funny.

**Q:** [00:18:48] I want to talk about apologies, and this can be specific or general, but as I get to know you, I have a feeling you're going to want to be specific. Thinking about the apology that came out of this committee, and the apology connected to Tuskegee,\textsuperscript{11} I wanted to know... what you think of apologies. What is the value of an apology? What can it do? What can't it do? And if you want to think specifically about...

**Macklin:** [00:19:18] I'll speak generally about it. My answer is not much. Really not much. I think that the only people who are benefited by an apology are survivors. Whether they were in the group that was experimented on or whether their relatives of people who died in some point or another. It's the least. Most of those people probably would rather have money [laughs] than apology. But some people who are very deeply, you know, feel very deeply about it morally,

\textsuperscript{10} Kenneth Feinberg

\textsuperscript{11} United States Public Health Service Syphilis Study
they're the ones who want the apology and who can benefit by it because it does something to them personally. I don't think it does anything for politicians. I think it does absolutely nothing to the perpetrators. I don't think it makes them feel sorry. Whatever they think about these studies that are done from all the people who did the radiation experiments that were later considered or thought to be unethical, or anybody who did any other experiments in the world, that, you know, in this particular thing we're talking about now, who did something that was unethical... They may actually think they acted ethically and they don't like the conclusions of the committee. So I think that apologies... I'm not going to say they shouldn't be made, but they only, if they benefit anybody, it's those who are personally affected themselves, or their relatives.

Q: [00:20:50] Were you present for either of Clinton's apologies?

Macklin: [00:20:55] I don't remember. When you mean "present," were they made in--

Q: [00:20:58] I know the Tuskegee experiment apology was public. I'm not sure about the apology that came out of this work that we're talking about, the radiation experiments.

Macklin: [00:21:10] I don't remember either. I guess I don't think much of it. I mean, the... Something much stronger than an apology is seeking to ensure that it doesn't, that a similar thing doesn't happen again. And that requires a different kind of scrutiny. That requires oversight. That requires possibly even vetting the people who are going to be in charge of this thing. And take a look at what they did in their past. And sometimes it's not only big names, because there are a lot of big names. I mean, we are not in this conversation at all going to be talking about the pharmaceutical industry, but the people who have gotten a lot of money from the pharmaceutical industry, doing a lot of unethical things, are some of the biggest names. And they manage--they get whitewashed, on rare occasion they'll resign, a little bit more today than years ago, a few years ago. But it doesn't change some people at all. And an apology is easy. All you have to do is say, "I'm sorry." That is no... You're not giving anything up. Compensation is another matter, because then it involves money, and taking care of the future, and making sure things like that don't happen again is really the best response. So I don't think much of apologies, but I don't
want to deny their value to the people who were either still living or whose relatives were impacted by this.

Q: [00:22:51] Thank you. That was stated very clearly. And I'm interested in the way your field is looking back and looking forward. On the subject of looking ahead, I'm curious what you think bioethics should be taking on as a field that it hasn't yet taken on.

Macklin: [00:23:10] Well, as I continue pulling away from my direct work, but continuing to monitor and read some journal articles and certainly see what The Hastings Center is doing, it's hard to think of anything that bioethics hasn't gotten into. So let me give you one very, very recent current example, and that's artificial intelligence. It's something that I'm sure I would have been extremely interested in in my younger days, because I was in philosophy of mind. And that's still an area that I look back on with great fondness. Whether it was theory of action and how people--what's the difference between my arm going up and raising my arm?--or all the other things, and Wittgenstein. And artificial intelligence is an example of something brand new about which I know relatively little. I mean, I know basically--newspapers, _The New York Times_ version, and possibly maybe a Hastings Center article, or something. So... I'm going to come to an answer for you in a second. But I'm saying this, because I realize that my scientific knowledge of artificial intelligence is so low that I would have to learn, as I learned about HIV and as I learned about surrogacy and as I learned about all of those things--and Covid, recently--as I've learned about all of those things, I was able to contribute. I couldn't say a single thing about artificial intelligence now. But I'm going to end this point by--so the answer is, I can't think of anything, but I do have one little example. One example. And the example comes from a book I just bought at a great little bookstore here. I'm not buying any more books from Amazon[.com], because there's a great little bookstore here. They charge more for their books, but they have authors speaking and they just put in a little cafe, et cetera. So this book is about virtual reality, and virtual reality is different from artificial intelligence. I don't know much about that either, but it's written by a philosopher, whom I had never heard of. It's a big, fat book. It's the biggest, fattest book there. And it's called _Reality +: Virtual Worlds and the Problems of Philosophy_ [0.3s] and it's essentially a philosophical book. I don't know how much ethics is in it, but it's a
philosophical book about virtual reality. And his thesis is something like, you can't really tell the
difference. Or you're not going to be able to tell the difference. And when you have--please do
not... I'm going to use this word, but don't quote me with this word, please. Can I ask you not to
quote this word?

**Q:** [00:26:06] Well, I'm not writing from this audio. It's an oral history that will be in the archive.

**Macklin:** [00:26:10] But I'm going to use the word, okay? And the word is "asshole," And the
asshole I have in mind is Mark Zuckerberg. Okay? And Mark Zuckerberg, because now he's in
the "metaverse," and he changed the name of Facebook to "Meta," is all into virtual reality. And
this could be dangerous in some ways. And I got to read this philosophical book. It's a big, fat
book, and I'm sure I will read more than twenty pages a night. I haven't started it yet, because I
want to finish my novel first. So there's an area, virtual reality, that I think that bioethics will get
into, should get into, just as they've gotten into artificial intelligence. So some things in bioethics
(many things I would say) have come up in bioethics because they're a consequence of scientific
advantage. Sorry, scientific advances, is what I meant to say. I can give you a slew of examples.
Everything that has to do with, well, reproductive health is an example of advances, whether it's
surrogacy or in vitro fertilization, or [birth control] pills or, you know, anything to do with
reproductive health is different from the old fashioned way. Much that has to do with the use of
new drugs, drugs and "precision medicine," as it's now called. I mean, these are scientific
advances and the questions that are raised, even about elitism, only a certain number of people
can afford what precision medicine is going to be able to do, et cetera et cetera. So advances of
all sorts: renal dialysis, transplantation, which was never possible before. And who should get it?
And first it was only relatives. And then there was a question of coercion. And now anybody can
give a liver to anybody else. So all of those kinds of things, the vast majority are because of
scientific advances. So there will continue to be scientific advances, things that are now not
known at all. I mean, a lot about the human brain, just for example. And so we can't even predict.
I can't give a prediction of something that bioethics isn't into, but I will put it this way: The future
of bioethics is in part connected to the future of scientific medicine and research, because it is
virtually inevitable that questions will arise. And some of these questions are not even questions
about safety. They're questions of justice. So the ones that are very obvious is: the people who can't afford precision medicine are not going to get the kinds of exquisite treatments that cost hundreds of thousands of dollars that people are willing to go into debt to, or that people already have the money for. So Elon Musk and Jeff Bezos, they can, you know... [Laughs] Get involved in anything at all, but questions of justice for poorer people, whether they'll be able to afford the things that medical advances can bring, given the fact that there is no justice here. And whole civilizations, whole countries, and their populations. So anything that came up with intelligence and artificial intelligence or brains or brain-related things, that are going to be lost in Africa, and even the things we know about. I mean, things like Covid, where they haven't been able to afford it or can't implement it. So I can't predict. I don't know of any things. But I'll bet bioethics hasn't really started yet with virtual reality. And I'll have a better answer after I read this book.

**Q:** [00:30:16] That's a fascinating answer, actually. You've mentioned Covid a couple of times on tape, and I've nodded knowingly, but for anyone listening to this, imagining a future audience for your oral history, I want to mention, acknowledge, that we're sitting here doing an interview during the pandemic of Covid-19. And I wanted to ask you really to bring us up to date, how, if you can describe how the pandemic has impacted you personally and professionally.

**Macklin:** [00:30:46] Okay. The pandemic has certainly impacted me personally in the following ways. I moved from my long term home in New York [City], which I loved. I loved everything about New York. But when Covid hit, I stopped doing--of course, New York stopped also. [Laughs] New York stopped, but I stopped doing anything even when things came back. I have been on the super cautious end of Covid. I don't wear my mask outside, but I still now, again, wear it indoors, even though I--I don't wear it outdoors, but I will wear it almost everywhere indoors. So I'm on the rather extreme end of the mask wearing, and indoor dining and things like that, because you got to take the mask off if you're dining. I've been a very strong proponent of mandates, where there are many people who are very much opposed to mandates. I am a very strong proponent of mandates. I don't care about those people who don't want them. Either they do it or they don't go in the activity. They don't go in the movie, they don't go in the theater, they don't go in the restaurant, they don't go on the airplane. Of course, in America, you're not going
to get that. I mean, and we've seen what's happened. Mandates not only are [one word]--even presidents and people who say, “Look, we got to move forward, and the economy,” and *blah, blah, blah.* I don't think the economy is as important as people's illness. I think sickness is more important than the economy. So if you can't buy as much or if things cost more, I know it hits poor people more and that's unfortunate, but that's just the way it is. So I'm personally in that area professionally. I have been with other people who are writing, whatever these groups are, several of us writing. I wrote something with Jeff [Jeffrey P. Kahn] and Anna [C. Mastroianni], and I mean, that was an early thing. That was actually about vaccines.

[00:32:49] Normally, I think of myself as liberal to progressive. This makes it sound like I'm antediluvian [laughs]. It makes me sound highly conservative. But if highly conservative means preserving health and preserving life, then about that I am highly conservative. I'm not with reckless abandon: Well, we want to go to a rave! Or we want to go indoors to a big cocktail party with great celebrations and things like that. Those things are just a way of life. And if there is no life, or if it's threatening human life, for me that is clearly more important. Now I will say, or add, that because of my age, I am more cautious, simply because of the way it affects older people. But I did all the searching for when the first vaccines were available, and when for these vaccines, wherever they were, I got the first [Covid-19 vaccine] boost[er]. I got the second booster. When they tell us it's time for the third booster, I'll get the third booster and the mask wearing and all of that. So it's affected me personally, but in positive ways, because I moved here to Pittsburgh, close to family. I have a two-year-old great granddaughter. And how many people, especially those in the future, who get married later, are ever going to have a great granddaughter? She's one of the joys of my life. She calls me "G-G-ma," She's the most intelligent person in our family. She talks a blue streak at that age. So even that. And then getting my other daughter to move here, because we have traveled together. My daughter who's married, we've traveled a little bit together, but nothing like my older daughter. So personally, having her move here, and that's how it affected me because the pandemic affected things and it affected her out there, too. There are other things that affected her in San Francisco [California], like the wildfires and the homeless. But aside from that. So being with family at this age, and I am not yet infirm. I've got some minor ailments. My view of minor ailments is those that are not life threatening. A surgeon's view, a doctor's view, or person's view, of minor ailments is surgery on
someone else as minor surgery. Surgery on someone else. So Covid affected me, but at least as much positively, by what it's done for my life. And if you had asked me when I lived in New York, Well, are you going to move to Pittsburgh? You're going to enjoy the cultural life there. I said, “You're going to compare Pittsburgh to New York?” Well, I've been to two plays, two theaters. I've been to the symphony, I've gone to the museums. And I can say that I am enjoying those things immensely, and I don't feel bereft of New York in any way. There's less traffic. I can't get into the downtown as easily as I did on public transportation, but I can walk out there to the park, and I can walk to the museum from here. So, Covid, in its iterations has, in a way, affected me in a good way [laughs], as well as the negative ways. And since I can wear a mask with no difficulty, put it on before I went in to pick up my new clothes, put it on when I go into the drugstore, it's not a big deal. What I miss, and I'll tell you what I miss: traveling. I did so much of that, and I had things on my agenda. And now I'm discussing with my daughters, we're going to take a trip together in 2023. And we're trying to decide where to go. I don't know whether to go to a place in nature, or back to Paris. I don't know whether to go, I don't want to go with a group thing, because the three of us, of course, can do what we want and pay for it, et cetera. So the travel is what I miss.

Q: [00:37:05] I was about to ask you where you're going to go, but I'll look forward to learning. And I know that you and I will both think of so many things after we turn the tape recorder off that we want to talk about. But I've learned so much from you over these last two days.

Macklin: [00:37:20] I have to apologize for my poor memory for names. The names are awful, and the other things that I didn't remember. But with your permission, I just don't feel right if I don't... I mean, I'm beating myself up, as you can see. And with your permission, I will (I have your email) I will just fill in some blanks, factual blanks.

Q: [00:37:44] Permission granted. But I do want to reassure you that you're in good company. It's very common for people to remember a lot of names and not remember names, particularly when they're on the spot.
Macklin: [00:37:57] As soon as you walk out the door, I'll remember them!

Q: [00:37:59] That always happens. But forgetting is a very important part of remembering. So I appreciate the incredibly detailed memories that you've offered, and I look forward to continuing this conversation. Thank you so much.

Macklin: [00:38:15] All right. Well, you're welcome. And I have enjoyed every minute of it except the times I couldn't remember things. [Laughs]

Q: [00:38:22] Thank you.

[END OF INTERVIEW]