Q: [00:00:02] This is Suzanne Snider. I'm on tape today with Professor Sam [Samuel] Gorovitz on December 9, 2022, at SubCat Studios¹ in Syracuse, New York. We're in the room with recordist Sarah Bruguiere as part of an oral history project called Moral Histories: Voices from the Founding Figures of Bioethics, a project that comes out of Johns Hopkins University's Berman Institute [of Bioethics]. Before we get into our conversation today, I'd like to ask you, Sam, to introduce yourself, please.

Gorovitz: [00:00:41] I'm Sam Gorovitz. I am a professor of philosophy at Syracuse University. I've been at Syracuse University for 35 years in a variety of different capacities, and prior to that I was at various other universities.

Q: [00:01:03] Thank you. It's a great honor to interview you today. Several people who are participating in this project said they would only be interviewed if you were included. You were obviously already part of the project, but I know you have a loyal fan base among your colleagues, and I'm looking forward to talking today about really the emergence of this field, and also some of your areas of specialty. Before we get to the subject of bioethics, I wanted to know if we could spend some time on your early life.

Gorovitz: [00:01:38] Sure.

Q: [00:01:39] And if you could tell me a little bit about the time and place you come from.

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¹ Referred to as “Subcat Studio” on tape
Gorovitz: [00:01:48] I don't have any very clear memories of the very beginning, because at the very beginning, I had just begun. I was born in Boston, Massachusetts. And I... lived... in Boston, and then later in Cambridge, Massachusetts, and then in Brookline [Massachusetts]. And had no siblings. So my early years were years with some very nurturing and supportive parents. My dad was an immigrant. He came to this country at the age of three. My mother was born in the United States. Each of them was a very gentle person. Throughout my entire years, from birth through college, never heard a word of profanity or shouting, voices raised. It was just a kind of calm environment. And each of them was very committed to education. So it was a nonstandard kind of upbringing. We moved from Cambridge to Brookline, as I recall, because they thought the school system was better in Brookline. That was always an important consideration. My mother became a schoolteacher in the Brookline system, and really an acclaimed sixth grade teacher, much beloved. And my dad was among the most eccentric of lawyers. He went to Harvard [University], which was not bad for an immigrant kid. He played the violin and paid for some of his college expenses that way. He spent most of his career practicing law, but he was interested in the craft of law. He had no interest at all in the business side of law, to the point that he refused to have a business card on the grounds that that was too close to advertising. And he was in the phone book, and thought if people wanted his services, he was easy to find. He was legendary in Boston for being the finest draftsman of legal writing. And many, many people over the decades have mentioned to me his influence as a paradigm of crafting unsurpassed legal prose. He loved that. He hated sending bills. He basically wouldn't do it. And so, clients would appeal to him. I remember once, a client went into his office with a signed check with the amount not filled out, put it on my dad's desk and said, "Do me a favor. You're not going to do anything unfair. I trust you. Just fill in any amount you want and cash the damn check!" Because my dad just loved the law. And had no interest in, or taste for, any kind of business aspect of doing the law. He loved language, and that, of course, is part of my lineage, my interest in writing, in writing, doggerel, in editing. All of that, I think, is part of that lineage of loving language. And my mother also was, in some ways, also of that tradition.
Q: [00:06:32] Thank you. That's really, sort of, beautiful. I like thinking about this and I wanted to know about the rest of your household. Was there anyone else in your household besides you and your parents?

Gorovitz: [00:06:47] There was not. And being an only child, I spent a lot of time listening to the radio. I was very interested from an early age in radio. In high school there was a radio club, and I was a member of the radio club. Many people have, over the years, said to me--people who knew my mother especially--"She has a Boston accent that's just right out of Central Casting. You don't have a Boston accent. Most kids grow up sounding like their parents, or their community. Why don't you have any Boston accent?" And I think the answer is that I spent so much time by myself listening to the radio, and in those days, the radio, at least the people that I listened to, used language that would be classified as "standard English." Now it's rather more common, if you turn on a radio, to have people speaking in whatever dialect is reflective of their background and community. But that's a change. And back then, you know, just as if one listened to the BBC [British Broadcasting Corporation], one was not hearing what folks sounded like in Leeds [England] or... in some of the lower class communities, even in London [England], it was a kind of standard BBC English. And I was listening to standard--not BBC, but American broadcasting English. And that probably had a profound influence on my sense of what it meant to be talking to somebody.

Q: [00:09:00] I'm getting a, you know, a good feeling for some of the influences in your home, including the radio and your father's sense of ethics and pure love of law, and your mother's commitment as an educator. I'm wondering if there are any other influences in your home that you recognize as shaping your early life or your later life.

Gorovitz: [00:09:26] When you say "in your home," one way to understand that is literally. That is, within the four walls of where I lived. But of course--there were relatives. There were people in the extended family on both sides. And there were influences, of course, that they had on me. But within the house, there was always humor. My dad especially was an extremely funny guy. He loved to tell jokes and stories, and my love of narrative probably is related to that. I did get
into trouble from time to time. It was said by many people that I sounded very much like him. And even to the point that on the telephone it was difficult, at first, to tell which of us had answered the phone. And I remember very distinctly, one time the phone rang, and I answered it. And there was a pause--I just said "hello?"--and there was a pause, a kind of thoughtful silence. And then somebody (I didn't know who it was) said, "Is this the father or the son?" And I said, "They're both busy. It's the Holy Ghost. May I take a message?" And little did I know that this caller was one of his clients, and a very observant and serious Catholic, who was not as amused [laughs] as [laughs] perhaps another caller might have been. And so, I was informed that my phone-answering skills needed some upgrading. I was informed the gentle but unmistakable way. [Laughter]

**Q:** [00:11:42] Well, you inadvertently brought up religion. I was curious if religion or spirituality were part of your home, as a child?

**Gorovitz:** [00:11:50] They... weren't. We never belonged to any kind of organized, religious anything. My father's father was trained as a rabbi. And he was thoroughly from the old country. [Pause] And so... he, that is, my paternal grandfather, spent a lot of time doing what people like that did, which was, you know, reading the Torah, and observing all of the rituals and traditions. And my family was respectful of that, but not participating in it. I was sent to Sunday school for a while. I don't have clear recollections of how long. I did have a bar mitzvah. I was asked whether I wanted to do that or not. And I understood that I had the option of declining, but that it would be something of value to my grandparents. And that was good enough for me. My grandfather then participated in my preparation and training. And the way that happened was--as was the fashion--he was teaching me to pronounce the appropriate expressions in Hebrew, as I saw the Hebrew writing in front of me. It had no meaning. It was just producing sounds. And this seems to me antithetical to any kind of actual thought. It seemed about as empty as could be. But, it's what we did. And there was a bar mitzvah. At that bar mitzvah, my father's uncle, Aaron Gorovitz, spoke at great length. He was a towering figure in the community, very much committed to making constructive alliances across different faiths. He was not someone who lived in a silo. In fact, when my grandfather and his family came to this country as immigrants,
their name was not Gorovitz. Their name was Eingoren. And at Ellis Island, in the confusion, when my grandfather explained that they were being sponsored by Aaron Gorovitz, who was already here... the incompetents at Ellis Island understood that to be the volunteering of the family name, and that's how it is written down. So in that moment, the family name officially changed. So one day, Eingoren; the next day, Benjamin Gorovitz. So Uncle Aaron was a legendary figure. There's much that's been written about him. And he stood on a chair at my bar mitzvah. And I had a gathering of some friends, classmates, there. And Uncle Aaron held forth. But not in English. He was speaking, I believe, in Yiddish. And the young people at the table who were tired, and increasingly hungry, found it harder and harder to endure, until one of them simply fell over. Just fell off his chair and landed with a disruptive, cacophonous thud on the floor. Which was, you might think, a signal to Uncle Aaron that maybe it was time to bring it in for a landing, but he was not to be deterred until he was finished. So I do have some of those early memories of relationship with religion and religious traditions.

[00:17:19] Later, I started paying attention to meaning. When I heard people of Jewish tradition speaking of the Jews as "the chosen people," which conveyed to me a sense of perceived superiority, I found that very discomforting. And I also occasionally witnessed examples of what I considered hypocritical bigotry on the part of people who were Jewish, who, it seemed to me, should have been at the head of the line to oppose any kind of bigotry or hypocrisy. And so I became alienated from the mindset. And of course, nobody ever has presented to me any kind of justification for any kind of theological belief that seemed to me to have even the merest shred of plausibility. It was all about mythmaking and kind of pre-scientific attempt to understand an incomprehensible world. And that all seemed to me entirely reasonable. It did not ever seem to me wrongheaded for pre-scientific people to invent and embrace the kind of narratives that they did. But once we were able to understand better, to the extent that we can, how things work, it seems to me time to let go, not of the practices necessarily, but the beliefs. And I never doubted that religious practices did, and continue to do, a tremendous amount of good for members of whatever flock it is. I also thought it an unmistakable truth that people, for the most part, tended to embrace the religious tradition of whatever house they happened to land in. And so if you were born into a Roman Catholic house, next door to an Islamic house, across the street from a Jewish house, completely understandable that you would grow up in the embrace of that tradition. But
why would you think that that coincidence would provide any reason to think that that theological point of view is more likely to be true than the one next door or across the street? And so the whole array taken together, seemed to me to be replete with irrationality... At the same time, as genuinely doing a lot of good for people at important transition times in their lives.

Q: [00:21:48] Thank you for explaining that. I'm interested in keeping this in mind as we move on to talk about your orientation toward philosophy--and gravitation toward philosophy--knowing that there are theologians who contributed to the field of bioethics, too. So we'll hopefully come back to theology and this discussion you've started in hearing a little bit about your early life. I wonder if you could tell me about your educational path.

Gorovitz: [00:22:20] My educational path was, [laughs] elementary school, and then high school and so on, all of that kind of stuff. I went to Brookline High School. Well, actually, I went to the Driscoll School in Brookline before going to high school, and got into trouble early on, because--I hadn't thought about this in a very long time--there was an assignment in a class that seemed to me just busy work, just devoid of any kind of possibility of contributing to learning. Almost as if the teacher wanted to keep us out of her hair for a while by having her--by having us do whatever it was: you know, filling in a coloring book or... I don't know. And I said I was not willing to do that, because it had no possibility of contributing to any aspect of our education until and unless she was prepared to provide a pedagogical justification for it. And this was not something that an elementary school teacher was used to confronting. And she took a hard line... Of course, so did I. And I ended up in the principal's office. And the principal was really excellent because she understood my point. She did not want to undercut her teacher. And in retrospect, I understand that. But neither did she want to take a hard line and be authoritarian with me. So she made it clear that she understood and supported my point of view, and we worked out some sort of compromise where I didn't do the assignment and I got a bad grade (which didn't bother me at all), and I was allowed some sort of path of survival. I don't remember the particulars.

[00:24:52] But then I went on to Brookline High School, and I learned a lot there, because I had teachers who were unforgettable, some because of their excellence, and one in
particular because of his almost-indescribable awfulness. And the excellent one was an English teacher who had a PhD, and respected the intellect of the students. And he had us reading primary sources. I was reading Plato, in high school (of course, in translation) with the tutelage of a doctorate-holding English teacher. And this was pretty good stuff. And he also had a wonderful sense of humor. So, for example, one day in English class, he was interrupted by the ringing of a telephone. And so he stopped and looked around, because he couldn't identify instantly the origin of the sound. But the phone kept ringing, and as the phone kept ringing, he focused on me, and he started walking toward where I was sitting. At which point I reached into a satchel that I had, and pulled out a telephone. And I held it up to my ear, and I said, "Yes." [Laughter] "Yes, this is the English class. Hold on a moment." And I looked at him and I said, "It's for you." And he said, "Oh, thank you. Take a message and tell them I'll call back." And he turned and went back to the front of the room. And I put the phone back into my bag, which had a ringer and batteries and a button and all of that. I had, you know, invented this little machine to do the prank. And rather than mind it, he just kind of rolled with it, in a very charming and supportive way. So there was some of that kind of stuff that went on, which was... not unrelated to things that happened later in college, right.

[00:27:56] The other class was an advanced math class. Brookline High School discovered that there were a number of people, in the class--I mean, the whole class--who seemed to be pretty good at math. And so we were gathered into a single class, and basically charged to constitute a mathematics learning community, under the tutelage of a guy named Ralph Ward, who I believe was also some kind of coach, and who was pedagogically and mathematically completely incompetent. And so he simply advised us to study the books and learn from and work with each other. And he would look in on us from time to time. He almost never did. And when he did, he was clueless about what was happening. And this seemed to me about as blazingly clear an example of getting it wrong, as one could imagine. So, important influences in high school, good and bad. I had a class in Latin, who was taught by someone who was thoroughly soporific, and about whom the lore in the class was, she was so fond of Virgil because she had known him personally. That's how she came across. And there were some other teachers, biology teacher, who was memorable for his harrassability. But it was only when I
made the transition to college that I started having interactions with many more teachers that I remember much more clearly.

**Q:** [00:30:30] I wanted to ask you about college and graduate school. And my first question is whether it was known or expected that you would go to college. And if you could talk about your choice of college and what you were interested in.

**Gorovitz:** [00:30:46] Sure. Of course, it was expected that I would go to college. I came from parents who were educated and who revered education. There was never any question. Today, high school kids develop a list of the 30 colleges that they're considering. I applied to three colleges. One was MIT [Massachusetts Institute of Technology], one was Cal Tech [California Institute of Technology], and as a safety school, Worcester [Worcester Polytechnic Institute]. My high school years involved some really powerful friendships. I had some very close friends in high school, some of whom are close friends still. One of whom remains one of my closest friends, who is... I'll just put it this way, initially: an art dealer in New York City. He painted a mural on my bedroom wall when we were in high school. Another friend, who is no longer alive, was Harry Wise. And Harry was the son of someone who had gone to MIT, had a degree in engineering, and oddly went into the ice cream business. He had an ice cream factory. So he was an MIT-educated ice cream entrepreneur. And in their home in Brookline, which was a lovely home, really a quite fine home, they had an actual soda fountain of the sort that would be in a drugstore. And on Halloween, when the tradition--a tradition that I never liked and to this day will not participate in--was to hand out candy, what they handed out was little individual cups of ice cream. And that became known not just in the neighborhood, but as word spread, people would drive from other communities. And the lines went round the block! And so that was a kind of... community legend for Halloween.

[00:34:08] My father, of course, went to Harvard. Well, Harry, whose father thought going to MIT was the best thing that could happen to anybody, went to Harvard. And I, whose father went to Harvard, went to MIT! And there was one occasion when my father and Harry's father had a conversation in which they each agreed, it was puzzling to figure out where each of them went wrong. [Laughs] Because in each case, their son went the other way. Partly because
my father never had any serious interest in the business side of things, we moved from apartment to apartment... A sadness that has never left me is that we never had a house. My mother would have liked to have a house. I think my father lacked the confidence to take on the responsibility of a house? But also, I think also, he was very... lacking in confidence about what the responsibilities, apart from financial responsibilities, would be, of having a house. For him, a major home repair would be replacing a burned out light bulb. And we never had a car. When I was 16, like any other 16 year old, I wanted to get a driver's license. And they knew that it would be appropriate for me to do this. And so they, each of them, decided they needed to get driver's licenses also. So all three of us got our driver's licenses when I was 16. And my father bought a car. And... His relationship to things technological was so unsophisticated--this is actually the case--twice a year, he would take the car back to the dealer to have the clock changed from daylight savings time to standard time, because the notion of trying to learn how to do that was not something he was willing to take on. And my mother is the only person I ever knew who loved red lights. Because a red light for her was an opportunity to take a deep breath, and to get ready for the next stage of driving, which would be a block or two or three until the next interval. And she always found those intervals calming and reassuring and restorative. She was never in too much of a hurry to appreciate a red light. I resent every red light that has ever stopped me!

[Laughter]

Q: [00:38:07] I wanted to know, as you led us to MIT, whether you could talk to me briefly about your experience there.

Gorovitz: [00:38:14] Sure.

Q: [00:38:14] What it was like at that time, and maybe the interests you discovered or pursued.

Gorovitz: [00:38:22] I went to MIT thinking that I would like to pursue mechanical engineering. It didn't take me long to learn that it wasn't a good fit. I took courses all over the place. And awkwardly, as one year led to the next, they weren't adding up to any recognizable major that the institution offered. I had courses in math, chemistry, physics and humanities in the first year,
because everybody did. It was a prescribed curriculum. And every Friday morning at nine, there was an examination. And it rotated: one week physics, one week math, one week chemistry. And I remember having a nightmare of studying long and hard and really working and feeling well-prepared for the physics test, and then walking in and finding out: Oops, it's chemistry this week. And when I mentioned that to somebody, I learned that most of the people among my acquaintance had similar anxieties and similar nightmares. It was like a collective anxiety. Back then, it was also the case that it was an almost entirely male class. We had about a thousand students in the class, 30 some of whom were women. How different it is today. And... So I took the courses that I had to take. We didn't have a lot of room for electives. Once we did have some room for electives, I started roaming around the different subjects. So, I took linguistics with Noam Chomsky, who was just then beginning to invent contemporary linguistics. I took history of science. I took a music theory course, which was unforgettable. The musical talent that my father had, at such a high level that he could pay some of his college expenses with his violin, stopped with him. I had no musical ability at all. And so I remember one day when [Klaus Liepmann], the person who created the music department at MIT, played two notes on a piano and pointed to a member of the class, who said, "Augmented fifth." And [Liepmann] said, "Ja, gut." I had no idea what that meant. And then he played two notes on the piano, and he pointed to me. And I said, "Professor... I'm moderately confident that the second note was higher than the first." And he said, [German accent] "So, you are improving!" [Laughs] And so there were these lovely little mini vignettes.

[00:43:04] There was one course in mathematics that was so badly taught that I went to see the professor, and I said, "I have a question for you. And that is this: You are such an unsuccessful, uncomfortable teacher, however good you are at mathematics. You are so dreadful at teaching mathematics. I'd like to hear your account of why you do it." And he said, "You're completely right, and I'm not going to do it anymore. I have accepted a position at a research institute, where I will just be doing mathematics, without having to try to teach it." And I really appreciated that answer, and he did not seem to mind my question. I went to see a different teacher who had given me an A-minus on a paper, and there was no comment on the paper, just an A-minus. And I went to see him, and I said, "You gave my paper an A-minus. That doesn't

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2 Referred to as “Klaus Liebermann” on tape
bother me. What does bother me is that there's no indication of what was missing, of what deficiencies you saw it having that prevented you from giving it an A." And he said, "Well, I can't remember without looking at the paper." I handed him the paper and he read it there on the spot. And he said, "I guess you're right, this probably does deserve an A." And he changed the grade, thinking that that would satisfy me, but in fact, it ignited fury. Because I pointed out to him that... I had not come about the grade. I had come to gain understanding about how the paper could have been better. And that it seems to me inexcusable that he would have given it anything other than an A, and then not write anything on the paper that would contribute to understanding.

**Q:** [00:45:59] It's interesting. I'm noting a really early attention to pedagogy and methodology--

**Gorovitz:** [00:46:05] Yes.

**Q:** [00:46:06] --which proved to be central parts of your life and your career.

**Gorovitz:** [00:46:11] Yes.

**Q:** [00:46:11] And it sounds like you were attuned to this even in elementary school, the way you were being taught or the way education happens.

**Gorovitz:** [00:46:20] That's correct. That has been a kind of throughgoing theme. I had a professor at MIT, who said to me (he was my advisor at the time), "You have to take a course in electrical engineering." And I said, "Why? I'm not interested in electrical engineering." He said, "I don't care whether you're interested in it. You have to take it, because it'll be good for you. It'll be an important contribution to your liberal education." And so I said, "Okay." Now the person who directed me to do that was named Norm Holland. He had gone to MIT and majored in electrical engineering. And then he went to law school and became a patent attorney. And he worked as a patent attorney until he accumulated enough money to pay for his doctoral program in literature. And then he got a PhD in literature, and he was my professor in a literature class! But he remembered--and he was so right. I took that course in electrical engineering, and there
hasn't been a year since when I haven't drawn on it in some way, in my own work and in my own teaching.

Q: [00:48:00] That's interesting.

Gorovitz: [00:48:01] And so very early on, I had this sense of opposing intellectual silos. Of understanding that disciplines interact, and any area that you're working in has a lot to do with any other area that somebody else is working in, whatever it is.

Q: [00:48:30] Given that that kind of eclecticism is not encouraged in higher education as one goes on to get a master's or a PhD, can you tell me about your path to and through your PhD program?

Gorovitz: [00:48:46] Sure. These are related, of course. At MIT, I took courses all over the place. And while I was there, a new program was introduced called Humanities and Science. Didn't exist my first couple of years. And it was my salvation. You had to pick some domain that was technical--and I chose mathematics--and pick some domain that was humanistic-- and I chose philosophy. And so though there was no philosophy department, there were people teaching philosophy. And so I had mathematics every semester for eight semesters. I had three years of physics. Two were required, but I wanted more, so I took a third year of physics. And I took such philosophy courses as were available and was just barely able to cobble together enough credits in the right categories to constitute meeting the requirements in humanities and science. So that's the degree that I got. But... My undergraduate thesis advisor, a guy named Abner Shimony, was of immense and enduring influence, in the following way: I would bring him a draft of my thesis, which was, in retrospect, I see now, a fairly embarrassing piece of work. But it was an undergraduate piece of work. And he would mark it up very rigorously and give it back to me pretty quickly. And I would respond to all of his critique, and I would produce another version. And this was laborious. We had no computers then. Everything was done with typewriter and carbon paper and... We didn't have photocopiers. It was a lot of basic grunt work involved in doing any kind of academic work. So, I'd bring it to him, and we'd meet again, and
this next iteration, which he acknowledged was clearly an improvement over the previous one, was all marked up again. And this happened over and over again. And at one point, I brought him--No. I went in to see him and he handed back the paper, and again it had a lot of markings on it. And there was just such discouragement in my eyes as I took it, and I just kind of sagged, and he leaned forward, and he said, "I know. I know how discouraging it can feel. I'm going through the same thing right now with my doctoral advisor." And I said, "What are you talking about? You have a PhD in philosophy from Yale [University]! I don't know what you're talking about." And he said, "Yes, I do. But I'm also now getting a doctorate in physics, at Princeton [University]. And my advisor, Eugene Wigner, his position is: the question is never how good is it? The question is: [Pause] Is it the best it could possibly be?! [Emotional] And if the answer is, "No, it's not the best it could possibly be," you keep working at it. Until there's no more time. [Pause]

File 2, Day 1

Gorovitz: [00:00:01] I realized in that moment... that what he was... what he was giving me... was the highest possible level of respect for my potential. He was empowering me in ways I didn't appreciate, until that conversation. And so I never forgot that. And then, when I went to graduate school, in philosophy, that was an interesting transition, too. Because I applied to very few schools. I thought probably I wanted to be an academic, because it seemed to me there couldn't be any place more fun than a university. And I think I wanted to be a professor before I even knew in what. And philosophy appealed to me because I thought: there is no subject to which it is not relevant. The philosophical view can be brought to bear on absolutely anything. And so it's the--it's one of the two perhaps broadest hunting licenses intellectually.

[00:01:42] The other one being Drama. I remember a conversation with a faculty colleague in the Drama Department who said that she went into theater not to be in the limelight, but because there is nothing people care deeply about that isn't represented in theater: dysfunctional families, mathematical proofs, the history of landscape architecture, [Werner] Heisenberg. Anything! Racism, family relationships, lineages. Everything that anybody cares about, you can find it in theater. And what she said was, because everything, absolutely
everything is interesting, I want to pursue a path that will allow me to pursue anything I want, and theater does that. I thought philosophy does the same. And so when I went to graduate school at Stanford [University], in my first year, I realized what a gift Shimony had given me, because I thought it was not all that hard compared to what I'd been through. I entered with a class of... I believe 18 first-year students in the department, of whom five ultimately completed the PhD. So the attrition rate was terrific, because it was really demanding. And... I just tore through it. I finished it in three years, faster than anyone previously had. And in the first year, Malcolm Cowley was giving a course on American fiction writers. Well, Malcolm Cowley, for heaven's sake. He was the most luminous figure in contemporary American literature. He was talking about [William] Faulkner, and he was talking about, you know, all the various premier writers. And I thought, if you have an opportunity to take a course like that--he was just there as a visitor for one semester--anybody, in any field, would rush over. What a privilege. Well, it turned out this was the only example of anyone in the philosophy department taking any course outside the department that wasn't directly related to the requirements of the doctoral program. And this was viewed as odd, aberrant behavior on my part. Some kind of renegade person here. Because it wasn't on the direct path toward completing the doctorate. So, right at that point, I thought, 'There's something really intellectually unhealthy about the disciplinary narrowness of traditional academic disciplines.' And that was before any inquiries that led to medical ethics (that's a different and later story) but it absolutely linked back to my experiences at MIT.

Q: [00:05:51] Yes. I had noted on your CV [curriculum vitae] before you mentioned it just now that your PhD was completed in three years. And I wanted to ask you about what that culminated in for you, in terms of your dissertation, and also what was going on at Stanford in terms of the strengths or influences within the department, what students were sort of oriented toward institutionally there, at Stanford?

Gorovitz: [00:06:21] Well, that opens the door to a somewhat unpleasant story. [Pause] It was necessary to take various required courses. It was necessary to pass a set of four qualifying exams. And those exams had to be passed as a set. So if you pass three of four, and then the next year passed a different three of the four, so at that point you had passed each of the four, but not
all at once, you still hadn't passed. So... There was a pretty intense focus on doing those exams. Fortunately, I passed the exams, and then for my third year, I was offered a choice between a dissertation fellowship, which would have given me a stipend, and no responsibilities other than to write my dissertation, or a teaching assistantship, which I had had in the second year, which would be to the penny, the same stipend, but I would have 20 hours a week of teaching responsibilities as a teaching assistant. Given that choice, it seemed to me clear which one was preferable. I took the TA [teaching assistant] position. And... At the end of the year, I had enjoyed my teaching and as I always do, learned from it, and my dissertation was done. So I was (I thought) finished.

[00:08:39] And then I got a bill from the graduate school for half a year's tuition. I don't remember the numbers. They were, of course, very different then. So in retrospect, it would look like not a very big number, but for an impecunious graduate student, it was a lot. I said, "This is obviously a mistake!" And... I had a meeting with the dean of the graduate school, who said, "There's a requirement of three years' residency for a doctorate at Stanford. You must have a minimum of three years to receive a doctorate. They typically take much longer than that, but that's the statutory minimum." I said, "I've been here three years!" He said, "We count years on the basis of tuition paid. And you've only paid two and a half years of tuition. So there's a half-year tuition deficit." I said, "Wait a minute. Are you telling me that if I declined the teaching assistantship, I'd be done, free and clear, out of here--but because instead, I spent 20 hours a week working in your behalf, doing labor for you--you are now proposing that I pay this large bill?" And he said, "That's the way the system works." I said, "Well, it's a scam. And I will not be complicit in this, and I will go forward maybe my whole career as an ABD [all but dissertation], but he will never get another dollar from me. If you think this bill has to be paid, you find the money and pay it." And he said, "I wish I could, but I do not have access to any funds that can be used that way." And I muttered some things, got out the door, didn't know what would happen. Some time passed. I think not very much. He got in touch with me, asked me to come back. I went back to see him. He said, "I want to propose a compromise. You pay half the bill, I'll pay the other half." I said, "Wait a minute. Are you lying now or were you lying then? Because you told me in our last meeting you did not have access to any funds that could be used this way. Now you're telling me you will pay half? How are you going to pay half as a person--did you
suddenly come into some funds you didn't have before? If you're coming into funds you didn't have before, pay the whole damn bill." And I stormed out saying things about extortion, and so on. Well, I wouldn't budge, and somehow, he, and the philosophy department, which was very embarrassed about all of this, worked it out. I don't know how. I never learned. I didn't care. But somehow the problem went away and I was awarded my degree. That was this guy's last year at Stanford. He went on to be the head of a major university elsewhere. So being a duplicitous extortionist is not a barrier to advancement in higher education leadership.

Q: [00:13:15] It sounds like a very unpleasant early lesson, in a relevant--sort of, you know, for someone listening to this, they're going to learn that you have held positions, including dean. And again, I'm noting this thread around teaching and administration and running an institution of learning. Because you're setting the stage so well for the conversations we're going to have about bioethics, one of the last questions I have for you about this time period is really your focus at Stanford in terms of your dissertation or the strengths of that department.

Gorovitz: [00:14:00] The department was focused on traditional analytic philosophy. People's interests were quite diverse. My dissertation was on the scientific explanation. It had nothing whatever to do with ethics. It was all about the logic, the logical structure, of scientific explanation, and how it is that people can defend claims about causation. That's what I worked on. And I had the blessing of a dissertation director who was not... terrifying in the way that Shimony was, but who was responsive and caring. I would hand him drafts of material and I'd get back those drafts with his comments very quickly, even to the point that on one occasion he delivered them to me at home, on his way home. Just brought them to my door, to save me a little time. And so... I am also very much in his debt. And he was someone whose specialty was in Chinese philosophy. Someone who had himself interdisciplinary interests. So he was rather more respectful of interdisciplinary interests than most of the people in the department. But because I finished disruptively quickly, I needed a job. And there was a visiting professor named Julius Moravcsik from the University of Michigan in Ann Arbor who had been visiting at Stanford. And I was assigned to him as a TA. And he was very appreciative and supportive, and so he undertook to help me. When suddenly I needed to go on the job market, he just made some
phone calls, and he knew the department chair at Wayne State [University] in Detroit [Michigan], so he called and got me a position for one year, just a temporary position, at Wayne State. So that's where I went. It would have been in '63, '64, I guess. And I was just doing a gazillion sections of introduction to philosophy and immediately in the job market, because it was a temporary appointment. But that department had a very short lived era of glory. It had lots of terrifically famous people in the department, most of whom passed through the department very briefly. But my quick passage through the department was at a time when I got to meet and interact with some of the real giants in analytic philosophy. And then I went on to Western Reserve [College] from there. And the interests in bioethics have their origins in Cleveland [Ohio].

Q: [00:18:05] I'm looking forward to speaking to you about your time at Case Western. And I know this is one of the ways in which your trajectory and story overlaps with some of Ruth Macklin's and some other people, some other colleagues. I propose we take a break here and continue at this exact place. Thank you.

File 3, Day 1

Q: [00:00:02] This is Suzanne Snider, back on tape with Professor Sam Gorovitz for the project [Moral Histories: Stories and Voices from the Founding Figures of Bioethics] out of Johns Hopkins University's Berman Institute. And we're going to continue our conversation about your life and work, and where we left off before we took a break was your arrival at Case Western. And I wanted to know if we could start there, and maybe you can tell me about your choice, just your path there, and what you found when you arrived.

Gorovitz: [00:00:38] When I arrived at Case Western Reserve, I found... Actually... Western Reserve [College] had not yet become Case Western Reserve. But those discussions were underway. So I was hired by Western Reserve into a philosophy department that was vigorous. It had lots of interesting and intriguing people. And there was an adjacent institution, Case Institute

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3 Moral Histories was referred to as “Moral Voices” on tape
of Technology, essentially in the same place; that is, one had to know which buildings belonged
to which institution, because they really were contiguous and not with a sharp, well-defined
border. And relationships between the two institutions went back to the Michelson-Morley
Experiment, one of the premiere experiments in modern physics, for which Michelson won a
Nobel Prize. And one was at each of the institutions. They were collaborators across that
invisible border. But as the conversations proceeded, it became clear that nobody wanted to give
up anything. So the people at Western Reserve were all in favor of this association so long as in
every respect, the things that they had and cared about were not diminished. And similarly, the
people at Case [School of Applied Science] had comparable points of view. Two physics
departments: each with its own tradition and hierarchy and values and standards. There was no
philosophy department at Case. There was a humanities department that was a kind of grab bag
of a this and a that and a third. People in the humanities, a few of them, but it wasn't a strong
emphasis. But two different academic calendars, two different policies about parking, two
different sets of fringe benefits. One of the questions that arose was: What should this new
institution be called? And the Western Reserve people said, "Whatever it's called, it has to
contain the phrase 'Western Reserve.'" And the Case people said, "It has to contain the name
'Case.'" To this day, I've never met anybody who thought Case Western Reserve University was a
decent name for an institution. It's simply the result of intransigence. It was proposed at some
point that it be named the "University of Cleveland." And some people, to their shame, resisted
that on the grounds that it might give some people the false impression that it was a public
university, and therefore of lower status than these private universities. And some of us were
saying, you know, "Like the University of Chicago? That isn't prestigious enough? That's a
private university. What's the matter with you people?" It didn't make any difference. Nobody
was influenceable.

**Q:** [00:04:42] For someone listening to this, can you situate us in time? What year did you
arrive?

**Gorovitz:** [00:04:46] Yes. This was in '64.
Gorovitz: If that's right, the year at Wayne State was '63, '64. So this would have been '64, '65, like that. And... In 1964, Shana Alexander, a writer, wrote an article in *LIFE Magazine* about kidney dialysis in Seattle [Washington]. And the significance of that one article is complex. Dialysis is a filtration problem. It's easy to make a filter that filters out all the bad stuff. You just make a very fine filter. And by filtering out all the bad stuff, you eliminate the problem of toxicity in the bloodstream. But if the filter is too fine, you've filtered out some of the necessary stuff too, and you have a dead patient. If the filter is too liberal, you don't bar the good and necessary stuff, but you let some of the toxic stuff through. So kidney dialysis is a problem in chemical engineering. When the dialysis machine was finally developed at a level that it could actually work (in Seattle), the docs [doctors] said, "We can use this to save people with end-stage renal failure. But there are a lot of those, and not very many of these machines. So what we ask is, "Who should get access to the machines?" And they acknowledged that there was nothing in their training or expertise that spoke to those questions, and so they turned outside for guidance. And that became a national story. It was something that captured the public imagination. This is the opposite of the way scientific advance typically comes to public attention. Normally what happens is something happens in a lab, and then it's in a specialty journal, it might work its way into something with broader readership, like Scientific American, maybe eventually it shows up in the media, and gets widespread attention. But the dialysis problem worked in the opposite way. It had highly visible national attention before it was being taken seriously within any of the traditional disciplines. And I thought, 'This is really intriguing.' Because one of my interests is in scientific explanation, but also I have an interest in what constitutes rational decision making. And the world of medical decision making is very complex. It's replete with unknowns of various kinds. And I think it's a rich domain for a philosopher to look into. And so, given that there was a medical school across the street, part of Case Western Reserve, right near the philosophy department, I made an appointment to see the dean. And the dean of the medical school was Fred [Frederick] Robbins. I went over to see him and I explained that I had some interest in catalyzing

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4 "They Decide Who Lives, Who Dies"
some inquiry into ethical aspects of decision making in medicine. And I asked whether he might be interested in advising me about how that might work.

**Q:** [00:10:03] Can I ask at this time whether you're saying that this article was your inspiration for moving toward this medical direction?

**Gorovitz:** [00:10:13] I would say it was *an* inspiration. I would not say it was *the* inspiration. Because I'd been thinking about medical issues, even as a graduate student. [Pause] I had quite a bit of experience with the Stanford Hospital [Stanford University Medical Center] having to do with people I had to visit there and seeing things that worked and didn't work. But I didn't think of that as related to philosophy. It's just, I was getting images of this very complex domain, and realizing that health care providers get a lot of stuff wrong, and they... face a lot of tough decisions, and they're not properly trained or monitored. Anyway, that's kind of background stuff. So, the conversation with Fred Robbins was very different from what I had anticipated or hoped for. He paused. He turned around, he picked something up. And he handed it to me. And it was his Nobel Prize medal. And he said, "This is my Nobel Prize. I was awarded this for the development of the vaccine against rubella. I had to do the work in Sweden because I was not allowed to do the work in the United States, because there were ethical objections raised against doing any work in this country on material derived from fetal tissues. My question is: If what I did was so valuable and important that I won the Nobel Prize, how can it have been so evil that I was not allowed to do it in my own country?" And then he said, "You bet I'm interested. Anything you can think of, that would be helpful... I'm all in. You name it. Let's do this together."

[Pause] And that was one of the most important moments in my career. We became allies. We became good friends. When he left Case Western Reserve University to become head of the National [Academy of Sciences], we continued to be colleagues. We remained in touch. I did things with him in Washington [DC]. And he was just an absolute giant of a figure, and was, really importantly, a facilitator, on everything we did, to get the medical ethics project going. And so at that point, we developed a course, developed the medical ethics project at Case Western Reserve. Ruth Macklin was a graduate student. Jean Perrin was a pediatrician. We

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5 National Academy of Sciences was referred to as “National Institute of Medicine” on tape.
brought him in. Susan Sherwin, who went on to a distinguished career in Canada, various other people who were involved in this. And we just got going. And one of the things we did was develop and offer an interdisciplinary course that could be taken by philosophy students, medical students, even law students. And... They were all in the same room, reading the same materials, and you could tell in one sentence which constituency somebody came from, by the question they asked, the language they used, is the way they would formulate an opinion. And that reflected the kind of disciplinary grounding and blinders--and we realized early on that what we have here is a juxtaposition of different disciplines, and it's going to take some considerable work to get people to the point that they have a common vocabulary and a commonly shared outlook on the interrelatedness of these various perspectives. It was a very exciting time.

**Q:** [00:16:21] You're really, at this point, introducing so many threads I want to pursue. I'll start with one: In terms of this conversation that's emerging around interdisciplinary work, who was there? And maybe you can tell me what disciplines, or what figures were part of this working out of this interdisciplinarity or this collaboration?

**Gorovitz:** [00:16:47] Well, the people I've just mentioned. Perrin was a pediatrician, right. We had philosophers. We... I'd have to do some digging to see if I can identify some of the other names, and of course, it evolved over time, because we brought other people in. And this led to our realization that there could be widespread interest in this area... But there were no materials. I had published, at that point, an article, about the allocation of dialysis machines. I had trouble placing that. No journal was interested in that. And it finally appeared, I think, in *Chemical & Engineering News* or something.

**Q:** [00:17:56] I thought it was *Mechanical Engineering*?

**Gorovitz:** [00:17:57] I'd have to look it up. I mean, I don't remember all of the citations.

**Q:** [00:18:06] *Medical Research Engineering*. 
**Gorovitz:** [00:18:08] *Medical Research Engineering.* Okay. But it was a heavy lift to place that, because it was not something that the standard journals were interested in. And that was the first publication about ethics in medicine by a philosopher in this country. Dan [Daniel J.] Callahan had for a number of years thought that he had been the first philosopher, and then he acknowledged later that this one came out a little before anything of his.

**Q:** [00:18:48] Just so I understand this chronology--that's quite a distinction--I wanted to ask you, if I understand correctly, that this allocation of resources article preceded the *LIFE Magazine* article on the "God Committee"?

**Gorovitz:** [00:19:04] I'd have to look at the two dates. I just don't carry that kind of temporal detail in my head.

**Q:** [00:19:11] Okay. No, the "God Committee" article came out in 1962, and I believe your publication, "Ethics and the Allocation of Medical Resources," was 1966. I meant to ask you about the placement, which you just answered. So can you talk a little bit about your interest? I know this became an area of specialty, this question of allocation and distribution.

**Gorovitz:** [00:19:41] Yeah, that was of considerable interest. But as we understood that there were lots of people on faculties of various kinds around the country interested in these issues, but despite the good early work that The Hastings Center was doing, there weren't courses being taught. And we came to believe that that was not from lack of interest, but because there weren't any materials available--people just didn't know how to do it. And so one of the projects that we undertook was to develop materials that would help facilitate teaching in bioethics. That's very different from working on problems in bioethics. But we did. And again, I can't answer these detailed questions about a specific date and what came in which year as compared to which other year--I can look up that stuff--but we developed the proposal to do a textbook, which we called *Moral Problems in Medicine.* And it fell to me, as the director of all of this, to pitch that book to publishers. And I immediately went to Random House, because, though I didn't mention this, when I was in graduate school, I felt that we were not properly mentored as teaching assistants.
This goes back to the pedagogy question. Here we are, teaching assistants, in the philosophy department, thrown into the work! Without any kind of guidance or training or mentoring. And one of the problems is that the students, the undergraduate students in our classes, don't have any basic understanding of fundamental philosophical discourse. They don't know what a counterexample is. They don't know what it means to call an argument "valid." They don't know the basic nuts and bolts of philosophical literacy, and nobody's telling them that information. And nobody is telling the TAs to tell them that information, and nobody's providing anybody any information about that. And so we looked around to see what we could find that would help, and there was nothing. So we decided to do it ourselves. So we made a textbook, called *Philosophical Analysis.* And we submitted it, and it was published by Random House. And it became a classic. A rapid bestseller. Went through lots of printings very quickly. And so, my first recourse was to call Random House, and speak to them as an author they know, and an author who's got a track record, and who has given them something that's been a real success, about to go into a second edition. And what they said about this *Moral Problems in Medicine* project was, "Don't even send it to us. We have no interest in it. We won't even look at it. There is no such field. We can't sell a textbook in a field that doesn't exist. Nobody's teaching such courses." And so I proceeded to pitch this idea to one publisher after another. And one of my treasures is a file full of rejection letters from publishers who, over and over, said, "No thanks," and a kind of recurrent theme throughout all of these letters, (I think there may be something like 16 of them) was: there's no market for this; there isn't any such field. Nobody's teaching it. We can't sell a book that has no market. Well, ultimately, Prentice Hall, which had turned it down, along with everybody else, following an episode, an interaction that I had with one of their people, reversed course and decided to take a chance on it. And this was in the 70s. '76, something like that. And the editor, Bud [Norwell] Therien said, "I may regret this, but I'm going to take a chance on it." And they published this book called *Moral Problems in Medicine.* I think it was 1976. So a long time, years of effort, getting from the mid-sixties to there. Well, within a year, it had been adopted by 100 universities. Because it gave people what they needed, which was a way to teach the course that they'd been eager to teach. And the following year, a large number of the publishers who had turned it down on the grounds that there was no such field, were eager to get

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6 *Philosophical Analysis: An Introduction to its Language and Techniques* by Samuel Gorovitz (1969)
in on the action. And that's part of the backstory of the [Tom L.] Beauchamp and [James F.] Childress book,\(^7\) because that was a follow on, and my point of view was, not to want to thwart or divert competition, but rather to help anybody who wanted to increase the array of offerings to be able to do that.

**Q:** [00:26:41] It's very interesting to hear you talk about this book. One of your colleagues noted that it was structured by principle, I believe, or principles. Is that correct?

**Gorovitz:** [00:26:54] No. That's the Beauchamp and Childress book.

**Q:** [00:26:55] No, I'm aware of that. But they thought that perhaps that book was influenced by the structure of your book, *Moral Problems in Medicine*. They wondered about the influence, structurally.

**Gorovitz:** [00:27:06] You'd have to ask others about the extent to which our book influenced them, but our book continued to do very well. It was revised. There was a second edition. But as is appropriate, the field evolved, other things became more useful. And when asked whether we wanted to do yet another iteration, my response was, "Absolutely not," because the world doesn't need it. There's enough stuff out there. Now people have all kinds of choices.

**Q:** [00:27:58] Can we talk about how the book was conceived of and cast in terms of--I understand that this grant came from the [National Endowment for the Humanities].\(^8\)

**Gorovitz:** [00:28:09] Not for the book.

**Q:** [00:28:11] That was for the camp?

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\(^7\) *Principles of Biomedical Ethics* by Tom L. Beauchamp and James F. Childress (1979)

\(^8\) “NIH” (National Institutes of Health) was uttered on tape. The grant came from the National Endowment for the Humanities.
Gorovitz: [00:28:15] Well, there were a lot of activities that were associated with this emergence of bioethics. And I did organize and direct a number of different conferences of various kinds. And one of them that came to be referred to as Summer Camp was a gathering of people interested in bioethics who spent, I think six weeks, where there were a couple of different things going on. One was really looking into issues in bioethics--exploring subject matter content--but also, a kind of ongoing theme: How would you teach this stuff? What would your syllabus look like? What films would you find useful? And to be admitted to this (because there were many more applicants than places available) people had to commit to implementing these ideas at their home institution. They had to be already agreed to go back and teach a course. Each in their own way. So it had a kind of multiplier effect. And it was at Haverford [College], that was a place chosen simply because, you know, as I did conferences of one kind or another, I would pick a place that seemed suitable--Stanford sometimes, Manhattanville College... That one happened to be at Haverford. I did something at Williams College... Each time the question was: What would be a good venue for this project? And the Haverford venue was wonderful in all sorts of ways. It was easy to reach. It was not off in some inaccessible place where people needed mountaineering skills to get there. There were two varieties of people: the people who were there for the duration, and the people who came in to be visitors, just there for a couple of days. And it was very intense. A lot of really hard work. Some years later, we did an analysis of how many publications in bioethics had appeared under the authorship of people who had been at that conference in Haverford--subsequent to their being at that conference at Haverford. And it was hundreds and hundreds and hundreds. Just a tremendously gratifying thing to see. It was a long time ago, and I think it was 500 and some at that point. So this just had a tremendous multiplier effect, but it also had some unexpected, unforgettable benefits. Because that was the year in which the [Richard] Nixon presidency ended. And we had decided, since it had been such a tough, hard working summer, that we would end with a celebration. It was a summer conference, so people were dressed, for the most part, like they were in summer camp. They were in shorts and t-shirts and so on. But the group collectively decided, "Let's have a grand finale and really dress up." And so we got ready to do that. We hired a music group, and we had catering, and we were on the way to having this, just, end of summer camp party, when it emerged that Nixon was resigning. And so we knew that was going to be the main show. So we scrambled--I think we
rented some television sets--and we gathered in the room where we had this party, and we had a little band we had hired, and we watched Nixon's address to the nation. And the event of his getting on to the helicopter. And off he went. And the band played "Hail to the Chief." And then the party just broke loose, and it was wild because these folks--you know, there hadn't been a lot of drinking during the summer... but I don't think there was a Nixon fan in the room. And the next morning, it was a pretty used-up looking crowd. But there had been such bonding within this community that, as they were loading up their cars and getting ready to go back to home, they were just weeping.

Q: [00:35:21] I can't tell you how many interviewees have brought up Summer Camp.

Gorovitz: [00:35:26] Hmm.

Q: [00:35:27] So I have a very fragmented--I want to see if you can help fill in some holes, but I already can feel and hear its impact, for so many bioethicists. So I think this is really important to stick with this, and ask you some more questions. My understanding is that you're describing the first summer at Haverford, but it carried on subsequent summers?

Gorovitz: [00:35:52] No, no. There were other events.

Q: [00:35:55] Okay.

Gorovitz: [00:35:55] There were other summer conferences of various kinds. One was a conference that I held, again, back at Stanford--but again, only because that was an appropriate venue for it--and it was nominally to teach ethics to scientists and engineers.

Q: [00:36:28] Let's, before we go there, go back to the summer at Haverford, and talk about who was there--to the best of your ability--who was there?
Gorovitz: [00:36:40] You know, it was a lot of people. I'm not going to try to do that from memory. I have--I could probably find a list. I have somewhere a picture of the people... It doesn't have a legend naming them, but I recognize... them... And I can come up with most of the names by looking at the picture, but I can't recite the names of dozens of people who were at an event many decades ago.

Q: [00:37:20] Fair enough. Could we just maybe go into further detail about what a day might look like--

Gorovitz: [00:37:30] Sure.

Q: [00:37:31] --or feel like, there. Because, you know, you're describing it as very rigorous. It'd be great to just get a sense of what a day--

Gorovitz: [00:37:36] Yes. I mean, Ruth Macklin, whom you've talked to already--Ruth Macklin basically forgets nothing. Right. It's kind of scary in that way. I can say something to Ruth Macklin about a time when we had a meal at a particular place and she'll tell me who was there and what each person had to eat! I don't remember details like that. What I remember is whether it's something I can look up or not. But what would a day be like? A day would have a morning session, where there would be a speaker, and then lots of Q & A, and then a break, and then a second session (that would have the same kind of structure, but of course a different speaker). There would be then an interval for lunch, and then in the afternoon, again, some more such sessions. There would be sessions that talked about a particular substantive problem in bioethics--might have to do with consent, concepts of consent, and legal issues pertaining to consent; might have to do with something like the duty to warn, if a health care provider learns information that suggests that the patient is intending, or perhaps, [coughs] likely to harm someone else... Might be about legal precedents for various kinds of situations, might be about the interaction between religious commitments and medical realities, where there can be conflict. Might be about pedagogy. Might be about if you want to use--if you want to pursue this kind of question, what materials exist? Way of films, or audios, or--you know, that would facilitate. Or
what kinds of strategies might be useful. And of course, I would draw [clears throat] on some of my own experiences, one of which I'll recount to you, because it loops back to the early days. Jean Perrin, the pediatrician, when we were just getting started, described to the class the case of a two year old who was on life support, but who had no significant chance... of a meaningful recovery. And the question put to the class was: Should the life support be terminated, given the extent of neurological damage already suffered by this child? And people discussed this way and that way, and then we said to them, "Look, in the end... You have to come to a decision. Uncomfortable, though, that may be. This is not [University of] Oxford philosophy, where you examining every nuance, every twist and turn, but you don't, in the end, have to decide anything that actually matters to anybody. So you have to decide." So each person had to vote. They weren't particularly comfortable. But they did. A week later, we took them to the hospital, and they saw this child on life support. You can't do that with a class of 50 people. But it was a small group. And then they got to ask questions and we had some discussion. And then, we... required them to vote again. And what was really interesting is that votes changed. And they changed in both directions! [Interviewer assent] And that's the point at which a conversation began. That wasn't the end of anything. That was when we could say, "Okay, we've got reason, we've got emotion. What's in the mix here? What's happening that's driving the way you are thinking about how to think about this kind of question?"

Q: [00:43:03] That's a really helpful example of how a conversation takes place. And I'm wondering--or how a decision gets made, or how a group of people exchange ideas and arrive at, maybe consensus, maybe not--but I wanted to know, at Summer Camp, how structurally you took these questions on. So you mentioned presentations. If you took on a question or a problem, what did a session look like? Did someone run it? Was there a facilitator? Was there a goal that you would arrive at consensus?

Gorovitz: [00:43:37] Probably not. I think these were not highly managed conversations. I would not have done something like that with these people. After all, they were all faculty members. What I might have done is said, "I'm going to tell you about this experience that I had, and how it worked. Whether something like that could ever work for you is not anything I have a
view about. But you might find it useful to be aware of this as a strategy that a guy used one time."

**Q:** [00:44:26] Mm. I'm really interested in how this summer camp lives on in so many people's memories, and has this mythic status, and people have used different names to describe it. So you said it came to be known as "Summer Camp." I've also heard it called "Camp Gorovitz."

**Gorovitz:** [00:44:43] [Laughs] I don't refer to it that way.

**Q:** [00:44:46] Not from you, but from others. And also some people remembered it as a series of summers. So I'm wondering if they're putting together these other conferences you ran, and calling all of it "Summer Camp"?

**Gorovitz:** [00:44:59] Yes. Yes.

**Q:** [00:45:01] But you are stating that really "Summer Camp" was one summer at Haverford.

**Gorovitz:** [00:45:06] It was one summer. But there were people who were presenters at Haverford whom I called upon subsequently to be presenters, also, at other events. For example, Charles Fried, who was Solicitor General. And Charles was at a number of these, when I did one at Williams College, nothing to do with bioethics. It was on legal ethics, issues in ethics and the law. So, of course, I asked Charles to do that. And I've talked with him recently. And he's also a little bit confused about--I sent him a picture that I came across and he wanted me to remind him: "Which one, which summer was that?"

**Q:** [00:46:06] When you had your six-week summer camp, how many people stayed for the duration?

**Gorovitz:** [00:46:12] All of them. Oh, you mean--
Q: [00:46:13] The six weeks?

Gorovitz: [00:46:14] All--

Q: [00:46:15] --How many people?

Gorovitz: [00:46:16] Oh, the participants?

Q: [00:46:18] Mm hmm.

Gorovitz: [00:46:18] All of them!

Q: [00:46:18] And how many people would you say were there that summer?

Gorovitz: [00:46:22] Well, some of them had... families with them. So I have to look that up. I don't know, 50 or 60--a lot of people. But the families did not sit in on the sessions. The sessions were just the participants and the speakers, and the speakers were those of us who were in residence for the whole time, and the guests who came in. I think Bob [Robert] Nozick was one of the speakers, the philosophy professor at Harvard. And--I think that's the one that he came to. And I remember very vividly somebody saying to me, you know, 'I'd love to hear Bob Nozick talk about X''--whatever X was, it doesn't matter--"That's not on the schedule, but is it possible that he's here? You could get him to talk about that a little bit." And so I asked him, and he said, "Sure." And the next day, he gave a talk on whatever this was, that was requested, that was just... superb. Just polished and excellent. And I remember somebody saying, "I have to ask you this: It's only yesterday that you were asked to talk about this, and yet it was such an elegant, polished presentation. How long did it take you to prepare that?" And Bob said, "Oh, about 20 years." And of course, what he meant was, he had it. He was ready to go. And, you know, there are some things that I've talked about, where, if I, on an emergency, were asked to give a lecture about X, let's say, in 15 minutes, I'm ready. Other things where I'd say, "Well, I could do that, but, you know, you're going to have to give me some weeks to prepare it." And I'd have to look up to see
if that was at "Summer Camp" or one of the other events, but I think it was "Summer Camp." So there were things that were going on also that were adaptive. That's what I'm trying to convey, that it wasn't all just structured from the beginning and we followed a syllabus.

**Q:** [00:49:08] How would you describe, you know, in your opinion, the impact of summer camp on the field's emergence?

**Gorovitz:** [00:49:19] Oh, I think it had a tremendous impact. I think it--it catalyzed and facilitated absolutely tremendous amount of work. I would never have, in advance, anticipated that effect, but it's because of what those people did. It's because... of the enthusiasm, and the commitment, and... the intelligence, and the adaptability, that one after another of them had. It was giving them what made possible for them... what they then went on to do.

**Q:** [00:50:28] Collaboration is such a sort of hallmark of this field and this history. And it seems like summer camp was a real, sort of locus for this collaboration. How was summer camp funded? How did you all get to come together for six weeks?

**Gorovitz:** [00:51:02] I think they each had to get funding from their own institutions. [Interviewer assent] Beyond that, again, there were so many of these ventures, and I got funding from a lot of different places. For example, I got some good support from the Rockefeller Brothers Fund. And there may have been some Rockefeller Brothers funding for that. I remember... the shock I experienced when I pitched an idea to the Rockefeller Brothers Fund, seeking support, and one day, I got an envelope from them. And I was a little nervous because I thought this might be the letter (because there was no email in those days), this might be the letter in which they were going to tell me they weren't interested. Or maybe, it's a letter telling me they might be interested, and giving me a whole lot of additional work to do. But okay, that's at least a possibility. And I opened the thing, and there was a check for whatever it was, $150,000, I don't know, some really, in those days, big amount of money. Just a check! (Wasn't made out to me personally, alas.) So then I had to get on the phone and say, "I got this check. Now what do I do?" So... Nothing like that would happen today. But the Rockefeller Brothers
Fund, for a time, was a really good supporter of some of these ventures, and I think summer camp was very likely one of them.

Q: [00:53:25] I want to return to Moral Problems in Medicine. I propose that we take a short break now.


Q: [00:53:32] And then return to summer camp if we have more to talk about, and Moral Problems in Medicine.

Gorovitz: [00:53:37] Okay.

Q: [00:53:37] Okay.

File 4, Day 1

Q: [00:00:02] This is Suzanne Snider, back on tape with Professor Sam Gorovitz. And we're continuing our conversation. We were discussing Summer Camp and Moral Problems in Medicine. Going back to summer camp first, I'm just wondering if over our short break any memories came to mind, or if any come to mind now? A story that you want to share?

Gorovitz: [00:00:31] I don't think of any particular story. That prompt caused me to think of some stories from other summer events, but not that Haverford one in particular.

Q: [00:00:51] I could tell--for someone listening to this who can't see you as I can--I could tell you were very moved, remembering everyone partying--

Gorovitz: [00:00:59] Sure.
**Q:** [00:00:59] --at the end of the summer. Is there any more you just want to say about the kinds of bonds that were formed?

**Gorovitz:** [00:01:08] Well, of course, some of them forged, in that summer, relationships with people they had not known before, and continued to collaborate and to be in touch. Some of them went their separate ways. There were people there who knew other people there. I think for each person there, a lot of the people attending were new. And for some people there, some of the people attending weren't. But that kind of intense togetherness fashions a sense of bonding that made them at the end think, 'Oh, my. It's over. I've really gotten used to this!' And so there was a lot of separation behavior.

**Q:** [00:02:19] I like that term. I mean, beyond the important work that was happening in these sessions and through these collaborations, I'm wondering how you would characterize where you were with the term "bioethics," and the actual work of bioethics. If we're really looking for the point of origin formally or informally, I'm wondering how summer camp fits into this work coalescing formally into what is now called bioethics.

**Gorovitz:** [00:02:55] [Clears throat] The conference at Haverford was focused on medical ethics. And... People in various ways, at different paces came to understand that medical problems are never just medical problems. They're related to the environment that one lives in. They're related to the kind of diet that's available--not just that one chooses. They're related to the quality of the atmosphere... I'm not sure at what point people began to expand the notion of ethics in the life sciences to the broader interpretation of all things biological. But certainly talking about doing certain kinds of research was raising ethical issues about some ventures in biology that weren't linked in any obvious short-term way to clinical ethics, or clinical medicine. So Asilomar Conferences--I just remembered I did a thing at Asilomar at one point. He had forgotten about that. I don't remember what it was, but I remember Asilomar as a venue. So... Should there be research that uses fetal tissues? That question which Fred Robbins and I discussed in his office on that crucial day, that really was not a question about clinical interventions. It was a question about research in the biological sciences. And so though I didn't think of it that way at the time, it
was more a bioethics question than it was a medical ethics question. So I don't know when the term first was used or by whom... But I am aware that as work proceeded and people came to understand the complex interconnectivity of the various things that relate to people's wellbeing and the various things that contribute to quality of life in the larger sense, there was an expansion of understanding, so that now we prefer to talk about bioethics, because medical ethics is too narrow.

**Q:** [00:06:51] Thank you. This is, you know, some of what I am looking for, which is just--I'm noting these interviews are tracking the shift that you're describing, toward concerns that go beyond medicine. But also, I'm looking still for any sense of the formal adoption of this term "bioethics." So I'm interested in everyone's personal use when they remember adopting it themselves, or being able to attend something called, you know--yes.

**Gorovitz:** [00:07:26] I can't help you there. I remember when--I think it was [H.] Jack Geiger went to address some of the medical problems of poor children in the south, and came to the realization that the ailment that they had was malnutrition. And that he could get funding for prescriptions, for medicine, for them, under some program. But there was no obviously available remedy, for the simple fact that they had insufficient food. And so he began writing prescriptions for food. And that was a communications strategy. It was a way of not actually putting food in their hands, but putting a bright light on the nature of the problem. And that's the kind of thing that, in one context after another, helped people understand that ethical problems don't map on to narrow taxonomic categories.

**Q:** [00:09:03] Thank you for sharing that example and that story. Pushing this sort of definition of the field a little farther, I'd like to ask you now to try and define bioethics, but maybe as you would describe it to my nine year-old daughter. So if you were trying to explain to her what you do as a bioethicist...

**Gorovitz:** [00:09:32] What I would do, in fact, is start by asking your nine year-old daughter some questions, to get a sense of what things interest her and what things she's familiar with.
Because I find that explaining something to someone goes much more easily if I have a sense of who that someone is and what they already know and care about.

Q: [00:10:05] Could you try it with me then?

Gorovitz: [00:10:07] Well, I just think nine year-olds have quite a bit that they're interested in or that they understand. And this is parallel to that comment of the importance of not knowing just what the patient has, but who the patient is. Who the patient is is just as important as what the patient has. And if you don't know who it is, then you're already at a deep disadvantage. Right. And before I turn to you or your nine year-old, I'm going to tell a little story that you've reminded me of. And that is: Ben [Benjamin Oluwakayode] Osuntokun, a Nigerian physician who was trained at, I believe, Cambridge University--elegant person, just tremendously well-informed and important as a physician. And he was in Nigeria with a patient who was quite ill, and then was about to go to England for a week. He was doing some kind of thing, I believe, back at Cambridge. And he said to the patient, who was nervous about the fact that Ben was going to be away, "You are going to be fine. We figured it out. All is well. Just promise me you'll take your medicine as directed. You take one of these tablets with every meal, and you will be fine." And when Ben came back a week later, the guy was near death. And Ben was mystified. And he said to the patient, "Did you follow your instructions?" "Yes, Doctor." "You took one of these pills with every meal." "Yes, Doctor." "You sure you took three of these a day?" "Oh, no, Doctor. I am very poor. I can only eat once a day." [Pause] Ben told that story about himself. As a way of helping other people understand how easy it is to make an assumption about who somebody is, what their life is like, how they live--that can be lethal if it turns out in the particular case not to be true. Right. So... I wish your nine year-old were here. I love talking to people of that age, but let's do you instead.


Gorovitz: [00:13:15] So you want me to explain bioethics to you?
Q: [00:13:18] Yes. As a person outside the field.

Gorovitz: [00:13:21] Well, tell me a couple of things about fields that you do understand.

Q: [00:13:28] Well, I've been an oral historian for over 20 years, and we talk and think a lot about letting people find the story they want to tell. And we're concerned with agency and consent.

Gorovitz: [00:13:46] Well, agency and consent are just the kinds of issues that bioethics can include, because in the world of biology, interpreted in the broadest sort of way, that is everything to do with things that are alive--with plants, with trees, with animals, with all species--in all of that biological world, there are things that go well and things that go badly. Things that go badly include organisms dying or not thriving, and we sometimes are in a position to make decisions about the circumstances in which an animal or a plant or a barrier reef, even, will thrive or decline. And those decisions are sometimes really hard. Those decisions sometimes make us decide between two different things, and we can't have both. And bioethics is that area of work that tries to help us think better about decisions of those kinds.

Q: [00:15:30] Thank you. And I'm now appreciating also your pedagogical approach. Now, let's say you're trying to educate a podcast audience and you don't have the opportunity to learn from them individually what their capacity to understand is, or their relationship to the sort of central concerns. How would you try and educate a group of lay people, introducing what bioethics is?

Gorovitz: [00:15:59] If I were introducing bioethics in a one-way communication, say for a podcast, I'd first want to know to the second how much time is there available for that? And then it would be scripted, to maximize the clarity and the content in that interval. And if I were told, "You have 127 seconds." I wouldn't think that that was 128 or 126. And I would fine-tune my explanation so that it would maximize communicative effectiveness within the constraints of that mode of communication. And I would never try to do something like that extemporaneously.
Q: [00:17:03] Understood. So I'm learning a lot about your methods and approach, and maybe you'd be willing to take on that assignment for tomorrow if we settle upon a number--a minute or something like that?

Gorovitz: [00:17:18] Well, there's no such thing as "a minute or something like that."

Q: [00:17:21] A minute?

Gorovitz: [00:17:22] There's a minute. And that's 60 seconds. When I was asked by the Los Angeles Times a long time ago to write some op-eds for them, they gave me a target number of words. And this was, for me, one of the most useful learning assignments ever because they said typically 800 words. And I knew if I sent 805, somebody there would just go in and pluck out five words. And I'd have no control over that. But I was certainly not going to send them 799, and waste space. So whenever I sent them something, it was exactly the number of words that they wanted. And that meant, typically, I'd write 1000 or 1200 words, to get everything I wanted to say down onto a page. And then I'd get to work on expunging flab, and rearranging, and fine-tuning and snipping and so on, until--so it was never for me: 'How am I going to get it up to that limit?' It was always the other way around: Get a lot of stuff out, and then pare it down. And that's the way I prefer to work, if there are constraints of these kinds.

Q: [00:19:12] Thank you. I'll think of an appropriate constraint, or we can collaborate, upon an interval that makes sense for tomorrow instead of freestyling today. I'd love to return to that tomorrow. And maybe in thinking about this little bit of time we have left today--this is also a question that you're welcome to nibble at today and take on more fully tomorrow--but I'd like to think about what disciplines, because bioethics is such an interdisciplinary field... Are there disciplines that aren't at the table yet that you think should be at the table or you'd like to see at the table?

Gorovitz: [00:19:56] Well, certainly the environmental sciences. I'm not talking necessarily about hardcore geology, but one cannot now separate issues of the thriving of
organisms--including people--from the threats to the planet. So all matters of environmental integrity and environmental evolution belong at the table. We already know that economics has to be involved because there are economic issues that affect decisions whenever there is scarcity, and ethics often arises as a domain of inquiry in context of scarcity, whether it's scarcity of financial resources or scarcity of human attention or scarcity of compassion. So the social sciences, of course, belong at the table. The very highly specialized research disciplines like neuroscience belong at the table, and in some ways are already in some of the conversations. So it's it's not easy to think of a discipline that can't be related. I mean, even something like archeology, somebody might say, 'Well, what? That's all about, you know, times past and things long gone.' But that undervalues what we can learn from the practices and successes and failures. And part of what we're coming to understand is how much wisdom there was, inherent in the practices of communities long before our time. I'll just mention something now. It hadn't occurred to me to mention this. I have a student this semester who is 100 percent Seneca, and we've talked a lot about the traditions of indigenous communities and their relationship to practices of various kinds, including health-related practices. And in the second week of the semester, she told me that she had regards for me from her father, and that surprised me. And then she disclosed that her father was, at a time, for a considerable time, president of the Seneca Nation [of Indians], and in his last semester at Syracuse [University]--he took what was my first ever course teaching at Syracuse in 1986. When I came, my first semester, I taught a course that was his last semester, and then off he went to Harvard Law School. I said to her, I have two things to say about this. First, it doesn't seem to have done him any lasting harm. And second, I'm grateful to him for not talking you out of staying in the course. But part of what we have been talking about has to do with some of the health-related practices within that kind of culture, and what gets lost that we ought to respect, especially in a culture that sees a continuity and interaction between human well-being and nature as distinct from that old view that humankind has dominion over nature, which exists for us to use as we see fit.

Q: [00:24:35] Thank you. I know we have a lot more to discuss, but it seems like rather than start something we can't finish, we should close for the day and pick up tomorrow. I want to thank you for day one.

[END OF SESSION]

File 1, Day 2

Q: [00:00:01] This is Suzanne Snider sitting with Professor Sam Gorovitz on December 10, 2022, at SubCat Studios\(^9\) in Syracuse, New York. We're here on day two of our oral history interview, which is part of the project *Moral Histories: Stories and Voices of the Founding Figures of Bioethics*, a project of Johns Hopkins Berman Institute of Bioethics. Thank you for returning today. I wanted to mention in the room we have Sarah Bruguiere as recordist and we also have visiting Professor Cathryn [R.] Newton. Why don't we think about our challenge today, given all the topics I suggested we cover. This list is long, partly because the breadth of your work: and I wanted to know if you would start by listing your major areas of expertise within bioethics, so someone listening to this can just really appreciate the scope. So could you try at this point to list some of your areas of expertise?

Gorovitz: [00:01:15] I'm not particularly comfortable claiming areas of expertise. But I can say a bit about the areas that I have worked on. I think perhaps what I would say is a main area of strength is helping people think through how to think about bioethical issues, whatever the specific issue happens to be. And I have worked on issues having to do with resource allocation, for example, issues having to do with planning for pandemics. I've also worked on issues having to do with health care provider-patient communications, issues having to do with justice in health care and discriminatory practices and structures. But in all of those cases, the through line is: How should we be thinking about achieving clarity and higher levels of sophistication in the way we think about these?

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\(^9\) Referred to as “Subcat Studio” on tape
Q: [00:02:45] Thank you. And in looking at some of your areas of interest in the past, I'm wondering if there are things you're getting into now or hope to get into that we haven't discussed yet.

Gorovitz: [00:03:01] I'm much more connected now than I was before with ecological and environmental issues because of a deeper understanding of how inseparable they are from issues of health, healthcare, biological research, planning for the future. There's a constantly expanding sense of interconnectedness among disciplines and domains of inquiry so that I now see bioethics as encompassing almost everything.

Q: [00:03:47] Thank you. Some of those areas that you listed we're going to get into more specifically. I want to start by going back to something we started to talk about yesterday, which is the dialysis article that came out, and the allocation of resources subject. First, we talked about the article that appeared in LIFE, but I'd like to talk about your paper, which was one of the earliest papers on allocation of resources. I understand that's what your colleagues told me. Can you tell me what you were talking about that early in the 1960s, that early on? How were you thinking about allocation of resources?

Gorovitz: [00:04:36] The question was: Who should decide and how, when life-saving resources were not even close to sufficient to meet the demand based on medical need? And so, many different criteria for selection were expressed by participants in the debate. And the people who were responsible for creating this remarkable feat of sophisticated engineering--dialysis machines--were quite rightly appealing for help, saying, 'What we have done is use our scientific expertise to solve problems of filtration. There is nothing in our background or training that prepares us to make decisions about how to select from among people who, if not selected, will simply die of end-stage renal failure.' And so many people aware of that began to talk about what the relevant criteria were. Some arguing for a lottery system. Some arguing for consideration of the backgrounds and moral worth of the potential patients. Some taking a utilitarian point of view, saying, 'We need to see whether these people are supporting families or not.' And so there was a swirl of discussion about what the relevant criteria should be for making life-saving
selections. And that seemed to me a particularly intriguing intellectual challenge. And that is what piqued my interest. And so I wrote that article and then faced the problem of how it might be placed, since the mainline journals in health care, for the most part, were not interested in such issues. And I believe it was my colleague, Ray Nelson, who is the one we came to know as "the jolly pink giant," an immense, multitalented Swedish heritage polymath who scoured around and suggested Medical Research Engineering. And that was the first article about bioethical issues published by an American philosopher.

Q: [00:08:03] How do you explain the disinterest in those early years in publishing this kind of paper in other journals? How do you explain that or think about it?

Gorovitz: [00:08:17] Those are different. I can tell you how I think about it. I don't know how to explain it--

Q: [00:08:25] Okay.

Gorovitz: [00:08:26] --because that would be a question for the various journals and their editorial practices. But typically, professional journals have a kind of inertia that is... I don't mean "inertia" in the sense of not moving; I mean, inertia in the sense of resisting change of state. They tend to be comfortable doing the things they have traditionally done. And when something comes along that is outside their normal comfort range, they typically don't know what to do with it. And so they do not engage. And this, I suspect, is part of the story. It may be that part of the story also is a sense of being threatened by the raising of questions of a kind that they, in their constituency, did not have a comfortable sense of ability to consider. And this has its parallel in Jenna Lester's experience when she wrote a landmark article about the inadequacy of training of dermatologists in the United States, because all the training was based on white skins, and that article was rejected by American journals. And so she sent it to a British journal, which immediately published it, and turned it into an instant classic. And there, I think it's the same kind of story. This was something that was challenging to the American dermatological world. It raised questions that made them uncomfortable. It called into question the intellectual integrity of
what they had been and continue to do. And they wanted no part of it. So that's in response to your "how do I think about it" question.

Q: [00:10:47] And can you tell me after, maybe in the case of your paper, after a publication, you know, had the courage to publish the paper and put it out into a sort of, you know, into contact with the public audience. When did this conversation begin to take place? When did other journals start publishing about allocation of resources? How long did it take?

Gorovitz: [00:11:19] I know you love to ask these timestamp questions, which I can never answer without looking them up. But I will say that publishing in Medical Research Engineering was not exactly going public because the readership of that was narrow. And what the publication made possible was a kind of self-promotion, if I might put it that way. Once something is published, you can then produce copies of it and send it to people who would not otherwise have come across it. Would not be in the small circle of people who read a very specialized journal like that, and then they can call it to the attention of others. So it's a kind of samizdat approach of spreading the word. And I think some of that was going on. The more established journals began to turn their attention to bioethical issues and resource allocation issues, some time later. But it's a bit of a research project for me to try to see who published what and when as these issues became more widely discussed.

Q: [00:13:02] Well, obviously, we're still having this conversation 60 years later, or 50-something years later, in thinking about ventilators during the pandemic. And I know you engaged with this question.

Gorovitz: [00:13:16] Yes.

Q: [00:13:18] If you can, how has your own thinking about allocation of resources changed in terms of guidance or criteria?
Gorovitz: [00:13:36] It is clear to me now that it's harder than I anticipated it would be to get people to understand what the questions are that they should be asking. So... I can illustrate this with a somewhat elaborate story, and that is that The New Yorker magazine, published a reference to some work that I had done about the allocation of resources. Little did I know that that magazine had an immense international reach. And so I started getting inquiries not just from New York, which is what I thought was the primary readership of The New Yorker, but from the United Kingdom and Australia and people who were in my high school class and I hadn't heard from since I was in high school and just all over, and many of the inquiries that I got were from the media, who wanted to know what my position was about how ventilators should be allocated. And over and over again I tried to express: That's the wrong question. The right question to ask is: What is the context in which we encounter this allocation challenge? What do we need to know that we don't already know? What's the full array of issues that need to be considered with respect to staff support, other kinds of materials, the preparedness of the patients and the hospitals to do the appropriate follow through? And some significant percentage of the reporters said, "Yes, but how should the ventilators be allocated? What rules should be followed?" You know, "Who should get the ventilator?" And some of them understood that what they really needed to do was have a deeper understanding of the context in which the question arose. But some of them just decided very quickly they didn't like the fact that they weren't getting a clear answer to what the rules of allocation should be. So they'd go talk to somebody else. And I found therefore that the attempt to reframe the question into a broader and deeper question, for some, opened minds, and for others, closed doors. So, that I found an instructive set of interactions for me. And one reporter in particular said, "It's obvious, isn't it? That if you can save more lives by picking the people who are most likely to survive, then you need to take people off the ventilator if their prospects aren't very good, and give the ventilator to somebody who has better chances." And I responded by saying, "I don't think it's that simple. Suppose, for example, that the person whose prospects are not the greatest is Ruth Bader Ginsburg. Or Oprah Winfrey. Or, some scientist who is on the brink of a major breakthrough. Doesn't that factor deserve a place in the conversation?" And I'm not arguing that the answer should be "Yes, give that person access." I'm just saying, doesn't that deserve to be considered in the conversation? And some people understood that, and some people thought, 'No, you just have to follow this rule.'
Q: [00:19:03] In thinking about your more nuanced approach, I'm curious how that might play out in a sort of triage situation like the pandemic, where people are making decisions in emergency rooms. How can your vision play out in that setting?

Gorovitz: [00:19:24] Well, these are tragic choices. And I'm using the term "tragic choice" in a technical way; that is, not just very sad, but a tragic choice, formally, is a choice situation in which every option is unacceptable. Right. There is no choice you can make that doesn't violate some moral value deeply held and respected. And so one might hope never to be in a situation of having to make a tragic choice. But that is in part not a matter of luck. And... The most important thing, I think, to bear in mind in making a tragic choice is that--or in thinking about people who have to make tragic choices, is: No matter what you do, somebody is going to be very disappointed and very angry. And therefore, we ought to have some empathy for people who find themselves in that situation. Certainly, the ER [emergency room] situation is like that. And we saw that over and over again in the pandemic. We see that in disaster situations generally. We saw that in the aftermath of hurricanes and tornadoes. It's not just about infectious disease. And so what I encourage people to bear in mind as they think about these is that the quest for the right answer is a fool's errand. Because there isn't one. And what that should prompt us to consider is: How can we empower people likely to be in those situations to handle them with the minimum amount of damage to themselves or others? So if you think of the pilot who might have to make an emergency landing, when the pilot faces the need to make an emergency landing, that's not the time to be training the pilot. That's not the time to be critiquing the pilot. The pilot has to have thought about and internalized good practices so thoroughly that it's almost instinctive. And so I now think, to a much greater extent than I used to, that we need to ask who's likely, or likely to be or at risk of being, in those kind of terrible decisional situations. And what can we do in advance to minimize the awfulness of their experience and the experience of the people who are affected by the decisions they make.

Q: [00:23:17] Maybe we can take this moment in time as an example, because we are sitting here in the middle of a pandemic, which we haven't said explicitly on tape yet. But I'm aware that
you were part of the New York task force before the pandemic started. And I'm curious what kinds of conversations you were having, hypothetically, and how you saw some of those scenarios or decisions play out during the pandemic. Can you talk about that work leading up?

**Gorovitz:** [00:23:50] Yes. I don't know that we're in the middle of a pandemic. We're in the midst of a pandemic. But whether it's the middle, it's too soon to know. The New York State Task Force [on Life and the Law] did a report on the allocation of scarce medical resources and explicitly called for advanced planning for the preparation of prospective guidelines and stood ready to play a role, a helpful role, a consultative role, in the case of Covid[-19]. But unfortunately, Governor [Andrew] Cuomo--not Mario Cuomo, who created the task force, but his smart aleck kid who was governor--was very threatened by work that the task force was doing, and essentially shut it down as a functioning organization. So it exists on paper. You can go to the New York State Task Force website and find out who the members are. But every attempt that members of the Task Force made--and there were multiple attempts--to say, 'We think we can be of use here,' was rebuffed. So this, we're very clear, is a result of governor Cuomo's sensitivity around a different report that the Task Force did on surrogate parenting. And that raised some controversial issues, the coverage of which frightened him politically. And his response to that was not merely to shut down the functioning of the Task Force, but actually to cause to be removed from the website the report that the Task Force had written on surrogate parenting, which had been available via the website. So it was from our point of view, a really pathological response driven by a kind of political cowardice and autocratic arrogance.

**Q:** [00:26:57] Can you say more about the controversy surrounding the report on surrogacy?

**Gorovitz:** [00:27:03] Yes. Yes. The report on surrogacy had to do with the fact that there is opposition to surrogate parenting on the part of some people legitimately believing that surrogacy, which uses embryonic material, some of which is derived in ways of which they don't approve, shouldn't be encouraged by the state. That if the state adopted regulations--and this is what the report recommended, that the state have quality control regulations so that all participants would be protected and would know what was expected, what was allowable, what
was forbidden. Some of the dissenters believed that by doing that, the state would be lending legitimacy to a practice that they thought should not occur. What some of us pointed out was this practice will occur and it is occurring. It is ongoing. There are people in New York State week in and week out who are simply going out of state. And therefore, what we have is a kind of Wild West situation, that we will not deter or prevent by not imposing some kind of structure and quality control. But this argument did not prevail. The report had a dissenting minority, a very small dissenting minority. There were some people who thought couples who are childless and would like to have a child must look to adoption. It is not acceptable for them to be so enamored of their own genetic heritage--of course, surrogacy has two different embodiments for manifestations. One is the use of one's own genetic material. The other is the use of genetic material that is not one's own. And in either case, there were opponents to that kind of activity. So it was one of those situations in which the governor's position was: Any position we take will bring critical fire, and that will show up on social media: "Governor Cuomo supports..." Well, of course, there were disclaimers, that said that the report of the Task Force consists entirely of the views of the members of the task force. They are advisory. They do not represent the views of the Department of Health or the Governor. But the response to that was, nobody reads disclaimers. Nobody cares about that, especially journalists who will immediately go to what is the most inflammatory headline. And so we failed utterly in our attempt to work through that on the surrogacy report. And then much later, when I wanted to take a look at that report again, to clarify some of what it said, I went to the link as I had before, and saw that it had been disabled.

Q: [00:32:05] What else was the Task Force asked to take on? You've mentioned surrogacy so far and allocation of resources.

Gorovitz: [00:32:14] Well, over the years, the Task Force did dozens of reports. One of them was on end-of-life decisions. There was a report that was highly successful on not surrogate parenting, but surrogate decision-making. It's called the Family Health Care [Decisions] Act. There were in New York State, and still are, people who are described as the "unbefriended elderly." These are people who have no family. They have no people who are close to them. They have no people who are their healthcare proxies. They are alone. And this is pre-pandemic. But
what a searingly sad situation to think of someone who is entirely dependent on a context of care and no longer has decisional capacity. And so the question arose: How should decisions be made for people like that? And so the report that the Task Force wrote was called "When Others Must Choose," and it recommended an array of steps that could be taken to reach a decision about the care, because sometimes a person in that situation would have a medical problem that required somebody to make a decision. Let's say, a treatable pneumonia. But should the pneumonia be treated or should this be viewed, as it is sometimes described, as being the "gentle friend" of a moribund elderly person? Sometimes surgical intervention, somebody who could continue to do reasonably well with some surgery, but you can't do surgery with no consent. And if there's nobody in a position to grant consent, that's a problem. Right. So there are lots of questions like that. And so we recommended that there would be some legislation to address this. And there was. The Task Force recommendation was accepted, and there was corrective legislation that was passed. There was a celebratory ceremony in Albany [New York], and--I'm not making this up--the interval of time between the release of the Task Force recommendations and the enactment of that law was 19 years. [Interviewer assent] [Pause] And the reason it was 19 years is, for certain outcomes, a great many steps have to be achieved. It's very easy to thwart change if you can prevent any one of those steps. To achieve success, you must accomplish every one of those steps. So if you think of a chain with links, and you're trying to tow something, every link has to remain intact. The person who wants to thwart you need sever just one link. Any link. It doesn't matter. There were 80 interest groups in New York State who formed a coalition supporting this legislation. But there were a few small groups who were dissenting, and they did things like pick one particular state legislator and go to that legislator and say, "You are in a position to block this, and if you want our support, you're going to have to do that." And this is an instructive example, I believe, because lots of people have what in their own view is clarity about what ought to happen, in the interest of justice, in the interest of public health, but not much clarity about process, about what it would take, actually to implement the kind of change that they so rightly perceive would bring us to a better world.

Q: [00:38:17] In hearing the difficult work and the slow work you're describing, I'm curious how you make decisions about participating in different kinds of groups such as a commission, a task
force. You know, are you now inclined to participate and use your own time to think about policy, or is that work so slow that you'd rather be almost an advisory committee? I'm curious what kind of context is most satisfying, personally, as a bioethicist?

**Gorovitz:** [00:38:58] That's a tough one... because... [Exhales] There are some requests that I find it very easy to decline. I'm getting better than I used to be at saying, "Thank you for the question or for the inquiry or the request, but I'm not able to do that. I would be willing to react or respond on an intermittent basis, but not to become an actual ongoing member of this." But there are other requests (I'll give you an example in a moment) which are just immediately undeniable. So, for example, I was approached by some [United States] Department of Defense lawyers who asked whether I would be willing to assist them in their effort to obtain appropriate medical care for a prisoner. At Guantanamo [Bay Detention Camp]. This is someone who has been held at Guantanamo for 20 years, with serious medical needs, repeatedly subjected to surgeries that were not properly done, not competently done. Someone whose situation has been described in [The] New York Times articles a couple of times. And it seemed to me that there was no way--it had nothing to do with how much time I had or how busy I was--this was an undeniable request. And so I have done quite a lot of work with them, doing background research, reading transcripts of hearings, writing documents of recommendations, and they are still unable to achieve a good outcome, partly because, for political reasons, it is not possible to treat a Guantanamo patient in the United States. In order to have him cared for at Walter Reed Hospital [National Military Medical Hospital], which is where it should happen, it would require congressional action. And the members of Congress, because of their own political cowardice, won't allow that. Another possibility is to use a naval hospital ship, which does have better capacity. But what has happened is this guy has been mistreated, and we can't even find out the name of the surgeon who botched the job.

**Q:** [00:42:38] I am understanding the crisis and challenge here, but I'm not yet clear on what you've been asked to do.
Gorovitz: [00:42:47] Oh, I was asked to examine all the relevant information that could be made available to me about the case, and to render an opinion about whether the principles of medical ethics were at any point violated. Whether the surgeon, by performing surgery under conditions which could not possibly allow for appropriate medical care, violated that surgeon's obligations under the principles of medical ethics as endorsed by the AMA [American Medical Association]. And it seemed to me clear that the answer to that was yes. I discovered, for example, that a prerequisite to doing this surgery was an MRI [magnetic resonance imaging] examination. And the medical people at Guantanamo affirmed that they had an MRI available. This was true. But what they didn't disclose was that it was in need of repair and hadn't functioned for two years. So yes, there was an MRI machine there, but there was not MRI capacity. So by that measure alone, there was a grotesque violation of appropriate medical intervention. And in a number of other respects, what happened was in violation of standards of best practice of medical responsibility. And our view is: If we could find out who the surgeon was--and in fact, there were multiple instances over a period of five years where different surgeons were operating inappropriately--if we could find out, it's quite likely that it could be demonstrated convincingly that there was a violation of medical ethics. But for reasons of protection and security, lest there be retaliation, even these Defense Department lawyers are unable to learn who the physicians were. And they did find a medical officer within the Navy who examined all aspects of the case and whose view exactly corresponded to mine. So that's an example of, you know, the actual content of the work. And the law requires that any prisoner receive appropriate medical care independently of any issues of innocence or guilt with respect to the charges that result in the person being incarcerated. And this is flagrant violation of that responsibility. So I had, I don't know, four or five Zoom conferences with these lawyers. Plus, the various other aspects of background work. Since it's pro-bono, I was not keeping, you know--not like the lawyers, who keep track of, you know, every twelve-second interval is another tick on the cash register.

Q: [00:47:59] And can you describe the outcome of your work in this case at this point?

Gorovitz: [00:48:09] The person is in a wheelchair, is suffering very substantial pain, is possibly in need of further corrective surgery to undo the damage that the various surgeries have done.
There are ongoing efforts underway to find some third country to which the person might be transferred, that would require State Department [United States Department of State] approval, as well as the willingness of a third country to accept the person. So there is at this point, still no good outcome that could change on a day's notice, because it involves, like the Family Health Care Act, you know, chains of innumerable links. And there are so many veto points. But it could at any time all fall into place, and I could learn in a day or three or a week or a month or six months, that something successful had happened. Or, perhaps--and this is not beyond imagining--we'll learn that the patient simply didn't outlive the process.

Q: [00:49:51] Will you still be engaged with this case and the outcome, or is this something--an example where you finish your work and you change facing? I mean, are you still engaged with this case?

Gorovitz: [00:50:06] Yes. There may be no further request, but as recently as last week, I gave them some advice about what their next moves might be. And so it's possible that it's done, but my commitment is to see this through and respond to any request that I get from them. And I will say that these two military lawyers are as humane and committed and dedicated as any lawyers that I've worked with. They go to Guantanamo. They are not just from a distance talking about a situation. They have access to the prisoner. They go there, they look at the environment. They've seen the facilities. And they are as frustrated as you might imagine.

Q: [00:51:13] I want to go back to a category of people, I think you described--was it the "unbefriended elderly"?

Gorovitz: [00:51:20] Yes.

Q: [00:51:21] Thank you. In thinking about vulnerable populations moving through the medical system, I want to go back to our conversation about allocation of resources. Thinking about that LIFE Magazine article that is centered at a Seattle hospital, I believe, where this committee is making decisions about criteria for dialysis and some of the proposals and discussions at that
time related to someone's social standing in the community. And that standing was very--those criteria were very specific to that moment in time, what was valued. And there weren't conversations in that article, at least, about race, gender, class. Since you've been engaged in these conversations about allocation of resources for more than 50 years, can you give me any examples of how gender, race and class are coming explicitly into these conversations now? Have you seen changes--

**Gorovitz:** [00:52:27] Yes.

**Q:** [00:52:29] --in the way people--could you give me any examples?

**Gorovitz:** [00:52:30] Sure. Sure. The most vulnerable populations are almost always the populations least well-provided for in allocation decisions. You can look at where highways are located. You can look at air quality. You can look at sewer overflow in flash flooding. Look at almost any kind of situation where something significant has gone wrong, and ask: Who is most likely to be harmed by this? And it's the poor. It's the populations of color. It's the already unduly disadvantaged. Right. And we are much more attuned now, I think, than we were to the regularity of that phenomenon. And you've reminded me of a conversation that I was a party to, in respect to the allocation of ventilators, not to patients, but as more ventilators became available, which hospitals should get more ventilators? And one proposal was: because of this history of discrimination, the ventilators should be disproportionately allocated to hospitals in poor neighborhoods, the less affluent hospitals. And this was specific to New York City. If you look at the hospitals in New York City and ask, which are the wealthy hospitals?--and some of the hospitals were quite well-financed and others not--it might appear that the hospitals least well-financed would be the ones that should get the greater allocation. But then one of the hospital administrators in the conversation said, "There's a different question to ask, and that is: What population is served by the hospital? And here's a hospital that is among the wealthier, more privileged hospitals in its own financial circumstances. But the population it serves is among the poorest and most diverse." And that would argue the other way. And so here was an additional increment of sophistication in a dialogue about how newly-available ventilators should
be allocated to medical institutions. And it's that kind of dialogue, bringing people from the front lines, people who are actually doing the work, people who know the realities and care and adjust... Bringing them into the conversation and saying, on the basis of what we can learn from hearing them, what's a more nuanced, more sophisticated way of thinking through this tough allocation decision? And that was in the early stages of the pandemic. So that's quite recent.

**Q:** [00:57:00] Thank you. And are there any other examples of ways that gender, race and class have come more explicitly into bioethics discussions that have been going on for many years? Can you think of any other...

**Gorovitz:** [00:57:17] Certainly the example that I have mentioned before of Jenna Lester's work on dermatology, where she pointed out that the problem with the field of dermatology in the United States is that it's based entirely on a history of examining how various diseases and conditions manifest on white skin. But then the elevation of that insight into the broader perception that because people of color are aware that physicians in general have a level of anxiety about their own capacity, that this discomfort is not field specific or specialty specific, but that we've got a situation in which all patients of color and perhaps women, too, of color or not, have some reason to feel a bit ill at ease, being aware that the health care provider is not completely comfortable. And there's been also the following, I think related point: There's been... a lack of compliance, or cooperation, within the Black communities, with various government urgings and guidelines. And many people have said that's the heritage of the Tuskegee experiments.\(^\text{10}\) You can't blame them for not trusting health care institutions, not trusting the government, because of what happened in Tuskegee. And that is such a misperception, because what happened in Tuskegee was just yet another violation of respect for people of color. It had been going on for a century and more before that. And so to attribute it to that one grotesque, inexcusable event, is much too shallow to enable any kind of effective addressing of the resistance and the suspicion and the lack of trust and the difficulties of achieving credibility in the community.

\(^{10}\) United States Public Health Service Syphilis Study
Q: [01:00:39] Thank you for bringing up the Tuskegee experiments, among many other things that you just shared. You brought to mind a question I've had for several bioethicists about course correction, or reparative steps, after a chapter in history like the Tuskegee experiments, or some of the other experiments that have been discovered that have exploited vulnerable populations. I know there have been some public apologies, around, you know, at different moments in time. I'm curious how you characterize--what is the value of an apology for something like the Tuskegee experiment? Well, I'll start there with that question.

Gorovitz: [01:01:34] Apologies... are easy. Sometimes they're sincere. Sometimes they have some real value in acknowledging that a wrong has occurred. So Georgetown University has apologized for the fact as an academic institution, it survived by selling the slaves that it owned. And that has some value, that acknowledgment. But the question then is: Okay. Great. Thank you. Now what? So we have the pope, who has acknowledged that the Doctrine of Discovery was a moral wrong. But the Vatican has not rescinded the Doctrine of Discovery, which justified genocidal behavior. Cost untold thousands of lives, ruined cultures. Absolutely horrific. And so we have a pope saying, "That was wrong, and we apologize. We recognize that wrong was done." For decades, people have lobbied the Vatican formally to rescind it. That has still not happened. So one asks why. And maybe because of a sense of financial vulnerability. If we rescind that, that might open the floodgates to litigation. We might be held accountable to pay reparations. And my proposal is to see if I can persuade some member of Congress to introduce legislation revoking The Catholic Church's tax-exempt status, until such time as the Doctrine is rescinded and some reparations begin to flow. That's the kind of thing that has to happen to translate apology into corrective action that makes a difference.

Q: [01:04:53] Thank you. I want to go back in time to your time at Case Western Reserve, where--we introduced the conversation around allocation of resources. That subject came up in talking about your time at Case Western Reserve, I believe, and I want to make sure I don't lose the opportunity to get some institutional history, because Case Western Reserve has come up repeatedly in my interviews, and I wanted to know if you could talk to me a little bit about your time there and your colleagues.
Gorovitz: [01:05:37] My colleagues were a pretty diverse batch. I was in the philosophy department, and the philosophy department was populated by standard philosophers for the most part; that is, people who had pretty clear ideas about what was and what wasn't within the boundaries of philosophy properly done. And so some of them had a kind of sniffany attitude toward these ventures that crossed disciplinary boundaries. Ray Nelson wasn't like that. Ruth Macklin was a graduate student at that point. And Ruth, as, as you know, is one of those folks who's interested in everything. But the colleagues in the medical school were, by and large, open to dialogue, because at least a significant subset of them came to realize that problems were emerging that were important, that were beyond their scope. And this reminds me of something that's not Case Western Reserve and much later, but I'll tell you the story. I was at a conference in Tel Aviv and the guy in charge of their assisted reproductive center took pride in the fact that Israel was, maybe still is, the world leader in assisted reproduction, out of a sense of moral responsibility to replace the murdered children. And so Israel not only allows, but fully pays for, assisted reproduction. And this guy said, "I have thousands and thousands and thousands of frozen embryos in storage. And there is no one better in the world than my group at facilitating assisted reproduction. But I have no idea what my responsibilities or obligations are with respect to these frozen embryos. What am I required to do with respect to them? What am I allowed to do? What am I forbidden to do? And I need help with those questions because I have nothing in my training or background that sheds any light on those. Those are not questions to which I can speak." And that's so like what some of the people in Seattle were saying, so many decades earlier. And there were people of Case Western Reserve in the medical world who had that kind of perception.

Q: [01:09:25] Did Case Western Reserve stand out as a place to, you know, these questions were posed to Case Western. Was that because people knew--I mean, did it stand out as a sort of center of medical ethics and bioethics, or were these conversations sprouting up at other universities as well?
Gorovitz: [01:09:46] There was a little bit--there was "Dan" [K. Danner] Clouser at Hershey [Penn State University College of Medicine], was doing a little bit of this kind of thing. Ed [Edmund] Pellegrino, marvelous guy and a very dear friend. Interesting--Ed Pellegrino was at Georgetown, a physician, and then he became president of the Catholic University of America. Now, the Catholic University is unique in that it is the only Catholic institution in the United States that reports directly to the Vatican. Right. And Ed was a serious Catholic, but... I remember very well being at a conference where he was asked to talk about a Christian point of view, and he was absolutely meticulous in not talking about a Catholic point of view. He knew the difference. He did what he was asked to do. And I had the highest regard for him as an intellect, as a caring physician. Right. So there was activity at Georgetown, LeRoy Walters' group. You know, LeRoy, there were little bits here and there in lots of places. And of course, The Hastings Center was underway. It was initially called the [Institute for Society, Ethics and the Life Sciences]. They gave up that name after so many people referred to it as the Society for--the Center for Society, *Ethnics* and the Life Sciences. [Laughs] And so there were these little pockets around. Paul Ramsey, the theologian, did some important early work. But I think the prominence of Case Western Reserve as a kind of main center in bioethics probably resulted from that conversation I had with Fred Robbins. That's what really launched the cascade of activity that then became very highly visible nationally in a way that none of these other things yet had.

Q: [01:12:34] Thank you. And I'm getting a signal from Sarah.

File 2, Day 2

Q: [00:00:03] This is Suzanne Snider back on tape with Sam Gorovitz, December 10, 2022. And we're continuing our conversation on bioethics as part of *Moral Histories*. In describing Case Western Reserve and your department, I realize I didn't ask you who your favorite philosophers were before you realized you were going to be following this bioethics track and joining this

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11 Referred to as “Center for Society, Ethics, and the Life Sciences” on tape
world. Who were the philosophers you were focusing on at Stanford or when you got to Case Western?

**Gorovitz:** [00:00:47] I can talk about philosophers who had important influences on me. I'm not sure I'm comfortable with the descriptor "favorite," but... When I was at Stanford, I was very powerfully influenced by Donald Davidson, who was a teacher, par excellence. He was a scholar of extraordinary quality. I was his teaching assistant. I learned quite a bit from him that was about pedagogy. He was a polymath. He had played piano with Leonard Bernstein. He was a spectacular athlete. I once was skiing with him, and I could see that he was terrifically talented. He had a commercial airline pilot's license. There was very little that he did that he didn't do at an extraordinary level of excellence. We had some common interests. And so I cited him in some of my early publications, and he even cited me in one of his early publications. He was also capable of a dazzling level of viciousness. And so a very complex character, but a major influence on me. Pat [Patrick] Suppes--there was a Fred Suppe, that's a different guy. Pat Suppes was a brilliant philosopher. He had appointments in four departments at Stanford: mathematics, philosophy, psychology and education. And, whereas Donald Davidson would work on an article and hold it from publication maybe for a year or two until he was convinced that it was flawless and it would be circulated informally, Pat Suppes had a very kind of a corporate gestalt. And I learned a lot from him about administration and about philosophy and about pedagogy. And I actually once was in his office when he walked in and said to his secretary, "Louise, take an article." And he started to talk, and he dictated an article, which was then submitted and published. And he cranked out the stuff with incredible rapidity. Couldn't be more different from Donald Davidson. So these were both powerful influences on me, in very different ways. [Thud] Pat Suppes traveled a lot. And his policy was: The time to pack for a trip is as soon as you get back from a trip. You immediately pack, have everything ready so that if a need arises to go somewhere, all you have to do is pick up the bag and go out the door. You're ready to go, all the time. He was astonishingly productive and efficient. Came from Oklahoma.

[00:05:27] And then there was Michael Dummett, who was a visiting philosopher. He was at Stanford just for a year, and he had a tremendous influence on me. Michael Dummett was an Oxford philosopher. And he gave a talk to the philosophy department in which he argued that,
as it happens, we can't do anything to change history. We can change the stories we tell, but we can't do anything that affects what did happen. The past is a fixed reality. But, he argued, that's just how it happens to be. There's no reason, theoretically, in principle, why affecting the past couldn't have happened. And he entitled this article "Bringing About the Past," in which he talked about why conceptually we should be open to thinking it is, in principle, possible to do something to affect the past. And I thought, 'That can't be right.' But I had no idea why it seemed to me it can't be right. But I knew that... If one could figure out what was wrong with that, then one could have the opportunity to use a really irresistible title, because he wrote his article, "Bringing About the past," I thought, the answer would be entitled, "Leaving the Past Alone." So I got to work on that, and I probably read his article somewhere between 15 and 20 times. And little by little, a rejoinder came into view, and I figured out why I thought he was wrong. And so I wrote that. And I went to him just very... in supplicant mode, and I said, "Professor Dummett, I know you're very busy, but I've been intrigued by your article and I wrote up some thoughts in response. And if you have any time, I would appreciate your having a look at my efforts to respond." And what he did had an influence on me... [Swallows] That's really hard to describe. He read my article... And he called me in, and he said, "My article," (referring to his own), "is scheduled to appear in Philosophical Review." (That was, at the time, the most selective philosophy journal.) He said, "Yours should appear adjacent to mine in the same issue. And it's late. They're about to go to press. Is it alright with you if I call them and send them your article?" [Crying] That's what he did. [Pause] That's what he did. What... an act of generosity. Of kindness. Of supportiveness. Rather than do what some people do, and that is, defend against critique, resist criticism, try to avoid any attack on their views. That was my first publication in a philosophy journal. What a guy. [Pause] And so that for me became a kind of [crying] life-long standard... for... what it means to mentor somebody.

Q: [00:10:45] Thank you for sharing that story. And you've inspired me to kind of move ahead chronologically to your role as a mentor and teacher and dean, where we are here in Syracuse. I wanted to know--so much of our conversation yesterday and today demonstrated some of your pedagogical approaches and your commitment to teaching, and even the way you take on a
question has modeled for me the way you teach. And I wanted to know if we could talk about your life as a teacher. And maybe we can start with your time here in Syracuse, as a professor.

**Gorovitz:** [00:11:32] I came here in 1986, arriving as Dean of Arts and Sciences, I was hired by the former Dean of Arts and Sciences who had moved up to the position of Vice Chancellor. He had been a chemist. And when he became an administrator as Dean of Arts and Sciences, he stopped doing research and he stopped teaching. And he made it clear to me that he expected the same of me. And I made it clear to him that I was not willing to accept those terms, and that I would continue to do research and to teach. And I did so over his explicit objections. He didn't consider my noncompliance to rise to the level of a firing offense. But he never liked it. It was never part of my evaluation. I was never rewarded for it. I was resolved to model what I thought was appropriate administrative behavior, by teaching a course each year and by publishing something each year. And I said to the faculty, "I will teach, I will have my teaching evaluated and I will make the evaluation of my teaching available to the faculty. It seems to me that if I want faculty to have their teaching evaluated, the least I can do is model that by having mine evaluated and letting them see the outcome." Also, it seemed to me that an administrator needs to know what's happening on the front lines, needs to understand the experience and perspective of the students. And you don't get that second hand. You get that by learning from the students, by being in interaction with them. And so I did teach every semester--every year that I was dean, with the one exception of the Lockerbie year, the year that we lost 35 of our students. And because I was Dean of Arts and Sciences when that happened, and was immediately affected and involved, I canceled my course. I was scheduled to teach and I didn't teach that year. But that was an overriding factor. So... my approach to pedagogy was to believe that I could learn from any student. But that required listening to them and hearing them. My approach has really changed over the years, because I was, I think, much less empathetic to a lot of students in those days. There was, I think, a different kind of distance between faculty and students. It was a very long time ago. I was much less aware than I am now of kind of inherently discriminatory practices, the extent to which Asian students were less comfortable speaking in class, the extent to which

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12 Refers to Pan Am 103, a flight that crashed due to an act of terrorism over Lockerbie, Scotland, killing 35 Syracuse students who were on board and 270 people total
gendered issues were playing out in the ways in which interruptions occurred, or different relationships with different kinds of learning, and so on. So, I mean, I've learned a tremendous amount, not just from my students, but from colleagues who have mentored me, and greatly enhanced my understanding of many of these issues. So I think I'm a very different kind of teacher now than I was then. Is this the kind of thing that you--

Q: [00:17:01] Absolutely.

Gorovitz: [00:17:01]--want to hear about? But I did understand, even at Stanford, I began to understand that teaching is theater. And when the teacher walks into a classroom, the teacher is the director of the performance. And that means responsible for everything in that venue, which means: the lighting, the window shades, the arrangement of furniture, the HVAC [heating, ventilation, and air conditioning]. All of that is part of the staging. And that's very different from thinking that what matters is the material and getting the material right. I never subscribed to that. And to this day I try to teach younger teachers, be they graduate students or faculty, that they have a responsibility for all of those things when they walk into the room. And some of them are absolutely startled to hear that. I mean, people are faculty to whom it has never occurred that they have some responsibility for whether the person in the back row can hear what has been said by the person in the front row. So here's a Donald Davidson story that had a lasting influence on me: He was talking about [David] Hume, and causation, and the notion that we have a tendency to think the future will resemble the past, and that's based on our perception that the future typically resembles the past. But is it true? Can we really justifiably claim that the future will resemble the past, because so far it has? This is what he was talking about. Now, in those days, smoking was allowed in class. And Davidson very rarely smoked in class. But on the day in question, he did. There was an ashtray on the table before him and he had a cigarette. And he would, from time to time, puff on the cigarette. And you know what happens when you puff on a cigarette? There's ash, and the ash gets longer and longer. And longer. And then what happens? What happens?

Q: [00:20:17] It falls.
Gorovitz: [00:20:18] It falls! Or so you expect--if you believe the future resembles the past. But in this case, it kept getting longer, and longer, and longer. And it wasn't falling. And there came a point in which nobody was hearing anything that he was saying, because the whole class was focused on that ash, which was now nearly the whole cigarette! And eventually the ash reached the filter. And there was that whole ash, cigarette-length ash, that had not fallen, at which point the class was over, and out he went. Later I learned that he had made from a paperclip an armature, and slipped it into the cigarette, precisely to make this point pedagogically. Right. And so I thought, 'This guy with tremendous theatrical skill knows how to make a point in a way that really gets across.' Because people came out of that class scratching their heads and talking about it and wondering what they had just seen and what it meant. And so he was teaching epistemology, and teaching about Hume, and teaching about induction, by doing something very dramatic. And so I thought, from that point on--and that was in the middle year of my graduate studies--if you want to get a point across in some lasting way, that's very different from just saying it accurately. And I've tried since then to think of various ways in which there can be incorporated into classes or lectures, public presentations, something that will have a kind of memorable impact.

Q: [00:23:03] I want to ask you before we take a break whether any examples come to mind of sort of dramatic representations of ideas or questions, ways you've incorporated this into your own teaching?


Q: [00:23:21] You want to offer one, to start?

Gorovitz: [00:23:29] Yes. I'll offer one that's a favorite. There's a course, that--is it alright if it's a course that has nothing to do with ethics?

Q: [00:23:43] Absolutely.
Gorovitz: [00:23:46] It's a point about pedagogy. There's a course that's a favorite of mine that's called "Link Lenses," that I have taught a number of times with a scientist colleague. And this scientist colleague is an oceanographer and a paleontologist. And in the course of this course, the students were taught something about a method of analysis called "neutron activation." Because some of this person's work in paleontology involved the analysis of shocked quartz in minuscule quantities. Parts per trillion kinds of--exquisitely sensitive measurements. And the students--some of them coming from musical theater or architecture or English literature--some of them had a very hard time understanding this kind of concept. Some of the science students: 'Oh, yeah, we got that.' Right. So, in the class, I said, "I want you all to close your eyes, and if you feel something strike you, I want you to express that verbally. So they closed their eyes, and I threw something at a student who voiced a response. And then I said to the students, "Who was that? Who's the one who got hit?" And they all knew! Because they recognized the characteristic voice of that person. I said, "Okay, that's neutron activation." Right? Because the sample emits a characteristic wavelength, if it's impacted in a particular sort of way. So just think about what happened. That guy was the sample, got hit with something. That activated a signal. So you just experience the kind of model... that's just--that's all neutron activation is. It's just happening at a different scale with different materials, different kinds of signals. Right. And they got that. They understood that. And so that's an example of using the kind of metaphorical experience to help them understand something which, when it's presented straight, is just very technical and complicated and puzzling. So that would be one of the favorite examples that comes to mind.

Q: [00:27:40] That's a great example. Thank you. I suggest we take a break now and come back in about 10 minutes.

File 3, Day 2

Q: [00:00:01] This is Suzanne Snider, back on tape with Professor Sam Gorovitz on December 10, 2022, continuing day two of our oral history for Moral Histories: Stories and Voices of the
*Founding Figures of Bioethics.* While off tape, I had a chance to learn you have a story to share about a colleague, Tom Beauchamp, and I wondered if that's a story you'd like to share on tape?

**Gorovitz:** [00:00:30] I'm willing to. It has nothing to do with bioethics, but... I had seen the play *Jumpers* in London, and the protagonist of that play is a professor of philosophy, and the vice chancellor, jointly appointed in logic and gymnastics. And it seemed to me a marvelous play for a philosophical audience. It turned out later that the play was going to be in Washington. And when I learned that, since I was in the Washington area at the time, I thought it would be fun to gather a group of philosophers to see that play. And so I got in touch with Tom and we organized a group of philosophy people to go see the play. There were at least 40 people in the group, philosophers and I guess family members of philosophers, from the Washington area, including Baltimore [Maryland]. And off we went to see this performance. Little did we know that Tom Stoppard [playwright] himself was going to be in attendance overseeing the American production. And what was particularly appealing was that many of the lines in the play are kind of inside philosopher jokes, allusions and so on. And so here we were, about 40 people who were just cracking up at some of these subtle comments or inside jokes, just really going nuts at some of Stoppard's philosophical maneuvers. And he, of course, had no way of knowing that it was a stacked house, that there was this philosophical clack in the room, and we didn't have any opportunity to meet or interact with him. And I've always imagined that the next night he must have been mystified by how those various lines, which were so well-received yesterday, just fell flat today. So that's the Tom Stoppard, Tom Beauchamp *Jumpers* story.

**Q:** [00:03:12] Thank you for telling that story, which also confirms your role as a connector, and organizer, which many people have spoken about you as a social gatherer. I wanted to ask you if you do have a memory of a long car ride with Tom Beauchamp, because apparently he wants to speak to me about this car ride. I don't know if you have a memory of it.

**Gorovitz:** [00:03:36] I don't. I have a clear memory of a long car ride with Ed Pellegrino. But I don't recall the ride that Tom has in mind. Maybe if he remembers where from and where to, it
might come back to me. I have a recollection of a long car ride with Bernard Williams. Some of these long car rides really were memorable. But that one I haven't got.

**Q:** [00:04:15] If I gather that story, I'll share it with you. I did want to ask you, because you've brought up this--I like thinking about this crowd of philosophers in the audience of the play--and I'm thinking about interdisciplinarity, which you brought up yesterday. Your lesson, or your preference, for disciplines not being "siloed," I think was the word you used. And I want to think about bioethics as an interdisciplinary field with a lot of contributions from philosophers, but also theologians. And we haven't really discussed the contributions or impact of theologians being at the table and some of the founders. Can you comment in any way about the influence of theology or theologians?

**Gorovitz:** [00:05:08] Theologians have been involved in the conversations all along the way. I referenced Paul Ramsey; there was also John [C.] Fletcher, who was a significant figure in the early days. Many individual people derive their values from religious heritages. They may or may not be believers. And there's many a nonbeliever in the pulpit. We know from conversations with rabbis and priests that some of them are deeply committed to the craft, though they don't themselves actually have theological beliefs. And that's a subset. Some of the people that I've found particularly interesting to talk with are former clergy who have left. Some have remained believers, but didn't want any longer to be clergy. Some have left both the clergy and the belief. So this does, from my recollection of the Vespa story. And I think I will tell you this, because it has direct medical ethics, bioethics, content. An American priest was in Italy. And he got around on his Vespa. My students don't know what a Vespa is, so I have to tell them and show them a picture. And when they see the picture, most of them think, 'Oh, I'd like one of those. That looks like a lot of fun.' The only exceptions are those students who have themselves visited Italy and they all know what a Vespa is. So this American priest was on his Vespa in Tuscany, and he was driving along a country road and he noticed a little house, a cottage, on the other side of the road with flowers, beautiful flowers in front. And the garden was being tended by an absolutely breathtakingly beautiful young woman. And this American drove his Vespa a couple of kilometers further, and then he stopped. And he shouted aloud, "It's just not worth it!" And he
turned his Vespa around, and he drove back and introduced himself to that woman. How do I know this story, when he shouted this aloud all by himself, just into the universe? Well, I know this because he told me this story. He told me this story at his dining room table in Bethesda, Maryland. Also at the table was his wife, who had at one time been that Italian girl. And his job was working at the National Institutes of Health overseeing compliance with requirements governing experimentation with human subjects. Which is absolutely bioethics. And what was clear to me was that his background as a priest, and the values that he incorporated, stay with him. He was still committed to respect for human life, to human values, to justice, to fairness. He hadn't left that behind. He had taken that with him. And so... I view what he did with his Vespa as not an abandonment, but a redirection. And I like to tell that story to students as a way of emphasizing: Your past doesn't determine your future. You can always redirect your Vespa.

Q: [00:11:17] Thank you for sharing that story. I actually have one question that I've been asked to offer all interviewees, is about looking back and sharing any regrets. And those regrets might be specific to positions taken, or, anything related to your career or life.

Gorovitz: [00:11:48] Sure. In retrospect, I regret being so slow to learn lots of the things that I later came to understand more fully, especially with respect to the needs and problems and challenges of populations that were struggling in ways that I didn't, at the time, fully appreciate. A lot of things I wish I had understood sooner and better. As a dean, I have a lot of regrets about learning certain things toward the latter part of my years, that it would have served me very well to understand better earlier. There was one department chair who was working to undermine me, whom I should have gotten rid of. He, in a fit of pique, at one point offered his resignation. And in retrospect, I ought to have taken it. But I didn't fully understand how perniciously he was operating behind the scenes. There are lots of examples like that. So I think that often when we're in a job, especially a job like that, there were at one point, I think, 700 people on my payroll? It's like being mayor of a small city in some ways. There are inevitably going to be mistakes that one makes in retrospect. One very striking example is that toward the end of my very first year, I made rather a fuss about the terrific hires that we had made. We had appointed some wonderful faculty, who were terrific pedagogically as well as in terms of their research project. And so I
applauded that. Little did I know that an unintended side effect would be really enraging a senior member of the faculty who thought that by applauding these new hires, I was inadequately respecting the contributions and value of the people already present. [Pause] Later, I understood that it's important to pay better attention to who might be being left out by what one has to say and build in a corrective, rather than just applauding something new. So in all sorts of ways, there were aspects of learning along the way, how I wish I had understood this earlier. So often by the time we are nearly finished with the job, we've gotten pretty good at knowing how to do it.

Q: [00:16:16] Well, I wonder if--this is a sort of sharp turn. But I warned you that I wanted to talk today also about brain death.

Gorovitz: [00:16:31] Yes.

Q: [00:16:31] And I wanted to know if we could start with you describing your engagement with this subject.

Gorovitz: [00:16:40] Sure. Brain death is a really good subject, because it allows us to point out to students--but not just to students--to all constituencies that whether a person has died or not isn't a fact to discover. It's a decision to be made. And a general caution is to beware of decisions masquerading as facts. Let me expand and explain that. We can know what's physiologically true of a person. We know what systems are functioning, what systems have ceased to function. We know what's going on in the brain. Do we consider this an example of death or not? One might think in order to discover, which it is, we need... what? More information about the cerebral cortex? We have that information. More information about what would happen if we disconnected life support? We know what would happen. We simply need to decide whether we wish to count this as an example of death, or count it as an example of an entity which is still alive and does not yet count as death. Now the Harvard brain death criteria were controversial. And they were viewed differently in different constituencies. So, for example, in the District of Columbia, there was one point of view. In Virginia, across the bridge, there is a different point of view. I don't even remember which one was which. But I pointed out to the students that if you
had, in an ambulance, this person--or former person--with all of the life sustaining equipment or death prolonging, or whatever, equipment, but an entity that satisfied the Harvard brain death criteria, you could start in the constituency where this criterion was not accepted, and go back and forth across the bridge, toggling this person from "dead" to "not dead." [Excited] Here's a new way to do a kind of iterative, contemporary resurrection! Now, if you think about it that way, then you understand that how you think about brain death, and whether that's an appropriate criterion, is really all about decision making, not about discovering.

**Q:** [00:20:48] When you describe it as a process of decision making, are you suggesting case-by-case, or decisions as a culture about how we define death and brain death?

**Gorovitz:** [00:21:00] Well, I was talking about decisions as a culture. But illustrated by the example, the hypothetical example of a specific case, where it is a really bizarre phenomenon to realize that if you respect the view of the cultural or legal context, that you can actually manipulate which taxonomic category this person is in by just changing the location. Right. And the real force of this is to point out that whatever you think about the brain death criterion, inescapably, whether to classify an entity as "dead" or "alive," for the most part at the margins requires making a decision, not discovering a fact. Now, there are, of course, clear cases. That's why I say "at the margin." If you disconnect somebody from a ventilator and you go away and you come back four days later, and there's decomposition underway, there's no decision. There's no puzzlement. It's evident. And if you're chatting with somebody on the way to the ICU [intensive care unit], there's no uncertainty. There's no decision to make. The tough cases are the cases at the margin. And I'm now reminded of a case that took place at the [Upstate] University Hospital in Syracuse. I wrote about this case in an article with a colleague from the Bioethics Center. This was the case of a woman whose husband satisfied brain death criteria, but she was unwilling to grant permission for disconnection. It was her belief as she looked at him, because he was still respirating, so it seemed, because of the life support system, and he still had the color of a living person, though brain dead. It was her belief that there was always the possibility of a miracle. She was religiously very devout, and she thought that the right thing to do was to keep this going and pray for a miracle. After all, there was, in her view, the resurrection. She was
talking about Lazarus! Well... The physician in charge of the case showed a terrific kind of empathetic deftness, by saying not, "You're a nutcase," or, "I'm sorry. We need this bed. I'm going to override your view," but rather saying, "I understand, and I share your perspective. I will join you in praying for a miracle. However, we do need this bed for someone else, and, as God has demonstrated, a miracle can occur as well from the mortuary as from the ICU bed." [Pause] And it worked. The woman bought it! Because of the incredibly sensitive and empathetic and insightful way that that physician handled the challenge. And so there was this connection, and this [emphatically] dead guy, was moved to the mortuary with the consent of the widow.

Q: [00:26:05] Thank you for this story. And I'm appreciating that this story presents another area of specialty, if I understand correctly, that you have dealt with bedside manner and clinical ethics, and I read a paper you wrote about impairment of clinicians upon the death of a physician by suicide. You wrote a paper about impairment.

Gorovitz: [00:26:34] Yes, "The Perils of Practice."

Q: [00:26:35] That's right.

Gorovitz: [00:26:35] Yes.

Q: [00:26:35] So this story just reminded me to ask you about this as well.

Gorovitz: [00:26:51] Physicians are at high risk, because... they are responsible for making life and death choices for other people. They're viewed with hope and fear... They therefore undergo a lot of stress. They have ready access to drugs... They have a high incidence of alcoholism, drug addiction and divorce. They're notoriously bad at managing their own financial affairs. So they not infrequently have high incomes, and money problems. It's in many ways a tough line of work. They're often reluctant to seek help, because especially male physicians are bred to a sense of needing to portray invincibility, discomfort with any sense or acknowledgment of vulnerability... That's an old article. Maybe things are somewhat better now, but there is the
ineliminable imposter syndrome. So that triggers the recollection of a particular story, when I was speaking at a medical school, and I started by expressing appreciation for the opportunity to speak with them. And I said, "I'm going to start with something a bit discomforting. Because there's a student here who knows that getting into medical school is really hard. It's highly competitive. And the student I have in mind is thinking, 'It's likely a mistake. I am surrounded by people who are really smart and accomplished. And I don't know that I have what it takes to succeed in this company. And I'm really anxious about that.'" I said, "Now, as it happens, I know that you're here, and I know who you are. Never mind how. And in the interest of helping me and helping your classmates, I ask you to raise your hand." And of course, nobody is moving. They're all just sitting there looking ashen. And then I said, "You know, it's a pity. It's going to be a tremendous waste of your time and mine... I'm just not going to go on until your hand goes up. But I give you my word that nothing bad will happen to you, if and when you do this." And so a hand goes up. And then I said, "Thank you so much. Now, it turns out I know that it isn't just you! There's someone else in this room who's had the same thoughts and anxieties. Who still has them! Who has them right now! I want to see that other hand." Well, pretty soon, every hand in the room. They're all up there. [Begins crying] And I said, "Now, you see, you're not only just not alone--it's everybody. And it's not just now while you're in medical school. It's going to be like that when you are a doc. And so let's start talking now, about what that means, what that foretells, and how you can incorporate that understanding into your path as a medical student, as an intern, as a resident, and then ultimately as a practicing physician."

**Q:** [00:32:50] Thank you for that story. Going back a little to where we started our discussion of brain death, you brought up the Harvard brain death criteria, and I wanted to ask if you were part of those debates and discussions, those early discussions.

**Gorovitz:** [00:33:10] Of developing those criteria? No, I was not.

**Q:** [00:33:13] Okay. Can you tell me any memories you have of debates about brain death or organ transplants that you were a part of?
Gorovitz: [00:33:29] Organ transplants for sure. Not brain death, but I was deeply involved in debates about organ transplantation and that's because there was a proposal to allow the importation of transplantable organs by a commercial enterprise. And this was very controversial, for all kinds of reasons. Now, looping back to the role of the federal government in renal dialysis, if you're going to get a disease, that's the right one to get, from the point of view of federal funding, because there is a federal program that funds the treatment of end-stage renal failure as a result of Congress being persuaded, in the early days, that this was in the national interest to provide funding for the treatment of kidney disease. So, you know, if you've got liver failure or a heart failure or need some other kind of transplant, then the funding of that is going to depend on what kind of insurance program you have. But uniquely, kidney failure has federal funding, which is why the nephrologist referred to it as a "river of gold," and people were sometimes referred for dialysis who didn't even need it. Because it was a kind of marginal call, and there was a tremendous amount of profit to be made, and a lot of nephrologists was setting up their own dialysis centers so they'd refer a patient for dialysis and make a considerable amount from that, whereas--not that it was contraindicated, but maybe it wasn't so clearly necessary or necessary yet--lot of controversy about that. And then came this emergence of the notion of a commercial market in transplantable kidneys. So there was concern about whether that was or wasn't a reasonable thing to do. And I was asked by then-Congressman Albert Gore Jr., who was head of the Subcommittee on Science and Technology, to testify before his congressional committee about the propriety of allowing a commercial market in imported organs. That turned out to be a fascinating experience for me, because by coincidence, just then, the bean counters at the University of Maryland (this came from a legislative level, I think, through the board of trustees) they imposed a requirement on faculty to keep track of their time. And faculty, of course, have a tripartite responsibility for teaching, research and service. And we were asked to keep track, by the hour, of whether it was a teaching hour, a research hour or a service hour, and to provide regular reports (I think monthly) that accounted for every hour that we were in the employ of the university, according to this taxonomy. Now, I'll come back to why it's worth pointing that out. So... To prepare for the congressional testimony, I looked into lots of research having to do with transplantation, with the laws governing importing human tissue, to

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all kinds of things, a lot of background research. And then I prepared the opening statement because I was supposed to give an opening statement and then respond to questions from that congressional committee. In doing that preparation, I brought the draft of my background statement to the graduate student course I was teaching that semester, and I said, "Here's what I have to do. Here's the draft of the background statement. What I want you to do is imagine questions that I might be asked. And help me prepare answers for those questions." And of course, they loved that, because it wasn't just hypothetical--it was real. [Interviewer assent] And we worked together and they came up with all kinds of questions that they could imagine some congressperson, friendly or hostile, might ask me. And that helped me revise my draft statement and also prepare answers. And then I did the testimony. I gave the presentation. I responded to the questions. And then, afterwards, I took that draft statement, made some further revisions to it, and submitted it to a journal. It was published as an article. And so given all of that, I then wrote back to the source of this mandate about timekeeping, and I described what I had done. And I said, "I will complete the form when, but only when, you tell me whether that time with the graduate students working on this material that helped me provide service to the government and contributed in my teaching to my published research... When you tell me whether that's 'T,' 'R,' or 'S,' and explain to me what your reasoning is for the answer that you provide. Until I get that back from you, I will not submit the forms. And that was an end to the matter. I never heard from them again. I never submitted a form. I explained this to the department. No member of my department ever submitted a form, and none of us was ever again asked to do so. Because, it seems to me, that the taxonomy was completely bogus, and I would not participate in it. The position that I took was to oppose a commercial market in imported kidneys. And in fact, Congressman Gore asked me to appear at a second instance of that. He held a second hearing that was not in Washington, but on the road. And we traveled to somewhere else where we did a kind of roadshow version of it.

Q: [00:42:17] How would you distill your defense of your position?

Gorovitz: [00:42:23] Well, the basic part of my position was that we were plundering peasants' parts for profit, that there was no such thing as genuinely informed consent, that these people
were relinquishing part of their bodily integrity out of the desperation rooted in poverty. And that this was not an appropriate way to serve the interests of health care or justice, that their poverty was in need of being addressed by ways that were not exploitative, in ways that actually could undermine the health of people whose conditions in every respect were precarious.

**Q:** [00:43:21] Bringing this together with our discussion of allocation of resources, I am struck by something Art [Arthur L.] Caplan said either during his interview or in between recording sessions. He mentioned that adolescents used to be very low on the list as organ recipients because they were deemed categorically non-compliant. But that has changed. And that was so counterintuitive to me, because I imagined a culture that embraces youth. But it was an example of shifts in priorities and criteria. So I'm still interested in any examples you can think of, of shifting criteria or shifts in priorities, in these conversations you've been part of around organ transplants or other resources.

**Gorovitz:** [00:44:17] There's been a recent shift with respect to who can be a blood donor. And this is because there's a shortage. There are many issues having to do with the supply side, and I know that Art Caplan shares my view that we would be much better off if we had a policy of presumed but feasible consent. This is the case, I believe, in Belgium. One reason we have a shortage of transplantable cadaver organs (and of course, that's very different from living donor organs)--one reason is that there are so many barriers to successful transplantation. Even if someone grants consent, is a donor, it's on the license plate--rather, the driver's license at the time--transplant personnel are simply not going to comply with the patient's wishes to be a donor if some family member objects. Not because that objection has any legal standing, but because no dead donor ever makes a fuss about wishes not having been followed, whereas upset family members, even with no legal standing or legal grounds, can make a fuss that can be a real problem for a physician. A physician or a transplant worker who might not be an MD [medical doctor] but is involved in the process. So there are some real difficulties in follow through, and if we had a system in which it is presumed that organs will be available for transplant and will be transplanted--though it's easy to opt out--then we'd have a massive increase on the supply side.
Q: [00:46:55] Just so I make sure I'm understanding your position (and you've intimated that Art holds the same position), is that our default position as citizens would be organ donor, but you can opt out--

Gorovitz: [00:47:09] Yes.

Q: [00:47:10] --instead of the opposite.

Gorovitz: [00:47:11] It's called "presumed consent."

Q: [00:47:13] Presumed consent.

Gorovitz: [00:47:19] Yes. And the way to opt out could be implemented in lots of different ways. I mean people could get a small tattoo in some not-highly visible place, that says the symbol "ND (No Donor)," something like that. And it would be a legal requirement to check and verify that that symbol wasn't there. It could be done on a computer basis. There are lots of different ways it could be implemented. I mean, naysayers often say, "Well, but how could you make that work?" And that's not really all that difficult. Of course, I also like to point out that there could be an environment in which such questions don't arise at all, because anyone who dies would be understood to have organs which are immediately and irrevocably the property of the state, and available for transplantation, with no question of consent arising. And people are often very surprised, because in especially American society and most Western society, it doesn't occur to them, that if you want to look at the array of options, that's one: Why are you even talking about consent? The person is dead. There are lives to be saved. We don't care what that person or the family thinks about it. We don't care about religious traditions or fantasies about bodily integrity or bury the whole body--never mind any of that. And when people are confronted with that, they see presumed consent as surprisingly, not after all, the most extreme position.
**Q:** [00:49:37] I don't want to abandon this subject, but I do want to introduce a new one with awareness that we can come back to organ transplants, or maybe weave this into a discussion of your time as part of the RAC [Recombinant DNA Advisory Committee]. And this is something that Jeff [Jeffrey Kahn] and Anna [Mastroianni] prepped me to ask you about, and I wondered if we could start with how you came to serve on the RAC, thinking about someone listening to this who doesn't know what the RAC is. Maybe we can start with some basic definition.

**Gorovitz:** [00:50:21] Well, why don't you decode the acronym?

**Q:** [00:50:26] Okay. Recombinant DNA Advisory Committee. And I understand there were subcommittees, and that at first it was filled entirely by scientists before it was expanded to introduce people from other fields.

**Gorovitz:** [00:50:48] That's an important transition point, where the scientists, coming together, reached a perception: this is bigger than us. And you see that kind of thing happening in Seattle, at Asilomar, in Tel Aviv... It's a kind of recurrent theme where the people who understand and do the science realize at a certain point that the issues involve dimensions that aren't just empirical science issues. They recognize quite readily that it's appropriate and important to look at risks and benefits. To deal with uncertainty, to ask what harms may be envisioned and what benefits may be sought. But before very long it emerges that it's not just a matter of fact what counts as a benefit, or even what counts as a harm! And that weighing the comparison of benefits and harms is somewhat undermined if there's uncertainty about whether something even should be viewed as a good or bad outcome. So let's get some broader perspectives on this. And that plays out over and over again. So, the RAC was a very long time ago and I don't have clear memories of it. I think French Anderson was one of the main players. He subsequently moved to California, where he was doing further research on recombinant DNA and got himself into some pretty big trouble.

**Q:** [00:53:29] What does that mean?
Gorovitz: [00:53:32] I think it had to do with inappropriate behavior in respect to power differentials and, I don't remember the particulars, but I think there were perhaps some women who brought legitimate complaints. I know no more than whatever was on the public record, and I really didn't care to dig deeply into that. But he was a very compelling figure, and a clearly very high end scientist. And I do remember working with that group to help inquire into what kinds of risks should be worth taking and what not, in a context in which one of the problems was public sector alarmist behavior. And I can illuminate that I think best by something that actually came later, and that had to do with the prospect of cloning: Dolly the sheep. Right. When. Dolly the sheep was announced publicly, every bioethical person that I know had a phone that was ringing off the hook. And... "Wasn't it clear," the reporters said, "that cloning this sheep was a precursor to cloning humans, and clones are identical, and are we there not confronted by the prospect of hordes of Saddam Hussein's marching against us?" As if cloning Saddam Hussein without any upbringing or raising or learning languages or developing any skills would produce a fully formed adult warrior! The level of naivete in the press was just dazzling. Because when you clone, what you get is a genetic replica. You don't clone a person! A person is a result of the genetic material, plus how that developing person is fed and trained. You could take two clones and train one to become a bodybuilder and the other to become a concert violinist. You're going to get two remarkably different actual people. So it was just a kind of impulsive madness. And some of that was going on with respect also to the use of recombinant DNA, that is, if we allow this, won't we then immediately be faced with the following horrific outcomes? And so the kinds of questions we were exploring were, what are the realistically and visionable future applications of this kind of technique? Which of those--is it legitimate to fear as outcomes with unacceptable risk? And which of those... are essentially hallucinatory horrors?

Q: [00:58:11] You brought up this sort of paranoid fantasy of replicating Saddam Hussein or, I think of the movie [The] Boys from Brazil, in which they're sort of making small [Adolf] Hitlers. And I'm wondering, what are some legitimate concerns, in your opinion, about gene therapy or fetal tissue transplants? Are there any ethical concerns?

Gorovitz: [00:58:43] Of course. Of course there are.
Q: [00:58:44] If you were to shift the conversation to concerns that you think are substantive, what would those be?

Gorovitz: [00:58:50] I think there are substantive concerns right now that have to do with designing our descendants. We do have the capacity now to intervene in ways that modify, and there is, right now, legitimate ongoing debate and concern regarding interventions that are designed--I'll use, in scare quotes, term "normalization," that is, to eliminate something that would be a clearly negative characteristic. Let's say a heritable unsurvivable disease. We know that there is going to be a birth. We know that the birth will be of someone with a particular genetic anomaly that yields an unsurvivable illness. So it seems pretty clear it would be a good thing to be able to go in and make that modification to the gene prenatally, resulting in a completely healthy child who doesn't have that disease and whose prospects are as good as anybody else's. But now let's say it's not an unsurvivable disease. It's just a characteristic--let's say deafness--that the deaf parents view as a difference, not a defect. Hence the movie CODA, which so brilliantly explores some of these issues. And the next step is, what about interventions that are enhancements? Think of the things we do to help our children have good prospects. Some people say the wealthy people hire consultants to prep their children to do better on the SATs\(^\text{14}\) to write more polished essays. The poor kids don't get to do that! It's the privileged who have these enhancements that increase their prospects of success in the world. And yet again, the least advantaged people have no access to these enhancements. Why would it be wrong to adopt an enhancement that happens to be genetic rather than financial? If I can do this manipulation, that might increase a child's ability to do this or that intellectually or physically... Why wouldn't I want to? And then the next step, which I would describe as not a question of enhancement, but of catering to parental preferences: what's wrong with parents wanting to have a child with particular characteristics? Five foot, ten inch, blue eyed blond, with some musical ability? And as we learn more about the relationship between genetic characteristics and behavior incapacities, we open the door not to welcoming the child that shows up, whoever she or he may be, but checking to see if it's what we ordered. And that seems to me very troubling. And those are

\(^{14}\) A standardized test taken by many high school students to get into college
current issues that have their origin back in the RAC days, but they are contemporary issues right now.

Q: [01:03:56] Do you remember what conversations were taking place when you were on the RAC?

Gorovitz: [01:04:02] No.

Q: [01:04:07] And what happens, because you've been part of so many important groups that I'll informally call "think tanks"--although that was not the framing--but what happens with a group of bioethicists when you're supposed to come together and write a report or come together and take a particular position? I'm wondering if you can think of any group you've been part of that you could narrate process.

Gorovitz: [01:04:37] Well the process has general features. We typically begin by asking, What's the agenda? What are the presenting issues here? What's this about? Is it about organ transplantation? Is it about brain death? Is it about genetic intervention? Is it about the use of pesticides? What brings us together? And then: What's known? What's the available information in this domain that we can accept as credible background information? And then: What is it that we think we might need to know that isn't part of this immediately available information, and how can we get access to that? So for example, the Task Force frequently asked, from whom might it help us to hear? And we regularly would bring people in to provide, from their lab or their family, experience to help us understand the realities of doing that kind of scientific work or being a surrogate parent or whatever. Right. So the fact-gathering mode, often involving hearing from people, doing literature searches... And then a next step would be: What do we think the factors are that are relevant to this inquiry? Because we don't want to spend time working on material that's just not relevant. [Pause] But it's not trivial to do that sorting. Sometimes it takes a bit of real intellectual work, to achieve clarity about what we should consider to be the relevant factors. So that's a kind of recurrent process. And then, okay, we've got all of that. Now, what are the specific emerging questions with respect to which our advice is sought? We would identify a
kind of array of questions and what those are and what they look like will differ from one context to another. And then, okay: Who thinks what about those questions? And people begin to express their points of view. And those points of view might include some affirmations that are readily agreed to by all, and some that are disputed. And so then there's a kind of interrogation: All right, that's what you believe, but what are your reasons? Why do you hold that point of view? And do I share those reasons, or do I think those reasons are flawed? And there's a lot of back and forth of that kind, ultimately resulting in what is either a consensus or an array of viewpoints.

[01:09:05] Now, when I was on the Task Force, for a time, I was also on the Empire State Stem Cell Board. The Task Force, a creation of the executive branch, and everything in a Task Force meeting, completely confidential. We would express our views by issuing our reports at the end. The Empire State Stem Cell Board, created by the legislature, with the requirement that everything be fully in the open, meaning all our meetings were open to the public. All of them had to be webcast. All of them had to be available online to anybody in the world with access to a computer. And we were forbidden to engage in any conversation about Stem Cell Board matters privately outside the context of the meeting. So if after a meeting I ran into somebody who was also on the Stem Cell Board and said, "You know, I have some afterthoughts about such and such," and we had a little conversation, that would be a violation. Not allowed to do that. And there was one day in which the Task Force met, and the next day in the same room, the Stem Cell Board met, in the Department of Health. Same room. And it was very important for me to be very clear at every point whether it was the secret or the open meeting that I was in. I had the experience earlier in a Task Force meeting of listening to two Catholic clergy discussing how they might best frame something in order to get it by the hyper conservatism of a rigid cardinal. That could never have happened in an open meeting. I heard orthodox and reform rabbis and a priest talking together about how they might fashion a compromise on some issue. And then people changing their minds, you know, trying this and trying that, and taking fire, and then saying, "I see your point," and then revising, you know. All of that kind of stuff can only work in private. And transparency and openness, which are so acclaimed, are inappropriate in some contexts. In the football huddle, you don't want the opposing team having ready access to all your conversation about what the next play is going to be.
Q: [01:12:58] I'm also hearing you value shifts in thinking and conversion and exchange of ideas.

Gorovitz: [01:13:04] Yes!

Q: [01:13:05] And if that is open to the public, someone might come in for one minute and see something as a static viewpoint that is, in fact, dynamic.

Gorovitz: [01:13:14] Exactly. But also in the open environment, people don't try out an idea that they think is maybe a little bit out there, but let's see how it plays, right. So for me, this was a remarkable juxtaposition of two different modalities in both cases about ethical issues within the context of health care. Because on the Stem Cell Board, that board only existed because New York State allocated $600 million to support stem cell research, because the federal government, for ethical reasons, wouldn't fund stem cell research. The federal government, for alleged ethical reasons, barred the use of federal funds to support stem cell research. Stem cell research uses stem cells, which are derivative of fetal tissue. There were certain constituencies that objected to that, so the federal government said, "Objections. We don't want to be in trouble with a constituency that's going to be politically dangerous. We'll just ban it." That's what they did. So stem cell researchers immediately went to England. They went to California, which provided funding, and New York State said, "This is important research." Think of Fred Robbins having to go to Sweden to do his research. It's the same story playing out again. And so New York State said, "We don't want to miss out on this. We don't want it all to be happening in England and California. We'll put $600 million on the table to have it happen here." And then the stem cell board thought we better have an ethics committee as part of what we do. And so that was my involvement, and there were very few people who were on both. That was the Task Force and there was the Stem Cell Board, but there were just a very few people who happened to end up on both, and have this odd dichotomous interaction with entities that were exploring ethical issues in health care, but in two radically different ways.

Q: [01:16:03] Thank you. It's a wonderful study in contrast. We're going to pause for a moment.
Q: [00:00:03] So there are a couple things I want to make sure we cover with our remaining time. And I have noted in passing, you mentioned when describing this possible genetic engineering, you brought up greeting the child who comes. And I realize I have not asked you, although you've mentioned your granddaughter off tape, about your own experience greeting the child that comes, and sort of fleshing out this portrait of you as a bioethicist means inviting material from your life outside of bioethics. So I wanted to invite you to speak about your family and your life.

Gorovitz: [00:00:51] My grandkids--there are four of them--have, as their parents, my two kids. That's how it works. And... The... podcast producer, Isabel [Robertson], has a brother, Benjamin. Those are Heidi's kids. Heidi [Gorovitz Robertson] is the person whose field is environmental law. And we've talked about Isabel, who went to Northwestern [University] and majored in history and in television radio production, learned to be a filmmaker, but really loves sound, and works entirely now in the world of sound production. Her baby brother, Ben [Benjamin Robertson], went to the University of Chicago and is now in a doctoral program in material science in Minnesota. [Coughs] Excuse me. Ben was constantly in trouble in high school, because he would do his homework, but then wouldn't hand it in, because as far as he was concerned, the doing of the homework is what produced the learning and handing it in was just some kind of bureaucratic stuff for the convenience of the teacher, and he just never remembered to do that. He always preferred exams to other kinds of assignments, because with exams you just write down the answers and you're done. And he was--still is--so absent-minded he could enter the kitchen and walk across the kitchen floor, lose one of his shoes, not notice until somebody pointed out that he was walking around with one shoe, and not be able to find the one that he left behind. Complete airhead. But he was one of I think only four people in the world who took the international Latin exam and had a perfect score. He, at the University of Chicago, played the trombone in the jazz band and the marching band, and he sang in an a cappella group, which was, with the exception of Ben, all Indian students, and they did all of their singing in
Hindi. And so, and he also was the only undergraduate in Martha Nussbaum's graduate seminar on Lucretia. The only undergraduate she has ever allowed into that graduate seminar. So just absolutely brilliant in his own really bizarre way. And so when he finished at Chicago, he was offered fully-funded five year doctoral fellowships all over the country, and they courted him. Santa Barbara flew him out there at their expense, and wined him and dined him and showed him the Pacific sunset, and I thought, 'Okay, that's it, he's gone. Who says no to five years fully-funded in Santa Barbara?' Who says no? Ben. Ben went to the University of Minnesota because he doesn't care at all about the exterior world. What Ben cares about is what's going on in the lab, and how does that square with the kind of work that he wants to do? So that's Ben, and he's working on nanoscale polymers. Now, the other two, that's a different story. That's Jessica [Gorovitz] and Noah [Gorovitz]. Their father, Eric [Gorovitz], has a Johns Hopkins [University] history. He went to Georgetown Law School and to the Johns Hopkins [Bloomberg] School of Public Health, and got that combined MD--rather, JD-MPH program. Not two separate things, but a single integrated program. And he tells a story that I liked very much, in which he was in class at Georgetown when the instructor assigned an article that he, the instructor, referred to as having been written by a bioethicist named Gorowitz [phonetic]. And Eric interrupted and said, "That's a mispronunciation. The name is Gorovitz." And the instructor said, "Oh, do you know him?" And Eric said, "He's the first man I ever met!" So... There are bioethical connections on that side of the family as well.

**Q:** [00:07:05] Can I ask you, just given your CV, which I have spent a great deal of time with, I'm just curious how starting a family, even, you know, fit into all of the work you were doing, all of the traveling and all of the moving between jobs.

**Gorovitz:** [00:07:28] It's a question that never even occurred to me. I mean, I would go to the kids' performances when they were in things, and I would go to games that they were playing and just what parents do. And also, there are few things more fascinating than watching kids grow, especially their use of language. It's very instructive. Heidi--well, kids in general, call things as they see them. And so, when we would be going to one of those places where you go in and you sit down and someone gives you a piece of paper that lists food items, and you can tell
someone who comes to the table what you'd like, and then that person brings it to you. Right. That kind of place, Heidi, in her early years referred to as a "rest around." Which made sense, because at home, you had to do the work. But if you go to one of these places, it's a "rest around." And so a kind of moral dilemma for a parent is, with something as charming as that, do you correct it? Do you say, "No, no, that's a restaurant"? Or do you just let it--eventually she'll figure it out, and in the meantime, let's just enjoy it. So all of these little linguistics things, really fascinating. Second point: Heidi's birthday is April 2. Eric's birthday (he's two years younger) is April 2. Now, when Eric was three or four, he was overheard to be out on the street in front saying "happy birthday" to other kids because he thought, April 2, that's when children had their birthday. Grown ups had birthdays and other times. But April 2, that was kids' birthday. So all of these kinds of things are very instructive. That helps give one a window into how the world is perceived by someone else. And that's vitally important. That's what the grown up doctor has to understand in dealing with a patient: How is the world perceived by this other person who's in a very different kind of situation than my own?

**Q:** [00:10:44] Well said. And can you tell me about a day in your life currently as a bioethicist? We've spoken historically, but I'm wondering if you can share with me an example of a day in your current life.

**Gorovitz:** [00:11:07] Well, yesterday I started the day attending by Zoom, the Academic Affairs Committee of the [Syracuse] University Senate. And then I had a couple of other activities on Zoom. And then I spent four hours being interviewed as a bioethicist! So that's a recent day from my current life. But you do remind me of something we haven't talked about at all, and that is, in the days when I was flying a lot, people on airplanes would often strike up a conversation. And what you do is frequently a part of that conversation. And if I said I was a philosopher, this would induce either bewilderment or fear or an outpouring of post-traumatic--you know, somebody who had been unsuccessfully in a philosophy course. If I mentioned bioethics or medical ethics, then--and I had this experience--I would get an outpouring of grievances about health care and the medical world. I knew someone in bioethics who had this experience so often that she adopted a false persona, and when asked what she did on an airplane by a
passenger-mate, said, "I'm a clerk in a grocery store." Just to avoid this. I had people telling me about every relative they'd ever had who'd had a medical encounter and what went wrong and what did I think about it and what could be done. So... One of the perils of admitting to being someone who works in bioethics is that you open yourself up to outpourings of personal lamentations, often accompanied with appeals for guidance, or even intervention. And I've had that happen not just on airplanes, but giving a talk. Giving a talk sometimes, I'm talking about the subject matter of the event, and then somebody in a Q and A gets up and unleashes a screed about so-and-so and what they did to her, and isn't that wrong, and what do I think? And that's kind of awkward because you want to be respectful. It helps a lot to have a strong moderator who knows how to cut somebody off. But bioethics has its own perils. That's, I guess, the point that I'm trying to convey. You got to be careful what you admit and to whom if you work in bioethics.

Q: [00:14:39] Thank you. In closing out today, I wonder if there's any person or story you want to include that you haven't had a chance to put on the record yet.

Gorovitz: [00:14:59] Hard to know. I may think of such people, in which case I'll send you an email... I think it was Ron Carlson at Galveston. I'm not sure, but somebody did do that survey of articles written by people who had been at the Haverford Institute. And I think that was an important piece of historical work. And so I would like to take a little time next week and see if I can track that down.

Q: [00:15:40] Wonderful.

Gorovitz: [00:15:42] And then, of course, there were people, you know, like Jay Katz, lots of people who just aren't available to us anymore, but really were a part of the history.

Q: [00:15:58] If you wish to name them, as a tribute, I would love to hear those names.

Gorovitz: [00:16:02] Yeah, well, I've mentioned a lot of those people. Al [Albert R.] Jonsen. Al Jonsen wrote a book called The Birth of Bioethics. It was mostly accurate, but it had some errors
in it. One error that it had is that it said that I had done my graduate work at UCLA [University of California, Los Angeles]. And I pointed out to Al that, by making that mistake, he at once became beloved by the people at Stanford, and an enemy of the people at UCLA. There aren't many books that don't contain some small inaccuracy that can be detected by people who were actually there. So if you think of the film *A Beautiful Mind*, which has a lot of bioethics in it.

Right. Russell Crowe playing John [Forbes] Nash [Jr.], who was subjected to involuntary commitments to a mental institution, who had electroshock therapy, who was brilliant. There's a tremendous amount going on there. But that book is based on Sylvia Nasar's book by the same title. Unlike Tracy Chevalier's book, *Girl with a Pearl Earring*, that's a book which is a--that's a movie which is a filming of the book, scene by scene. Rhizomorphic. Every scene in the movie is directly taken from the book. But if you read Sylvia Nasar's book, there's almost nothing in the movie that's in the book. The movie is almost entirely made up for the movie. But I read that book, and it's a majestically wonderful book, and it was full of places that I knew, and actual people that I knew, and a lot of it takes place at MIT [Massachusetts Institute of Technology] and all of a sudden I came up short. She refers to the Procter & Gamble soap factory across the street from MIT. Well, it wasn't. It was Lever Brothers! I knew that because I had a summer job, I worked in that soap factory. And so she got that wrong. It's a tiny detail. And it doesn't matter for the telling of the story. But there aren't many large, extensive books that are error free, no matter how carefully they've been fact-checked by lots of people. But I think there are some real ethical issues swirling around the John Nash case about domestic abuse, about responsibility to children, about misogyny, and in the context of health care. So... I do see medical ethics and bioethics most places that I look. [Pause]

**Q:** [00:19:58] Thank you. I think that's a beautiful note to close on. Thank you--

**Gorovitz:** [00:20:03] You're welcome.

**Q:** [00:20:03] --for these past two days.

[END OF INTERVIEW]