

---

## Improving Our Aim

Judith Andre, Leonard Fleck, and Tom Tomlinson  
Michigan State University

---

### ABSTRACT

Bioethicists appearing in the media have been accused of “shooting from the hip” (Rachels, 1991). The criticism is sometimes justified. We identify some reasons our interactions with the press can have bad results and suggest remedies. In particular we describe a target (fostering better public dialogue), obstacles to hitting the target (such as intrinsic and accidental defects in our knowledge) and suggest some practical ways to surmount those obstacles (including seeking out ways to write or speak at length, rather than in sound bites). We make use of our own research into the way journalists quote bioethicists. We end by suggesting that the profession as a whole look into this question more fully.

*Key words:* bioethics, deliberation, democracy, Dewey, journalism, media, Rachels.

---

“Shooting from the hip.” This is how James Rachels described “philosophers — ‘ethicists’ — [who serve] as commentators on public events” (Rachels, 1991). He had little use for their “performance.” His criticisms, and others like them, are well-aimed expressions of anger, disappointment, and warning. We need to attend to them.

Rachels was discussing reaction to the Ayalas, the family who conceived a baby hoping that its bone marrow would save its older sister’s life. Some ethicists called this “treating a human being as a means,” or as an object, and condemned it. Rachels points out a number of flaws in the argument (babies are almost always conceived from mixed motives, for one thing), reminds us that the Ayalas are “real people, not characters in a made-up classroom example,” and concludes with a “plausible scenario: [the sister] will be saved, the new baby will grow up happy ...and the Ayalas... will forever after think that ethicists are jerks.” And he suggests that worse could have happened, as it did earlier, when a couple decided not to attempt to conceive, because of such reservations by ethicists (and by their doctor). In that case, the older sibling died for lack of a donor.

---

Correspondence: Judith Andre, Ph.D, Leonard Fleck, Ph.D., and Tom Tomlinson Ph.D., Center for Ethics and Humanities in the Life Sciences and Department of Philosophy, C-208 E. Fee Hall, Michigan State University, East Lansing, MI 48823-1416, U.S.A.

Rachels draws this earlier case from Greg Pence's *Classic Cases in Medical Ethics* (Pence, 1990). Pence's recent book on cloning provides still more ammunition (Pence, 1998). Its third chapter ("False Seers...") summarizes twenty years of reactions to technological advances in reproduction. These are painful to read, revealing a too-easy lapse into sensational and pejorative language ("genetic engineering," "test-tube babies," "carbon-copy people"). Some come from self-appointed cultural critics, some from scientists, some from ethicists. Pence isn't entirely fair: much of the earlier discussion centered on the risks entailed when these technologies were first tried on human beings, concerns the legitimacy of which depend on the evidence available at the time. The fact that "everything turned out all right" does not mean the risk was justified. What is sobering, however, is that the ethicists he quotes (and those quotes from ethicists that we found ourselves; more later about our own research) did so little to improve the level of the conversation. They did not focus it, did not clarify it, and rarely challenged its assumptions. General fears — of bad results, of "carbon-copy people" — were merely endorsed.

When bioethicists talk with the media, they can do damage: they can be unfair to individuals (like the Ayalas), endorse a conventionally conservative stance, and simply fail to be very useful. All of this in turn can make the whole enterprise of ethics look foolish. We believe that bioethics at its best can contribute significantly to public discourse, and that failures like those just described are more than missed opportunities. They make it more difficult for anything in the field to be taken seriously. An editorial in *Nature* said recently, "those increasingly tempted to reach for a gun at the mention of the word bioethics should pause before doing so" (Editors, 1997). The writer is not alone in his impatience.<sup>1</sup>

In the foreseeable future, however, journalists will continue to ask bioethicists for comment. Many of us will agree to do so. How can we improve our "performance," and stop shooting from the hip? Our approach to this question will be pragmatic, possibly even pragmatist: disturbed by the problems described above, we formulate here some ways of thinking about the problem that we hope will be useful. The first step is thinking about what bioethicists should be trying to accomplish.

## I. FINDING THE TARGET

What should be our aim? Ideally, what could a bioethicist contribute to the coverage of science and health care news?

Of course there's no single answer to that, other than a broad injunction to "Do good and avoid evil." Human interactions in general, and media reports in particular, serve many different functions. Good and evil can be accomplished differently in each. However, we want to identify one essential purpose: contributing to an improved public discourse. One can imagine several models fitting under this grand purpose. We will reject two of them in favor of a third.

First, we might think of ourselves as "teachers" of the public; that answer won't quite do. The world is not our classroom, and its citizens are not our students. Students in the classroom are to some degree captive; media audiences are not. When we agree to comment on controversial cases we leave the classroom and enter the "marketplace of ideas" – a metaphor suggesting some of the ambiguity, risk and temptations involved. Another difference is that in a classroom we should ordinarily adopt a suitably impartial perspective, especially with regard to controversial issues. We may not use the classroom simply as a forum for zealously advocating our own positions. In speaking to the media we are not quite so bound.

If we should not think of ourselves as teachers (in the classroom sense), could we think of ourselves as "ethics experts," the label the media so often gives us? This role too is unsuitable. Even if reporters approach us as experts in the field of bioethics, there has been considerable debate among bioethicists as to whether we ought to accept this characterization (Yoder, 1998). Putting that debate aside, we should at least be mindful that for some of the public, "ethics experts" suggests, if not sheer moral imperialism, at least a privileged knowledge of arcane matters which takes moral judgment out of the hands of ordinary people. If nothing else, our public demeanor ought not reinforce such perceptions, which are at odds with the liberal and pluralistic nature of our society. This does not preclude our taking a position publicly, nor require a mealy-mouthed neutralism, as if every view is as good as any other. Such a stance would only reinforce the worst elements of naive relativism.

Despite our reservations about some conceptions of public education in moral matters, these last remarks suggest that our role with the media *is* educational in a deep sense – the sense espoused by John Dewey (Dewey, 1916).

What typically draws media attention is a social problem. Most of what goes on in scientific laboratories goes unremarked because no social problems seem to be involved; it is just ordinary everyday science. But developments like Dolly — the first cloning of a mammal — represent more than ordinary everyday science. They raise social problems, in this case the possibility of cloning human beings (among other issues less noticed).

Speaking scientifically, cloning is nothing more than the production of a genetic twin. But the facts that the twin would be produced asexually, that the first twin is related to the second almost as a parent to a child, and could in fact be its gestational and social parent — these facts challenge traditional understandings of the family. Leon Kass (1997), for one, denounces cloning, along with other new reproductive options, as threats to the support that biological parenthood gives to monogamous marriage, which he takes to be essential for the the healthy rearing of children. Now, he observes, we allow and even help unmarried women and men (some of them gay or lesbian) to have children. He believes that defenders of the traditional family have been put on the defensive, charged with “giving offense to those ... living in ‘new family forms’...” Kass concludes that the appropriate social response should be repugnance.

Dewey could surely appreciate an initial response of befuddlement, anxiety, and possibly repugnance. But, he would say, that should only be the initial response. We lack the social habits, the symbols, structures, language and revised norms to deal well with these new possibilities. And so the appropriate response to a scientific advance that challenges our existing structures and norms is, he would say, the initiation of social inquiry: “social” in that it ought to engage the whole community, not just some elite segment. The inquiry is about our joint lives as citizens of this society; about conflicting social values and interests as they help constitute practices like the family or professions like medicine. And it is *inquiry* that is needed — methodic, rational, critical assessment of a problem and alternatives for addressing it — rather than unreflective responses like fear, anger, or repugnance.

Dewey emphasizes that the inquiry must be democratic. For him democracy is more than a form of government; it is a way of life. He explains: “The keynote of democracy as a way of life may be expressed ... as the necessity for the participation of every mature human being in formation of the values that regulate the living of men together: which is necessary from the standpoint of both the general social welfare and the full development of human beings as individuals” (Dewey, 1946, p. 58).

However, the justifications found in democratic inquiry cannot simply be an appeal to majority rule. Rather, the majority has to be able to give reasons to those they outvote. As Gutmann and Thompson write, “When majorities are obligated to offer reasons to dissenting minorities, they expose their position to criticism and give minorities their most effective and fairest chance of persuading majorities of the fairness of their position” (Gutmann and Thompson, 1996, p. 44). They see deliberative democracy as being most effective and most important in the range they refer to as

“middle democracy,” the domain of everyday politics and everyday public policy. It is here that decisions about physician-assisted suicide, about the range of procreative liberty, or genetic engineering, or health care rationing — and so on — appear (Gutmann and Thompson, 1996, p. 40).

The ideal that Gutmann and Thompson are advocating, along with Dewey and John Rawls (Rawls, 1993) — a deliberative democracy — ought to govern the practices of medical ethicists in their dealings with the media. In our public lives as citizen-ethicists we should help bring about just and useful forms of social cooperation. These forms demand conducting the discussion in terms of reasons to which all can attend.

This is only a sketch of the notion of rational democratic deliberation, a concept which is the subject of an extensive and spirited discussion in political theory. We have passed over a number of disputes about details in order to advance an ideal. To the ideal as it is currently accepted, however, we would add several points.

One is the significance of listening. It is important not just to advance reasons, however publicly shared they are, but to do one’s best to hear what others are saying, if necessary to try to translate it into a publicly shareable language. This demands a different kind of intellectual attention than does the presenting of reasons.

Secondly, a related point about the role of religion. Although religious reasons can sometimes be narrowly sectarian, at other times religiously rooted argument plays a legitimate role, even in a pluralistic society. It might be well to remind ourselves that many of the early bioethicists had their intellectual roots in a religious worldview, such as Joseph Fletcher, James Childress, and Paul Ramsey. They spoke to a broad public, not so much philosophically as religiously troubled by the problems raised for them by emerging medical technologies. To give one example, how could good Christians, committed to the belief that each person is of equal value in the eyes of God, make decisions about who would live and who would die? The Christian concept of an immortal soul has much in common with the secular belief that each person has equal moral worth. The same is true of many other religious symbols and commitments: often they express things of deep, general human importance. (This is one reason religions have enormous staying power: they are rarely simply derivations from some controversial metaphysical commitment.) Rules of discourse which forbid religious language short-change everyone: those who want to speak from their deepest commitments, as well as those who need every source of insight available. What one group treats as literal the other can treat as metaphorical: not a perfect meeting of the minds, but a real chance for a fruitful conversation.<sup>2</sup>

A third and similar point, a plea for the inarticulate: the simple fact that someone deeply believes something deserves our attention, whether or not she can express her reasons. Human beings always stand to learn from one another; after all, we share a biology, live in the same physical world, probably share a language and to some extent a culture. Attempts to redefine death neurologically have met interesting kinds of resistance, much of it inarticulate. (Some of this shows up in the way clinicians talk: “The patient, brain-dead, was kept on life support until the family arrived, and then allowed to die.”) Recently bioethicists have articulated some of the reasons behind this half-conscious resistance (Truog, 1997). We could all have learned earlier that people who do not speak our “language” were nevertheless resisting our conclusions.

This is not to abandon the ideal of conversation and of reason, but it is to avoid a narrow and possibly elitist concept of what human deliberation is like, of how the mind works, of how we learn from one another. What we are advocating is a political version of the old recipe for a happy marriage: we must hold ourselves to high ideals of publicly shared reasoning, while extending to others every benefit of the doubt.

As we said at the beginning of this section, there is no *single* goal to guide bioethicists, although we believe we have identified one of the most important: contributing to rational democratic deliberation. We would also like to identify another, which is either a subset of the first or conceivably sometimes at odds with it: the prevention of injustice. A plausible example of this arose in 1991 when Kimberly Bergalis was in the headlines. Still in her early 20s, she was terminally ill, having contracted HIV from her dentist. The drama and pathos of the story strengthened a movement in the country to force disclosure of HIV status by all health care professionals. It had been established by then that the disease was only rarely passed from provider to patient, but this fact was not well known; furthermore the disease was highly stigmatized. Forced disclosure would almost surely have ended the professional lives of many doctors and nurses, and this would arguably have been a great injustice. Bioethicists interviewed by the media were in a position to emphasize the facts and to argue against forced disclosure.

In this paper we can do no more than identify this kind of situation. Often preventing injustice can be sought *by means of* improving public discourse; conceivably it could be a separate or even conflicting aim. Should an ethicist ever seek justice in a way that short-circuits the public debate, for instance by using language so powerful that it will prevent people from looking clearly at the opposing side? Are there situations where impartial argument and analysis are less morally appropriate than a

vivid recalling of a community's moral commitments? It is hard to imagine Martin Luther King patiently assessing the pros and cons of racial segregation. We ask whether there are circumstances when such a stance would be at least permissible for bioethicists. Similar questions arise when ethicists serve on public policy commissions (Weisbard, 1987; Brock, 1987; Kamm, 1990; Benjamin, 1990). We identify them here without trying to resolve them.

## II. POOR RANGE CONDITIONS

Suppose we agree that our purposes in interacting with the press should usually include deepening the public conversation. Obviously we don't always accomplish that. What makes things go wrong? Fundamentally, there is an awkward fit between what ethicists do well and what journalists do well. Compounding the difficulties are economic forces in both realms.

Journalists, like our model ethicists, have ideals and civic goals: they too have a tradition of serving the public, and recognize that they are indispensable for democratic dialogue to happen at all. But by temperament, by training, and because of the demands of their job, journalists are habitually in a hurry. They have deadlines to meet and tightly restricted space to fill. They are usually part of a commercial enterprise and always part of a competitive one; survival demands interesting their audience. The result is a focus on the personal, the dramatic, the controversial, and the recent (Elliot and Kahn, 1994). There is a convention of emphasizing opposing positions rather than the complexities of the middle (Levine, 1996), often coupled with a reluctance to engage in the sort of "analysis" required to sort out and report on the reasons underlying different views (Olen, 1988).

Good work in ethics is a stark contrast to journalism's necessities, if not its ideals. It demands a long period of investigation and thought, time out of the spotlight. It demands attention to particulars but in the end is a search for the general, for the principles, policies and perspectives that will be helpful in not just one case but many. It has to note the current and the dramatic, but in the end wants to place these in an (improved) general framework. It values a spectrum of opinions but does not value the poles any more than the median. And it often thinks the reasons more important than the conclusions.

In one respect, however, bioethics and journalism are strikingly alike. Bioethicists and the institutions to which they belong operate in a competitive world. Even a tenured academic has a lot to gain and lose, in status, in

salary, and in the ability to be effective. The institution — the university, hospital, or medical school — strongly wants to be publicly visible. The institution employs people whose very job is to build a positive public image through the press.

Along with these economic forces comes a certain ideology. Academics and journalists are likely to share a passionate commitment to free speech. A common way of defending free speech is an economic metaphor: the “marketplace of ideas.” This is a dangerous metaphor, suggesting a competition for customers rather than a shared pursuit of understanding and the crafting of mutually respectful solutions.

So the two professions share a commitment to the public good, a commitment that by its nature cannot be honored unless an audience is reached; but there are different ways to reach an audience, and in each field economic pressures and marketplace ideology can encourage tactics at odds with its civic mission.

### III. MISSING THE TARGET

The malign influence of these factors can lead us astray when we are asked to be expert sources for the media. The first danger is common to media use of any “expert”: the person interviewed acts as more of an expert than he really is. They might not know important facts about the case at hand, thus misleading the public and possibly damaging individuals. When Greg and Tracy Messenger, for instance, disconnected their newborn son from life support in 1994 without the approval of the hospital staff, indeed against their wishes, they were charged with manslaughter. Most of the initial press reports pictured Dr. Messenger as having simply taken matters into his own hands. They did not mention the Messengers’ belief that their doctors had agreed not to give the baby aggressive care. Some ethicists at the time jumped to moral conclusions without full information: they did not know that they were missing part of the picture. As a result public discussion was misinformed, confused, and hurtful (Clark, 1996). Early critics of the Ayalas forgot other kinds of things: the mixed motives surrounding virtually every pregnancy, and the fact that Kant’s categorical imperative, so easily cited, does not forbid treating people as means: it forbids treating people *simply* as means.

These failures in expertise are a matter of carelessness; the ethicists interviewed could have investigated more thoroughly and simply taken further thought. The relevant information was in principle available. But in many cases ethicists will *necessarily* lack expertise. This is because

what counts as news is, of course, in some sense novel: scientific breakthroughs like cloning, or rare medical procedures like separating conjoined twins. In cases like these there has been little opportunity for reflection, either personal or within the ethics community. Given journalistic deadlines, no one can give more than a first-impression analysis, though the caveat may be easily forgotten in the pressure of the moment.

Nor is what is missing simply reflection. The deepest reason ethicists often lack expertise is that essential facts cannot be known at first. This is not simply the familiar anti-consequentialist argument that long term consequences can only be guessed at. Our point goes beyond that and is analogous to discussions within action theory. An action cannot be evaluated unless it is adequately described, and an adequate description concerns *more than physical motions*: it concerns such things as the circumstances, the consequences, and the intentions of the agent. Similarly a new medical or scientific capability can rarely be evaluated simply *as a technique*. What matters morally is the social form it will take. This can be quite surprising: predicted problems may never arise, while other quite different and serious ones may.

“Assisted reproduction” is one good example of this. Originally attention focused on *in vitro* fertilization, and some commentators worried about the procedure resulting in defective babies that no one would want. Others worried more broadly about a general degradation of parents’ relationship to their children. In fact, the procedure does not damage babies conceived through it<sup>3</sup>; and although it’s possible that people now see their children slightly more as commodities, there’s no real evidence of this.

These are matters of being mistaken about consequences, always a significant possibility. But the more interesting point is that ethical attention at the time passed over the stimulation of the ovaries which turns out to be part of standard practice, not just for *in vitro* fertilization, but for other techniques and simply in itself, as a direct aid to conception. This practice means that assisted reproduction substantially increases the chances of multiple pregnancies, which in turn forces the pregnant woman and her partner to decide between aborting some of the fetuses or risking the life or health of them all. Since many fertility clinics are also profit-seeking, there is a temptation to underplay these possible results. These poignant versions of the old issues of informed consent and of abortion, both complicated by commerce, were not anticipated because they arise out of the social and medical context in which infertility is treated; yet arguably they are the gravest moral issues that have emerged. When IVF was a new and hot media topic, it was hard to know the institutions and practices in which

it would be embedded. And ovarian stimulation alone was never exciting enough to attract headline attention.

So the first pitfall facing ethicists who talk with the media is ignorance: some of it avoidable, some of it not. The damage that results may be to individuals, forced to endure a media inquisition, or to the public conversation, which will concern the wrong things. When the real issues develop, slowly as they usually do, media energy may not accompany them.

A second danger, identified years ago by Rachels, is related to the first. The ethicist, underinformed in one or more of these ways, but also under the pressures of time and the public gaze, responds with a gut-level position which conforms to conventional morality, and no more. Since it is human to be cautious about the strikingly new, these conventional responses may also be reflexively conservative.

They will be problematic for several reasons. First, to the extent that they are simply common moral opinion, they have added nothing of value to public discussion. Secondly, to the extent that they confirm the view that ethics is a matter of exercising the common sense available to any well-meaning person, they misrepresent the nature of the skills and “expertise” that ethicists can at least sometimes bring to public discussion. Here the damage is not to individuals or even to the public, but to the profession. We look like less than we are. That sense of embarrassment probably fuels some of the debate on this topic. But if it’s true that at our best we can contribute to rational democratic deliberation, then a diminished public image doesn’t just hurt us. We could become an underused field, dismissed because known only in caricature.

These first two dangers are to some degree within the power of the ethicist to avoid. If he is too ignorant of the facts, or too little acquainted with the issue, he can say so. Or if she is unable to respond at more than a gut level she should insist that she can’t be helpful without more time to think. One might simply decline the interview; or refuse to be a quoted but offer to supply background; or carefully hedge one’s comments (e.g., by pointing out missing information or debatable assumptions). Indeed, when the issue is new science, ethicists should point out as a matter of course how much depends on the shape of the practice that will develop, and how poor we have been in anticipating that. “It’s just too early to give any substantial ethical analysis; we don’t know what this will really be like. I can suggest some possible dangers and advantages, but often the best we can do is simply to proceed slowly and keep our eyes wide open. Please check back later!” The conservatism we criticized earlier involved an instant and blanket rejection. What we are suggesting instead is an initial and continuing caution, and an effort to anticipate good results as well as bad.

There are other dangers less within the ethicist's direct control. Some of these also plague any person sought out as a source; like anyone else, for example, the ethicist can be quoted out of context in a way that distorts his meaning. But there is one problem of particular concern in coverage of ethical issues: the reporting of the ethicist's moral position, with little or no mention of the ethicist's reasons. This practice does little to serve public deliberation, which we have argued should be one of the ethicist's principal purposes. Simply reading someone's unsupported position on an issue does little to encourage further reflection or to invite sympathetic consideration of alternative views. (This is especially true if the view simply reinforces what people already believe. Hearing that an "authority" disagrees with common wisdom could be startling and provoke deeper thought, but an unconventional position without support is not much better than a conventional one.)

Finally there is the label "ethics expert" itself, with its implication of an authoritative source of moral truth. The label is deeply undemocratic, encouraging passivity rather than participation in a respectful, searching, constructive conversation.

#### IV. HITTING THE TARGET

There is a brighter side to this picture. Interactions between bioethicists and the media can be useful to all parties. Our purpose here is to tease out what makes that possible. In working on this paper we did some research: we chose four "ethics stories" and looked at the way they were presented in the first week after they hit the headlines. The stories we chose were Janet Adkins (Jack Kevorkian's first assisted suicide); the Lakeberg Twins (conjoined twins separated by surgery which necessarily cost the life of one); Kimberly Bergalis; and Dolly. We looked at stories in leading newspapers and in the newsweeklies.<sup>4</sup> Among other things we learned how hard it is to do good research of this kind, and we present our findings only tentatively. At best they are suggestive of what is possible.

We discovered a number of countable things. Ethicists are not quoted as often as we thought; most of the stories (about 2/3) made no reference to them. Those who are quoted are usually philosophers or theologians. Usually the quotation (direct or indirect) contains at least some implicit argumentation.

More interesting is a comparison between what was said then and what is commonly said now (within the bioethics community). Here we looked more closely at two stories: Janet Adkins and Dolly. We found little differ-

ence between the kinds of arguments given at the time of Janet Adkins' death and the arguments that are important now: worries about whether physician-assisted suicide violates the commitments essential to medicine, worries about unnecessary suffering at the end of life, insistence that if it does become legal it be strictly regulated. On Dolly, however, there seemed to be considerably more change (and over a period of months rather than years). The initial comments almost all condemned any thought of human cloning, and commentators' understanding of the science involved was not always deep. Six months later there was a greater spectrum of opinion, less automatic condemnation, and a more accurate understanding of the science (Kolata, 1997). We speculate that the contrast between the two issues' public history results from a difference in novelty. Although no one had done exactly what Kevorkian did, the very similar act of euthanasia was not new; there had been an extensive discussion of it within moral philosophy. Any experienced bioethicist had already talked and taught about the subject, so what they said to the press was the fruit of long reflection. Dolly, on the other hand, had no precedent outside science fiction and a few mistaken news stories soon retracted. Commentators had much less on which to draw.

In looking at reactions to Dolly in that week after her existence was announced, we found a few exceptions to the general rule of condemnation by slogan. George Will wrote a thoughtful column drawing from Leon Kass' book of a decade earlier (Will, 1997; Kass, 1985, pp. 43–79). Both Robert Wachbroit and Ruth Macklin wrote columns exploring the issues in some depth (Wachbroit, 1997; Macklin, 1997). These gained considerably from simply being longer, in themselves or in the sources from which they drew. But there were also a couple of very short comments that in retrospect stand out: Henry Greeley of Stanford said “the trouble is that we sanctify DNA” thus putting his finger on a deep cultural confusion that permeates this discussion — the belief that people with the same genotype somehow fail to be completely distinct from one another (Kloehm and Salopek, 1997). The other remark was Art Caplan's, at the end of an otherwise unremarkable interview: “[Cloning] is not a way to become immortal” (Langreth, 1997). He too took a step toward undercutting a powerful misunderstanding: that a younger person with my DNA somehow is me.

From this venture into empirical research, from the goal we have endorsed (encouraging rational democratic deliberation), and from our own experience, some constructive ideas emerge.

## V. TAKING BETTER AIM

There are a number of different ways in which to encourage better public conversation, and serve democratic deliberation. We suggest that a first step in preparing for any encounter with the press is to decide what role we want to occupy.

First and most fundamentally, an interaction with a journalist need not be an interview and need not lead to being quoted. What matters most is how the reporter understands the story. That is true whether the ethicist is explicitly referred to or not, since even a direct quotation will be selected and placed as the journalist chooses. A chance to help him or her understand the issue more fully will usually be the most important thing we can do. One can refuse to be quoted and still spend a fair amount of time helping the journalist understand the basic issues. In some situations, in fact, making that offer can test both one's own and the reporter's real intentions.

But suppose one expects to appear in the story. The most obvious way of fostering rational democratic deliberation is to contribute to it: to take a position and support it with the kind of reasoning described earlier. Ethicists, whether or not they are philosophers, have generally been trained to do this. As Rachels and Pence note, and our own look at the record suggests, we are not always successful. The specific constraints of journalism make it much harder than it is in the classroom.

But contributing to public discourse is not the only way of fostering it. Here the project becomes more subtle. What can we say that will encourage others to be, not passive acceptors and rejectors, but active thinkers and speakers? A simple further step is *modeling* rational democratic deliberation. This demands not only presenting one's own position but in some way including other positions: "Although I believe in national health insurance, I understand the concerns of those who worry that it will inhibit the range of options available to patients."

A different tactic is to supply crucial missing facts or perspectives. Whatever one's own position on the cloning of human beings, for instance, it soon became clear that the general public sees one's genotype as a sort of material soul: duplicate it, and you've duplicated me. The misapprehension is troubling for many reasons, some of them far removed from the cloning issue. On the hardest materialist grounds, no person is completely determined by her genes. A genotype interacts with the environment, and the result is a phenotype; our lives are shaped by our genes, limited by them, made possible by them — but not dictated by them. Efforts to correct beliefs in genetic determinism might be more important than argued positions about cloning.

Again, in order to promote healthy dialogue one might give voice to underrepresented positions, even if they are not one's own. "I don't yet know exactly what I think" [a valuable point in itself] "about physician assisted suicide. But what the handicapped community says gives me pause..." When we looked at the early cloning discussion and concluded that the most valuable short comments were those that were unconventional, we were reminded of findings in social psychology: When a dissident member of a group speaks up, everyone else becomes freer to think and speak for themselves. Even when the bioethicist is not herself a dissident, it might be her responsibility to make sure some dissent gets heard.

In addition we should consider what rhetorical frame to use. "What Kevorkian did is wrong," for instance, has a different flavor than "I am convinced by what I've heard that what Kevorkian did is wrong." The first suggests someone providing answers, and someone who feels sufficient unto himself. The second suggests a human being in conversation with others whom she respects. In some situations the flat assertion might be preferable; the point is to think about what ones hopes the interview will accomplish.

Of course there's no guarantee that the final story will include the rhetorical frame one used. That's what makes talking with the press so challenging. Some of the strategies we've mentioned will be possible only in certain contexts. A sound bite, a talk show, a series of articles: each format provides different possibilities and has its own limitations.

And that leads to our final point: whatever we do by means of the media will be done in partnership with some journalists. As we said earlier, it is important to understand the constraints under which reporters work, to recognize the goals the two fields have in common, and to name the problem intrinsic to both professions: to "help" an audience one must reach them, and a definition of "help" that strays too far from what people now want will be both useless and patronizing.

Just as media formats differ, so do journalists. In some regions of the country an interesting experiment called civic or public journalism is being tried. (Levine, 1996, Oppel, 1997). It is a movement toward a more active and more constructive press, one which for instance conducts focus groups to find out what people's concerns are, presses candidates on those issues, perhaps sponsors public fora in which people who disagree can work toward consensus. Civic journalism emphasizes steps toward resolving problems rather than highlighting disagreement. The movement has its critics, who believe the press should observe, not interact, and who point out that sometimes truth and righteousness lie with the "extremists." (Martin Luther King being one example.) But the ideals of civic journalism

harmonize well with those of rational democratic deliberation, and bioethicists may find allies in it.

Everything we've said so far consists in advice for bioethicists in their individual encounters with the media. Some initiatives within the field as a whole are also needed. First, we need to develop a practical literature about our experience with journalists, stories and tips about what has worked and what hasn't. Second, we need to find or commission empirical research into what actually moves an audience toward the respectful mutual engagement that constitutes rational democratic deliberation. The suggestions we make here are based on armchair psychology, logic, and experience. Serious research is needed.

## VI. COACH'S CORNER

We mean to be practical. Here is a summary of steps that we hope would prevent the wild shots that Rachels, Pence, and others have noted.

1. Be aware:
  - Recognize your own and the journalist's incentives and job requirements. Be alert to the problems they present.
  - If possible, know the reporter/station. If you don't, perhaps offer to help the journalist understand and frame the issue, but refuse to be quoted. Suggest other sources as well.
  - Consider the medium: a sound bite on tonight's TV news? A quotation in the paper? A feature article in the paper? What are its dangers and advantages?
2. Be modest:
  - If you don't know what you're talking about, decline the interview.
  - If you don't have a significant point to make, decline the interview.
  - Avoid predictions about "what this will lead to." Remember Socrates: the wise at least know that they do not know.
3. Be careful:<sup>5</sup>
  - Consider tape-recording your interview (openly), not just in order to dispute bad coverage, but to learn how communication works or goes awry.
  - Periodically stop and ask the reporter to summarize what he thinks you've said.
4. Do no harm:
  - Rarely if ever judge individuals who have made decisions about their own lives, e.g., Ayalas, McCaugheys (parents of septuplets, who had sought fertility treatment, and had decided against

- “selective reduction” ). There are always more general issues to turn to.
5. Choose not only your words but your stance
    - Don’t pontificate. Don’t issue simple, ringing declarations.
    - Decide whether you will present (and support) a position, summarize the argument, correct a misunderstanding, bring silenced voices to the table: which of these would most foster rational democratic deliberation?
  6. Be constructive and creative
    - Build up a relationship of trust with a reporter, in situations that allow it.
    - Try to make your points regardless of what you are asked. At the time of cloning, for instance, perhaps the most significant point was the difference between a human being and a genotype. But no journalist would ask that question directly. Notice which reporters and formats make it possible for you to shape your contribution.
    - Have on hand fast ways to deepen your understanding of the *discussion* (not the issue — that usually can’t be done fast). For example, National Public Radio has a web site, which repeats audio stories and has an on-line forum.
    - Seek opportunities to write columns, articles, for the general public. The more words, the more chance to say something useful. These involve more work and more risk, but may be the most important thing we can do.
    - When your other projects are ways of fostering rational democratic deliberation, invite press coverage. Len Fleck, for instance, invited CNN to cover his “Just Caring” project, an extensive exercise in community dialogue. They attended one full three hour session.
  3. Remember that you don’t have to do it [all] yourself. In fact, you can’t.
    - Be ready to refer reporters to other sources.
    - Start or join a discussion within the profession about what we are trying to do and how it can best be done.

Fire when ready!

## NOTES

1. In the end however this writer endorses ethical review of scientific projects.
2. For an interesting discussion of “ecumenical politics,” see Perry, 1991.
3. But see Van Steirteghem for concerns about one recently-developed method of in vitro fertilization.

4. James Isaak did much of the research and analysis for us. We are also grateful to Elizabeth Lunstrum for her assistance.
5. We owe these suggestions to Haavi Morreim.

## REFERENCES

- Benjamin, M. (1990). 'Philosophical integrity and policy development in bioethics,' *The Journal of Medicine and Philosophy* 15, 375–389.
- Brock, D. (1987). 'Truth or consequences: The role of philosophers in policy-making,' *Ethics* 97, 786–791.
- Clark, F.L. (1996). 'Making sense of *State v. Messenger*' *Pediatrics* 97, 579–583.
- Dewey, J. (1966) [1916]. *Democracy and Education*, The Free Press, New York.
- Dewey, J. (1958) [1946]. *Philosophy of Education*, Littlefield, Adams, and Co., Ames, Iowa, chap. 4, pp. 57–69.
- Editors (1997). 'A time for responsibility: Editorial,' *Nature* 390, 427.
- Elliott, C., Kahn, J. (1994). 'Docs on the box; Or how we learned to stop worrying and love the tube,' *Hastings Center Report* 24 (6), 22–23.
- Gutmann, A. and Thompson, D. (1996). *Democracy and Disagreement*, Harvard University Press, Cambridge, Mass.
- Kamm, F. (1990). 'The philosopher as insider and outsider,' *The Journal of Medicine and Philosophy* 15, 347–374.
- Kass, L. (1985). *Toward a More Natural Science*, MacMillan, NY.
- Kass, L. (1997). 'The wisdom of repugnance: Why we should ban the cloning of humans,' *The New Republic* June 2, 17–26.
- Kloehm, S., Salopek, P. (1997). 'Humanity still at heart, soul of cloning issue,' *Chicago Tribune*, March 2, Section 1, Col 1, pp. 1 and 17.
- Kolata, G. (1997). 'Human cloning: Yesterday's never is today's why not?' *New York Times*, Dec. 2, (web version).
- Langreth, R. (1997). 'Cloning has fascinating, disturbing potential,' *Wall Street Journal* Feb. 24, Section B, Column 3, p. 1.
- Levine, P. (1996). 'Public journalism and deliberation,' *Report from the Institute for Philosophy and Public Policy* 16 (1) 1–5.
- Macklin, R. (1997). 'Human cloning: Don't just say no,' *U.S. News and World Report*, March 10, p. 64.
- Olen, J. (1988). *Ethics in Journalism*, Prentice-Hall, Englewood Cliffs, NJ, pp. 87–91.
- Oppel, R.A. (1997). 'Three steps to improve public journalism,' *The American Editor*, No. 782 (Jan–Feb), 12
- Pence, G. (1990). *Classic Cases in Medical Ethics*, McGraw-Hill, NY.
- Pence, G. (1998). *Who's Afraid of Human Cloning*, Rowman & Littlefield, NY.
- Perry, M.J. (1991). *Love and Power*, Oxford University Press, NY.
- Rachels, J. (1991). 'When philosophers shoot from the hip: A report from America,' *Bioethics* 5(1), 67–71.
- Rawls, J. (1993). *Political Liberalism*, Columbia University Press, New York, lecture VI, 'The idea of public reason,' pp. 212–54.
- Truog, R.D. (1997). 'Is it time to abandon brain death,' *Hastings Center Report* 27(1), 29–37.
- Van Steirteghem, A. (1998). 'Outcome of assisted reproductive technology,' *New England Journal of Medicine* 338, 194–195.

- Wachbroit, R. (1997). 'Should we cut this out? Human cloning isn't as scary as it sounds,' *Washington Post* March 2, Section C, column 3, p. 1.
- Weisbard, A.J. (1987). 'The role of philosophers in the public policy process: A view from the President's Commission,' *Ethics* 97, 776–785.
- Will, G. (1997). 'The moral hazards of scientific wonders,' *Washington Post* Section A, column 1, p. 19.
- Yoder, S.D. (1998). 'Rethinking professional expertise,' ms.