



Bioethics programs evolve as they grow

With bioethics squarely in the news comes new scrutiny on exactly what it takes to train a bioethicist.

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It is hard to read a newspaper, watch a news show, or listen to the radio without hearing the voice of the bioethicist. Cloning, stem cell research, genetic testing, gene therapy, managed care, organ transplantation, assisted suicide, euthanasia: the list of problems that the public confronts has helped to create a growing awareness of bioethics and a sense that it is a part of the landscape of modern biomedical science. This has naturally led to an increase in interest in careers in bioethics, which in turn creates demand for new educational programs and institutions. At the same time, many in the media question the legitimacy of bioethics—a challenge often unanswered by those who wear the mantle of this new field.

There is a great deal of ambiguity in the concept of a “bioethicist”, and unlike most careers in medical professions, there are no generally accepted standards as to professional qualifications; nor is there any accreditation process to certify someone as a bioethicist. One popular image of bioethics (and one often attacked for its role in this setting) is the ethicist at the bedside. As a part of clinical medicine, the people who are members of hospital ethics committees typically have little or no formal training in any of the nonclinical academic disciplines usually seen as central to the literature in bioethics. These individuals are typically volunteering their time or acting as a member of the ethics committee as part of the broader set of services they perform for a hospital in their roles as physicians, nurses, or legal counsel.

In contrast, there is a growing academic community whose primary scholarship is in bioethics. These individuals often play a role in clinical settings and serve on hospital ethics committees; yet their primary focus is typically on research, teaching, and other forms of outreach. These are the individuals who usually publish the articles and books that the public associates with bioethics, and a subset of these academic bioethicists represents the “talking heads” that the public has come to see on a regular basis on the news. There is much more fine-grained differentiation that should

be kept in mind when thinking about bioethics. This article discusses the many activities that make up contemporary bioethics and what sort of educational background is needed for each of these careers.

Clinical ethics

Most hospitals have ethics committees. Their activities and membership vary widely. They range in size from a handful to dozens of individuals, and they range widely in how often they meet and what they do. While there is no formal accreditation of this group, standards have emerged about what sorts of expertise they ought to collectively possess. These groups primarily carry out four functions: providing educational activities for themselves and for the clinical staff of their institutions; evaluating and formulating policies on ethical issues, for example, do-not-resuscitate (DNR) and futility policies; retrospective reviewing of cases; and active clinical consultation on difficult cases that are identified as “ethics cases.”¹ Typically these cases involve problems in communication among family members, patients, and/or clinical staff, and they are often framed in terms of issues relating to autonomy and competency. For most ethics committees, only a handful of cases arise each year.²

Most of the individuals on these committees have full-time jobs as nurses, physicians, etc., and their service on ethics committees is often a way of enhancing their career satisfaction in those positions, rather than a distinct career. There are a growing number of educational opportunities to help these individuals perform these tasks, ranging from short courses (one to two weeks), certificate programs (often the rough equivalent of a single course), and a growing number of master’s programs in bioethics that nearly always cater to midcareer professionals.

Although most ethics committees and ethics consultations exist in the context described above, there are a smaller number of hospitals that have decided to treat ethics as a separate medical specialty. In this case, there are often a much larger number of ethics consultations as the staff becomes accustomed to calling on the service. The number of individuals who serve as professional, full-time clinical ethicists is fairly small, but such positions do exist. The educational background of these individuals varies widely. Some positions explicitly seek individuals with a PhD in

either philosophy or religion/theology. Other positions prefer individuals with a greater clinical background. Increasingly, there are individuals with both types of credentials who may take these positions. The rise of master’s programs in bioethics raises the specter of much less educated individuals taking on these kinds of roles (typically for much lower pay), and in my experience as graduate studies director of such a program, these kinds of opportunities are beginning to emerge, despite our active discouragement.

Research ethics

An area of bioethics that is rapidly expanding and is likely to have many more prospects for future careers is the area of research ethics. After a series of scandals in the conduct of research on human subjects came to light in the late 1960s and early 1970s, federal legislation established a regulatory system for dealing with all research on human subjects (similar regulation of research on nonhuman animals came later). This led to the creation of an institutionalized research ethics system. Recent scandals and crackdowns by the Office of Human Research Protection have created an influx of resources into this system producing a series of potential careers. Every institution that receives public funding or seeks approval from the US Food and Drug Administration has an institutional review board (IRB). These IRBs have far greater funding than ethics committees, and are likely to have far greater resources in the near future in response to the growing tide of concern over research abuses and liability. IRBs are headed by a physician, creating a relatively new career in academic medicine. IRBs often have staff positions and at the present time, the educational background of that staff is quite variable, ranging from people with BAs to PhDs in relevant areas of bioethics.

In addition to the IRB, compliance officers are charged with overseeing the implementation of a system of protection of subjects, and of compliance with the laws regulating research. Compliance officers for an institution are lawyers, and in my experience, they are increasingly pursuing research ethics training for themselves. Because there is so much at stake in having a good, rigorous system of protection of human subjects, there is a growing trend toward “research ethics audits.” Law firms or consulting companies are

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brought in to review the systems in place (including the IRB, and any training programs for researchers), and they often create educational systems for the training of researchers in the fundamentals of research ethics. This has created a new source of bioethics jobs for both JDs and PhDs. A number of law firms are working in this area and have pursued our JD students, and a major consulting firm recently hired a philosophy PhD for their program. Just as the scandals of the past (Tuskegee, Willowbrook, etc.) led to the creation of the current system and the investment of resources, the new series of scandals and shut-downs (Gelsinger, Johns Hopkins, etc.) is likely to lead to changes in the regulatory system and new career opportunities. This is an interesting period for research ethics.

Bioethics in academia

Another career option for bioethics is in academia. Centers for bioethics are being developed all over the country. Most of these are at medical schools, where teaching of medical students and residents in addition to research drives the creation of these programs. A smaller number of centers are more closely affiliated with philosophy departments (although even these have strong ties to medical schools). These centers employ academics of every stripe—clinicians, philosophers, social scientists, lawyers, theologians, etc.

Beyond bioethics centers, bioethics is becoming a firmly established area of research within academic medicine. In addition to those who work in research ethics and head IRBs, academic medicine also includes clinicians who may do some published work in bioethics, but who are largely clinical practitioners who deal with clinical ethics cases commonly in their practice (e.g., end-of-life issues) and who serve on or head ethics committees.

But the fastest growing area of bioethics within academic medicine is found in those who do a significant amount of research. Thanks at least in part to the rise of empirical methods within bioethics, it is now possible to receive funding for research in bioethics from the National Institutes of Health, private foundations, and other governmental sources. It is also possible to publish in the leading medical and scientific journals. Similar opportunities exist within academic nursing. Both of these represent significant areas of growth. The recently completed Human Genome Project required that 1–3% of its funding would go to ethical, legal, and social implications of the project. This influx of funding helped drive the move toward empirical methods. In addition to creating a growing class of physicians and nurses who do this kind of research, it has also made it possible for PhDs in the social sciences to pursue positions in a medical school setting. These positions typically involve using

grant support to cover a significant portion of one's salary. In contrast, most philosophers and theologians have required institutional support. However, the influx of empirical methods and grant money is having an influence on these disciplines, and there is a growing trend toward collaborative work that combines philosophy with empirical research, making it possible to fund philosophy. The rise of master's programs in bioethics is another potential source of positions as faculty are needed to teach these students (and as revenue from the programs makes it possible to support those positions).

Outside of medicine, there are positions in traditional arts and sciences departments, such as philosophy, medical sociology, anthropology, and religion departments. These positions are likely to increase, driven by the large number of undergraduates who are interested in the field. There are new undergraduate bioethics organizations, and universities are increasingly offering programs, from majors to minors in bioethics. These programs will presumably require faculty to teach in them. In addition, there are positions within law schools for scholars who work on bioethics-related issues, and a number of very prominent members of the field are primarily housed in law schools.

Conclusions

Bioethics is clearly growing, but the field is also changing. Until recently, bioethics was quite clearly a multidisciplinary area; however, we are witnessing the transition of academic bioethics into an interdisciplinary field. There are now both undergraduate and master's programs in bioethics, and more recently, a few PhD programs in bioethics have been created. These programs are likely to provide students with the empirical training they need to pursue positions within academic medicine, combined with enough philosophical grounding in ethics to help frame that research.

It is clear that bioethics is going to continue to grow as a part of the academic landscape. The perceived need for some bioethics training is leading an increasing number of institutions, from hospitals to pharmaceutical companies, to seek bioethics training for its employees. This will create a greater need for bioethics programs. Research ethics is also likely to be a growth area in the future. The appropriate training for these fields is likely to be contested turf for the next decade.

1. American Society for Bioethics and Humanities Task Force on Standards for Bioethics Consultation. *Core competencies for health care ethics consultation*. ASBH (1998).
2. McGee, G. et al. A national study of ethics committees. *Am. J. Bioethics* 1, 60–64 (2001).