Honoring Arthur L. Caplan

Renee C. Fox

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Honoring Arthur L. Caplan

Erratum
ix

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DEDICATORY ESSAY

HONORING ARTHUR L. CAPLAN

Renée C. Fox

Contemplating the writing of an introductory piece about Arthur L. Caplan – philosopher of science, bioethicist, public intellectual, and the person to whom this issue of THE JOURNAL OF CONTEMPORARY HEALTH LAW AND POLICY is dedicated – summoned up several personal images of him which have more than a personal meaning:

A few years ago, while I was flying across the country on a professional trip, engrossed in reading a good novel and happily elevated 35,000 feet above my usual ground-level activities, I glanced up from my book and saw Arthur Caplan's face before me on a television screen. Via electronic media, he was journeying with my fellow passengers and me, exuberantly discussing bioethical questions about organ transplantation with us, as we sped through the sky.

One spring afternoon in 1998, he came to visit me on the rehabilitation unit of the hospital where I was undergoing physical therapy for a fractured leg. As he watched me take tentative steps with the aid of a walker, and observed the other patients and the equipment in the treatment room, we were united in our mutual memories of the bout of polio each of us had undergone in our youth – his occurring at the age of seven. "Nothing has changed much," Arthur remarked, "except for the fact that there is more Velcro now." ¹

¹ Ph.D., Harvard University, 1954; B.A. Smith College, 1949.

1. A large part of the material on which this essay is based was obtained through the extensive, face-to-face interviewing of Arthur L. Caplan done by historian/social scientist Judith P. Swazey, Ph.D., sociologist, Carla M. Messi-komer, Ph.D., and myself, in the framework of the Acadia Institute Study of Bioethics in American Society that we are conducting with the support of the National Science Foundation (Grant No. SBR 9710579) and the Greenwall
These remembered incidents contain glimpses of Caplan’s relationship to bioethics, some of the experiences and convictions that underlie his activities in the field, and the personality and intellect that he brings to it.

Polio, Arthur Caplan testifies, was one of the “formative” events that drew him into philosophy and subsequently, into bioethics. The children in the hospital ward where he spent six months included those with leukemia and other forms of cancer, as well as fellow polio patients. Their collective predicament raised questions of meaning for him about why these bad things were happening to him and the other children, and though “I wouldn’t have put it that way at the time,” Caplan pondered, “Why is there evil?” It also started him thinking, both pensively and indignantly, about “why people had such a hard time telling the kids the truth,” especially in light of the fact that “kids could, and did, figure out what was going on.” “Johnny’s gone home,” the doctors would say when a child died. “Why were people lying? What were they covering up, or what bothered them? Why didn’t they just tell you what was true?” he wondered. These childhood observations and queries precociously foreshadowed Caplan’s strong adult commitment to informed consent, truth-telling in doctor-patient relationships, and his involvement in these issues as a bioethicist.

Caplan’s Jewish background and education also had a foundational influence on his early engagement in ethical and metaphysical questions. He was reared as a Conservative Jew, in a family whose relationship to Judaism he describes as “Workmen’s Circle, Zionist, and secular.” “I was not taken with Judaism as fundamentalism,” he explains, but as “a style of argument and mode of inquiry.” He gleefully recalls that he “spent a lot of time growing up arguing with rabbis, and fighting with Sunday school and Hebrew school teachers.”

Obtaining his undergraduate education at Brandeis University amid the social ferment and protest of the late 1960s and early 1970s further sparked his interest in philosophy and ethics. As a college freshman in 1967, he experienced heated disputes and demonstrations about the war in Vietnam, while intensive political discussions concerning race and human rights issues pervaded the campus. Caplan “got very in-
involved” in these matters in what he characterizes as a relatively conservative way, because though he did not like the war, he never supported the North Vietnamese, and he found it “unacceptable to do violence,” or to “beat up on the university.” The major ethical question for him regarding Vietnam was “whether it was moral to intervene.”

Caplan’s choice of biology as his college major was impelled more by his interest in science than by his or his parents’ hopes that he might become a physician. In fact, a strong deterrent to his selecting medicine as his future career stemmed from his childhood observations as a polio patient that doctors had to do a lot of things that hurt people, such as taking blood and performing spinal taps. He acknowledges that dealing with the “you have to cause harm to get benefit” aspects of medicine still make him “cringe.”

The faculty member at Brandeis to whom he felt closest was not a biologist, but a philosopher. In his senior year, Caplan applied for admission to some law schools, and to several university philosophy departments. He was not sure what he really wanted to do, but he was attracted to the idea of getting more training in philosophy to see if he liked it. The graduate study that he undertook in the Philosophy Department of Columbia University, gave him contact with Columbia’s academic medical center and the “New York intellectual scene.” They proved to be determining encounters that, in unforeseen ways, brought him to the threshold of the emerging field of bioethics, and the distinctive career that he has developed within it.

In graduate school, his two principal teachers were the renowned philosophers, Ernest Nagel and Sidney Morgenbesser. Nagel had the deepest impact on Caplan, beginning with the course that he gave in the philosophy of science, the stirring questions about science that it raised, and the broad vision of philosophy of science that it set forth—a perspective that included biology and social science within its orbit, as well as physics, on which the field was traditionally focused. Caplan came to know Nagel not only as a distant, “giant figure” in the pantheon of Columbia intellectuals and teachers, but as a mentor, an accessible and responsive interlocutor with whom he could discuss and zestfully argue about ideas as he had with his favorite rabbi-teachers. Nagel was already seventy-five years old when Caplan enrolled in his philosophy of science course. He became his last graduate student and teaching assistant, and Nagel (with Morgenbesser) codi-
rected Caplan’s doctoral dissertation, *Philosophical Issues Concerning the Synthetic Theory of Evolution*. “For me, the cementing of the philosophy career was Nagel,” Caplan declares, with enduring recognition of this philosopher-teacher’s shaping influence on his life.

Ernest Nagel maintained a tradition of providing his teaching assistants with what Caplan terms “lessons in professoring,” by having them give certain lectures in his courses, and afterward critiquing their teaching performance. On one such occasion, when Dr. Bernard Schoenberg—a psychoanalyst and a faculty member in the Psychiatry Department of Columbia’s College of Physicians and Surgeons who was doing pioneering work on death and dying issues—came to hear Nagel lecture, it was Caplan whom he found on the podium instead, delivering a neophyte talk on “Is Evolution Progress?” Even though Caplan “shudders to think” what his lecture was like, and “got a lot of criticism” from Nagel about it later, Schoenberg invited him to teach a six-week course to a class of first-year students at Columbia’s Medical School that would have some bearing on ethical issues arising in medicine.

Teaching this course transported Caplan from “the world of philosophy” to that of medicine and dramatized what he did not comprehend about the latter. In effect, the course was a fiasco “because it was just a philosophy course,” Caplan says. He began by discussing Socrates and Aristotle and finished with John Stuart Mill. The course attendance plummeted from two hundred to no more than twenty students. The problem, he and Schoenberg agreed, was that Caplan had little knowledge or understanding of medicine. Schoenberg offered to remedy this deficiency by having him admitted as a special medical student, but Caplan felt that this would unduly interfere with completing his Ph.D. dissertation in philosophy. Instead, he requested that arrangements be made for him to do a certain amount of participant observation in a number of settings where he thought there might be some interesting medical ethical issues. Schoenberg suggested that he begin on an acute inpatient dialysis unit. Caplan asked to be moved to a rehabilitation service after that because of his polio-associated interest in it and because he considered it one of the best places to see “ethics in action.” (“... No machines; no cures ... Virtue judgments made all the time about patients’ character ... [and] their compliance. ... And it’s short on resources, so you’re always using value judgments to sort out who you’re going to treat, and who you’re going to dis-
charge.”) Caplan was next invited to spend some time on neonatology. Finally, as Schoenberg originally proposed, Caplan signed up for a year of medical school training which included a rotation on neurology.

By 1978, these different strands of experience and learning were converging. Caplan found “the clinical world of medicine . . . [an] interesting, . . . exciting . . . moral laboratory” of “real people.” Students now liked the first-year medical school course that he was teaching because he was introducing into it some of the things that he had seen on the dialysis, rehabilitation, neonatology, and neurology services. Throughout this time he was having a running conversation with Ernest Nagel about his dawning discovery that what he was seeing, learning, and teaching constituted an area in which there could be “a nice merger of science and philosophy.” Although Nagel alleged that he knew little about the universe that Caplan was describing, he nonetheless encouraged him to follow his interest.

The “intersection of forces” that Caplan was experiencing included an additional component. His contact with members of the “New York City intelligentsia,” who were prominent contributors to media publications like the NEW YORK TIMES, NEW YORK REVIEW OF BOOKS, and NEW YORKER, were “opening up the idea [for him] that philosophy could be public,” and that it was possible to have an intellectual life concerned with large issues, without taking “the straight-up academic route.” This resonated with the mentoring comments that Nagel periodically made to Caplan about giving some serious thought to how he could put to good use his unusually “outgoing, . . . bold personality for someone in philosophy,” and his considerable ability to communicate orally, and in writing.

What Caplan refers to as “one of the great unplanned events of my life” brought all these elements together, and launched him into the field of bioethics. In 1977, on his return flight from a conference on genetics, genetic testing, and cloning, to which Bernard Schoenberg had sent him, Caplan happened to sit next to philosopher Daniel Callahan, one of the speakers at the conference. Callahan was the Director of the Institute of Society, Ethics and the Life Sciences, a pioneering bioethics organization known as the Hastings Center that he co-founded with psychiatrist Willard Gaylin in 1969. “Remarkable advances are being made in organ transplantation, human experimentation, prenatal diagnosis of genetic disease, the prolongation of life,
and control of human behavior,” the early mission statements of the Hastings Center declared

And each advance has posed difficult problems requiring that scientific knowledge be matched by ethical insight. Accordingly, the Institute was founded to fill the need for sustained professional investigation of the impact of this biological revolution. In trying to cope with the wide range of ethical, social, and legal questions, the Institute has established three general goals: advancement of research on issues, stimulation of universities and professional schools to include ethical inquiry as part of their curricula, and public education.

This is how the Hastings Center defined bioethics at its inception. As he talked to Callahan about the Center, its intent and programs, his own training in biology, philosophy, and medicine, and his medical school and hospital-based activities, Caplan began to think that without having been aware of it, he had “started to do bioethics.” Callahan told him that from time to time a research assistantship opened up at the Center and invited him to remain in touch if he was interested in such a position.

In the summer of 1977, while he still writing his dissertation, Caplan obtained a job at the Center as its “gopher, Xerox, reference person.” He stayed on to become a National Endowment for the Humanities post-doctoral fellow, working primarily as a member of a group project on the ethics of genetic testing and screening. By 1978, he also published his first edited book, THE SOCIOBIOLOGY DEBATE, which is still in print twenty years later.  

Caplan consulted Ernest Nagel and Sidney Morgenbesser about his growing inclination to affiliate himself on a more long-term basis with the Hastings Center, and to work in bioethics, rather than accept one of the several positions he was offered by academic departments of philosophy in 1979, when he was awarded his Ph.D. Initially Nagel was not pleased with Caplan’s decision, but he eventually became reconciled to it. Morgenbesser was vehemently opposed to what he regarded as “throwing away a promising career” in the philosophy of science, for this dubious thing called bioethics – “whatever that is,” as he disdainfully put it. He considered it a “waste” of Caplan’s philosophical ability, a violation of his training, and a “betrayal” of the dis-

cipline of philosophy. Although Morgenbesser never changed his mind about this, he did approve of the fact that Caplan later became a public intellectual—an activity in which he himself did not engage, but which he admired.

Daniel Callahan and some of the people with whom Caplan worked in the Hastings genetics group were first-generation participants in what Caplan describes as the “conception and embryonic development” of bioethics. By the time he appeared on the scene in the late 1970s, he says, bioethics had been “baptized,” was “starting to have a childhood,” and was attaining enough intellectual definition and professional identity for the members of his second-generation cohorts to call themselves “bioethicists.”

Arthur Caplan spent the next ten years of his professional life at the Hastings Center, first as an Associate for the Humanities (1977-1984) and then as Associate Director (1985-1987). His prolific publications during that period indicate that he continued to work on questions related to evolution, sociobiology, and genetics, and to the teaching of ethics and values in science and professional school courses. In addition, he became progressively more involved in ethical and policy issues associated with human and animal experimentation, new reproductive technologies, aging, deciding to forego or terminate the life-sustaining treatment of infants and elders, and above all, in ethical aspects of organ transplantation, and the deployment of artificial organs (dialysis on an artificial kidney machine, and the implantation of an artificial heart.)

Even more copious than the number of articles and edited books that he published during his time at the Hastings Center were the public lectures on a wide range of bioethical subjects that he delivered in a variety of college and university, professional association, and hospital settings. In both his lectures and his publications, Caplan began to pay more explicit attention to the growing public importance of bioethics in the polity and the media, as well as its applied significance in the practice of medicine. In this connection, he raised provocative questions about the extent to which “philosophy belong[s] in philosophy departments.”

In 1984, Caplan ventured beyond writing and talking about bioethics, policy, and the polity when he proposed the establishment

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of "required request" procedures as a way of increasing the number of
donated organs made available for transplants. His idea was to oblige
health care professionals in hospitals to notify the next-of-kin or the
legal guardians of every potential donor of the transplantation option,
and ask them to make a donation of their relative's organs for this
purpose. Although this notion was rapidly drafted into law enacted by
most state legislatures, federally mandated for all institutions receiv-
ing Medicare or Medicaid funds, and incorporated into hospital ac-
creditation standards, it had little effect on organ procurement, and the
so-called "organ shortage" problem. (In a study that Caplan and col-
leagues later conducted, they discovered that "resistance by physicians
to complying with the new laws" was a major source of their limited
impact.)

Caplan's involvement in "cutting edge issues in human experimen-
tation," and in what he terms such "action-packed adventures on the
frontiers of high technology" as organ transplantation and genetic en-
gineering, did not deter him from his conviction that it was important
to pay attention to more "everyday" medicine and ethics, and to what
"ordinary people want out of health care." A considerable number of
his publications and talks dealt (and continue to deal) with these mat-
ters.

In 1987, Caplan left Hastings to become the Director of the Center
for Biomedical Ethics, and a Professor in the Departments of Philoso-
phy and Surgery at the University of Minnesota. His absorption in the
field of organ transplantation made him especially welcome in the
University's Surgery Department, with its national reputation as an
important transplant center. At the same time, his appointment to Sur-
gery afforded him a prime opportunity to continue his work in this
area, and to extend it to bioethical questions surrounding retransplan-
tation, xenotransplantation, "non-heart-beating" cadaveric transplants,
fetal tissue transplants, the equitable allocation of scarce, donated or-
gans, and the ethicality and practicality of financially compensating
organ donors and their families.

4. See Arthur L. Caplan, Ethical and Policy Issues in the Procurement of
Cadaver Organs for Transplantation, 311 NEW ENG. J. OF MED. 981, 981-983
(Oct. 11, 1982); Arthur L. Caplan, Organ Procurement: It's Not in the Cards,
14 HASTINGS CENTER REP. 6, 6-9 (1984); see also Arthur L. Caplan, Profes-
sional Arrogance and Public Misunderstanding: Threats to the Health of Re-
This constituted only a small part of the zestfully expanding agenda of bioethically relevant issues in which Caplan was engaged during the seven years (1987-1994) that he spent at the University of Minnesota. He became notably more involved in local and national problems of the delivery of health care in American society: its inequitable socio-economic, ethnic, racial, and regional distribution; the escalating millions of persons with no, or inadequate health insurance coverage; the ethics of rationing health care, and of its mode of reimbursement; and the implications of President Clinton's health care reform attempt, and of its failure. In the field of genetics, Caplan paid increasing attention to some of the ethical ramifications of the Human Genome Project, the massive international scientific program to map and sequence all the genes in the human body. Caplan concentrated on issues such as obtaining informed consent and safeguarding confidentiality and privacy in organ donation, the controversy about patenting the genome, and to the potential consequences of the project for the "volatile mix" of race, ethnicity, class, and heredity. Partly in response to Dr. Jack Kevorkian's accelerating crusade to promote and legitimate "physician-assisted suicide," Caplan devoted a cluster of his publications and lectures to this emanation of the larger question of euthanasia. In the realm of "everyday ethics" (in collaboration with Rosalie A. Kane, a colleague in social work and public health), he became more immersed in the ethical dilemmas and conflicts posed by "nursing home life" and the "management of home care," particularly as they affect the elderly. The kinds of problems arising in these settings that he analyzed included those that involve what he calls the "ethics of the mundane," such as "Should we give Mr. X a bath?" When can a bath be considered a medical treatment? And under what circumstances can it be acceptably waived, or refused? In addition, Caplan wrote and spoke about what bioethics had, and had not brought to the public and to public policy through the media and other means. During this period, when he also became a member of the Medical Advisory Council of the National Holocaust Memorial Museum (1992-Current), he published several articles about the meaning of the Holocaust for bioethics and the analogies to the Holocaust that he perceived in con-

temporary bioethical debates.

The number and range of local, state, national, and international committees, boards, and panels that Caplan was asked to join during his time at Minnesota grew exponentially as well. The groups in which he served were not only concerned with the substantive areas of bioethics on which his work was usually concentrated, but also with matters that extended beyond them—such as AIDS, Gulf War veterans' illnesses, blood safety, health services administration, and health law. For the most part, the organizations involved were non-governmental, however, various legislative officials and bodies sought Caplan’s consultant advice.

Another significant development that occurred during this phase of Caplan’s career was his increasing presence in the print and electronic lay press. This not only took the form of being frequently called upon by a widening orbit of newspapers, magazines, and television news programs to comment on current bioethical issues; it also entailed the more proactive role of writing articles for the media—including undertaking the writing of a weekly column entitled *A Question of Ethics* for the *ST. PAUL PIONEER PRESS* (1993-1996), syndicated by King Features to twenty-five newspapers nationwide.

In 1994, Caplan accepted an offer from the University of Pennsylvania Medical Center to establish and direct a Center for Bioethics there as Trustee Professor of Bioethics, with secondary professorial appointments to the departments of Medicine, Molecular and Cellular Engineering, and Philosophy. Although he was “not desperately trying to leave Minnesota,” Caplan says, he was attracted to the University of Pennsylvania for a number of reasons: its strong medical school and health care system; its location in a city with an array of other important medical schools and hospitals; its eminence in genetics, and its pathmaking activities in human gene therapy; its reputation in the history and sociology of science and medicine; its geographically unified campus and “one university,” interdisciplinary ethos; its “invisible college” of scholars, spanning many departments and schools of the University, who are involved in teaching, doing research, and writing about health/illness/medicine issues; and its proximity to the intellectual, media, and policy milieux of New York City and Washington, D.C. These characteristics of the University, Caplan felt, could make it possible for him to establish a dynamic bioethics center in its midst, of broad vision, multidisciplinary scope, and excellence in re-
search, education, and outreach, with an outstanding capacity to “advance scholarly and public understanding of ethical, legal, social, and public issues in health care and the life sciences.” Over the course of the past five years, from the baseline of the University of Pennsylvania, Caplan has been working energetically to implement and institutionalize this conception of bioethics.

The Center for Bioethics that he has developed places heavy emphasis on the conduct of interdisciplinary research, carried out by its twenty-one fellows who include philosophers, physicians, medical scientists, nurses, social workers, anthropologists, and sociologists. One of Caplan’s major goals is to forge closer conceptual and empirical links between bioethics, medicine, and social science. The roster of the Center’s well-funded and well-published research projects encompasses the issues on which he has been working over an extended period of time—such as those connected with human experimentation and informed consent, organ transplantation, and concomitants of the genetic revolution—and a number of new topics, the most innovative of which involve exploring the ethical implications of creating artificial life forms, of “who owns life,” and of how the media shape the discourse of medical ethics, beginning with an examination of their treatment of end-of-life questions. The Center is also extensively involved in education, through the medical school ethics curriculum that it designed, and in which it teaches; its participation in continuing medical education courses; its undergraduate concentration in bioethics; its master of bioethics program (primarily intended for mid-career professionals, whose goal is to combine this ethical training with another discipline, or with professional practice); the opportunities that it gives to high school, college, graduate and professional school students to take part in the Center’s ongoing research projects; and through the large amount of speaking and lecturing that the fellows of the Center do for a wide cross-section of groups and organizations in the community. Caplan’s long-standing belief in the importance of promoting public discussion and understanding of bioethical issues is a central commitment of the Center, which has become a major resource for journalists covering events in this area. (A February 1998 news analysis estimated that the value of the Center’s media

6. The Mission Statement of the Center for Bioethics of the University of Pennsylvania.
exposure in 1997 was three million dollars.) It has also created a prize-winning website, the most utilized and advanced source of bioethical information and discussion on the Internet. During peak traffic, the website receives as many as 300,000 visitors per week from professionals, patients, students, and teachers, communicating from national and international, as well as local sites. Along with their media and “electronic ethics” activities, Caplan and his colleagues are involved in public policy-relevant roles as consultants to legislative officials on such bioethical issues as genetic privacy, cloning, stem-cell research, the allocation of scarce organs for transplantation, human experimentation, and informed consent for therapy.

The atmosphere of the Center for Bioethics that Arthur Caplan directs in a hands-on, non-autocratic way is enthusiastic and expectant, but not complacent. Caplan is concerned about the degree to which bioethics continues to be conceptually wed to a reductionistic version of Anglo-American analytic philosophy, with a mantra-like devotion to the principles of autonomy, beneficence, non-maleficence, and justice, and an accompanying tendency to think dichotomously about the relationship between individualism and community, on the one hand, and ethical universalism and cultural diversity and “relativism,” on the other. He is critical and self-critical about what he regards as the rather narrowly gauged, highly specific, and repetitive list of topics and questions that bioethics has tackled during its three decades of existence, and its under-consideration of the relationship between medically-centered, bioethical issues and larger societal values, beliefs, and goals. Although he has pride in the Center’s vigorous program of research, he wonders whether bioethics can “take such an empirical twist, and still be . . . normatively and prescriptively philosophical.” In the near future, he would like to see the Center pay attention to the advent and consequences of managed care; the crisis that academic health centers are facing; inequities in access to care and in health status; opportunities and obligations to further educate journalists and policy-makers in matters pertaining to bioethics; and to the positive potentialities and possible ethical pitfalls of doing sponsored bioethical research with private sector groups like pharmaceutical and biotechnology companies, and health insurance and managed care organizations.

Still another item in Arthur Caplan’s plans for the future of the Center for Bioethics is to draw more senior and retired scholars into
its research, teaching, and outreach activities. I am one of the beneficiaries of this aspect of his outlook, because when I became a Professor Emerita on July 1, 1998, he invited me to join the Center as a Fellow, complete with an office of my own. This dedicatory essay, then, is not only written from inside the Center where I now have the privilege of being part of its endeavors, but with gratitude to Arthur L. Caplan, the inimitable bioethicist and its founder-director.
SELECTED HONORS, POSITIONS AND BIBLIOGRAPHY OF ARTHUR L. CAPLAN

ACADEMIC TRAINING

B.A. Brandeis University 1971
M.A. Columbia University 1973
M.Phil. Columbia University 1975
Ph.D. Columbia University 1979
Dissertation Topic: Philosophical Issues Concerning the Synthetic Theory of Evolution
Advisors: Ernest Nagel, Sidney Morgenbesser

CURRENT POSITIONS

Director, Center for Bioethics, University of Pennsylvania, May 1994 – Current

Trustee Professor of Bioethics, University of Pennsylvania, May 1994 – Current

Chief, Division of Bioethics, University of Pennsylvania, September 1996 – Current

Professor of Medicine, University of Pennsylvania

Professor of Molecular and Cellular Engineering, University of Pennsylvania

Professor of Philosophy, University of Pennsylvania

Senior Fellow, Leonard Davis Institute of Health Economics, University of Pennsylvania

Professor of Psychiatry, University of Pennsylvania
FORMER POSITIONS

Director, Center for Biomedical Ethics, University of Minnesota, June 1987 – May 1994

Professor of Philosophy and Professor of Surgery, University of Minnesota, June 1987 – May 1994

Associate Director, The Hastings Center, January 1985 – May 1987

Visiting Associate Professor, Department of Philosophy, University of Pittsburgh, January 1986 – May 1986

Associate for the Humanities, The Hastings Center, September 1977 – December 1984

Associate for Social Medicine, Department of Medicine, Columbia University College of Physicians and Surgeons, August 1978 – May 1981

Instructor, School of Public Health (Philosophy and Medicine), Columbia University College of Physicians and Surgeons, September 1977 – August 1978

Staff Associate in Ethical Issues in Science and Medicine, The Hastings Center, September 1975 – September 1976

Preceptor, Seminar on Ethics and Values in Health Care, Columbia University Medical Center, September 1974 – September 1976

Preceptor, Introduction to Philosophy, Columbia University, September 1973 – January 1974

Teaching Assistant for Ernest Nagel, Philosophy of Biology, Columbia University, January 1974 – June 1974
ADJUNCT AND CONSULTING ACADEMIC POSITIONS

Faculty Member, workshop on media coverage of AIDS, Poynter Institute for Media Studies, February 1988

Adjunct Associate Professor of Philosophy, Graduate Center, City University of New York, 1981 – 1987

Adjunct Professor, Columbia University School of Journalism, 1984 – 1985

Faculty Member, Workshop on Applied Ethics and Journalism, Poynter Institute for Media Studies, March 1984; May 1986

Faculty Member, NSF Workshop on Teaching Ethics in Science Courses, Summer 1980 (Vassar)

Consultant to the Dean, Academic Affairs (Revision of undergraduate curriculum), Marist College, Poughkeepsie, New York, 1979

Faculty Member, Hastings Center Workshops on Applied and Professional Ethics, Summer 1979 (Princeton); Summer 1980, (Vassar); Summer 1981 and Summer 1982 (Colorado College); Summer 1983 (Vassar); Summer 1984 (Arizona); Summer 1985 (Oxford)

HONORS AND AWARDS


Mellon Fellow, Aspen Institute, 1983

Member, Minnesota Center for Philosophy of Science, 1990 – 1994

Fellow, The Hastings Center, 1990 – Current

Commencement Speaker, Department of Hospital Administration, University of Minnesota, 1988
Commencement Speaker, School of Pharmacy, University of Minnesota, 1990

Elected Member, Central Society for Clinical Research, 1991 – Current

Commencement Speaker, School of Public Health, University of Minnesota, 1992

Commissioner’s Award, Administration on Developmental Disabilities, Department of Health and Human Services, 1993

Commencement Speaker, School of Nursing, University of Minnesota, 1993

President, American Association of Bioethics, 1993 – 1995

Omicron Delta Kappa Honor Society, 1994 – Current

John Morgan Society, University of Pennsylvania Medical Center, 1994 – Current

Fellow, American Association for the Advancement of Science, 1994 – Current

M.A. (honoris causa), University of Pennsylvania, 1994

Fellow, The College of Physicians of Philadelphia, 1994 – Current

Selected “UTNE 100 Visionaries”, 1995 by the editors of the UTNE Reader Magazine

Brandeis University Alumni Achievement Award, 1995

Centennial Medal, Philadelphia College of Textiles and Science, 1995

Convocation Speaker, Philadelphia College of Textiles and Design, 1995
Commencement Speaker, University of Minnesota School of Medicine, 1996

Doctor of Laws, Beaver College (honoris causa), 1997

Honorary Fellow, Philadelphia Association for Psychoanalysis, 1997

Fellow, New York Academy of Medicine, 1997

Convocation Address, University of South Carolina, Aiken, 1998

Commencement Speech, Elizabethtown College, 1998

Doctor of Laws, Elizabethtown College (honoris causa), 1998

Hero of Public Health, School of Public Health, Columbia University, 1998

John P. McGovern Award, American Medical Writers Association, 1998

Doctor of Humane Letters, University of New England (honoris causa), 1999

BOOKS


CASE STUDIES IN ETHICS AND MEDICAL REHABILITATION (Arthur L. Caplan et al., eds., Hastings Center 1988).


Selected Bibliography of Arthur L. Caplan


PRESCRIBING OUR FUTURE: ETHICAL CHALLENGES IN GENETIC COUNSELING (Arthur L. Caplan et al., eds., Aldine 1993).

ARTHUR L. CAPLAN, MORAL MATTERS: ETHICAL ISSUES IN MEDICINE AND SCIENCE (John Wiley & Sons 1995).


PUBLICATIONS AND LECTURES

Besides books, as of December 1, 1999, Professor Caplan has been published 299 times on the subjects of medical ethics, health policy, ethical issues in science and technology, and the history and philosophy of medicine in the life sciences. He has also given 809 public lectures in these areas.

CONSULTING POSITIONS

AIDS Medical Foundation
Allina Health System
American Academy of Pediatrics and Child Neurological Society
American Association for the Advancement of Science
American College of Cardiology
Battelle Memorial Institute
Carnegie Foundation
Committee on Science and Technology, United States House of Repre-
sentatives
Consumers’ Union
Environmental Protection Agency
Foundation for Child Development
Heinz Family Foundation
Labor Resources Committee, United States Senate
Media and Society Seminar, Columbia University
Medical Task Force on Anencephaly, American Academy of Neuro-
logy, Medical/Allina Health System
Minnesota Cancer Council, American Cancer Society
National Center for Chronic Disease Prevention and Health Promo-
tion, Centers for Disease Control
National Institutes of Health
National Endowment for the Humanities
New York Academy of Medicine
New York Academy of Sciences
Office for Protection from Research Risks, Dept of Health and Human
Services
Office of Technology Assessment, United States Congress
Pfizer Corporation
President’s Commission for the Study of Ethical Problems in Medi-
cine and Biomedical and Behavioral Research
Standing Committee on Health, The New York State Assembly
School of Veterinary Medicine, Tufts University
United Health Care

INTERNATIONAL AND NATIONAL COMMITTEES AND BOARDS

Advisory Board, Bioethics Institute, St. Francis Hospital, Miami,

Advisory Board, Genetics Counseling Program, Brandeis University,
1992 – Current

Advisory Board, Health Services Administration Program, New
School for Social Research, 1983 – 1986
Advisory Board, For Kids' Sake, WCAL Public Radio, Rochester, Minnesota, 1997 – Current


Advisory Board, National Marrow Donor Program, 1988 – 1995

Advisory Board, National Science Foundation WWW Ethics Center for Engineering and Science

Advisory Board, Poynter Center for Media Studies, 1984 – 1996

Advisory Board, Transplant Donor Services, American Red Cross, 1987 – 1990

Advisory Committee to the Department of Health and Human Services on Blood Safety and Availability, Chair, 1997 – Current


Advisory Committee, Finkelstein Institute for Social and Religious Studies, Jewish Theological Seminary of America

Advisory Committee on Organ and Tissue Transplants, State of Minnesota, 1991 – 1994

Advisory Council, Division on Humanities in Medicine, SUNY Health Science Center, 1990 – Current


Advisory Panel, State of Wisconsin Transplant Programs, 1994 –
Current

Advisory Panel, Department of Psychiatry, UCLA, 1994 – 1995

Alumni Admissions Council, Brandeis University, 1990 – Current

American Society for Bioethics and Humanities, Committee on History, 1998 – Current


Awards Committee, American Federation for Clinical Research, Nellie Westerman Prize, 1990

Board of Advisors, The Fred Friendly Seminars, 1998 – Current


Board of Directors, Illusion Theatre, Minneapolis, Minnesota, 1992 – 1994

Board of Governors, American Heart Association, Southeastern Pennsylvania, 1994 – Current

The Brain Tumor Foundation, 1998 – Current

Chair, Advisory Panel, The Use of Animals In Research, Testing and Education, Office of Technology Assessment, 1984 – 1986

Committee on Professional Medical Conduct, New York State Department of Health, 1983 – 1986

Committee on Receiving and Withholding Medical Treatment, American Civil Liberties Union, 1982 – 1984

Conley Prize Committee, American Medical Association, 1998
Director, World Affairs Council of Philadelphia, 1996 – Current

Ethics Committee, American Society for Gene Therapy, 1998 – Current

Ethics Committee, United Network for Organ Sharing, 1989 – 1991


International Advisory Committee, Center for Ethics and Law, University of Copenhagen, 1993 – Current

International Committee on Organ Transplantation, World Association for Medical Law, 1997 – Current


Medscape, Editorial Board, 1999 – Current

Member, Committee on Pain, Chronic Illness and Disability, Institute of Medicine, National Academy of Sciences, 1988 – 1990

Member, Blood Forum, Institute of Medicine, National Academy of Sciences, 1995 – 1996

Member, Presidential Advisory Committee on Gulf War Veterans’ Illnesses, 1995 – 1996

Member, Ethics Working Group, Clinton Administration Task Force on Health Reform, Washington, D.C., March – June 1993


National Disease Research Interchange, Board of Directors, 1999 –
Current

National Holocaust Memorial Museum, Medical Advisory Council
1992 – Current

Office of Technology Assessment, United States Congress, Advisory Panel on Technology, Insurance and the Health Care System,
1992 – 1993

Pennsylvania Hepatitis Coalition, Medical Advisory Board, 1999 – Current

Philosophy and Medicine, Committee, American Philosophical Association, 1987 – 1989

Prize Committee, American Medical Student Association/Pulse,
1998 – Current

Program Committee, Psychonephrology, 1989 – 1990


Public Policy Committee, National Marrow Donor Program, 1990 – 1992


Science and Society Committee, New York Academy of Sciences
1984 – 1986

Scientific Review Board, National Gene Vector Laboratory, 1996 – Current

Standing Hearing Panel, Committee on Scientific and Professional Ethics and Conduct, American Psychological Association, 1982 – 1984
State Alliance for Universal Health Care, Board of Directors, 1992 – 1994

Task Force on Transplantation, State of New Jersey, 1986

Visiting Committee, Program in Ethics, Massachusetts General Hospital, Boston, MA, 1987 – 1989