

INTERVIEW

Encounter with a legend: Dr James F Drane

OLINDA TIMMS

Dr James F Drane is a living legend in the field of Bioethics. In 2002, he was named one of the Founders of the Discipline of Bioethics at the International Bioethics Conference in Brasilia, Brazil. It was a privilege to meet Dr Drane at Edinboro University Pennsylvania and uncover his journey as a pioneer and leader in this field.

The eldest of ten children in a poor family in Chester, Pennsylvania, Drane felt a calling to the priesthood. He joined St John's Seminary in Little Rock, Arkansas and then did Theology at the Gregorian University in Rome. After his ordination, he received a degree in Romance Languages and a PhD in Philosophy at the University of Madrid.

He studied under the world-renowned psychiatrist, Karl Menninger, served as Professor at Yale University, and travelled the world, researching public policies on ethical issues in medicine. He was in Central America on behalf of the World Health Organization to monitor research being done on human subjects.

At Edinboro University since 1969, he collaborated with the University President to establish the Bioethics Institute (BI). Dr. Drane has authored 20 books and numerous papers on bioethics. His most famous book, *More humane medicine: A liberal Catholic bioethics*, received the Outstanding Book of the Year Award in 2004, from Independent Publishers. Drane is still on campus as the Russell B. Roth Professor of Bioethics.

Olinda Timms spoke with Dr Drane on behalf of the Indian Journal of Medical Ethics, during her fellowship at the James F Drane Bioethics Institute.

OT: *Your journey into the area of bioethics began in the 60s. Can you tell us about events or incidents that led to your work in bioethics?*

JD: The events and incidents that led to my involvement in this academic area have to do with my own personal

life. I was born in 1930, I graduated from high school in 1947 and then entered the seminary soon after. In 1951, I was sent to Rome to study theology and in 1956 I was ordained a priest. Soon after, I had my first upsetting priest experience.

It was with a couple facing problems in their marriage. At the time I was working in a hospital during the summer, waiting to begin my official assignment as teacher in a seminary. While I was visiting patients, the sister in charge sent me to meet a young couple with problems. The couple told me they were in danger of breaking up. They already had too many children, and needed birth control, but Church teaching had deemed it immoral. I had no experience with young married couples, and I explained what I had been taught in the seminary in Rome about natural law; based on the physical structure of sex organs and procreation. The Church's opposition to birth control comes from acceptance that the nature of the sexual organs was directed to procreation. I explained that, and the husband understood, saying, "That's very interesting". But the woman said she did not accept it. And they left. I felt bad, but didn't know what else to do. A few days later, making rounds again in the hospital, I met the same sister, and she said, "the couple that I sent you, broke up." I was shocked to my core.

That experience began my reflection and reconsideration of the church perspective of basing sexual morality exclusively on the procreative structure of the sex organs. There is a lot more complexity to sexuality than that. For the rest of my priesthood, besides teaching in the seminary, I continued to meet young couples who were struggling to manage sexuality and procreation. I tried to help them by being understanding of their need for birth control. Then there was another instance of a marriage that broke up. I was shocked and hurt because of my own inadequacy, and I decided to take the thinking I had developed, to the newspapers. I knew there could be repercussions, but I decided to accept what might happen. So, these new ideas on birth control were published, and were picked up by other newspapers all over the country.

The publications turned out to be life changing. The bishop sent his assistant to me, to say that I had been expelled from the priesthood and relieved from my teaching position at the seminary. I had no money or place to go, but when news of my expulsion got around,

Author: **Olinda Timms** (olindatimms@gmail.com), Adjunct Professor, Division of Health and Humanities, St Johns Research Institute, Bangalore 560 034, Karnataka, INDIA.

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friends I didn't even know, came to my aid. People from the Jewish community (I had talked in their synagogue) helped me with money for a room. People from the protestant community, whom I knew through their churches, also came forward to help. All this led to my being contacted by a professor at Yale University who invited me to teach and work at Yale. So, I wound up at Yale University with my friend James Gustafson, a prominent Protestant theologian. This was the start of my journey into bioethics; through engagement with the issues of birth control and procreation.

OT: *You were at Yale, and then travelled the world to understand bioethical concerns in different cultures. How did you come to establish the BI at Edinboro University, where you then spent most of your work life?*

JD: Even while I was in Yale, I knew I needed to move on. On weekends, I used to meet my friend Daniel Callahan, who was then Editor of 'Commonweal'. Dan and I used money that he had received from a grant, to travel all over the world, to look at the issue of birth control in other cultures. That was a long trip that resulted in a lot of information and learning. I used that material for justification in my own articles and my reasons for writing them. Dan went on to start the Hastings Center at New York. After being at Yale for a number of years, I decided to move to a Catholic University and I was returning from Notre Dame when our airplane was forced down in a snow storm in a place called Erie. The closest University to that place was Edinboro and so I called them. They came out and picked me up. It turned out that they were trying to establish a medical school and they offered me a position because of my involvement with both medicine and medical ethics. It was a full professorship, with generous terms, and that is how I wound up at Edinboro. I have been here ever since. I did not plan to establish an Institute, but I was productive during my stay there, publishing books and articles on medical ethics. It was one of the books I published on ethics, 'More humane medicine', that received 'Outstanding Book of the Year' award in 2004. I was walking back to my office in the library where I worked and saw a plaque on the wall – 'The James F. Drane Bioethics Institute'. I didn't know what to say or do. And that's the way the Institute came into being! One of the VPs of the University created the Institute after the recognition I received with the book.

OT: *You spent some time with medicine and psychiatry as a background for your work. Tell us a little about that.*

JD: While I had a foundation in ethics from years in studying at Catholic universities, I recognised immediately when I started to focus on issues of medicine and ethics, that I needed to learn more about medicine as a background to my work. I was accepted for some courses at Georgetown Medical Centre, and I also received an invitation from Karl Menninger whom I met in New York. He invited me to do a residency at the prestigious Menninger school of

Psychiatry in Kansas. I accompanied him through all of his clinics and patient experiences, and got a good education in psychiatry. I was able to recognise the ethical issues that arise in medicine.

OT: *Since its establishment, has this Bioethics Institute at Edinboro served the purpose you envisioned for it?*

JD: Yes, it has. I wanted to promote this discipline beyond my area in Pennsylvania. I wanted to provide help for bioethics scholars with other backgrounds and cultures. The Institute now offers this to scholars like yourself, from different parts of the world, to support their areas of study in medicine and ethics. While I was at Edinboro, the World Health Organization contacted the Edinboro University President and asked him for permission to use my services. I went to the WHO center in Washington and they sent me to all the countries in Middle and South America, every single country, with the objective to contact medical persons and groups, and establish bioethics units in every one of those countries. That was one of the things I accomplished while I was here in Edinboro. I even met the future Pope Francis, then called Jorge Bergoglio, during my visit to Argentina.

OT: *As the first resident bioethicist at the World Health Organization in the 1970's, what were the ethical issues in health that the WHO was concerned with?*

JD: There were enormous medical ethics issues in every culture, having to do with illnesses, treatments, poverty, procreation, etc. The most common problems were with women and marriage and babies and reproduction. Those issues were prominent in all of the countries and for that reason, much of the work that researchers from those countries do when they come here for research, are on those issues. And much of my work as well; my academic development in ethics and bioethics, has focused in large part on issues of procreation. The WHO mandate was to address issues in medicine and ethics in all countries that needed attention. We tried to form persons who had interest in all areas, a formation in the extensive areas of bioethics.

OT: *You are a linguist, prolific in the romance languages of Europe. Surely this must have been helpful in your work across the world?*

JD: I studied Latin which was the official Church language and the language of my University in Rome. The Latin base helped me learn Italian and Spanish. I learned French in France and Canada. It also provided some capabilities in languages like Romanian and Portuguese. These languages allowed me to connect with the people of many countries in my work. Language is not just a help, it is essential if you have to understand issues within a culture. There is a need for effective communication with ordinary people, to appreciate problems in ethics. Different levels of problems each require a different level of language capabilities. I used my languages to train

people to be sensitive to cultural dimensions in all areas of bioethics, as bioethicists have to be in touch with the reality of common people.

OT: *How did the early years as a Catholic priest shape your philosophy and teaching? Did your expulsion from the priesthood disturb you?*

JD: My early years as a Catholic priest were dominated by the issue of birth control because of that first experience as a priest. Bioethics or procreation issues became the focus of my work after my expulsion from the seminary and priesthood, for developing a better Catholic perspective. Looking back, I have to recognise that I was the oldest of 10 children, and although I never thought of it back then, I may have become sensitive to what that number of children meant to my mother and father, in terms of their needs and hopes. That experience may have influenced my later concerns. However, I retained my identity as a Catholic and my relationship with the Church. Besides my commitment to help with these issues in different cultures, I was keen to help with thinking about procreation in the Catholic Church. In each of the countries I visited to form Bioethics committees, I also contacted the Bishops and Priests and tried to get them involved in promoting change within the Church for this new era of history.

OT: *Do you feel, given the medical advances and realities of today, that the Catholic Church has to seriously reconsider some of its teaching in this area?*

JD: I certainly do. The teachings of the Catholic Church in this area are not based on scriptural revelation but are rooted in Catholic philosophical reflection. Therefore, they have to be re-examined in the light of the new insight that comes from different sources; that wealth of insight has to be taken into consideration. We cannot say that the context and thinking of centuries ago is still the same in the 21st century. This is not dogmatic truth, it is moral teachings formed by the reflection of persons involved in the issues and in the cultures in which they are interacting. So those questions are responded to by reflection on the human condition in a certain cultural context. And these issues have to be considered seriously in every period of the church to be up to date with moral teaching.

OT: *You have been the recipient of numerous awards, distinctions, citations and honors through your long career as a Bioethicist. Which award has brought you the most satisfaction, and why?*

JD: I accept any award with humility rather than satisfaction. I don't have any sense of accomplishment. I accept where I am in the academic world with issues like procreation that are enormously complex. I am grateful for all the help I have received, from scholars, but especially from women, in the area of procreation. The awards helped me raise money for the Institute and to bring in scholars from

other parts of the world. That is the benefit of any award for me.

OT: *Bioethics as a discipline is still growing in India. Can you tell us about the growth of Bioethics in the US? What were some factors that supported its development?*

JD: The development of bioethics in the US can be traced to events after World War II when the United States government reduced funding for military development and directed those financial resources towards the areas of medicine and medical research. After the war, there was the creation of literally a new city outside of Washington, for medical research supported by the Government. In that dedicated zone, there was a focus on medical solutions in every area of medicine; on the background moral philosophy involved in treating medical problems; and interest in forming bridges between areas of health concern. It focused on all the possible moral issues related to medical problems. There was an explosion of interest in certain areas, and articles and reflections and books were written. This was in the 60s, when Dan Callahan and I got involved in looking at all the issues in the discipline of medical ethics.

OT: *In your travels around the world did you find that cultures differed vastly regarding issues in medical ethics or were they largely similar?*

JD: I have to say that there were enormous similarities but also differences. Every moral issue is a problem viewed within a particular culture; a medical problem has to be looked at from a medical perspective as well as a cultural perspective. During the dictatorship of Gen. Franco in Spain, many of the ethical issues resulted from policies of that Government. The natural law, the Catholic way of looking at things, requires a focus on the physical realities of nature, the mental realities, but also requires a focus on the cultural realities in which human beings live. Every human life exists in a certain culture and needs to be understood both as part of a universal human condition and also the reflection of a certain cultural influence.

OT: *This is important because bioethics could tend to be theoretical and academic.*

JD: I agree. One of the things we experience, coming out of the Catholic tradition, is that certain scholars who are living in an abstract withdrawn area of the world, presume to direct the morality of people in very complex situations with which they have no contact, no interaction and no deep understanding. When we analyse any human issue in bioethics, we need to understand the reality of the persons and the culture that influences them; staying close to the human experience is important as we grow this field of bioethics.

OT: *Today using data science and Artificial Intelligence, we are looking at the possibility of decreased human interventions in diagnostics, lab interpretations and even treatment/*

prescriptions. Would this undermine the doctor-patient relationship and the relevance of Medical ethics?

JD: It certainly has the potential of doing so. A focus on hard science and data alone, on objective mathematical figures, is a diminution of focus on the human role and human interaction. Such medicine is alienated from the human experience, human contact and involvement, and can lead to distortions. We have to watch that. While research is important, data produced by the research does not completely capture the complexity of the human person. So, a focus exclusively on data will undermine the importance of human contact, on understanding the experience of ordinary persons, and on their relevance in the formation of moral positions. The good that can come from contemporary technology and science is enormous, but medicine has to be essentially the human examination of human beings.

OT: *Today we hear about applications of CRISPR techniques which are making eugenics a real possibility. What are your thoughts on such research, its sponsors and the institutions that support it?*

JD: Eugenics is an area of contemporary science that is respectable and important, but there are other areas of consideration that have to be expanded and developed. And you must not leave out the consideration of the persons you want to help, who cannot be treated as things. The danger of eugenics is the exclusion of persons, or changing the nature of persons.

OT: *Is there a way in which bioethics should be looking at vulnerable populations across the globe? Do we have to do things differently when people are vulnerable?*

JD: I do think you have to work differently with the most vulnerable persons. That is what a problem-based science like bioethics must do. You don't just do research at a distance, on issues that come to mind. You have to focus on problems that really exist in the lives of ordinary people. That is why, rather than send a person from the US into those locations, we accept researchers from those locations to come here, and research possible solutions to these difficult problems.

OT: *Do you feel that the bioethics discourse across the globe will make a difference in the lives of people, in the way health care is delivered, and the people's experience of contemporary medicine?*

JD: I do believe that and I do hope that it takes place. By questioning and reasoning about how we are treating

people, and if there are better ways to practice medicine and to live, bioethics has the possibility to improve the lives of people. The reason I support this institute is because this institute has a history of involvement with persons and cultures in need. Scholars return to their own culture and to the particular needs of ordinary people and try to address these needs from perspectives they develop studying in this Institute.

OT: *You have written extensively about the positive impact of faith in medical ethics particularly at end of life. Are there situations when religion or beliefs can lead to harm, even violence and difficulties in decision making?*

JD: You cannot be a religious person or intellectual person without realising that religious belief can lead to harm, can create problems. That is the history of religion, and a good academic has to take that reality into consideration. The whole of human history provides testimony to this reality. All kinds of activities can become disordered and corrupt and focused on violence and dehumanisation. Sex too in certain religions can become dehumanised. So religious beliefs can fall victim to all kinds of influence that is distorted. That is why religion must look at itself in a critical way. It must continue to examine itself and self-reflect on the damage that can, and has, been done. I want the persons who come here from different religious backgrounds to be deeply inserted and immersed in their religious beliefs, but also involve themselves in the realities of persons in the context of their religion; i.e. to interact with that relationship between religion and culture. Our religions need to be focused on human conditions, that God wants healed and helped with our interventions. We should not to be focused on ourselves, but try to reflect on how to avoid harm. Keeping the faith focused on the needs of persons and cultures, with the centrality of charity and love for those in need; this is the proper place for religious faith and human bioethics.

OT: *What is your message to the Indian Journal of Medical Ethics and the people involved in this forum, who are committed to taking forward the discourse on medical ethics and bioethics in India?*

JD: My response would be a simple one. I know that people in India understand the fact that involvement with medical issues requires an understanding of the nature of the human person as well as the culture of all persons. The *Indian Journal* has to reflect both of those aspects, in order to understand the experience of persons within their culture, and in order to bring this understanding to ethical issues with which they are engaged.