

Bioethical Silence & Black Lives

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INTRODUCTION

When confirmation was released that researchers from China had genetically modified human embryos for the first time ever, there was a sudden explosion of activity on the web from the bioethics community. Physicians, academics, and anyone else who could claim some affiliation to the field wrote articles for magazines discussing the ethical dimensions of the issue. After all, human enhancement and genetic modification are staples of bioethical discourse. Who wouldn't want to add their two cents and take part in such an important discussion?

ANALYSIS

Conversely, when the news of Freddie Gray's death became public, I was greeted by a surprising but familiar bioethical silence. Surprising because I thought that the relationship between Freddie Gray's death and bioethics was rather obvious: here was a man who requested healthcare numerous times but was refused it—the justification being that he was a criminal and either faking his pain or self-inflicting it. While there are likely numerous reasons why Freddie Gray died, do bystanders have moral responsibilities when they witness an injured person? There's often debate about whether a bystander has a moral responsibility to intervene. However, as public servants, police officers surely have *some* ethical responsibility to ensure that even criminals receive medical treatment when badly injured.

It is ethically troubling that individuals charged with protecting the public ignored a man who was begging for and needed immediate medical treatment.¹ The dimensions of the situation also intrigued me: even incarcerated individuals are entitled to receive "adequate" healthcare, so on what moral grounds does a police officer stand when he/she ignores the cries for treatment of someone who has been seriously injured? While other aspects of the case concern me, these were questions I was able to ask purely as a student of bioethics—questions I thought bioethicists should have opinions about and be interested in discussing. Yet, while bioethicists have had no issue condemning genetic experimentation they seem to sew their mouths shut on the matter of black lives.

The lack of any analysis or statement from bioethicists on Freddie Gray's case is familiar. Just last year, I was greeted by a similar silence from my field in response to Eric Garner. It is even easier to claim his case is within the realms of bioethical inquiry—those squeamish about discussing race could ask: *Why was Garner refused CPR, the standard of care?* While some claimed that Garner was still breathing (despite his now famous

last words, “I can’t breathe”), the union president for EMTs and paramedics, Israel Miranda, was quoted widely as saying that the emergency medical team that arrived at the scene ignored the state protocol of supplying oxygen to an individual having difficulty breathing.² The ethics of the case are fairly easy— the standard of care exists for a reason, and the refusal to uphold it should have been condemned.

Even the recent death of Sandra Bland overlaps with bioethical inquiry. Though there is currently dispute over whether her death was a suicide, let’s assume that everything that Waller County Jail has told the public is true. Her intake forms indicate that she attempted suicide in the previous year.³ There is a standard of medical care for inmates who may be actively suicidal or have exhibited past suicidal behavior. Waller County Jail failed to remove the plastic bag from her cell as a potential tool of self-harm and did not keep her under close surveillance.⁴ If it was truly a suicide, Sandra Bland’s death was the result of the jail withholding the standard of care. As bioethicists we know that disregarding the principle of justice is akin to asking for a healthcare scandal. We learn about the Tuskegee syphilis study so we can recognize how racism, inequality, and poverty can affect what type of healthcare an individual receives. Denouncing medical injustice doesn’t end because the victim isn’t a patient and the crime scene isn’t a hospital.

Why hasn’t bioethics spoken up about the “Black Lives Matter” movement, especially when the health profession at large has contributed widely to the discussion? Medical students have hosted “white coat die-ins” to show that they stand in solidarity with the protesters in Ferguson and Baltimore. Public health officials like Dr. Mary Bassett, New York City’s health commissioner, have taken this opportunity to try and educate the public about the connections between health and racism. The health professions have been entrenched in our nation’s conversation over the value of black lives and the problems that persons of color face when they come into contact with the criminal justice system. These professionals didn’t wait for an invitation to speak their minds on these issues, as there was never any question that the health professions belong in this conversation. Still, bioethics shies away.

Leigh Turner, Associate Professor for the Center for Bioethics at the University of Minnesota, has criticized bioethics for exactly this tendency. He believes that the field is obsessed with the “cutting-edge.”⁵ Anytime a new technology or innovation that impacts human health springs up, so do the bioethicists. We are even drawn to ethical issues that are still decades away, while questions of race or inequality fall just outside of our purview. With just a quick search hundreds of papers come up covering human enhancement and cloning. However, bioethics often overlooks poverty, unemployment, and gun violence, leaving them for other healthcare professionals. The academics in our field are fixated on high technology and, as Turner points out, it paints a picture of bioethical inquiry as only being useful for addressing the concerns of the upper and middle classes. He likely sees us as the epitome of elitist scholars commenting on the world from our ivory tower.

However, I see our field’s silence as a problem for a very different reason than Turner’s. The late Adrienne Asch once wrote “Bioethics is at its best when people don’t merely ask each other what their views are, but really take the time to find out what is behind those views.”⁶ She believed that bioethical inquiry was a profound tool that could transcend the drudgery of political polarization and get at the foundations of why people believe what they believe. The ideal bioethicist not only articulates his or her own views but also understands what perceptions and life experiences shape those views and can see what values lie behind the views of others. To Asch, bioethicists are capable of thinking far beyond simply identifying with the political “left” or “right,” probing further to find out why people think differently in order to stimulate reasonable discourse.

I want to believe that Adrienne Asch is right and that I study bioethics because of its potential to find resolutions through reasonable discourse. Her vision of bioethics is truly striking and certainly not what the field always is, but what it should constantly aspire to be. Most importantly, it is Asch’s bioethics that would be truly useful in our country’s current debate over racism and black lives. It’s hard to even call it a debate— we constantly spend our time talking over one another and raising our voices louder in hopes that someone will hear our views. Our country is completely divided on this issue. Where some see criminals and rioters

others see disenfranchised individuals and suffering communities.

CONCLUSION

I am not saying that a handful of bioethicists writing about these issues will correct the gap between our perceptions, nor do I think that the field should stop talking about technological advancements. Nevertheless, I do believe that we have a place in this important conversation and hope that those in the field with far more experience than I will seize the opportunity to make bioethics more than it is today.

¹ Payne, Ed. "We failed to get Freddie Gray timely medical care after arrest," *CNN*, April 24th, 2015. <http://www.cnn.com/2015/04/24/us/baltimore-freddie-gray-death/>.

² Mueller, Benjamin. "Medical Workers Face Scrutiny After Man's Death in Police Custody," *The New York Times*, July 21, 2014. http://www.nytimes.com/2014/07/22/nyregion/medical-workers-face-scrutiny-after-mans-death-in-police-custody.html?_r=0.

³ Mathis-Lilley, Ben. "Sandra Bland Reportedly Told Jail Staff She'd Previously Attempted Suicide," *Slate*, July 22, 2015. http://www.slate.com/blogs/the_slatest/2015/07/22/sandra_bland_previous_suicide_attempt_jail_intake_form_disclosed_attempt.html.

⁴ Liebelson, Dana. "A Texas Jail Failed Sandra Bland, Even If It's Telling The Truth About Her Death," *Huffington Post*, July 21, 2015. http://www.huffingtonpost.com/entry/sandra-bland-jail-death_55ae9f12e4b07af29d569875.

⁵ Turner, Leigh. "Bioethics, social class, and the sociological imagination." *Cambridge Quarterly of Healthcare Ethics*, (2005): pgs. 374-378.

⁶ Asch, A. "Big tent bioethics: Toward an inclusive and reasonable bioethics." *Hastings Center Report*, (2005): pgs. 11-12.