

## *My Problems with the B-Word*

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Not to brag, but I am a hit at parties. I tend to shine in the company of new faces, oftentimes scientists who work with my spouse.

“So, what do you do?” they always ask. My responses vary. Sometimes I tell them about my graduate work in religious studies. This is a risky move on my part, because I quickly grow tired of answering the inevitable follow-up question: “Are you studying to become a preacher?” For the record, the answer is no.

Other times, I offer a more nuanced response. I explain that I am completing a doctoral degree in religious studies, noting that my work is academic rather than confessional. I then mention my dissertation, a largely theoretical analysis of responsibility in relation to genetic biotechnologies. I also discuss my work in clinical ethics consultation. This approach generally leads to questions of how my work has anything at all to do with religion or to discussions of how ethics consultation is not synonymous with chaplaincy. It is a more honest and fun way to talk about my work, but I sometimes run the risk of stopping conversation altogether at the very mention of religion.

On evenings when I feel especially bold, I confidently proclaim: “I’m a bioethicist.” I even use that word—“bioethicist”—as if everybody knows what bioethicists do in our daily work. When I call myself a bioethicist, faces light up with understanding and interest. We discuss provocative medical cases someone saw in the news or on

a television drama. They also ask about interesting cases in which I was involved. Even though I paint in all-too-broad strokes, protecting the privacy of those with whom I work, my fellow partygoers are nonetheless fascinated with the stories I tell. By night’s end, someone inevitably approaches me to say, “What you do is so *cool*.”

I agree. What I do is *cool*, as well as challenging, intellectually stimulating, sometimes frustrating, and ultimately rewarding. Yet, I sometimes feel dishonest when I use the “b-word.” This feeling of dishonesty is not because my graduate degrees are in the field of religion rather than bioethics proper, nor is it due to being relatively new to this line of work. As a newly minted Ph.D., I find myself unconvinced that “bioethicist” is a proper label for me—or perhaps anyone—to wear. Still, I use that word on occasion and have done so for quite some time. However, I suspect that my ambivalence regarding the labels of “bioethics” and “bioethicist” arises from the specific path I have taken toward that goal. Now that I am on the brink of achieving what I set out for myself eight years ago, it is clear to me that bioethics is relatively easy to identify but difficult to describe. In this way, I find bioethics to be similar to hot dogs. An explanation of my path to work in bioethics illustrates my point.

### **How I Became a Reluctant Bioethicist**

For years I thought I wanted to become a pediatric endocrinologist. Having been

diagnosed with type 1 diabetes at age 15 months, I wanted to help other diabetic children live full, happy, meaningful lives. During my freshman and sophomore years of college, I considered majoring in biology. In those two years, I loaded up on the requisite biology, chemistry, and math courses, under the impression that I would eventually take the MCAT and attend medical school. Grade-wise, I performed well in those courses, but I found my interest in their subject matter waning with each passing day. In my young mind, learning how to run electrophoresis gels or how to determine the derivative of a given function taught me little about how to help a child cope with diabetes. Instead, I felt that I was jumping through hoops, preparing for an exam rather than a vocation; in retrospect I still find those feelings to be largely justified.

Because I attended a liberal arts college, I was required to take courses in a broad spectrum of disciplines, including English, history, anthropology, philosophy, and religion. In the spring semester of my freshman year, I squeezed an introductory religion course into my schedule in order to fulfill one of those curricular requirements. I had no particular interest in religious studies—I just wanted to get that requirement out of the way. However, in that class I heard language that resonated with the vision I had for myself as a future physician: discussions of hope, care, compassion, and justice. Those themes spoke to me—it is fair to say they *called* me—so I continued to enroll in religion courses in subsequent semesters. Eventually, courses in religion and philosophy supplanted courses in biology and chemistry in my schedule. At the beginning of my junior year, I declared a major in religion.

Near the end of my junior year, I met with my academic advisor to discuss

my postcollege plans. “I want to go to graduate school and study bioethics,” I told him. I distinctly remember using the b-word in that conversation. I believed that a career in bioethics would allow me to combine my naïve desire to help people with my interest in medical issues. My advisor assured me that scholars of religion were valuable contributors to bioethics, confirming what I already knew, having read the work of scholars like James Childress, Paul Ramsey, and Gilbert Meilaender. Divinity school seemed a logical choice for my next step, so I applied to divinity schools located near large medical centers. Thanks in part to my (now) wife’s desire to earn a Ph.D. in biological sciences, we moved to Nashville, where I attended the Vanderbilt University Divinity School and completed the doctoral program in ethics and society through Vanderbilt’s Graduate Department of Religion.

### **Bioethics and Hot Dogs**

At Vanderbilt, I spent the majority of my time at the Center for Biomedical Ethics and Society. Here, I trained under philosophers, sociologists, religious studies scholars, physicians, attorneys, historians, and genetic counselors. Being exposed to this wide variety of perspectives and approaches inculcated in me a marked skepticism about the labels of bioethics and bioethicist. In my seven years at Vanderbilt, I have never heard any of my professors or colleagues call themselves a bioethicist, nor do I ever recall us discussing bioethics. Instead, we draw on the methods and experiences of our various home disciplines to examine a wide array of issues, some of which appear only tangentially related to medicine and healthcare delivery. My colleagues self-identify as, for example, a philosopher who is interested in probing the moral experiences of expectant

mothers considering maternal-fetal surgery, as a sociologist who examines the structures that make pharmaceutical research and development such a lucrative endeavor, or as a religious studies scholar who is interested in the relationships between religious language and genetic information. Based on my training and experience working with such individuals, I think that if bioethics exists as a discipline, its foundation must be its content rather than the many and varied methods of its practitioners.

Despite this skepticism, I am not ready to throw out the b-word altogether. Instead, my training has led me to a tentative position—one that is subject to change as I continue down this path. Bioethics, if I must use that word, shares a great deal in common with a hot dog. On the surface, we can point to one of Oscar Mayer's creations and confidently state, "*this* is a hot dog," much like my fellow partygoers and I can speak about bioethics as if we all recognize the referent of that word. Bioethics, like a hot dog, is composed of a curious mix of seemingly disparate

components that somehow congeal to form a semipalatable whole. Just as the discarded pork and beef tissues fit together in a recognizable package, so too can physicians, economists, historians, theologians, and attorneys (among others) enter a shared space and work together on common tasks. Because of differences in methodology and home disciplines, we may not always understand how these different scholars can communicate with one another, much less how we accomplish our work together. Yet somehow, despite the messiness of the process, bioethics works. We as bioethicists are able to examine issues in manifold ways and offer practical solutions for improving how healthcare is delivered in our contexts. Talk of hope, care, compassion, and justice is right at home in this line of work, as messy as it may be. Although I may feel dishonest calling myself a bioethicist rather than a scholar of religion, realizing that my scholarship has a home in the field of bioethics makes it easier for me to use the b-word without feeling like a total hot dog.