

“Dissecting Bioethics,” edited by Tuija Takala and Matti Häyry, welcomes contributions on the conceptual and theoretical dimensions of bioethics.

The section is dedicated to the idea that words defined by bioethicists and others should not be allowed to imprison people’s actual concerns, emotions, and thoughts. Papers that expose the many meanings of a concept, describe the different readings of a moral doctrine, or provide an alternative angle to seemingly self-evident issues are therefore particularly appreciated.

The themes covered in the section so far include dignity, naturalness, public interest, community, disability, autonomy, parity of reasoning, symbolic appeals, and toleration.

All submitted papers are peer reviewed. To submit a paper or to discuss a suitable topic, contact Tuija Takala at tuija.takala@helsinki.fi.

The Moral Authority of Symbolic Appeals in Biomedical Ethics

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Ethicists and others grappling with biomedical and other ethical issues often advocate or reject certain practices or actions on the basis of the symbolic meanings associated with them. My project is to call attention to the ubiquity of symbolic appeals and to initiate an examination of their philosophical significance, moral authority, and logical limitations. Are appeals to symbolic meanings of actions or policies legitimate in ethical argumentation and discourse, or are they emotive responses and indulgences lacking in moral significance? If such appeals have moral weight, how is the symbolic value balanced with other values? Why is it that some symbolic appeals are convincing, and others not? What, if anything, validates or invalidates appeals?

To orient the reader properly to the project, a few preliminary comments are in order. First, a thorough philo-

sophical investigation of the nature of symbols and symbolism is outside the scope of this paper, as is an investigation of the precise relationship, should there be one, between symbols and language, signs, or metaphors. However, the use of the term “symbol” and its derivatives will be uncontroversial. The arguments that are the focus of this paper are arguments that the morality of certain actions and policies is determined, at least in part, by the messages they are likely to convey.¹ The actions or policies are thought to send messages because they are representative of, and thus symbolize certain attitudes, values, or ideals.

Second, arguments that attribute symbolic (rather than actual) moral worth to human beings such as embryos, anencephalics, or the permanently comatose to justify using them for instrumental purposes, such as stem cell research or organ transplantation,

are also not under consideration.² Given that either the assertion or denial of actual moral significance without further argument inevitably begs the question, and because the correct criterion for moral status is such a contentious issue, such arguments fall beyond the scope of this paper and cannot be addressed here.

Third, the “moral authority” of arguments based on symbolic appeals refers here merely to *prima facie* moral weight. Symbolic significance counts as one morally relevant consideration but not necessarily an overriding one. The actual moral weight of the symbolic appeal varies from argument to argument, as do the number and weight of competing moral considerations.

Evidence of the Ubiquity of Symbolic Appeals

Most appeals to symbolic meanings in the bioethical literature are made with respect to controversial medical actions, either already established or under consideration. The arguments I cite are random representative examples of such symbolic appeals chosen to demonstrate their prevalence. No assessment of their persuasive power will be given at this point, though most people will find that they vary significantly in their levels of cogency. The following arguments are loosely organized here from beginning to end-of-life issues.

John Kass and others have argued against *in vitro* fertilization or other forms of artificial reproductive technologies, including cloning, because of the dehumanizing effects of such practices. The use of artificial reproductive technologies, he argues, is symbolic of an attitude toward children as property to be manufactured according to one’s specifications.³ Those worried about commercial surrogacy are worried not just about commodifica-

tion but about what message the surrogates’ own children receive when their biological mothers give away the children they have been carrying for someone else.⁴

James Burtchaell opposes fetal tissue experimentation when obtained from elective abortions because it symbolically “places the scientist in moral complicity with the abortionist.”⁵ David Ozar argues that even those who deny that embryos have a right to life nevertheless have a reason to refrain from the thawing and disposing of unused embryos, given the possible symbolic impact such a practice would have on “the community’s valuing of human life.”⁶ Meilaender and others have argued against using embryos for stem cell research urging the same concern.⁷

Limitations have been suggested regarding physician practices on the basis that they taint or undermine the symbolic meaning of the medical profession as the patient’s caring advocate. For this reason, several bioethicists have argued against physicians acting as legal executioners.⁸ Norman Daniels has warned against doctors functioning as gatekeepers to the access of medical services, for fear that trust in doctors will be undermined, because if doctors function as gatekeepers, the message will be sent that their patients’ health is not their primary concern.⁹ Many have argued against medical professionals participating in euthanasia or even physician-assisted suicide because doing so undermines trust in the medical profession by sending the message that physicians are guided by concerns other than the continuation of life.¹⁰

Mark Weitzman has argued against using Nazi research data even when cost-effective or scientifically beneficial. He reports that many Jewish people think that, in using Nazi data, medical researchers become “accesso-

ries to the crime" and relativize "the sense of absolute evil associated with Nazism."¹¹ A former supporter of the use of such research, Robert Pozos later came to condemn it after talking to concentration camp survivors. He states that using Nazi data "sends a message" that supports the principle that "the ends justify the means" and thus condones and encourages scientists to engage in unethical practices to further the ends of medicine.¹²

At one point, Daniel Callahan argued against the withdrawal of artificial nutrition and hydration of the permanently comatose or dying because feeding, even artificially, is "the most perfect symbol of the fact that human life is inescapably social and communal."¹³ Admitting the intrinsic "moral licitness" of the cessation of artificial feeding in the cases sensibly and carefully outlined by JoAnne Lynn and James Childress, Callahan nevertheless opposed the cessation of artificial feeding even when futile, nonbeneficial, and consistent with the patient's wishes, because doing so violates the symbol of feeding as caring and threatens attendant emotions and sentiments that Callahan deems "necessary social instincts" for the survival of a social community.¹⁴

Symbolic appeals have also been made regarding organ-transplantation policies. Leon Kass has argued against the marketing of organs on the grounds that it sends the false message that our bodies are our own property and thus have the status of a commodity.¹⁵ Renee Fox has severely criticized what has been called the "two-minute protocol" in the use of nonheartbeating cadavers, maintaining that the practice encourages an impression of transplant surgeons as "ignoble cannibals."¹⁶ I have argued that anencephalics should not be used as organ sources even though they will die shortly because the policy of harvesting organs

from anencephalics symbolically undermines parental attachments to offspring, and threatens to diminish, through a slippery slope effect, our respect for the intrinsic worth of individuals.¹⁷

John Lanton, reflecting on his experiences administering cardiopulmonary resuscitation (CPR) and noting its disturbing aspects that call into question its appropriateness and morality in certain circumstances, concludes that CPR is morally justified.¹⁸ He argues that CPR fulfills a function even if not directly beneficial to the endangered or dying person: it functions as a symbol of our respect for persons. The flurry surrounding CPR, which he calls "our culture's desperate dance around the bed of a dying loved one" and "a ritual affirmation of our central beliefs about the way people should be treated," manifests how important a person's life is, so that, even if not beneficial for that person, others attending the endangered or dying are comforted by the fact that everything possible was done to prevent a person's death. He states: "Until we come up with alternative rituals, other ways of dramatically affirming and valuing the lives of persons who are sick and dying, we will need these rituals badly; even if (or especially when) they are mostly symbolic."¹⁹

These examples should suffice to establish that symbolic appeals are prevalent in the bioethical literature. Given their prevalence, it behooves us to reflect on the reasons why they are so entrenched in our moral deliberations and to determine whether or how their use should be encouraged.

Significance of Symbolic Arguments

Ernst Cassirer claimed that the capacity for symbolism, rather than for rationality, is the distinguishing feature

of humankind.²⁰ As *animal symbolism*, humans transcend the realm of the practical and enter a new form of discourse. Symbols are “a part of the human world of meaning.”²¹ Although certain animals possess a remarkable degree of intelligence, only humans develop systems of symbolism that are the basis for the development of culture as expressed in art, music, religion, literature, science, and mathematics. Alfred North Whitehead described symbolism as “inherent in the very texture of human life” and as a necessary means of human expression.²² He described symbolism as “the enhancement of the importance of what is symbolized” and that it “preserves society by adding emotion to instinct.”²³ Anthropologists and sociologists have long recognized the central role symbols play in expressing and communicating ideals and values in social life.²⁴ They have further recognized the power symbols have to evoke and cultivate affective responses necessary for providing cohesion and a sense of identity and meaning.²⁵

Some bioethicists have reflected on the role of symbols in a meaningful life. Daniel Callahan, bemoaning the dearth of an adequate symbolic understanding of death, said that “we come to feel part of a community because we find its systems of symbols of interpretation and of meaning plausible and satisfying.”²⁶ He called symbols “patterns of order and explanation.”²⁷ Robert Arnold and Stuart Youngner call for further reflection on the issue of changing the “dead donor rule” to increase the supply of organs for transplantation by noting that the rule symbolizes our concern to refrain from treating others as body parts. They state: “Symbols keep us attuned to what is important. As such they shape our self-conception and how we organize our communities.”²⁸

Renee Fox reports that her training in psychology, psychiatry, sociology, and anthropology has long made her aware of the influence of the symbolic in our lives. Her work in organ transplantation has only “reinforced [her] conviction that scientific and medical progress does not catapult us beyond the reach of those areas of our being where nonlogical perceptions, compelling images, reified symbols, and tenacious myths reside.”²⁹ In her “Afterthoughts,” she speaks of the moral and spiritual ill effects she sees resulting from our move away from the conception of organ transplantation as a gift act. Losing the association with that symbol has had a deleterious and dangerous effect on our attitudes about the human body and psyche, regarding them with an “economically deterministic, utilitarian, profit-oriented, desecralized outlook.”³⁰ She points to developments in the 1990s that affirm her claims—the arguments for allowing the marketing of organs, the movements toward the use of nonheartbeating cadavers, and the practice of infusing the nearly dead with organ-sustaining fluids without first securing informed consent from family members. The thrust of her argument is to bring out the importance of awareness of our symbolic natures as a key factor in our thinking about biomedical policies. Without sufficient consideration of the symbolic elements of our policies and practices, both past and future, we can lose control of our intended goals.

Synthesizing these comments explains why symbols permeate our existence and dominate our moral and aesthetic lives. Symbols effectively express the values we find central to the meaning of our existence. They also confer a sense of identity through the shared values they represent. Because they both express values and

confer a sense of identity, symbols themselves can help to strengthen the values they represent and in turn contribute to the quality of human life. Thus, they have an important ethical role. In Kantian terms, they can be used to further the ends of humanity; in Aristotelian terms, they can contribute to human flourishing; or, in Utilitarian terms, they can promote utility. The argument requires only two assumptions, whose plausibility approaches self-evidence: (1) human beings by nature desire a good life, and (2) a good life is precisely one we regard as valuable and meaningful. Even though symbols can be harmful and promote evil ends, and therefore must be subject to scrutiny, it cannot be denied that they have a moral role. Therefore, we have a *prima facie* obligation to respect, adhere to, and protect symbolic meaning, at least when doing so contributes to a good life.

So far, it might appear that symbols have, or ought to have, a fixed and static meaning. Although there is always a danger that symbolism has the effect of suppressing creative endeavors and limiting our freedom of thought, that is not how they ought to be viewed. Cassirer's point is only that we are by nature symbolic beings, not that symbolic meanings are fixed and unalterable. Rather, he maintains, "A genuine human symbol is characterized not by its uniformity but by its versatility. It is not rigid or inflexible but mobile."³¹ It is our capacity for symbolism that makes it possible to continually and creatively recreate our sphere of meaning. Symbolism, then, has an evolutionary character and naturally responds to new challenges and perceptions. So, although symbols can and often do stagnate, corrupt, and enslave our thinking, our creativity generates new symbols to accommodate the evolutionary development of our linguistic, mathemat-

ical, religious, aesthetic, ethical, and scientific thought.

Because symbols characteristically have motivating appeal, their power for seduction is strong. The seductive influence can be either beneficial or dangerous. For this reason, Whitehead stresses the "necessary service" that persistent criticism has on the well-being of culture. Symbolic elements in life, he says, "have a tendency to run wild, like vegetation in a tropical forest. The life of humanity can easily be overwhelmed by its symbolic accessories."³² Whitehead concludes: "The art of a free society consists first in the maintenance of a symbolic code; and secondly in fearlessness of revision, to secure that the code serves those purposes which satisfy an enlightened reason."³³

Limitations of Symbolic Arguments

Many symbolic arguments strike us as last-ditch, desperate efforts to rescue an opinion, particularly if they support a position antithetical to our own. However, even if one is not entirely convinced by any of the arguments presented so far, most people will recognize that some of the arguments are more plausible than others. The analysis of the previous section has alerted us to the danger of becoming so entranced by symbols that we become stifled and perhaps insensitive or oblivious to the need for changing our habits of thought. Use of symbolic appeals, then, must be carefully scrutinized in order that their ability to comprehend the full range of meanings is preserved. To borrow from Socrates, "an unexamined symbol is not worth having."

There are, and can be, no algorithms for the critical examination of symbolic appeals in biomedical or other ethical issues, just as there can be no algorithms for making moral judg-

ments. Aristotle's admonition that we should not expect total precision in ethics is apt.³⁴ There are too many contingencies, too many values, and too many confluences that all must be balanced in unique situations. No list of rules can be provided that would not compound the error of insensitivity to the particularity and complexity of situations and events. But just as symbols have a positive though not preemptory role, so can a provisional list of critical questions and reminders. The following critical questions can be recommended as at least a partial way of raising the issues to another, higher and hopefully more fruitful plateau.

Does the Symbolic Appeal Ignore Particularities of the Situation That Make the Appeal in that Case Inappropriate?

Symbolic appeals, like the applications of rules, ought to be sensitive to special circumstances. Symbols and rules provide guidance and order, but we ought not relinquish our autonomy to them. It may be a good rule of thumb to initiate CPR in most emergency situations of cardiac arrest, but if the patient has ceased breathing for so long that brain damage is extensive and certain, CPR may only lead to a vegetative state from which no recovery is possible. Likewise, providing CPR to a fragile elderly person in the advanced stages of Alzheimer's disease may be regarded as harmful rather than beneficial. Symbols should aid and facilitate our moral judgments—not prevent them from occurring.³⁵

Does the Action or Policy Advocated Effectively Symbolize What It Is Claimed to Symbolize?

Symbols evoke different responses from different people. A judgment about the

symbolic meaning of a policy requires an historical intimacy with the society—an attunement with the “pulse” of society. If a policy is to be defended based on its symbolic meaning, the situations for which it is called must be such that the symbolic meaning of that policy would not backfire by sending an undesirable message. For example, in a case where artificial feeding causes nausea, increases sensitivity to pain, fails to be beneficial, and prolongs life meaninglessly, can its provision effectively convey a caring attitude, as Callahan once suggested? Even for a person in a permanently vegetative state, can artificial nutrition and hydration symbolize a caring attitude, when almost no one would choose to persist in such a state?³⁶ The symbolic meaning backfires because the message sent is that healthcare providers are like robots in their insistence on measures that really do not constitute genuine caring.

Does the Particular Symbolic Appeal Fail to Recognize Other, Even More Plausible Symbolic Meanings That Might Be Conveyed by the Action or Policy?

We ought not comfortably support a policy on the grounds that it serves one symbolic value, without acknowledging that other values or symbols are neglected or even violated.³⁷ For instance, insisting on the gift model of organ donation on the basis that that model symbolizes our respect for personal autonomy neglects to consider that adopting a “routine harvest” policy symbolizes solidarity with our fellow human beings.³⁸ Or refraining from administering euthanasia may, to some, be thought of as necessary in order to symbolize a respect for life, but for the dying patient wracked with pain, such restraint might be symbolic of abandonment. Forcing women to have prenatal surgeries for the protection of

their fetuses because of the symbolism of respect for life might at the same time be interpreted as a lack of respect for women and the treatment of them as mere “fetal containers.”³⁹ When the suggested symbolic meanings are multiple, further arguments must be given to support either line of approach, and the plausibility of the different interpretations must be carefully examined.

Does the Symbolic Appeal Ignore Alternative Ways of Respecting and Protecting the Values at Issue?

Some have argued against the use of unethically obtained research data such as that gathered by the Nazis because it sends the message that we condone such practices. However, if such data could be used for significant life-preserving purposes, we could devise ways of doing so that avoid this message, such as including statements of condemnation of the previous research and dedicating one’s research or profits to Jewish families who have suffered persecution.⁴⁰

Is the Symbolic Appeal Outdated Insofar as the Demands of a New Era Call into Question the Adequacy of Previous Symbols?

Currently, allowing a patient or a proxy to refuse or terminate treatment (called by some “passive euthanasia”) is recognized as morally permissible and even as an individual right. Previously, however, a notion persisted that doctors, as health and life protectors, must always use any available technology to prolong life. Medical advances have been such that we are all too capable of prolonging biological existence—long past the time that life has any meaning to its bearer. So now, in our new era, we have the burden of choices never before shouldered.⁴¹ The

slowness with which our legal and medical institutions responded to the petition by Karen Ann Quinlan’s family to remove her respirator fails to manifest the “fearlessness of revision” Whitehead identifies as a necessary component of the “art of free society.”⁴²

Does the Symbolic Appeal Justify the Sacrifice of Actual Needs of Individuals?

This question specifically concerns the problem of how to weigh appeals to symbolic value when they compete with the needs of individuals. Should symbolic values ever take precedence over the needs of actual individuals? To be sure, giving priority to a symbol over an individual sometimes indicates a rigidity and lack of sensitivity unbefitting good moral judgment. Allowing a person to die rather than tearing up a flag to bind her wounds would be such an instance.

Arguments from Symbolic Appeals and Slippery Slopes

Arguments against policies that are based on symbolic appeals often proceed not by arguing that the actions or policies under consideration are in themselves immoral but by projecting the deleterious consequences that could follow as a chain effect from accepting or rejecting them because of their symbolic value. As such, the symbolic appeals take the form of slippery slope arguments. Given that slippery slope arguments make claims about the future, they are at best inductive arguments, and they are rarely universally convincing.

Attitudes toward slippery slope arguments vary considerably. Often, logic textbooks portray slippery slope arguments as being always fallacious.⁴³ David White, on the other hand, argues that slippery slope arguments are never

fallacious, though they might contain a false premise.⁴⁴ Others argue that slippery slope arguments may or may not be logically fallacious.⁴⁵ Given the broad range of persuasiveness exemplified in slippery slope arguments, this latter view seems to be most reasonable. Slippery slope arguments should be considered fallacious only when there is no good reason to think that the degenerative chain reaction of bad effects will occur. In nonfallacious slippery slope arguments the predicted chain effect is not merely logically possible but plausible. The more probable it is, the more convincing the argument will be.

Symbolic appeals have emotive force because they express values. The cogency of slippery slope arguments based on symbolic appeals depends on two factors relative to their social contexts: (1) the degree of the emotive force carried by the symbol, and (2) the degree of shared meaning the symbol has. Judging cogency then requires having sufficient familiarity with the society and its values and other symbols. Some slippery slope arguments (logical versions) predict morally objectionable future consequences on the basis that the logical justification of the original act or policy under consideration is actually applicable to a wide range of actions or policies, including some that are clearly morally disturbing. Other slippery slope arguments (causal versions) predict moral decline as a result of psychological or causal factors of human nature. Slippery slope arguments based on symbolic appeals rely primarily on the psychological and emotive effects of the symbolic appeals and therefore fall into the category of causal slippery slope arguments.

Even though causal slippery slope arguments are not completely convincing, they do serve important functions. Jeffrey Whitman has suggested

that slippery slope arguments serve as “flags or markers that indicate important values are at stake.”⁴⁶ They urge prudence at the onset of a slippery slope and suggest strategies for preventing them. Sometimes the appropriate response to causal slippery slope arguments is to educate people about important moral distinctions that can be made between the suggested policy and the envisioned consequential ones, to assure them that the downward slide need not take place. Other times, preventative strategies such as the implementation of laws or regulative procedures that can serve as steps or landings are the best response. These general tactics for confronting slippery slope arguments in general are perfectly applicable to the subset of those arguments based on symbolic appeals.

Sensitivity to the possibility that our suggested actions or policies might have symbolic significance in the minds of other people or other nations can be tremendously helpful, especially when we are also aware of what the symbolic meanings might be. First, it can help us to avoid implementing policies that unnecessarily arouse suspicion, distrust, or any other negative reaction that could motivate an undesirable sequence of events when there are alternative policies available. Second, when no alternative routes are available to a policy that could be significantly beneficial even when there is a tendency for it to send negative messages, sensitivity to symbolic significance can help us find ways by which the risks of those negative messages might be minimized. We could frame those policies in ways that will less likely evoke negative images or meanings or, if those are inevitable, at least in ways by which those unavoidable negative meanings are diffused, supplanted, or counterbalanced. Creating and implementing new symbols

or policies may be necessary to highlight the values that the policies are implemented to realize. Educational programs may be needed to raise public consciousness concerning the actual value of current policies compared to new ones. Otherwise, unforeseen or recalcitrant symbolic meanings might hinder a policy that would be far more beneficial than current ones. Indeed, sometimes the negative emotive power of a symbolic meaning can be underestimated and can necessitate either a temporary suspension or permanent reversal of our policies.

Symbolic appeals that have been shown to be inadequate by the critical questions identified in the previous section would at the very least suffer in cogency and will likely yield fallacious arguments because of the factors left out of consideration that would bear on the foreseen chain of events. However, whether they actually do yield fallacious arguments cannot be decided simply by subjecting them to the scrutiny of those questions. There may be other reasons why the symbolic effect fails. Despite certain flaws in slippery slope arguments, the predicted chain effect can remain plausible because of the sheer emotive power that the symbolic appeal has in its particular setting.

In conclusion, symbolic appeals in bioethics are natural byproducts of our human makeup. They do have at least prima facie moral authority, but that authority must be balanced by other symbolic meanings and moral factors. Symbolic appeals are often made in the form of slippery slope arguments. Evaluating symbolic appeals, whether or not they feature in slippery slope arguments, can be facilitated by examination in terms of the criteria outlined here, although they may not be resolved on this basis alone. Critical evaluation is crucial, given that symbolic appeals are effective because they are affective—that is, they have emo-

tive appeal. As such, they can also be an effective means to mobilize new attitudes and evoke subtle, but nevertheless important, values.

Notes

1. Symbolic appeals can function in other interesting ways. Sometimes it is argued that anencephalics or the permanently comatose lack actual moral worth but have symbolic worth. As such, they can be used instrumentally to save others. Such arguments beg the question and hence are not convincing and will not be examined further in this article.
2. See: Thomasma DC. Anencephalics as organ donors. *Biomedical Ethical Reviews* 1989;25–54. See also: Robertson J. Ethics and policy in embryonic stem cell research. *Kennedy Institute of Ethics Journal* 1999;9(2):109–36.
3. Kass L, Wilson J. *The Ethics of Human Cloning*. Washington, DC: AEI Press; 1998. See also: Kass L. “Making babies” revisited. *The Public Interest* 1979;54:32–60. Also see chapter 4, “The Meaning of Life—In the Laboratory,” in: Kass L. *Towards a More Natural Science*. New York: Free Press; 1985.
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5. Burtchaell J. University policy on experimental use of aborted fetal tissue. *IRB: A Review of Human Subjects Research* 1988;10(4):7–11.
6. Ozar D. The case against thawing unused frozen embryos. *Hastings Center Report* 1985;15:7–12.
7. Meilaender G. The point of a ban: or, how to think about stem cell research. *Hastings Center Report* 2001;31(1):9–16. For a counterargument, see: Robertson J. Ethics and policy in embryonic stem cell research. *Kennedy Institute of Ethics Journal* 1999;9(2):109–36.
8. Truog R, Brennan T. Participation of physicians in capital punishment. *New England Journal of Medicine* 1994;331:119–23; Loewy E. Healing and killing, harming and not harming: physician participation in euthanasia and capital punishment. *Journal of Clinical Ethics* 1992;3(1):29–34.
9. Daniels N. The ideal advocate and limited resources. *Theoretical Medicine* 1987;8:69–80.
10. Kass L. Neither for love nor money: why doctors must not kill. *The Public Interest* 1989;94:40. See also: Gaylin W, Kass L, Pellegrino E, Siegler M. Doctors must not kill. *JAMA* 1988;259:2139–40.

11. Weitzman M. The ethics of using Nazi medical data: a Jewish perspective. *Second Opinion: Health, Faith, and Ethics* 1990;14:30-1.
12. Pozos RS. Scientific inquiry and ethics: the Dachau data. In: Caplan A, ed. *When Medicine Went Mad: Bioethics and the Holocaust*. Totow, NJ: Humana Press; 1992:95-108.
13. Callahan D. On feeding the dying. *Hastings Center Report* 1983;13:22.
14. Lynn J, Childress J. Must patients always be given food and water? *Hastings Center Report* 1983;13:17-21.
15. Kass L. Organs for sale? propriety, property, and the price of progress. *The Public Interest* 1992:65-84.
16. Fox R. An ignoble form of cannibalism: reflections on the University of Pittsburgh Medical Center protocol for procuring organs from non-heart-beating cadavers. *Kennedy Institute of Ethics Journal* 1993;3(2):231-9. See also: Fox R. Afterthoughts: continuing reflections on organ transplantation. In: Youngner SJ, Fox RC, O'Connell LJ, eds. *Organ Transplantation: Meanings and Realities*. Madison: University of Wisconsin Press; 1996:252-72.
17. Sytsma S. Anencephalics as organ sources. *Theoretical Medicine and Bioethics: Philosophy of Medicine* 1996;17(1):19-32.
18. Lanton J. Bethann's death. *Hastings Center Report* 1995;25(2):22-3.
19. See note 18, Lanton 1995:23.
20. Cassirer E. *Essay on Man*. New Haven, CT: Yale University Press; 1944:27.
21. See note 20, Cassirer 1944:32.
22. Whitehead AN. *Symbolism: Its Meaning and Effect*. New York: Capricorn Books; 1927:60-2.
23. See note 22, Whitehead 1927:63, 70.
24. See: Duncan HD. *Symbols in Society*. London: Oxford University Press; 1968; Duncan HD. *Symbols and Social Theory*. London: Oxford University Press; 1969. See also: Helle HJ. *Sociologie und Symbol: Vertstehende Theorie der Werte in Kulture und Gesellschaft*, 2nd ed. Berlin: Duncker & Humblot; 1980.
25. See: Lewis IM, ed. *Symbols and Sentiments: Cross-Cultural Studies in Symbolism*. New York: Academic Press; 1977; Verkuyten M. *Symbol en Samenleving [Symbol and society]*. Zeist, the Netherlands: Kerckebosch; 1990; Lewis IM. Symbols and social representations. *Journal for the Theory of Social Behaviour* 1995;25(3):263-84.
26. Callahan D. *The Troubled Dream of Life*. New York: Simon & Schuster; 1993:224.
27. See note 26, Callahan 1993.
28. Arnold R, Youngner S. The dead donor rule: should we stretch it, bend it, or abandon it? *Kennedy Institute of Ethics Journal* 1993;3(2):272.
29. See note 16, Fox 1996:258.
30. See note 16, Fox 1996:263.
31. See note 20, Cassirer 1944:36.
32. See note 22, Whitehead 1927:61.
33. See note 22, Whitehead 1927:88.
34. Aristotle. *Nicomachean Ethics*, 1094b21-15.
35. Ignoring these circumstances is to commit the Fallacy of Accident—inappropriately applying a general rule to a situation that constitutes a legitimate exception to the rule.
36. Callahan's argument also commits the Fallacy of Accident by applying a principle that holds in general to a situation for which it is unsuitable.
37. Omitting such information can be thought of as a variation of the Fallacy of Suppressed Evidence—that is, of suppressing information that is relevant for drawing the correct inferences.
38. Loewy E. Of community, organs, and obligations: routine salvage with a twist. *Theoretical Medicine* 1996;17(1):61-74.
39. Annas G. Pregnant women as fetal containers. *Hastings Center Report* 1986;13-4.
40. To ignore possibilities in between a complete rejection or acceptance is to commit the Black and White Fallacy, a form of the Fallacy of False Bifurcation. The Fallacy of False Bifurcation involves assuming that there are only two alternatives available and, given that one is clearly objectionable, inferring that the other must be correct, when in actuality, other alternatives are available and preferable to the two identified. The Black and White Fallacy assumes that the two alternatives include one that is morally wrong and infers that the other opposite alternatives must be morally right.
41. To unquestioningly adhere to traditional policies when there is good reason for change can be regarded as a fallacious appeal to authority.
42. See note 22, Whitehead 1927:88.
43. See: Vernon T, Lowell AN. *Reflective Thinking: The Fundamentals of Logic*. Belmont, CA: Wadsworth; 1968; Fogelin RJ. *Understanding Arguments: An Introduction to Informal Logic*, 2nd ed. New York: Harcourt Brace Jovanovich; 1982; Johnson RH, Blair JA. *Logical Self-Defense*. Toronto: McGraw-Hill Ryerson; 1977.
44. White D. Slippery slope arguments. *Metaphilosophy* 1985;16:206-13.
45. Two recent works arguing for the cogency of slippery slope arguments are: Walton D. *Slippery Slope Arguments*. London: Oxford University Press; 1992; Whitman JP. The many guises of the slippery slope arguments. *Social Theory and Practice* 1994; 29(1):85-97.
46. See note 45, Whitman 1994:91.