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## Respect: Or, How Respect for Persons Became Respect for Autonomy

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This article provides an intellectual archeology of how the term “respect” has functioned in the field of bioethics. I argue that over time the function of the term has shifted, with a significant turning point occurring in 1979. Prior to 1979, the term “respect” connoted primarily the notion of “respect for persons” which functioned as an umbrella which conferred protection to autonomous persons and those with compromised autonomy. But in 1979, with the First Edition of *Principles of Biomedical Ethics* by Beauchamp and Childress, and the report of the Ethical Advisory Board (EAB) of the (then) Department of Health, Education, and Welfare entitled *Research on In Vitro Fertilization*, usage shifts from “respect for persons” to “respect for autonomy.” Two results: 1) those with compromised autonomy are no longer protected by the canons of “respect” but rather the less overriding canons of beneficence; and 2) the term “respect” functions increasingly as a rhetorical device in public bioethics discourse.

**Keywords:** Beauchamp and Childress, Belmont Report, NBAC, National Commission, public bioethics, Ramsey, respect

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### I. INTRODUCTION

To treat another with respect—in every day usage, the phrase evokes a thick and multifaceted array of images. To respect another means to regard her or him highly—to esteem, honor, value in his or her uniqueness or distinctiveness, to make space for the person to be him- or herself. The phrase often entails a sense of deferring to the other, considering the other’s interests and feelings, attending to his or her needs, looking out for the others well-being. Such deference may even require limiting or restricting ourselves, or suffering on the other’s behalf. To respect one’s elders means to be polite, to not speak or act in certain ways, to

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give greater weight to their insights, to listen or do what they say when perhaps one would prefer not to. For a young gentleman to respect a young lady suggests that he will not “try” certain sorts of actions, regardless of how much it “costs” him. To respect a friend or spouse means we don’t lie to them or betray them. To respect a neighbor means we don’t violate their boundaries. To treat another with respect, then, is to put them above and ahead of ourselves.

Common sense meanings of the term respect could be teased out even further, but this brief meditation suggests that respect is a rich, multivalent concept, fleshed out thickly in the context of different relationships. These cultural meanings are deeply embedded in us, formed as we inevitably are by our social networks and practices. When people hear the word “respect,” they know what it means.

This meditation provides a context from which to consider the focus of this article. My task here is to trace the fortunes of respect as a “keyword”—as an intellectual and rhetorical tool within the disciplinary context of the still nascent field of bioethics. “Respect” is an intriguing keyword, not only because of the central role it has played in the development of the field of bioethics, but because of the key role it has played in recent debates, particularly in the 1999 report of the National Bioethics Advisory Commission, *Ethical Issues in Human Stem Cell Research* (NBAC, 1999).<sup>1</sup>

From the opening words of its ethical argument, the NBAC surfaces ‘respect’: “We believe that most Americans agree that human embryos should be respected as a form of human life” (p. 2). As the report unfolds, the NBAC paints this belief as the focus of ethical controversy, standing in tension with what emerges as the ultimately weightier moral appeal to relieve suffering. The importance of the appeal to respect is reflected in the report’s conclusion, namely, that although “we have found substantial agreement among individuals with diverse perspectives that...the human embryo and fetus deserve respect as forms of human life, the scientific and clinical benefits of stem cell research should not be foregone” (p. xi).

Given its centrality to the social controversy surrounding human stem cell research, one might expect that a report entitled *Ethical Issues in Human Stem Cell Research* might attend more closely to precisely what it would mean to treat embryos with respect. Troublingly, however, what such respect might entail is never specified. From the outset, the NBAC suggests that respect entails “protection” (p. 2). The passage cited above continues: “We believe that most Americans agree that human embryos should be respected as a form

of human life, but that disagreement exists both about the form that such respect should take and about what level of respect is owed at different stages of embryonic development” (p. 2). But here the conversation on respect essentially ends. Although the NBAC seems to indicate that it agrees with “most Americans” and these individuals of “diverse perspectives” that human embryos ought to be respected as a form of human life, they make no attempt to delineate what such protection might mean.

Moreover, the report endorses as morally licit or potentially morally licit (even if practically unnecessary at this point) a number of potential activities that traditionally would have been strong candidates for violating “respect”—for example, destroying embryos, creating embryos for research (pp. 55–56), creating embryos through cloning (pp. 56–57), and creating chimeras (p. 68).<sup>2</sup> The only protection that “respect” appears to confer upon embryos is that they may not be bought or sold (p. 53).<sup>3</sup>

In short, when pushed, the NBAC’s use of the term “respect” collapses. There seem to be no actions, save commercial transaction, against which the notion of “respect” might provide a limit. Even the most generous reader cannot but admit that this use of the term scarcely begins to resemble even the thinnest meaning of what the term “respect” normally conveys.

Why, then, does the NBAC invoke it? Given that the notion of respect fails to do any real theoretical work in this report, one cannot but conclude that it is invoked for its significant rhetorical power. A potent carrier of meaning, the word “respect” can effectively sway public opinion. When reported in sound bites to a public who will certainly not read the report, to speak of treating embryos with respect seems to represent a compromise position or a middle ground crafted after taking all points of view seriously. Moreover, the term “respect” appeals not only to ears of a credulous public; it resonates as well with the sensibilities of bioethics specialists. The term evokes a long history within the discipline of bioethics. In fact, one might argue that the discipline of bioethics is but a footnote to a radical and substantively full concept of respect.

This article traces the highlights of this history, hoping through intellectual archeology to provide an account for how the term “respect” functions for the NBAC in 1999. This narrative will not be strictly linear—archeological digs rarely are. The story as told comprises two main chapters. The pivot of the story is the year 1979; here one chapter ends and the other begins. The first chapter reconstructs a twenty-year history that culminates in *The Belmont Report*. But turning to chapter two, we will see that at almost the moment that

Belmont is issued, the conversation on “respect” moves in a radically different direction. This change of course is marked by two documents: Beauchamp and Childress’ first edition of *Principles of Biomedical Ethics* (1983) and the report of the Ethical Advisory Board (EAB) of the (then) Department of Health, Education, and Welfare’s entitled *Research on In Vitro Fertilization* (1979). The narrative below begins with Belmont, tracing backwards to show how *The Belmont Report* (1979) brings one particular trajectory to an end. This account enables us to assess the significance of the changes in the meaning of respect effected by Beauchamp and Childress and the EAB.

## II. FROM NUREMBERG TO BELMONT: RESPECTING PERSONS

### **The Belmont Report**

*The Belmont Report* was the first public sort of place that the notion of respect was articulated as a principle, namely, the principle of “respect for persons” (National Commission, 1979). Belmont began by explicitly stating that the notion of respect for persons incorporates, in their words, two ethical convictions. The first acknowledges autonomy, noting that individuals should be treated as autonomous agents. The report defined what it means to be an “autonomous person” (a phrase not considered to be redundant), and described what it would mean to respect or disrespect that autonomy (B.1. ¶2). Respect for autonomous persons cashes out as informed consent, by 1979 a canonical principle in biomedical ethics.

Their second “ethical conviction” is critical, however. As stated in defining the principle, the report maintained that “persons with diminished autonomy are entitled to protection” (B.1. ¶1).<sup>4</sup> What the principle of respect for persons confers, then, on those with diminished or absent autonomy is “protection.” No mention was made of “proxy consent”; thus, whatever is entailed by “protection” is not strictly symmetrical to what it means to respect the autonomous. Rather, such persons must be protected from “harm,” a term left ambiguous.

Two components of Belmont’s argument are worth noting. First, in their discussion of “respect for persons,” the authors of the report distinguished between those with autonomy and those without, but they presumed that the notion of “persons” applies to both. They did not define who is a person and who is not; they did not distinguish between “persons” and “non-persons.” Autonomy is certainly not co-equal with personhood. Respect does not apply to some but not to others.

Second, the meaning of “respect” clearly cashes out differently for persons with different levels of autonomy. But importantly, Belmont presupposed an inverse relationship between autonomy and protection. For Belmont the need for protection increased as the individual’s proximity to autonomy decreases: “Respect for the immature and incapacitated may require protecting them as they mature or while they are incapacitated. *Some persons are in need of extensive protection, even to the point of excluding them from activities which may harm them*” (B.1. ¶3; emphasis added).

The report forwarded two other basic principles, beneficence and justice, that become with respect for persons (as those familiar with bioethics know) the bedrock of bioethical analysis for the ensuing decade. The Commission’s discussion of these two principles further presupposed this asymmetrical relationship between autonomy and protection. Beneficence is not defined as a function of autonomy<sup>5</sup> but as an obligation to make “efforts to secure [persons] well-being.” The corollary rules are familiar: “1) do not harm and 2) maximize possible benefits and minimize possible harms” (B.2. ¶1). Research, for Belmont, ought not harm subjects, or at least the risk of harm ought to be counterbalanced by possible benefits to the subject. They addressed the possibility that certain ventures might anticipate harm to subjects with diminished capacity (in their example, children) in order to benefit others of their class, but it is clear that for Belmont, this harm remained only an “increment” beyond minimal (B.2. ¶4). Likewise, the Commission invoked justice—especially in light of the history of human subjects research—to protect vulnerable classes of subjects to an even greater degree.

In articulating this notion of respect for persons, Belmont drew on and—I would argue—was the culmination of a rich history. An exhaustive account of this history is beyond the limits of this essay, but “sampling” that history at two earlier moments will be sufficient.

### **The National Commission’s *Report and Recommendations: Research on the Fetus***

To understand the mind of Belmont, and to test the reading outlined above, let us turn to an earlier work of the National Commission itself, namely, their 1975 *Report and Recommendations: Research on the Fetus* (National Commission, 1975). One might expect that here, at a boundary where personhood becomes most contested, protections following from the principle of respect for persons would become weakest. On the contrary, this very ambiguity

leads the Commission to reiterate a strong protectionist stance and to articulate an additional principle to undergird its commitments.

Clearly, *Research on the Fetus* reflects its context—the United States is still grappling with the implications of *Roe v. Wade*. The Commission addressed this broader reality indirectly in the preface to their deliberations and conclusions. It stated that it has deliberately tabled questions of the “personhood” and civil status of the fetus. Yet it takes a surprisingly substantive position for a public document, noting in the opening paragraph of its argument:

Throughout the deliberations of the Commission, the belief has been affirmed that the fetus as a human subject is deserving of care and respect . . . The members of the Commission are convinced that moral concern should extend to all who share human genetic heritage, and that the fetus, regardless of life prospects, should be treated respectfully and with dignity (Section 8: Preface to Deliberations and Conclusions).

Of note for our purposes here is that fetuses—clearly non-autonomous beings—count as human subjects and are as such deserving of respect (care, dignity, moral concern).

The report was clearly guided by general National Commission principles. Beneficence, justice, and respect for persons were mentioned early. Central to the Commission’s reasoning was the general principle that “manifest risks imposed on nonconsenting subjects cannot be tolerated” (Section 8: Application to Research Involving the Fetus, no. 3), especially when that research is deemed non-therapeutic. And they stated clearly that the integrity of the individual (by whom they mean the fetus) takes precedence over the social good. In addition, however, the Commission felt compelled to articulate “an additional principle,” one that they formulated as that of “respect for the human character of the fetus” (Section 8: Ethical Principles and Requirements). The report did not elaborate on this principle, but as is clear from the material cited above from the “Preface,” for the Commission, genetic human identity creates the moral claim to respect.

This framework led the Commission to a number of conclusions. Foremost we find, that “respect for the fetus must impose [boundaries (sic)] . . . upon freedom of scientific inquiry” (Section 8: Ethical Principles). That respect extends even to fetuses destined to be aborted. Members agreed that “the woman’s decision to abort her fetus does not change the status of the fetus for the purposes of protection” (Section 8: “Application to Research Involving

Fetuses, no. 3). With one dissenting vote, the Commission recommended that fetuses to be aborted must be treated as would fetuses subjected to nontherapeutic research in other contexts (Section 9: Recommendations, no. 5) and that research during abortion procedures must not alter the duration of the fetus' life (Section 9: Recommendations, no. 6).

The report did not hide the fact that with regard to research during the abortion process, Commission members differed over where the boundaries lay. Yet the account of this disagreement suggests that differences arose not as much out of differing notions of respect but out of a different assessment of the risk of harm. For the report affirmed with one voice that fetuses undergoing abortion are to be treated with the same "respect due dying subjects." As they noted:

Second, however, while questions of risk become less relevant, considerations of respect for the dignity of the fetus continue to be of paramount importance, and require that the fetus be treated with the respect due dying subjects. While dying subjects may not be "harmed" in the sense of "injured for life," issues of violation of integrity are nonetheless central. The Commission concludes, therefore, that out of respect for the dying subjects, no nontherapeutic interventions are permissible which would alter the duration of life of the nonviable fetus *ex utero*. Additional protection is provided by requiring that no significant changes are made in the abortion procedure strictly for purposes of research (Section 8: Applications to Research Involving the Fetus).

Respect for the National Commission, then, did not preclude conducting research on those who can neither consent nor benefit, but it did impose real limits. Even fetuses in the process of abortion must be treated like other persons. Nontherapeutic research upon them ought neither impose additional pain or risks upon them, nor contribute to their death.

**Paul Ramsey, *The Patient as Person***

By the mid-1970s, the principle of respect for persons stood as one of the central principles of the emerging field of medical ethics. Moving backward down the historical trajectory, we find Paul Ramsey and his landmark book, *The Patient as Person* (1970). Many mark Ramsey's 1970 opus as the official beginning of the field of bioethics.<sup>6</sup> As such, it provides a logical place to look next in our archeology. Although one will not find the "principle of respect for persons" articulated as such between the covers of this text, nonetheless



from beginning to end, *The Patient as Person* is an extended reflection on what respect means in the concrete situations medicine confronts: human subjects research, declaration of death, “only” caring for the dying, resource allocation. Ramsey provided as fully substantive an account of “respect” as one is going to find.

As his title indicates, Ramsey sought to include individuals with compromised or non-existent autonomy (i.e., *patients*) within the penumbra of personhood. Ramsey was deeply formed by Kantian sensibilities, and he knows his audience. He knew that the term “person” would evoke Kant’s notion that persons are to be respected. And he made clear very early on that respect connotes primarily protection. The term’s first appearance in his text noted: “We shall ask, What are the moral claims upon us in crucial medical situations and human relations in which some decision must be made about how to show respect for, protect, preserve, and honor the life of a fellow man?” (1970, p. xiii). Again and again, Ramsey linked respect with protection, service, care (1970, pp. 168, 191, 193).

Ramsey rooted his understanding of respect in what he believed is the fundamental nature of human relationality, namely, covenant. Inalienably relational from the first moment of existence, humans for Ramsey come into being and are sustained within networks of covenants. But Ramsey was a theologian, thus here covenant evokes not a thin sense of agreement between individuals but, rather, the scriptural narrative of God’s covenant with the people of Israel and eventually all of humanity. God—transcendent beyond all knowing—promises fidelity, care, presence, and sustenance to creatures vastly unequal to the divine being.

This theological notion of covenant grounds what Ramsey believed one person owes another. He used a wide array of secular and theological terms to describe the contours of person-to-person relationships. As he noted: “The practice of medicine is one such covenant. *Justice, fairness, righteousness, faithfulness, canons of loyalty, the sanctity of life, hesed, agape, or charity* are some of the names given to the moral quality of attitude and of action owed to all men by any man who steps into covenant with another . . .” (1970, p. xiii, emphasis in original).

These italicized terms function, as Ramsey’s analyses unfold, as specifications of the notion respect. He used these terms interchangeably with respect or in the place where one might expect to find “respect” to be the term of choice. An example of the latter would be his discussion of informed consent in the research situation. He acknowledged that the moral requirement of

informed consent is “expressive of the respect for the man who is the subject in medical investigations” (1970, p. 8). But he displayed the meaning of informed consent with this alternative vocabulary, for example: “Thus the principle of consent is a canon of loyalty expressive of the faithfulness-claims of persons in medical care and investigation” (1970, p. 10). In fact, most of his text reads like this, weaving a thick and rich understanding of the contours of human covenantal relationships.

Thus, the fullness of the meaning of respect for Ramsey emerges both from his explicit use of the term and from the notions he interchanges with it. Lastly, one can tease out his understanding of respect from the sorts of actions he enjoins and more importantly what he believes violates the relationship between persons. Ramsey drew an even clearer line than the National Commission on the question of nontherapeutic research on children. Minimal risk or not, for Ramsey, nontherapeutic research on a human being who cannot consent to take a risk for others is not only to act disrespectfully—it is to violate the duty to be loyal, faithful, and loving. Likewise, for physicians to abandon the dying is to violate their covenant with the patient as well as the categorical imperative (1970, p. 153).

Being a theologian, Ramsey had no qualms about fleshing out his Kantian sensibilities in theological terms. To do so, in *The Patient as Person* and elsewhere he drew on none other than Karl Barth. In an essay entitled “The Morality of Abortion,” first published in 1969, Ramsey developed the notion of respect much more specifically than he does in *The Patient as Person*.<sup>7</sup> The centerpiece of his account of respect is the following passage from Barth:

Respect is man’s astonishment, humility and awe at a fact in which he meets something superior—majesty, dignity, holiness, a mystery which compels him to withdraw and keep his distance, to handle it modestly, circumspectly and carefully.... When man in faith in God’s Word and promise realizes how God from eternity has maintained and loved him in his little life, and what He has done for him in time, in this knowledge of human life, he is faced by a majestic, dignified, and holy fact. In human life itself, he meets something superior... (1969, p. 106).

Although theologically grounded, respect, Ramsey continued, “means to treat human life with ‘holy awe.’” One will not find a more robust account of respect than this.

### III. RESPECTING AUTONOMY

Behind Ramsey, of course, lie two decades of debate within the medical community about how to protect research subjects in light of a series of abuses and questionable cases that came to light from 1945–1972. From the time of the Nuremberg Code forward (and even as early as the beginning of the 20<sup>th</sup> century), one finds strong emphases on both the primacy of informed consent as a way of respecting autonomous subjects, and on the overriding necessity of protecting the vulnerable, as a way of respecting their humanity (Jonsen, Veatch, & Walters, 1998, pp. 5–10).

Nonetheless, through the 1960s we find Kantian sensibilities competing with unabashedly utilitarian perspectives. From scientists like H. J. Mueller and Joshua Lederberg to moralists like Joseph Fletcher, the moral projects of advancing the human species and advancing science render individuals less inviolable. Utilitarian reasoning often fostered what later became landmark cases of abuses in research ethics. Kantian reasoning provided the framework for social response.

That the emerging discipline of medical ethics developed as a bricolage will come as a surprise to no one. This fact was indeed admitted and furthered by the 1979 publication of Beauchamp and Childress' landmark *Principles of Biomedical Ethics* (1979). Given the remarkable influence of this text and its subsequent editions on the development of bioethics, it is a requisite stop on the archeological reconstruction of the notion of respect. More importantly, as mentioned at the outset, *Principles of Biomedical Ethics* marks a significant shift in how respect is understood. In both this text and the *Report on In Vitro Fertilization* (1979) issued by the Ethics Advisory Board of the Department of Health, Education, and Welfare, the technical structure of respect changes. Oddly, however, the texts revise the notion in contradictory directions.

#### **Beauchamp and Childress, *The Principles of Biomedical Ethics***

On the surface, *The Belmont Report* and *Principles of Biomedical Ethics* are quite similar. Both are shaped not primarily by analysis of problems or cases but rather seek to articulate the overarching principles that should apply to human subjects research specifically or biomedicine in general (Beauchamp and Childress, 1979, p. vii). This approach distinguished them from other texts in the nascent field and accounts in large part for their influence. They were perceived as formalizing the conversation and taking it to a higher, more philosophically rigorous level.

In addition, the list of principles they forward as basic or fundamental seem essentially the same. Both include the principles of justice and beneficence; Beauchamp and Childress distinguished nonmaleficence from beneficence as an additional principle, but noted that this separation is somewhat artificial and that many philosophers integrate them as one (1979, pp. 97–98).

The first principle on their respective lists also appears—at least on the surface—to be essentially the same. But here we have a real difference. For Belmont, the first principle they named is the principle of respect for persons, and under this heading the Commission discussed informed consent. But with Beauchamp and Childress, the nomenclature changed. Although, likewise, the location of the discussion of informed consent, Beauchamp and Childress did not identify their first and foremost principle as that of respect for persons. Instead, in *Principles of Biomedical Ethics* the principle of “respect for persons” became the principle of autonomy or *respect for autonomy*.

That this shift in nomenclature marks a significant change in meaning is masked by their discussion of the principle of autonomy. After trying mightily to harmonize Kant and Mill on autonomy, they moved to a section entitled, “Respect for Autonomy and the Principle of Autonomy” (1979, pp. 58–60). Throughout this section, the words “respect” and “autonomy” appear frequently and in close association:

It is one thing to be autonomous...but quite another to be *respected* as an autonomous agent and to respect the autonomy of others. To respect autonomous agents is to...To respect them in this way is to...To respect autonomy for Kant is....To show a lack of respect for an autonomous agent, then, is.... (Beauchamp & Childress, 1979, pp. 58–59, italics in original)

Not only did they establish a rhetorical association between respect and autonomy, they further reduced the meaning of respect for persons to respect for autonomy: “in evaluating the self-regarding actions of others we ought to respect them as persons with the same right to their judgments as we have to our own. *This aspect of the principle of autonomy is often referred to as the principle of respect for persons...*” (Beauchamp & Childress, 1979, p. 59, emphasis added). In making this move, the principle of respect for persons has deftly been redefined as a sub-category of the principle of autonomy. It is no longer the principle of *The Belmont Report*.

Thus, although for Beauchamp and Childress the principle of autonomy appeared to map the same ground as the principle of respect for persons, they introduced three key changes. First, as both the name of the principle and their

discussion noted, it is not persons as such but autonomy that is to be respected. As they noted: “For Kant a moral relation between persons is always one where there is mutual respect for autonomy” (1979, p. 59). Second, and somewhat tautologically, the world of persons is delimited to those who are autonomous. The principle of autonomy, by definition, applies only to the autonomous or as Beauchamp and Childress stated explicitly: “It does not apply to persons who are not in a position to act in a sufficiently autonomous manner” (1983, p. 64).

Third, respect in this context means “noninterference and correlatively an obligation not to constrain autonomous actions—nothing more but also nothing less” (1983, p. 62). We have clearly come a long way from the Ramseyian fullness of respect.

In short, with *Principles of Biomedical Ethics*, autonomous and non-autonomous persons—so carefully held together by Nuremberg, Ramsey and the National Commission under the rubric of respect—are decoupled. Respect no longer pertains to the non-autonomous. Instead, their fortunes are determined by the principles of nonmaleficence and beneficence. Insofar as Beauchamp and Childress could describe these latter two principles in little more than utilitarian terms, their protections do not carry the moral security of respect.

### **The Ethical Advisory Committee Report, *Research on In Vitro Fertilization***

With Beauchamp and Childress, then, we find the principle of respect for persons narrowed to respect for autonomy, and those who cannot exercise autonomy are excluded from its protection. The Department of Health, Education, and Welfare, Ethics Advisory Board report, *Research on In Vitro Fertilization* (1979), stakes out yet a third position. The implications of their position, however, parallel those of Beauchamp and Childress.

The Ethics Advisory Board was established in 1977 to provide national review for special circumstances, for example, research with children involving more than minimal risk. Per the federal regulations, research on *in vitro* fertilization (IVF) also needed to be reviewed at the national level, and in 1979 the EAB took up this question. As part of their analysis, they deliberated on the question of “the status of the early human embryo” (Ch. 2, section D). They noted as the first primary objection to IVF “that such research is incompatible with the respect due to early embryos.” Following the National Commission, they tended to equate “respect and protection” (e.g., Ch. 3, section E)

rather than respect and autonomy. They concluded that “after much analysis and discussion . . . the Board is in agreement that the human embryo is entitled to *profound* respect” (Ch. 6, emphasis added).

While this might seem to be in keeping with the tradition that culminated in Belmont, again we find a crucial difference. Whereas Beauchamp and Childress decoupled autonomous and non-autonomous persons *vis a vis* respect, the EAB decoupled “respect” from “persons.” For the above-quoted conclusion continue: “the Board is in agreement that the human embryo is entitled to profound respect; but this respect does not necessarily encompass the full legal and moral rights attributed to persons” (Ch. 6).

More explicitly than Beauchamp and Childress, the EAB began the conversation about which beings that share human genetic heritage, in the words of the National Commission, ought to be included in the category of “persons” and thereby protected from the canons of respect. In doing so, the EAB began a new trajectory, one that wends its way through the work of the National Institutes of Health, *Report of the Human Embryo Research Panel*, issued in 1994, and the NBAC’s 1999 report on human stem cell research.<sup>8</sup>

In the EAB report, as with the NBAC report, the meaning of “respect”—or, in fact, *profound* respect—is never specified.<sup>9</sup> Daniel Callahan, among others, has noted the vacuousness of this use of “respect” and in 1995 issued a scathing critique of the baldly rhetorical use of the term in the 1994 *Report of the Human Embryo Research Panel*. Pulling no punches, Callahan concluded:

I suspect that the only way successfully to make the case for embryo research is not, as this panel tried to do, by showing that research needs to take precedence over the respect it says is due the embryo. Instead, it is better and more honestly done by simply stripping preimplantation embryos of any value at all. If we look under the rhetoric of respect, that seems to me is the actual meaning of what the panel has done. At best, the kind of respect it would accord embryos is to them as a class, not as individual embryos. Those embryos that stand in the way of research are to be sacrificed—as nice a case of the ends justifying the means as can be found (1995, p. 40).

In short, Kant has been turned on his head. Under the rhetoric of the principle of respect for persons—wherein persons ought to be seen as ends only and never solely as a means to others’ ends—we find instead the principle of utility.

## IV. CONCLUSION

Respect, then, as a technical, theoretical term within the academic jargon of the discipline of bioethics seems almost as multivalent as its cultural uses. Over the 30 plus-year history of the discipline, three distinct meanings of respect have emerged. In one configuration (Belmont) it is a highly substantive term, inclusive of all human beings, simultaneously promoting autonomy and protecting the vulnerable. It serves to protect individuals in inverse proportion to their ability to exercise autonomy. In a second, narrower, configuration (Beauchamp and Childress) respect is reduced to “noninterference,” functioning almost in a libertarian sense. Autonomous and non-autonomous persons are decoupled and respect applies only to the former. Respect for persons becomes respect for autonomy, defined almost solely by informed consent. In the third configuration (EAB), respect is decoupled from persons and becomes a free-floating, essentially meaningless term, trading on cultural associations to mask that the sole ethical consideration has become that of utility.

The NBAC report is the heir of this third configuration. Beauchamp and Childress’ version of respect as honoring of autonomy has shaped primarily clinical bioethics. Of the older tradition, however, little evidence can be found in contemporary conversations. While resonating with a robust and pedigreed history, current uses of the notion of respect remain either minimal (e.g., informed consent) or patently rhetorical. They trade on the ability of the notion of respect to tap into complex cultural meanings without grappling with its intellectual implications.

At this cultural moment, it is unlikely that public policy-making commissions and the field of bioethics generally will find it convenient to return to the notion of respect that birthed the discipline of bioethics and use the concept—rich with meaning—simultaneously to promote autonomy and protect the vulnerable. Public bioethics too obviously lacks the skills to engage in authentic, substantive moral conversation between individuals of “diverse perspectives”; the mechanisms of the market operate less and less quietly as the real shapers of biomedical practice. In this context, a procedural ethic fills the void left when consciences regret their cooptation to utility. Nonetheless, respect remains and exercises an ironic presence. For insofar as it rhetorically invokes the traditions of bioethics, and insofar as it taps into common moral sense, its presence offers an internal critique. Once deployed, it opens a space for the question to be asked: but what do you mean by respect?<sup>10</sup> Those unable to respond to this question will find themselves unmasked, convicted by Callahan’s incisive critique, if not by their consciences.

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I wish to thank Mark Kuczewski and Tod Chambers for inviting me to join the panel at the 2002 Annual Meeting of the American Society of Bioethics and Humanities where these papers were originally presented. I would also like to thank Biff Rocha for his helpful assistance in researching this article.

## NOTES

1. When I presented this paper at the 5<sup>th</sup> Annual Meeting of the American Society of Bioethics and Humanities, I opened with a reference to Aretha Franklin. At the urging of a number of my auditors, and at the risk of appearing insufficiently philosophical, I include it here. How could one reflect long upon the notion of respect without calling Aretha's lyrics to mind? I ask the reader to indulge me and do so here, for I will return to them at the end of the talk.
2. Although the NBAC concluded that federal funding for the latter three items should not be allowed "at this time," it suggested that most may become necessary in the future, did not provide an ethical argument against any of these practices, and clearly leaned toward supporting them.
3. In its analysis of the propriety of using embryos donated after IVF, the report stated: "Fourth, even though it is legal to sell sperm and ova, it should remain illegal to sell embryos; the demonstration of respect for embryos requires this protection" (p. 53). This context is the only place where "respect" is actually invoked in the NBAC's actual argument. See also p. 74.
4. The entire definition of the principle reads as follows: "1. Respect for Persons. Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection."
5. Beneficence later becomes a function of autonomy when it becomes articulated as the principle wherein we are obligated "to do the other their good," or to do good to the other as he/she defines it. Belmont did not work with this sense.
6. Some may date the launch of the field of bioethics to Joseph Fletcher's 1954 volume, *Medicine and Morals*. But as Leroy Walters (1985, p. 6) noted, Fletcher's work did not really spark the "renaissance of medical ethics" that one might have anticipated.
7. Barth also figured in Ramsey's analysis in *The Patient as Person* (1970). See pp. 154–156 in his chapter "On (Only) Caring for the Dying."
8. To its credit, the EAB was careful to take the more cautious position, namely that research involving IVF is "acceptable from an ethical standpoint" rather than taking the stronger position that it is "clearly ethically right" (Ch. 6). They clarified that they find research on IVF to be "ethically defensible but still legitimately controverted." "The Board," they continued, "wishes to emphasize that it is *not* finding that the ethical considerations against such research are insubstantial."
9. However, demonstrating perhaps its era or the influence of Leon Kass, whom they cite extensively, the Board maintained that "if research involves embryo transfer following human in vitro fertilization, embryo transfer will be attempted only with gametes obtained



- from lawfully married couples” (Ch. 6, Conclusion 2B). Kass argued that to proceed otherwise would be disrespectful of the embryo and the meaning of human reproduction.
10. Recall, then, Aretha’s lyrics. Remembering her chorus, Aretha names the problem correctly: “RESPECT,” she belts out: “Find out what it means to me.” One might argue that that is exactly the problem at hand: the notion of respect has been unleashed from its philosophical and religious moorings such that it now functions as simply a placeholder: fill it with your own content. The challenge, then, whenever anyone uses it: we have to find out what it means to them.

## REFERENCES

- Beauchamp, T.L., & Childress, J.F. (1979). *Principles of biomedical ethics*. New York: Oxford University Press.
- Beauchamp, T.L., & Childress, J.F. (1983). *Principles of biomedical ethics*. New York: Oxford University Press.
- Callahan, D. (1995). The puzzle of profound respect. *The Hastings Center Report*, 25, 39–40.
- Fletcher, J. (1954). *Medicine and morals*. Princeton, N.J.: Princeton University Press.
- Jonsen, A.R., Veatch, R.M., & Walters, L., (Eds.). (1998). *Source book in bioethics: A documentary history*. Washington, D.C.: Georgetown University Press.
- National Bioethics Advisory Commission. (1999). *Ethical issues in human stem cell research*. Rockville, MD: National Bioethics Advisory Commission.
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1975). *Report and recommendations: Research on the fetus*, DHEW (OS) 76-127. Washington, D.C.: U.S. Government Printing Office.
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. Washington, D.C.: U.S. Government Printing Office.
- National Institutes of Health. (1994). *Report of the human embryo research panel*. Bethesda, MD: National Institutes of Health.
- Ramsey, P. (1969). The morality of abortion. In: D. Labby (Ed.), *Life and death: Ethics and options* (pp. 64–69). Seattle, WA: University of Washington Press.
- Ramsey, P. (1970). *The patient as person*. New Haven: Yale University Press.
- U. S. Department of Health, Education, and Welfare, Ethics Advisory Board. (1979). *Report and conclusions: HEW support of research involving in vitro fertilization and embryo transfer*. Washington, D.C.: U.S. Government Printing Office.
- Walters, L. (1985). Religion and the renaissance of medical ethics, 1965–1975. In: E.E. Shelp (Ed.), *Theology and bioethics* (pp. 3–16). Dordrecht: D. Reidel Publishers.

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