I am certainly no metaphysician; I tell my students that I don’t have a metaphysical bone in my body. I am a bioethicist. I have done work on the ethics of death and dying, none of it metaphysical. Though I acknowledge that there may be metaphysical implications of the views I hold, I am only mildly curious about whether there are and if so, what they may be. Metaphysics is a fine endeavor with a great philosophical tradition behind it. I am sure people will be doing metaphysics long after bioethics has vanished from the scene. But I do not think metaphysics is foundational for ethics or necessary for the justification or evaluation of our social practices. I do not expect solutions to our current problems surrounding death and dying from metaphysics. (In fairness, I might add that I also do not expect solutions to our ethical problems from ethical theory or metaethics, but that is the story for another occasion.)

I myself would approach the problems of the metaphysics of death and dying in relation to our practices from the other end. Instead of working out the metaphysics of death and using that theory either to support or to critique our practices, we would do better, I think, first to try to figure out what we think would be a morally justified practice of, say, organ transplantation or our treatment of the dead and then, if we are interested, work out the metaphysical implications of this suitably-revised practice.

In fact, I would not even start with trying to work out a comprehensive ethics of death and dying in relation to our practices from the other end. In the first place, we very well may not be able to fully-articulate the value commitments that underlie our attitudes toward dying and the treatment of the dead. Second, if we uncovered tensions or even inconsistencies in our various practices concerning death and dying or in our justifications of them, as I expect we would, that would not tell us what to do. We would not know which practices we should abandon . . . if any. Can we, then, believe that our social practices involving organ transplantation, for example, are or may well be fully justified even though we do not know how to articulate a comprehensive and consistent justification of them? I submit that this is precisely the position of most of us (philosophers included) most of the time, a point to which I shall return.

I would start, instead, with the “points of friction” – places at which I or we feel a rub or pinch within or among our practices relating to death. The starting point for me, then, is practical, defined by perceived dislocations in our evolving practices concerning death and our medical practices. I have no philosophical proof that this is the way we ought to proceed. All I can do here is to express a vision of ethics in relation to our social practices and to offer some reflections on why I doubt that metaphysics is the tool we need in order to justify or reform these practices. This argument, such as it is, will turn in large part on the differences between practical and theoretical problems. There
are, to be sure, theoretical problems about ethics. But those, on my view, are not ethical problems.

I.

The problems of ethics are practical problems – problems about what we should do.\(^2\) They arise, as Dewey and others have pointed out, from uncertainty about how to proceed. Our usual ways of doing things – our social practices or personal codes of conduct – come to seem problematic. They give insufficient guidance in the context in which we find ourselves or lead us to answers that we cannot whole-heartedly embrace. Bioethics was born out of precisely this uneasiness and hesitation: doctors who had always tried to save the life of patients found themselves confronted with cases in which that seemed pointless, cruel or inhumane and their ethical training provided radically inadequate or even wrong-headed guidance.

There is disagreement about the problems of ethics just as there is about any other practical problem.\(^3\) Indeed, something would be a mere theoretical or hypothetical issue if there were no disagreement about it. Though moral disagreement is endemic in a pluralistic, individualistic society like ours, there are also vast areas of moral agreement. These constitute in part our shared forms of life, our social practices. We do not normally think about these basic value commitments, much less try to justify them. We are often even unaware of them. Hopefully, philosophers are more aware of the values that underlie our practices and have a better idea how and why these practices are justified. But we, too, are not fully aware of our values or of the justification of our practices. (One young philosopher I know is appalled by the lack of ethical reflectiveness with which his colleagues are deciding to have babies. They are simply assuming that having children must be justified, at least for them, but they have no idea what the justification might be or even what it would require. These philosophers are becoming parents in a way not that much different from the rest of us – this is the way life is lived. If a practice does not strike us as problematic, we normally engage in it without thinking very much about it.)

Moral disagreement is endemic, but not, however, generally intractable. Practical problems are resolved when we believe we have discovered the best way of acting in a specific situation, a way to build better personal habits, or a way that we can and should reform our social practices. We are often able to work out our answers to ethical problems in our practices and to achieve a high degree of consensus about these answers, especially for practices that require a high degree of social cooperation. For example, UNOS (United Network for Organ Sharing) has been able to work out the ethics of organ transplantation, reaching consensus on more and more of the ethical issues raised by this practice. Such a consensus is always emerging – unanimity is never achieved, nor does the consensus cover all ethical issues recognized by the community. But significant progress is made: there is more consensus about many of the ethical issues in organ transplantation than there used to be and almost all participants agree that the practice is more ethical now than it was even a decade or two ago. For example, unfairnesses in the selection of recipients, for example, have
been found and eliminated or at least reduced with the result that the process and its outcomes are fairer now than they were before.  

Skepticism about ethics and ethical subjectivism are not viable stances, since everyone also agrees that an efficient use of donated organs is desirable and that requires a vast network of cooperation. Cooperation cannot be secured if one transplant center believes that another is blatantly unethical in its practices. And nobody believes that if you’re comfortable with the way you are allocating organs, then that’s a perfectly moral way to proceed. “Women just don’t get organs at your center? If you’re OK with that, then there’s nothing wrong with it.” (!) The fact that we hesitate and deliberate about what we should do also shows that we reject ethical skepticism and subjectivism. We do not have a practical problem when we think any solution is as good as any other. No one hesitates, no one deliberates about which shoe to put on first. And no one hesitates to cooperate with someone who puts her right shoe on first.

Practical problems have their own spatial location, as it were, due to the fact that practices are interwoven or must interface with other practices in all kinds of very complex ways. Because various practices are interwoven, a single practice is not easily detached and exported to a different cultural milieu. Important cultural differences bring to the fore a practical problem of social relativism, a problem international businesses wrestle with all the time. Are we going to do business with companies that use slave labor?, Child labor?, That have no concern for the natural environment? This kind of social relativism is a practical issue for organ transplant community, as well: Should we accept and transplant kidneys from desperately poor people in developing nations if those nations feel no moral reservations about selling organs, nor any need to try to protect the sellers? And if it is morally permissible for a desperately poor parent to sell her kidney to a wealthy American, why not her liver?

This is a practical problem: we have to figure out what to do about organs from questionable sources in developing nations and the extent to which we should be complicit with or encourage medical tourism. But this practical problem is a very different problem than the philosophical problem of social relativism. Even if we accepted it, the philosophical thesis of social relativism would provide no help at all in figuring out what we should do about markets in organs from the third-world.

Like the solutions to many other practical problems, solutions to ethical problems are tentative, partly because the next case may be importantly different in ways that we may not have anticipated, partly because acting on them generally leads to unanticipated consequences, and partly because solutions to many practical problems introduce tensions with other personal habits or social practices. (It is possible, for example, that the current discussion about physician-assisted suicide will lead to modification of our fundamental ethical agreement that it is wrong to intentionally kill an innocent person. Indeed, one of the arguments against physician-assisted suicide is precisely that such a practice would undermine this fundamental moral consensus.)
Practical ethical problems are also always more narrowly focused than the philosophical query about whether any moral judgments possess the necessary epistemic credentials or what the justification for any valid moral judgment may be. Deliberation about and discussion of practical problems always takes place against the backdrop of values that are not themselves questioned for present purposes. We can and do question our values, of course, sometimes even very basic ones. But not all at once.

Finally, note that the consensus within the transplant community in our society has emerged within a relatively short period. As it must, for another feature of practical problems is that they must be faced and dealt with; they cannot be debated endlessly. Or if they are still debated, we must figure out what is the right thing to do while the debate rages. Suspending judgment is not an option short of calling a halt to transplanting organs until ethical issues can be resolved, an alternative which no one thinks is the most ethical course of action. Similarly, we must either proceed with stem-cell research or not, and not to decide is to decide. Sometimes the window available for reflection and discussion is exceedingly small – a neonatal surgeon once told me that he often encounters difficult ethical problems in his work. He said that he can and does think about these problems when they arise and he would value ethics consultation. But often, he must do something within fifteen minutes.

II.

These considerations about the nature of ethical problems give reason for being skeptical that there will be metaphysical solutions – or even a coherent set of metaphysical recommendations – for our social concerns about the way we handle death and dying. Perhaps it is not surprising that the neonatal surgeon found philosophically-trained bioethicists generally quite unhelpful – the ones he interviewed for the ethics position in his medical college were almost all too indecisive and slow on their feet. Indeed. The timeframe within which practical problems must be resolved makes many philosophers uncomfortable. The staples of philosophy are timeless, theoretical problems that can be and are debated – quite literally, for millennia.

Obviously, we will not and should not revise our social practices in response to the recommendations – however cogent – of a single metaphysician. We cannot live together without practices. Nobody lives without practices and at least some practices must be widely-enough shared in order for us to be intelligible and predictable/reliable for each other. For these reasons, practices are almost never abandoned as the result of finely-tuned arguments by individual philosophers. Nor, especially in a democratic society, should they be. Nor would important justificatory or reformative work be done by rummaging around through various metaphysical views on offer looking for the one that justifies what we are doing or want to do. (That is, in fact, some of the unease about the “brain death” definition of death – it looks a little too much like a rationalization fashioned and adopted to meet the need for more transplantable organs while avoiding the charge that we are cannibalizing living human beings for body parts.)
In order for metaphysical reflection to provide a basis for reform of or part of a justification for our practices, metaphysicians would have to move toward consensus and they would have to move toward consensus quickly enough to provide assistance with the practical problems we face. But metaphysics, like other philosophical disciplines, does not move toward consensus. As a result, we are always left with an array of metaphysical views – about the time of death, about whether death is a harm to the one who dies and if so, at what time it is a harm, about whether people can be harmed by events after their deaths, etc – all in good standing among metaphysicians. Some of these may support our current practices; others will suggest changes in them; perhaps a few would require that we abandon our current practices entirely. (One example of the last: if a full-blooded view of the resurrection of the body implies that people will need their livers, hearts and kidneys in the next life, then organ transplantation may well be profoundly immoral. No less a figure than Augustine worried quite unsuccessfully about this issue. Are we to conclude that organ transplantation is metaphysically questionable? If so, what should we do about that charge?)

But, it may well be objected, the fact that a theory is held by a majority or minority of metaphysicians does not count in metaphysics. We do not arrive at truth or even conviction in metaphysics by counting the votes of metaphysicians. We weigh the strength and saliency of the arguments for one position vis-à-vis its competitors. But that's precisely the rub, is it not? Metaphysicians do not agree about which arguments are strongest and best. So, we are left in practice with some metaphysical views which support our current practices and some which at least implicitly critique them. And we should expect a luxuriant variety of metaphysical views indefinitely into the future. The problems of metaphysics are theoretical problems (even if we are discussing the metaphysics of morals). As such, there is no timeframe for a solution and no need to arrive at any consensus about them. They can be and are debated endlessly. That is one of the glories of philosophy – we often consider purely theoretical problems, problems that have nothing at all to do with how we live or should live, and we worry these problems indefinitely.

But even if contrary to all expectations metaphysicians were to arrive at a consensus, this consensus would have to be much more widely and, I would argue, deeply, shared in order for it to provide part of the basis for either supporting or reforming our practices, especially in a democratic country. So the arguments that seem conclusive to a consensus of metaphysicians would have to be simple, cogent and persuasive enough to produce conviction far beyond the community of professional philosophers, at least so long as philosophers are not kings. These metaphysical arguments would have to be persuasive among healthcare planners, insurance company executives, legislators, transplant surgeons and other doctors, epidemiologists, and the like. But metaphysics and its arguments are extremely complex and subtle, not susceptible to being widely-shared. (Imagine some future President’s Commission appointed to advise the nation on transplantation spending their time pouring over Parfit’s *Reasons and Persons.*)
None of this means that practices do not change or that they do not change partly as the result of ethical or even metaphysical uneasiness. Changes in both our practice of slavery and our treatment of women were partly the result of moral uneasiness that was growing in both depth and breadth. Also, perhaps, in increasing doubt that any deep (metaphysical?) distinction could be drawn on the basis of race or gender. John Stuart Mill probably contributed to this growing uneasiness by helping to crystallize it. Peter Singer is trying mightily today to get us to examine and revise important aspects of our current moral consensus. But sweeping changes in our society’s metaphysical convictions are not, I think, normally produced by the arguments of metaphysicians. Something much deeper than that is at work in such changes and the conviction normally goes deeper than intellectual persuasion, as well. Because practices are deeply interwoven, there are also a whole host of other changes in our society that can produce and even sometimes force – and justifiably so – changes in our social practices.

III.

Practices are not, then, static and especially in rapidly-changing fields like contemporary medicine, they provide a rapidly-moving target for any justification that may be required. Consider the practice of transplanting organs. Just over 50 years ago – a blink of an eye in the evolution of a culture – there was no organ transplantation at all. Given the recent origin of this practice, it would not be surprising if it is deeply in tension or even inconsistent with some of our other practices relating to death and dying. Most of these practices were developed before transplant surgery. Fifty years ago, burying the dead seemed a fitting, respectful way of treating the deceased. But then, something as superficial and merely technical as the invention of immunosuppressant drugs set the stage for a rapid rise in transplantation and created a severe shortage of transplantable organs. With that, the practice of burying or cremating the entire body of the deceased becomes morally questionable. It costs thousands of lives annually and forces many others to live with the difficult, distasteful and confining regimen of dialysis. So, something as marginally related to death as the invention of immunosuppressant drugs calls into question the moral wisdom of burying the dead and even of respecting the bodily integrity of permanently unconscious people.

Fundamental changes in our practices may result and arguably should result from these mere technological and thus relatively superficial medical changes. But if we learn how to grow organs in laboratories or to solve the problems with trans-species organ transplants, the demand for transplantable organs from intact humans may dwindle away to almost nothing. If so, there will come a day when there is, once again, very little moral objection to burying or cremating the dead. On the other hand, if we develop a technology to sustain patients who need a new lung, liver or heart (like dialysis now sustains those in need of kidneys), then the issue of finding transplantable organs will become much more difficult since no one has a “spare” liver or heart.

All this is, of course, well known and obvious. But it raises a problem for metaphysics: Which of the many and rapidly-changing practices are metaphysically justified?
IV.

Our practices and our ethics in the area of death and dying are probably not of one piece. This is only to be expected, given the remarkable scientific and medical advances of the past 50 or 70 years – organ transplantation, reasonably safe and effective contraceptives, the ability to prolong bodily functioning indefinitely, the “morning after pill,” the promise of stem-cell research, the promise and peril of genetic engineering, and on and on. Each of these new developments holds out the promise of a great good (and also the prospect of a great deal of money to be made) and thus very quickly generates a good deal of social support. Each of these developments by itself and certainly all of them taken together raise fundamental practical questions about what we should do with our new technological capabilities. They call for us to develop a new ethical wisdom. Each of these developments also introduces tensions – perhaps even contradictions – into our practices relating to death and dying.

What is the relationship of metaphysics to these developments? Ignore for the moment the difficulties that metaphysicians do not reach consensus in a timely-enough fashion and that their arguments seem unsusceptible of being widely shared. I wish now to consider another feature of metaphysics – its conclusions seem too general and timeless to provide guidance to our questions about our own practices.

Think cross-culturally and historically. There have been thousands of different social practices relating to death. But the fundamental nature of reality is unchanging or at the very least, does not change with every change in social practices. (There could, of course, also be a descriptive metaphysics that covers only our current social practices. I shall return to this possibility.) It is, then, very unlikely that the true account of ultimate reality would support our practices, but not those of earlier times or different places. The odds against that are staggering. It is similarly unlikely that the true account of ultimate reality will justify a suitably-reformed set of our practices concerning death, whatever the desirable reform turns out to be. For the basic structure of reality is universal, not relative to a given set of social practices. And if it turned out, mirabile dictu, that precisely the reforms we now need are justified by timeless metaphysical truths, the further reforms we will need in fifty years will then be inconsistent with this metaphysical truth.

But perhaps this misconstrues the relationship between metaphysics and social practices. Given myriad social practices and only one fundamental reality underlying them all, I have been assuming that only one or a very small number of these practices will turn out to be compatible with the true account of this reality. After all, various social practices have been developed under very different and incompatible views about the nature of ultimate reality. So, most practices, one would think, would depend – if practices depend on metaphysics at all – on a mistaken metaphysical view. A true account of ultimate reality would, then, show that most practices cannot be justified.

But perhaps metaphysics does not have this tight relationship with one or a small number of practices. Perhaps the ultimate truth about reality is general enough to be
consistent with a host of different social practices. But then precisely the opposite
difficulty emerges – if the true account of ultimate reality is consistent with a wide variety
of practices, metaphysics will give us little or no guidance with respect to choices about
clinging to or reforming our particular social practices.

There is at least one more possible relationship between metaphysics and our
social practices. We could envision a kind of descriptive metaphysics of a much more
modest sort than the descriptive metaphysics that aims to explicate the way we – i.e.,
everyone, all humans or even all rational beings – must view the world. Kant’s claim
that there is only one set of categories through which reality can be intelligible is given
up. The more modest metaphysics would acknowledge that there are many sets of
categories, many ways to make reality intelligible, and so, it would be aim to be nothing
more than an account of reality as seen through the eyes of early 21st-century
Americans. Such a modest metaphysics would aim to uncover what makes us
contemporary Americans. Its modesty grows out of full awareness that Ethiopians,
Sikhs and even Canadians probably view the world differently, as did 19th-century
Americans. This kind of localized descriptive metaphysics also knows that its
conclusions will likely not be applicable to 22nd-century Americans and perhaps not
even to all contemporary Americans, for obviously some cultural Ethiopians and Sikhs
are Americans.

This modest descriptive metaphysics might well be useful by helping us to
understand who we are. For example, it might turn out that there are descriptive
metaphysical reasons why we cannot have the healthcare system that the British or the
Canadians have – their metaphysics is different than ours and that is the fundamental
reason that a healthcare system they find so comforting is so disconcerting to us. If so,
that would be very interesting information about our practices related to death and
dying. But this kind of descriptive metaphysics also would not provide guidance about
which practices we should cling to, which we should try to reform and which to jettison
as quickly as possible. For this localized descriptive metaphysics would be too
thoroughly imbued with precisely those social practices which we need to evaluate. The
mindset we are describing is precisely the mindset involved in our current practices.

V.

These concerns are about the relationship between metaphysical truths and
social practices. But we also need to ask about the relationship between the
metaphysician who aims to discover such truths and our social practices. Obviously,
the metaphysician, like all of us, lives in the social practices of her communities. She,
like the rest of us, has varying degrees of comfort and discomfort – including moral
comfort and discomfort – with the practices she engages in and observes around her.
Some practices she embraces whole-heartedly, some she engages in with reservations,
and some she feels alienated from. Is the metaphysician able to successfully distance
herself from our social practices in order to ensure that her account not be prejudiced or
informed (biased?) by the very practices that are under metaphysical scrutiny?
This problem is more severe in the arena of death and dying than in other traditional domains of metaphysics. Death is not like mereology or the question of whether numbers are real which one might approach without many question-begging presuppositions. But it would certainly be very difficult to do metaphysics designed to support or to reform our practices concerning death without being swayed by one’s own attitude toward these very practices.

Wittgenstein famously argued that we cannot abstract from our forms of life when doing our thinking, even our philosophical thinking and that if we attempt to do so, we will only create “language on holiday” and give ourselves insoluble riddles in the bargain. A related view would insist that metaphysics is itself a practice and consequently, the question is which of several practices is more central, critical and trustworthy than the rest. When we are trying to decide whether to reform, say, our practices of organ transplantation on the basis of metaphysical arguments, we are really deciding whether the practice of metaphysics is more important and trustworthy than the practice of organ transplantation.

Although I think these Wittgensteinian views may well be correct, I wish to pursue a different, more practical concern. Imagine a metaphysician whose husband is struggling with dialysis while hoping for a kidney transplant. One evening, this metaphysician comes home to announce, “I had a wonderful day at work today, honey – I proved that organ transplants are metaphysically unjustifiable.” Or even, “I proved on metaphysical grounds that far fewer organs than we now transplant are eligible for transplant.” Or perhaps she deeply regrets her metaphysical insight and her husband observes one evening, “You’ve seemed kind of morose or down lately, dear – is something the matter?” And then our metaphysician confesses that she has proved that transplanting kidneys is metaphysically unjustifiable.

It’s hard for me (only because I am not a metaphysician?) to imagine anyone changing important convictions on the basis of metaphysical arguments. I cannot form a convincing picture of this metaphysician saying, “Oh well, I guess I’ve discovered that transplanting organs is metaphysically unjustifiable and that’s a real shame because my husband badly needs a transplant.” I do not wish to deny that such people might exist. But I think a different scenario is much more common – the metaphysician, like the rest of us, starts with attitudes and views about our practices. Some she thinks are perfectly justified and in no need of modification; others she is uneasy about and would like to see reformed; finally, some she thinks are so misguided that we should simply reject them entirely. Her metaphysics is colored by her antecedent attitudes and views about our practices.

And if her metaphysical arguments lead her to conclusions she feels are unacceptable – organ transplants are metaphysically unjustifiable – she would not normally change her convictions. She would view the unacceptable metaphysical implication as a paradox, a problem to be solved, a difficulty to be resolved. She would – and quite rightly, I think – try to shepherd the arguments back to the “correct” conclusion. But the correct conclusion is the one that is antecedently given. This
metaphysician might fail to answer objections to her view or to establish its superiority, and she might acknowledge that failure: “I never was able to work out the metaphysical proof that it is justifiable to take organs from the irreversibly unconscious for transplantation without prior consent.” But the conviction remains and it orients her metaphysical efforts. (In this, she is in good company – the company, for example, of Descartes who did not simply rest content at the end of the second meditation . . . “Oh well, I guess I am all alone in the world, after all.”)

People do sometimes change their metaphysical convictions. Saul’s conversion on the road to Damascus may have involved different metaphysical convictions. But even religious conversions are primarily practical – changes in a way of living – rather than metaphysical. And basic changes in metaphysical convictions are normally, I think, apercus – something akin to a Gestalt switch or a mystical insight – rather than the result of carefully weighing the force of the metaphysical arguments for various positions.

We do not, then, follow the argument wherever it leads and certainly not the metaphysical argument. Rather, we design the metaphysical argument for antecedently-given purposes. And this is as it should be. Living and living together in various sorts of cooperative arrangements is more basic and more important than theoretical argument. Our practical commitments should guide our metaphysical reflection, I think. But for this reason, too, I am doubtful that metaphysics will provide guidance in deciding which of our practices to reform, how and why.

VI.

In closing, let us return to ethics. The problems of ethics are not problems of whether moral standards and judgments can be justified. Skepticism or personal relativism about ethics is, I believe, a parlor game (i.e., a purely theoretical position). It often seems like the sophisticated view to take in an academic discussion. But it is put aside – and must be put aside – as soon as we leave the context of a purely theoretical discussion and move into a context of action. What would we tell UNOS? That there is no such thing as moral truth and therefore, any way of getting transplantable organs and selecting recipients is as good as any other? Some methods of distribution are racist, sexist or blatantly unfair in other ways and some procurement methods amount to stealing organs from living persons. But a racist policy is as good as any other?!! I do not deny that there is a philosophical problem about the epistemic status of moral standards and judgments, just as there is a philosophical problem about whether I am a brain in a vat. But these are theoretical problems. A genuine moral skeptic would be a sociopath at best and we would do well to avoid her. Certainly, we should not tenure her into our philosophy departments. Arguably, it would go much deeper than that: arguably, we would not even recognize a genuine moral skeptic as a person.

Because genuine ethical skepticism is not a real position, the question of whether any ethical values have a basis or grounding is a purely theoretical question. In practice, it’s always a question of one value against others, one good against other goods. I do not, then, think ethics as a whole is in need of any theoretical justification or
underpinning. Certainly no metaphysical underpinning. And that’s a very good thing, for we have no theoretical justification anywhere in sight.

Nor would a theoretical foundation for ethics provide the answer to any of our practical concerns – a metaphysical (or metaethical) foundation could only underwrite our antecedent ethical beliefs and practices. Practical concerns grow out of conflicts between values, all of which are standardly embodied in various practices, combined with the difficulty or impossibility of remaining faithful to all of them. Particular ethical standards, judgments and practices can surely be challenged and found to be unjustified. But they are found to be unjustified in terms of other moral standards, other values and practices that are not themselves questioned, at least not for current purposes. We challenge a value judgment by pointing out its tension with other important and accepted values that are also embedded in our practices.

Once this tension becomes widely acknowledged, another practical problem is what to do about it. If we decide to reject one of these conflicting values, it will standardly because we feel that the other has more gravitas, is more deeply held or more widely connected with other values and practices. Not because the rejected value has, we have discovered, no value at all or because, lacking a theoretical foundation, it is indefensible.

And sometimes, we decide to simply live with the tension or conflict between our various practices and the values embedded in them. For example, almost every first-year medical student feels the tension between what she is doing to a corpse in her gross anatomy lab and our respect for the dead. But aside from holding a brief memorial service to give thanks to those from whose bodies the students learned – itself an eloquent testimonial to the tension – we simply live with that tension. And arguably that is precisely the right thing to do. Both dissection by medical students and respectful burial of intact corpses are deeply-rooted practices, supported by important values. We will not give up either just because these two practices are in conflict with each other. We recognize the tension and support those who must live very intimately with it, but we preserve both practices.

Nor should we, I submit, reform or abandon a practice simply because it is not congruent with a metaphysical theory. I do not, then, look for help from metaphysics with the practical problem of sorting out which of our practices relating to death and medicine are justified and which are badly in need of reform. I likewise doubt that we should feel that a practice has received important validation because it is consistent with a metaphysical theory. Most likely, that metaphysical theory was constructed with an eye to providing support for this practice. And too much is at stake here. Sometimes, it’s a matter of life and death.

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1 I challenge the reader to parse the values implicit in people’s conflicting emotional responses to living kidney donors who donate to strangers. I confess that I cannot fully explicate them. Writing in the July 27, 2009 New Yorker, Larissa MacFarquhar asks,
“Do you find the idea of donating a kidney to a stranger noble? Or freakish? If the latter, is it the extremity of the act that baffles you? Does it seem crazy, giving something that precious to someone for whom you have no feeling, and whom, if you knew him, you might actually dislike? . . . The carnality of the act, the violation of the body, stops people. Its moral logic seems, to some, inhumanly rational, suicidally so . . . Most people find it uncomplicatedly admirable when a person risks his life to rescue a stranger from fire, or from drowning. What, then, is it about saving a stranger by giving a kidney, a far lesser risk, that people find so odd? Do they feel there is something aggressive about the act, as though the donor were implicitly rebuking them for not doing it, too? . . . Or perhaps it’s that organ donation, unlike rescue, is conceived in cold blood, and cold-blooded altruism seems nearly as sinister as cold-blooded malevolence. Perhaps only the hot-blooded, unthinking sort can now escape altruism’s tainted reputation, captured in the suspicious terms for what people are really engaged in when they think they’re helping (sublimation, colonialism, group selection, potlatch, socialism, co-dependency – the list goes on).”

Not even the transplant community, which has devoted considerable time and energy to thinking about this issue, can figure out what to make of such donors. Some transplant centers accept organs from such donors; others do not. UNOS takes the position that a website designed to find live donors for strangers “exploits vulnerable populations and undermines public trust in the equitable allocation of organs.”

2 It may help the reader if I give some points or reference. My views about ethics and social practices have been deeply influenced by Marx, Peirce, Dewey, Hayek, Wittgenstein and Charles Taylor. However, I should also clear the names of these fine philosophers: I do not consider myself to be a faithful expositor of any of them.

3 I owe this point to Hilary Putnam, Ethics Without Ontology (Harvard, 2004): “Putative solutions to practical problems are controversial (unless they are put into practice and succeed to the satisfaction of all those involved), for a whole series of reasons . . . [W]hen a practical problem is successfully solved, there is still often controversy as to whether the successful solution can be generalized to the next problem that seems similar; for the degree and significance of the similarity are typically controversial as well!” (p. 30-1)

4 James Wallace defends the view that norms, including ethical norms, are inherent in practices and that such norms suffice for evaluation and criticism of existing practices. James D. Wallace, Norms and Practices (Ithaca, NY: Cornell University Press, 2009).

5 By contrast, the practice of abortion does not require a network of cooperation – one woman who wants an abortion and one doctor willing to perform abortions suffices. Precisely because so little cooperation is necessary, “it’s up to the individual” is a viable ethical position and ethical deliberation can be completely individual and internal. Also, the public debate about abortion can rage endlessly while pregnant women make their own choices. But in spite of this seemingly intractable debate or perhaps because of it, we have reached consensus about the ethics of physician consultations with women who are distressed about being pregnant, an ethics which is practiced by almost all doctors regardless of their own views about the ethics of abortion.

6 Augustine, City of God 22.12 and 20. Obviously, Augustine is not considering transplant surgery; he is considering cannibalism. But the issue of whose body part it will be is present in both cases.


I find the view that death is cortical death a persuasive example. No matter how convincing the metaphysical arguments that the person has died when she becomes permanently unconscious, a single question stops me: Could you bury someone who is warm, pink, who is breathing and whose heart is beating? I could not. I would have to stop the heart and the breathing first. But why if the person is already dead? Willard Gaylin exploits this distinction between intellectual conviction and a deeper persuasion very skillfully in his classic article, “Harvesting the Dead.” The arguments about the benefits of treating cortical death as our definition of death are unquestionable. But by the end of the article, your stomach is in knots. At least mine is. (See Gaylin, W. “Harvesting the Dead” in Shannon, T. A, ed., *Bioethics* (New York: Paulist Press, 1976).

The contemporary Christian theologian-bioethicist, Gilbert Meilaender, believes that “the reluctance many feel toward donating organs, even after death, is not selfishness or superstition, but a sign that our sense of the body as something whole, something human, something sacred, has not yet withered.” (Cited in MacFarquahar, *op. cit.*, p. 44.)
