Gil Omenn, of the School of Medicine’s Department of Human Genetics, speaking on “New Perspectives on Human Cancers: Genomics and Proteomics.”

The Life, Values, and Society Program is directed by Richard O. Lempert, ’68, the Eric Stein Distinguished University Professor of Law and Sociology.

Schneider explained in his talk that decision-making autonomy in medical issues is of two kinds: mandatory, in which the patient has the authority and the duty to decide on his medical care; and optional, in which the patient can defer the decision to another, like a family member, or his physician.

Of the four arguments for mandatory autonomy that he outlined, the most significant is probably the moral one, Schneider explained. It comes from “a kind of muscular individualism,” he said. “People’s first moral obligation is to take responsibility for the kind of person they are and to discover the person they are meant to be.” In this light, medical decisions, which often involve life or death questions, are important.

Maybe. But “can we justify patients’ refusal to accept the autonomy that law and bioethics put on them?” he asked.

 Seriously ill people often lack the stamina for such decision making, don’t want to face their illness, or cannot understand the probabilities that accompany most medical action. Although mandatory autonomy finds its equivalent in other aspects of American culture, Schneider said, “It seems that in the medical area, autonomy has been stretched beyond its reasonable limits.”

“The saddest patients whose memoirs I read were the patients who tried to be autonomous,” Schneider reported. “The happiest, and often, I thought, the best, were those who saw themselves as part of a family and a community, and who continued to be concerned [with their family and community] even as they approached death.”

Taking a less than life-and-death example, Schneider recounted his own decision-making process in the case of having a root canal.

He got the information, and then asked “Do I need a root canal?”

“That’s your decision,” his dentist answered.

“If it were your tooth, what would you do?” Schneider asked.

“My values may be different,” the D.D.S. answered. “So it’s irrelevant.”

“As far as I could tell,” Schneider told his listeners, “he wanted me to have the root canal done. I had it. And the tooth hasn’t bothered me since. Of course, its dead.”

Bridget M. McCormack named associate dean for clinical affairs

Clinical Professor Bridget M. McCormack has been named associate dean for clinical affairs, replacing Suellyn Scarneccia, ’81, who has become dean of the New Mexico School of Law in Albuquerque. Scarneccia was the Law School’s first associate dean for clinical affairs.

The University of Michigan Board of Regents approved McCormack’s appointment in the spring.

McCormack joined the Law School faculty in 1998 as a clinical assistant professor. She earned her B.A. with honors in political science and philosophy from Trinity College and her J.D. from the New York University School of Law. She has practiced with the Criminal Defense Division of the Legal Aid Society in New York and for the Office of the Appellate Defender. She also has been a fellow in clinical teaching at Yale Law School.

Currently co-chair of the Political Interference Group of the Association of American Law Schools Clinical Section, McCormack also is an active member of the National Board of Trial Advocacy, where she has served as board member, exam writer, and chair of the Social Security Expansion Committee.

“Professor McCormack is an extraordinarily gifted teacher who has earned the admiration and respect of students and colleagues alike,” Dean Jeffrey S. Lehman, ’81, said in his recommendation of McCormack to the regents. “She has a subtle and powerful mind, an astonishing work ethic, and an infectious commitment to her craft.”