Am I my brother’s keeper?
Sibling Ethics

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THANK YOU!!

• My family
• My teachers and mentors
• My friends
• My colleagues
• My students
• My patients and their families
• The AAP Section on Bioethics
• (These are not necessarily mutually exclusive groups)
Disclosures

• None
Project’s History

• I want to begin to explore sibling ethics which has been relatively ignored in the philosophy and medical ethics literature
  – Some talk about partiality ethics (versus impartiality ethics), but this can hold for friends as well as siblings
  – Some talk about “kinship” in other disciplines, but this holds for relationships including but not limited to siblings, and doesn’t see anything special about siblings.

• This project almost began in 1996 when I was almost funded by the Greenwall Foundation to host an interdisciplinary conference on siblings and their interactions with health care (from transplant to genetics to caregiving and caretaking).
  – Bill Stubiing promised me he would explain what happened “some day”.
  – We miss you Bill (9/28/39-10/4/15)
Project’s Current Status

• In preparing for this talk, I dusted off the Greenwall grant proposal from 1996 and re-performed a literature search
• 19 years later, it is fair to say that this is a topic about which there is still very little written in all of the relevant academic fields, but one that needs exploration, particularly for medical ethics.
• Re-reading the grant proposal, I came to realize I was missing an important component of sibling ethics-- that is the role that parents play in sibling relationships...
  – Both consciously and unconsciously
  – Even after we leave home!
• Siblings cannot be understood as an isolated relationship but must be understood within the larger family context (and societal context).
  – This parallels the realization in medical ethics that patients are not isolated autonomous agents but rather the doctor-patient relationship must be understood within the larger familial and societal contexts.
• I take this opportunity to convince you all that we need a framework for thinking about siblings and sibling obligations because as health care professionals, we ask/expect/assume so much of and about them
• My thoughts are preliminary. Input is most welcome.
• So let’s begin
Siblings come in all shapes and sizes (and biological relatedness)

- **Full siblings (same 2 parents)**
  - Twins
    - Identical
    - Fraternal
  - May be of same/different gender
  - May be separated by 1 year thru >20 years

- **Half-siblings (1 same parent)**
  - May be due to divorce or death
  - Issues of gender; age separation
  - May or may not live with them/have emotional relationship

- **Step-siblings (no biological relationship)**
  - May be due to divorce or death
  - Issues of gender; age separation
  - May or may not live with them/have emotional relationship

- **Adopted siblings**
  - May be family member (e.g., nieces, nephews, cousins)
  - May be non-related biologically
  - Open (Relationship to relinquishing biological family members) or closed

- **Members of blended families**
  - A combination of any of the above
Sibling Relationship: 
Nature and Nurture

• Relevance of biological
  – Genetic information
  – Organ and tissue transplantation matching

• Relevance of emotional intimacy
  – Reared together or apart
  – Quality of interaction
  – Evolution of relationship over the life span (Adult siblings)

• Parental interaction
  – Parental expectations/pressure
  – Parents may be conflicted when their children’s needs diverge or even clash
  – Sick or disabled sibling
  – “Favorite” child; “black sheep child”
  – Family of origin versus family of choice (Adult siblings)
Do siblings have moral obligations to each other?

- Minors, particularly young children, are not moral agents and therefore do not have moral obligations (Ramsey).
- McCormick might argue that children have moral obligations from a natural law perspective.
- Parents are moral agents and morally responsible for their children.
  - They can insist (authorize) that one child help another to benefit the family provided that it does not significantly harm the child’s basic interests.
  - (Health care providers, as moral agents, must decide whether they ought to help parents achieve their goals)
- But we still must decide whether older children and adult siblings have moral obligations to each other?
As adults, do we have moral obligations to our siblings?

• No
  – Non-voluntary relationship

• Yes
  – On what grounds?
    • Biology?
    • Emotional intimacy?
    • Family benefit (that is more than just sibling benefit)?

• Sometimes
  – What is the basis for these obligations?
  – What are the limits?
  – And do our obligations change as we age and our relationship evolves?
What is the basis for our moral obligations to our siblings?

• Family obligations?
  – Spouses are voluntary (usually)
  – Parents voluntarily have children (usually)
  – Children may have some obligation of gratitude to parents
  – Siblings non-voluntary
    • Can I owe you something because we have the same parents?
    • Because we are raised in the same home?
    • Do siblings have obligations to each other out of deference to their parents?
    • Do siblings have obligations to each other for “family benefit”? 
• Status-based obligations?
  – Families generate member obligations
• Shared genetics?
  – This may be relevant for some scenarios (stem cell transplant); not others (caregiving)
• Shared intimacy?
  – Shared childhood and an intimate longitudinal relationship
  – Degree of friendship/ emotional closeness
  – This may be relevant for some scenarios (caregiving)
• Can anyone else help?
  – (Identical twin kidney donor [R. Herrick] before immunosuppression)
• Cultural norms
  – (Is there a moral underpinning or is this just community tradition?)
Case Scenarios

• Case 1: Siblings are playing when one falls into a well;
  – Moral obligation for the sibling to call for help (at minimum)
  – Obligation (duty to rescue) of even a passing stranger if it entails minimal risk to the rescuer

• Case 2: Individual diagnosed with autosomal dominant genetic mutation that causes cancer
  – Duty to share the information with one’s biological siblings (duty to warn)?
  – If I refuse to disclose, can my physician disclose without my permission?

• Case 3: Obligation to participate in minimal risk research for the sake of my sibling?
  – Give a blood sample to determine genetic abnormality in an “affected” sibling
    • Assume no results to be returned except to the “affected” family member if a genetic mutation is found
  – Give a blood sample and health history to serve as a “normal” control for health problem in a sibling
    • (slightly more risk due to privacy concerns, but these can be addressed through IT)
  – More controversial, if results will be returned and the results may have health or reproductive implications for the “healthy” sibling that he or she may not want to know
Case Scenarios-continued

• Case 4: Sibling as stem cell donor for a sibling with leukemia
  – Risks depends on donor age, method of procurement, whether GCSF is given to increase the number of stem cells
  – Other risks (often not discussed)
    • Psychological impact as the focus quickly moves from the donor as “hero” back to the recipient “patient”
      – (Donors are often not viewed as patients)
    • Psychological reaction of donor if recipient dies.
    • Psychological response of “non-donors”
  – In the research setting, these risks may be evaluated as “a minor increase over minimal risk”

• Case 5: Sibling as kidney donor
  – Long-term risks are non-trivial
  – May impact life opportunities
  – What if siblings are identical twins?
    • PRO: Great for recipient
    • CON: Potential for the donor to be at greater risk for the same health problems
Case Scenarios-continued

• Case 7: Health care decision-making
  – If one sibling (not married, childless) becomes incapacitated, health care decision making may be assigned to his/her siblings based on health care surrogacy laws

• Case 8: Caregiving
  – Short-term
  – Long-term
  – Sibling may/may not have decisional capacity

• Case 9: Reproductive
  – Genetic testing to determine significance of variants of unknown significance for reproductive planning
  – Gamete donation
  – Surrogate womb
If there are moral obligations, what are the limits?

• Role of other family members
  – When more than one sibling
  – Parental input
  – Role of family of origin versus family of choice

• Is family destiny? Or do the same rules apply for “friends” and “neighbors”?

• Role of health care team
  – Should health care team solicit help from family members?
  – Is there a need for an independent advocate for family members who may be asked to help?
Even if we don’t have moral obligations to our siblings in the strict Kantian sense of having a perfect duty, can we still be morally obligated to help them on the grounds that...
...we owe it to our parents?
...we owe it to the family unit?

- Do children have moral obligations to their parents?
  - And even if they do, does it translate into helping their siblings?
- Do children have moral obligations to their families?
  - And what if the family is toxic to one or more members?
- When, if ever, are these obligations defeasible?
Concluding Remarks

• Sibling relationships must be examined as a “non-voluntary peer relationship” in the lived context of interrelatedness (or not) and intimacy (or not) over time (or not)

• Sibling relationships must be understood within the larger family context
  – And within the larger societal context

• Siblings may have moral obligations based on intimacy with each other and with the family as a whole
  – When genetics is relevant, there may be clinical reasons to call on siblings rather than other intimates
  – But the moral duty stems from intimacy and not biology

• Sibling obligations may be defeasible
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