EDITORIAL

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This second, combined 2019 issue of *Dignitas* presents three articles. The first, co-authored by Megan Olejarczyk, Stephanie Tubb, and Dennis Sullivan, provides an update on a new type of birth control, immunocontraceptive vaccines, by delineating the method of action of its various types as well as some of the ethical implications of such vaccines. The authors mention three less developed immunocontraceptive vaccines that target gamete production, gamete function, and gamete outcome, respectively. According to the authors, the most promising of such vaccines is a fourth type that immunizes women against human chorionic gonadotropin (hCG). However, the hCG vaccine is far from becoming a commonplace contraceptive option, thus there is a need for continued research.

While the hCG vaccine is promising, the authors highlight two major ethical considerations regarding it. The first concerns the hCG vaccine's mechanism of action, which seems to be abortifacient; it functions by treating the pregnancy as a disease, thus working to end the pregnancy instead of preventing conception. In other words, as the authors put it: "Its mechanism does not actually decrease the number of abortions; it is simply a different method." The second ethical consideration it is more subtle. It may produce undesirable moral and/or social effects on women who have a limited amount of freedom and agency regarding their family size. The authors cite examples in countries like India and China where governmental population control through various methods seem to go against the principles of justice and freedom. This fails to empower and improve the lives of women, which advocates of increased access to birth control claim to desire.

In the second article, Lisa Anderson-Shaw discusses the basics of healthcare ethics consultation and the critical role of the healthcare ethics consultant (HEC) in resolving conflicts that may occur between the patient/family and the healthcare team. As outlined in the article, there are situations "when the standard of care has the goal of comfort at end of life, but the patient/family (legal decision maker) wants full aggressive treatment including attempted resuscitation." Anderson-Shaw first outlines the religious, moral, and psychological perspectives that may influence a patient/family to make decisions regarding fitting treatment for the patient's situation and that may give rise to disagreement with the healthcare team. As such conflicts can quickly cause misunderstanding, tension, and even loss of trust between the patient/family and the healthcare team, an HEC "might be helpful in restoring positive communication and assisting with important healthcare treatment decisions."

Anderson-Shaw enriches her presentation with a concrete case study, along with a guided, step-by-step example of how an HEC would prove helpful in such a difficult situation—without insisting that her detailed guidelines exhaust all possible ways of undertaking a consultation. In the end, Anderson-Shaw reminds readers that the most important role an HEC can play is to provide an example of how to be truly human and to attend to patients' needs holistically.

The final article was written by Russell DiSilvestro, who argues that "we can responsibly support some gene editing of human persons, whether it occurs before or after conception, without changing our very essence." To demonstrate this, he analyzes three issues regarding gene editing: (1) its moral status, (2) its metaphysical status, and (3) its relation to the notion of a "potential person." DiSilvestro asserts that getting (2) and (3) clear helps us to understand (1) better.

First of all, DiSilvestro sees gene editing in general as neither sacred nor profane, like any tool or technology. However, not all kinds of gene editing are created equal: some may be perceived as "morally good, right, and virtuous" or "morally bad, wrong, and vicious," and

F. Matthew Eppinette and Wilson Jeremiah, "Editorial," *Dignitas* 26, no. 3-4 (2019): 1–2.

yet possibly neither, since "much gene editing may fall within the range between these extremes." Next, with analytic precision, DiSilvestro uses illustrations to demonstrate the three possible results of gene editing: it will sometimes merely alter an existing individual, it will sometimes bring a completely new individual into existence, and it will sometimes do something that we do not yet know how to classify. The salient take away is this: "the metaphysical status of gene editing, like the metaphysical status of any tool that makes changes to things in the world, is a function of both the nature of the things changed and the nature of the envisioned changes."

DiSilvestro continues unpacking the concept behind "potential person" by investigating first what we might mean by both "person" and "potential." In so doing, he shows that, contrary to some who see a human embryo as merely a "potential person" that thus does not have the right to life, "human infants, fetuses, and embryos are 'persons with potential.'" He then turns to interact with an article by Callum MacKellar, published in the Spring 2018 issue of *Dignitas,* and demonstrates that MacKellar's discussion, as commendable as it is, can be augmented and clarified using the distinctions that DiSilvestro has just set forth. DiSilvestro concludes with a modest yet encouraging appeal: "Today's task of clarifying a faithful Christian approach to emerging gene editing opportunities is one that requires celebration, responsibility, hard thinking—and collaboration."