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BIOETHICS IN TRANSITION

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Editor's Note: *The following essay was adapted from the opening address at the Center's 2014 annual summer conference,* Bioethics in Transition.

It was my privilege this year to frame the discussion that we embarked upon at our 2014 summer conference. On an annual basis we put together a proposal for future conference themes. That process though begins much earlier through the Center's ongoing work in trend analysis. A multitude of considerations are brought to bear as we identify the particular strategic theme for any given conference and event. Our executive director Paige Cunningham has described the trend analysis component of our work as a sort of sentry in the watchtower, alert to changes in the various winds of bioethical inquiry.

We keep this watch as we post and highlight news and journal articles for bioethics.com and in our weekly and monthly emails. We seek to stay abreast of the ever expanding literature relevant to the variety of bioethical questions, a job made somewhat easier as we curate the expanding collection of the Center's Research Library. We keep watch as we attend conferences and participate in professional societies across a wide spectrum of professional spheres and topical areas. Our eyes are attentive to the trends and transitions occurring throughout the varied discourses that are encompassed in the field of bioethics.

What are the current trends in the academic literature and discussion? What emerging concerns have arisen and how are they being addressed? What perennial considerations of first-order concern, those questions of fundamental significance to human existence, need to be examined or revisited in light of our current milieu? In this task we are grateful to many of you who participate through your partnership with us, through our interactions with you throughout the year, and through your individual contributions to this broader engagement within your own professional contexts and personal spheres of influence.

These considerations are distilled into several proposals, and each weighed for strategic impact (with respect to both immediate need and long-term consideration). In this regard our annual summer conferences are not just some mere annual gathering of the congregation of the faithful. Rather, our summer conferences are a key aspect of the Center's ongoing strategy of cultural engagement through the work of Christian bioethics. They are a key aspect of our role as a Christian bioethics research center as we seek to frame the nature of the conversation in the broader societal engagement in medicine, science, and technology. They also serve as a key effort to galvanize awareness and ethical behavior in the life of the church on these pressing issues of our day. Sometimes the theme is driven by an emphasis on a specific topical concern such as healthcare or reproductive technologies or emerging technologies or neuroethics. Other times the theme reflects the transition or concern within a particular disciplinary or professional arena, such as when we looked at the *Changing Face of Healthcare (1997).*

In more recent years, as we approached our 20th anniversary we sought to take on fundamental concerns, those perennial concepts that undergird many of the issues that arise at the applied level. After years of examining the wide array of topics included under the umbrella of bioethics, we took a cue from the President's Council on Bioethics under the leadership of Leon Kass and Edmund Pellegrino, both of whom sought to address first-order questions—those questions that challenge us to move beyond the philosophical and theological band-aids we keep trying to apply in our triage response to the ever growing onslaught of applied bioethical concerns. While we may be finite embodied beings, the human imagination appears to have no limitations in its machinations to devise creative ways to dehumanize our existence in the proliferation of challenges facing us today. And yet, we also desire to be more than the party of "no." In our pursuit to address first-order questions, we seek to identify opportunities before us—those that are truly laudatory and awe inspiring—and not just the challenges or threats. Having completed the Human Genome Project and through the onset of the biotech century, with all the potentialities of enhancement and "therapeutics" that can make us better than well, *what is*

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BY PAIGE COMSTOCK CUNNINGHAM, JD, MA
EXECUTIVE DIRECTOR

BIOETHICS IN TRANSITION: WHY ACADEMIC CONFERENCES STILL MATTER

"I was expecting something inspirational and devotional. This was egghead stuff, and not really Christian." That is a rough paraphrase of a comment from one attendee at our recent summer conference. He may have been anticipating more of a focus on discipleship and inspiration for Christian living, which I enjoy at meetings such as those of organizations directed to encouraging Christian physicians and lawyers. Or, he may have thought that plenary speakers would frequently reference biblical texts as the primary content of their presentations, since it was a Christian bioethics conference.

Whatever the case might be, the criticism raises the question: why *do* we at CBHD bother with designing and hosting academic conferences? This can be illustrated by considering the theme of the conference, *Bioethics in Transition*.

The familiar ethical questions and issues from the past twenty to forty years have changed, intensifying our need to be aware of the issues for the next twenty to forty years, and the ethical questions they might implicate. The plenary speakers engaged in careful speculation from a variety of perspectives: bioethics across the generations; the definition of death and the bureaucratic procurement of organs; the distinctions between rural and urban healthcare; public policy shifts; and, the noticeable difference between ethical issues and perspectives in the North American/European context, and the rest of the world (whether it is an Asian focus on nature, cosmos, and harmony, or Latin American concerns for human dignity, human rights, and social justice).

These issues did not just suddenly bloom in the research lab. The ideas behind them germinated decades ago. As I am sure you can attest, ideas matter. Ideas have consequences for life and death, and for good and bad ethical decisions. When philosophers argued that some human beings are not persons, these ideas opened the door to creating embryos for research, testing vaccines on orphaned children, and denying certain medical care to mentally impaired people.

Ideas should not go unanswered. It is no excuse to dismiss them as abstractions occurring behind the impregnable walls of the ivory tower. The walls are not impregnable; the ideas seep out.

Ideas *can* be resisted . . . with better ideas. Debates over what the human body *is* and who "owns" the body at death have consequences for organ transplantation, gamete harvesting, and withdrawal of treatment, to name a few. But, ownership claims cannot simply be dismissed with the Christian understanding that our body is not our own, that we are bought with a price. Secular academics, for the most part, do not find that claim interesting, let alone persuasive. We must be prepared to engage ideas "from the inside out." We take the time to understand the perspective of the proponent and identify points of agreement before engaging in rebuttal. (There is seldom an argument where we can find no point of agreement; many bioethical arguments are advanced in support of human health and well-being.)

This kind of scholarship is what respectable Christian scholars do. They take ideas seriously, they respond charitably, and they argue credibly. Good scholarship means careful research, taking time to think through implications, and learning from experts. I have observed this kind of scholarship in action since I first sat at the Executive Director's desk five years ago. Many of you have modeled for me the attributes of generous Christian scholarship, in sharing your expertise, in making an impact in your own professional contexts, and in supporting the Center's work. Thank you.

An academic conference is an opportunity to hear a variety of ideas within the spectrum of the Judeo-Christian Hippocratic tradition, and occasionally to be challenged by other charitable voices who do not share all of our faith convictions. It also is an invitation to the audience to evaluate the speakers' ideas, and

The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center at Trinity International University.

"Exploring the nexus of biomedicine, biotechnology, and our common humanity."

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to determine which ones make the most sense. While Christians agree on a broad spectrum of bioethical issues, disputes over select issues—or their implications—do arise. When that happens, we must continue the dialogue, and be willing to defend, *or revise*, our own conclusions.

A number of plenary speakers have commented how much they appreciate CBHD conferences and the attendees. They sense a unique freedom to express and explore ideas within a Christian context. Our charitable critique is oriented toward the same goal: expanding our understanding of human dignity and human flourishing as creatures made in the image God.

I believe part of our God-given responsibility is to explore all of his creation. That includes the realm of ideas, and their implications for research on improving health and well-being. We should not be shoddy or lazy in our work. We should aim for excellence. To paraphrase a statement by Dr. Milo Rediger, a former president of Taylor University: "being a Christian in bioethics should mean *more*, not less."

Academic conferences prompt us to pay close attention. A recent study concluded that even though we *say* we want "hard news," that is not what most of us read.[1] We click on stories about the latest YouTube sensation, the World Cup, a tornado, the Miss America pageant, and the ubiquitous cat videos.

So, on *your* behalf, we host academic conferences, we learn from respected scholars, and we collaborate to build better ideas. It might not fit the popular ideal of a weekend excursion, but it is important for groups like CBHD to create a space for those of you who are ready and willing to dig in. And, we are glad that so many of you take us up on that invitation. Together, all of us can think better, and make wiser choices.

1 Derek Thompson, "Why Audiences Love Hard News –and Love Pretending Otherwise," *The Atlantic*, June 17, 2014. http://www.theatlantic.com/business/archive/2014/06/news-kim-kardashian-kanye-west-benghazi/372906/.

health? What does it mean for humans to flourish in a medically, scientifically, and technologically advanced era? What does human dignity mean in a culture that commodifies everything, including human tissues and human persons? What does healthcare have to do with the common good? What at its core is Christian bioethics? And, what, if any, is its role in the broader bioethical discourse?

> ***The early years of the Center were a microcosm of the bioethics issues of the day. . . . The predominant concerns of these questions surround the boundaries or limits of human life.***

So why *Bioethics in Transition*? Why did we choose this theme? After 20 years of bioethics conferences, we thought it was time to pause and take stock of the changes that have occurred in Christian bioethics in particular, but also across the field and broader discussion of bioethics as a whole. Just as the medicine, science, and technology that are so often the object of our ethical discussions continue to evolve, so too do the ethical discussions themselves. Sometimes these result in modest extensions of previous concerns. Sometimes these lead to the convergence of previously disparate considerations. And every so often there are watershed moments where novel or previously unrecognized ethical issues arise.

CBHD and the Development of Bioethics

On the first weekend of July in 1993, two theology professors at Trinity Evangelical Divinity School, Drs. Nigel M. de S. Cameron and Harold O. J. Brown, convened a two-day consultation in the Rockford Room of the mansion. The consultation was to be on a topic they considered of vital concern for the Christian church and yet was being largely ignored within the evangelical Academy of its day. The topic for that consultation was bioethics. Among the participants were clinicians David Larson from the NIH, Robert Orr from Loma Linda, and David Schiedermayer from the Medical College of Wisconsin. There were two professors of philosophy, Francis Beckwith and David Fletcher. There was a Southern Baptist doctoral student working for the Christian Life Commission (C. Ben Mitchell), and a young ethicist from the Park Ridge Center in Chicago, John Kilner. Participants were each sent a 2.5" binder filled with hundreds of pages of articles, book chapters, essays, and case studies as background reading to prepare for the session discussions. The two days of meetings between those 14 participants led to a vision for two desired outcomes: the first was to hold another meeting they hoped would occur annually in the summer; the second was to create a distinctly Christian bioethics research center. A year later, in 1994, these two visions were realized in the creation of The Center for Bioethics & Human Dignity and the concurrent launch of our first conference *The Christian Stake in Bioethics*.

Those early years of the Center were a microcosm of the bioethics issues of the day. There was a strong emphasis on life issues, with an attendant commitment to the sanctity of human life from conception to death. There was reflection on the broad range of beginning-of-life considerations, reproductive technology and ethics, and end-of-life concerns. Robust examinations were offered on euthanasia and physician-assisted suicide, withholding and withdrawing of treatment, and healthcare allocation. The classic questions of *"Who lives? Who dies? Who decides?"* that served as the warp and woof of traditional bioethical inquiry. What we often refer to here at the Center as the first phase of bioethics—Bioethics 1.0 if you will. As Nigel Cameron and others have noted, the taking and making of human life issues. The predominant concerns of these questions surround the boundaries or limits of human life. Strong connections to the medical ethics roots from which bioethics emerged were evident in these discussions. Close ties to the quandaries that arose in the context of bedside care.

The Center's third conference quickly turned our attention to the issue of genetics, a rising issue with the Human Genome Project at that point already several years underway. While continuing to maintain an attentive eye on the traditional ethical issues, the Center also closely watched the emergence of the biotech century heralded with the potential of genetic engineering and the burgeoning research in biotechnology that led to the discovery and extraction of stem cells, falsified "advances" and subsequent controversies surrounding the potential for human cloning, and more recently developments in synthetic biology and the discussions surrounding artificial life. Bioethics which found its origins in the context of the clinic, in the dynamic of the physician-patient encounter, and at the bedside, was thrust into the realm of scientific inquiry, science policy, and the ethics of the research lab and commercial industries. This transition led to the emergence of a new phase in bioethics, the remaking of humanity or the faking of human life as Nigel Cameron has suggested.

Alongside this transition, we also saw the secularization of bioethics. Daniel Callahan, founder of the Hastings Center, lamented in a 1990 article the disappearance of religion, and theology in particular, from the mainstream discussion table of bioethics. The lament coming not from some sentimentality of personal faith commitment now lost, but rather for what was lost in the depth of the bioethical discourse itself. From a clinical context conversant with theological considerations to a general policy concern in the "moral esperanto"

of a common or public morality, the scandal of bioethics as we noted a few years ago in our 2011 conference, had already occurred. Bioethics had become a thorough-going secular enterprise in which Christian bioethics had assumed the role of a marginalized voice all too easily disregarded.

Into this purported vacuum of which Callahan wrote, CBHD was formed to speak directly as a voice to the faithful in the church, but also as a faithful voice in the academic discourse of bioethical inquiry. A voice committed to Judeo-Christian Hippocratism, the view that the professional virtues and ethical values contained in the Hippocratic Oath and informed by a Judeo-Christian worldview forms the basis for the proper practice of medicine and, therefore, the appropriate framework for bioethics. A voice committed to the belief in the special value and dignity of every human being, itself a belief theologically rooted in the image of God.

From Bioethics 1.0 to Bioethics 2.0 and Beyond

The more than four decades of reflection in the broader field of bioethics has seen a number of other transitions. As significant as the transition was that ushered in the biotech century, and that opened up the context for the questions of remaking humanity, a second Copernican revolution of sorts has also occurred in bioethics. That second Copernican revolution is what could be referred to as the technological turn. Acronyms like NBIC and GRIN alongside such terms as convergence, the spike, and the singularity speak to realities and technical innovations often far afield from the physician-patient encounter that was a hallmark of clinical ethics.

Such concepts as Moore's law, virtual reality, artificial intelligence, advanced robotics, cybernetic organisms, cognitive uploading, transhumanism, and posthumanism describe the utopian dreams and dystopian fears of science fiction in many cases becoming reality or at least much closer to realization than many of us may be comfortable to admit. Technical terminology and ethical considerations that were part and parcel of the realms of computer science and various engineering specialties, and most at home in the tech sector, were finding their way into the bioethical discourse, demanding attention from those often ill-equipped to respond.

In this technological turn we are presented with the question of *"What it means to be human?"* as the culmination of the remaking of humanity. When humanity as *homo faber* (i.e., as man the maker) is no longer ontologically distinct from the tools and machines we make. Through the initiation of the biotech century and the subsequent transformation of the technological turn, Bioethics 2.0 has fully emerged, adding to but not removing the needs presented by Bioethics 1.0 concerns, which continue to be some of those most pressingly felt in our everyday lives.

Yet, this transition to Bioethics 2.0 demands re-envisioning traditional bioethical categories and questions. What is the purpose of medicine in an age when health and wellness are relative to the capabilities and availability of medical and technological intervention? What does it meant to have children, when our concepts of children as gifts are replaced with a process of reproduction that produces children as an expression of parental choice and eventually control? What does it mean for medicine, when our menu of healthcare options offers us the possibility to be better than well? When our notion of human flourishing and human futures includes a future without humans? This transition to Bioethics 2.0 is one we have closely kept our eye on over the years and have often engaged. And yet is one that society as a whole and the church in particular have been very slow to appreciate in scope and potential impact.

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Bioethics in Continued Transition

In other arenas of bioethical inquiry additional transitions include the move from a naturally domestic emphasis in the early years of the field of bioethics as it sought to deal with pressing crises from the explosion of reproductive technologies (specifically IVF) and the introduction of organ transplantation capabilities. The last decade in particular has seen a growing commitment to global bioethics. This interest in global bioethics has led to such initiatives as global bioethics education and the formation of national bioethics bodies. It led to the *Universal Declaration on Bioethics and Human Rights* and the formation of the International Bioethics Commission. Increasing attention has been given to the impact of globalization on the field of bioethics itself through the rise of medical and reproductive tourism, organ trafficking, international surrogacy and the whole "rent-a-womb" phenomenon that has captured the media's attention, and other concerns that arise from rising trends in human exploitation and commodification around the globe. Several of these issues we highlighted through our 2009 conference *Global Bioethics*. Other implications of rising globalization in bioethics include attention to research ethics across borders, and specifically transnational and intercultural research.

Stateside, we saw transitions in the nature of the clinical experience itself. The rise of consumer driven medicine in the backlash against any

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OP-ED: 'TRANSFORMING INITIATIVES,' THE SECOND AMENDMENT, AND PUBLIC HEALTH: REFRAMING THE GUN CONTROL DEBATE

GREGORY W. RUTECKI, MD
CBHD FELLOW

But Jesus didn't just say no to violence. He taught His followers how to find creative alternatives that could bring deliverance from violence. He taught what Glen Stassen has called "transforming initiatives," such as going the second mile with the Roman soldier's pack, turning the other cheek as an unexpected response to being struck, and taking the first step to make peace by finding one's adversary and beginning the conversation (Matt. 5:23-24, 39, 41).[1]

In the wake of the Sandy Hook massacre and other recent mass shootings, the issue of gun control has shifted in and out of the focus of public policy discussion in America. Calls for stricter gun control regulations have increased across a diverse swath of social, religious, and economic demographics. Intriguingly, the response of many evangelical Christians has been characterized by at least one pastor as a "deafening silence."[2] According to a January 2013 Public Religion Research Institute report, only 38% of white evangelical Protestants favor stricter gun controls, compared to 60% of Americans in general.[3] But data from Christians is far from homogeneous. American Catholics, for instance, have been particularly vocal in favor of ending America's love affair with guns,[4] and both minority and white mainline Protestants likewise part ways with their white evangelical brethren. Indeed, support for stricter gun control increased dramatically (from already relatively high levels) among several of these groups—as it did among Americans in general – between the 2012 PRRI survey and the 2013 iteration following Sandy Hook. Among white evangelicals, on the other hand, support for stricter gun controls increased merely 3% over this same period.

Why are American Christians so divided on this particular question when they seem to agree on pro-life issues, like abortion? I am not convinced that I have an answer, but I would like to reframe the question on gun control and, as a physician, attempt to shed some light on this debate within the context of public health. Healthcare professionals in the Christian-Hippocratic tradition may have opinions in the context of their professional responsibilities that conflict with their private stances. The questions are multifaceted and will not permit simple answers. Even the best options available to us may not completely solve the problem either. Nonetheless, by considering what several Christian commitments mean, we can at least begin to evaluate the extent to which our opinions reflect them. To this end, we will look at three topics I take to be interrelated: First, how does the contemporary evangelical pro-life stance (one concentrated on abortion, but with a tendency to marginalize other issues like gun violence) contrast with the example of the early Church? Second, does a biblical frame for the question of gun control arrive at a different conclusion than a Second Amendment approach? Finally, for healthcare professionals specifically, what does empirical public health data add to the discussion? Through consideration of these questions, we will see that frequently-cited concerns which motivate some Christians to oppose tighter gun controls (such as dedication to the Second Amendment or, in the case of healthcare professionals, to the confidentiality of patients) are not the only relevant commitments we have about this issue, either as Christians or as healthcare professionals. From the birth of the church, Christians were comprehensively committed to the biblically-established special value and dignity of human life, taught and modeled by Jesus; and healthcare professionals recognize that

when it comes to public health issues, protecting human life sometimes has to take priority over other values, such as patient privacy.

A Pro-Life Witness Then and Now

Catholics and evangelicals generally agree in their self-identification as strongly pro-life. Both groups have, for instance, persistently and vocally opposed abortion. So, why the striking difference in the attitudes of their respective adherents toward an issue such as gun control? One contributing factor may be the marked tendency of the Catholic Church to view the sanctity of human life as a holistic commitment, rather than thinking about it primarily in terms of a few discrete points of controversy. From this perspective, gun control is part of a broad class of issues—a class which also includes abortion, euthanasia, and capital punishment—regarding which a concern for the value of human life generates commitments which should in most cases be considered overriding or decisive. In this respect, concern for the value of human life does not exert determinative influence only in select cases; it should be considered a guiding commitment *wherever* it is relevant.

Even in its infancy, the early church exemplified this perspective as well, viewing human life as sacred. In opposition to prevailing cultural norms, the earliest Christians uniformly condemned abortion, infanticide, suicide, killing during war, and slaughter as a consequence of gladiatorial contests.[5] Life, for them, was sacred in all its manifestations, and challenges to that principle merited opposition. From a healthcare perspective specifically, Gary Ferngren has documented that early Christian physicians practiced a pro-life ethic similarly—that is, comprehensively.[6] Attention to only one aspect of a pro-life witness was not the example of the early church.

This consideration alone does not give us a clear perspective regarding gun control policies, of course, but it does highlight the fact that doing justice to our Christian dedication to the sanctity of human life at least suggests consideration that ethical efforts to protect lives at risk of gun violence is consistent with a Christian worldview. Our faith commits us to comprehensive, all-inclusive concern for human life. So, if we are to oppose measures that could potentially protect human life, we will have to be ready to affirm that we have other commitments that appear to be taking precedent.

In this respect, concern for the value of human life does not exert determinative influence only in select cases; it should be considered a guiding commitment wherever it is relevant.

The Second Amendment and Biblical Revelation

So, what kinds of commitment do evangelicals who oppose stricter gun control typically cite in favor of that position? Shortly after the Sandy Hook shootings, blogger Matthew Paul Turner aptly pointed out an attitude commonly expressed by evangelicals in this connection:

> Far too many evangelical churches promote the freedom to bear arms like it's mentioned in the Beatitudes. … Supporting the Second Amendment is one thing, rallying for the freedom to purchase and own assault rifles is quite another. … Many of us in the evangelical communities treat the Second Amendment like it's one of the Ten Commandments. And there's simply no theological rhyme or reason for our love affair for guns.[7]

Could it be that the desire to justify the status quo of gun ownership in America is based on commitment to principles such as the Second Amendment more so than a careful consideration of Scripture?

Jesus was consistent in his opposition to violence, particularly within the context of the Kingdom of God he was establishing on earth. He not only refrained from violence himself and instructed his disciples to do the same, teaching them even in the context of Simon Peter's attempt to protect his life that "all who take the sword will perish by the sword" (Matt. 26:52), but also called his followers to seek out "transforming initiatives" —as the quote at the beginning of this piece calls them—as an additional step to counteract violence with active peace-making. He reminds us that those who rely on the "sword" will die by it. If we acknowledge that strengthening gun control in some form or fashion (which need not include loss of freedom to own guns responsibly, but certainly would preclude relatively unfettered access to firearms) is likely to contribute in some degree to combatting violence and thus protecting life, should it not be tried and supported by those who espouse the way of Jesus? If commitment to a particular interpretation of the Second Amendment conflicts with our Christian commitment to resist violence actively, as modeled by Jesus and the early church, because of the overriding commitment to the value of human life, do we not have reason to give priority to the latter?

Gun Violence as a Public Health Issue?

Further light might be shed on our commitments relevant to gun control if we think about gun violence not just as a problem, but as a public health issue. Guns kill more than 30,000 Americans annually. More persons are killed in the U.S. each year through gun violence than are killed in Iraq or Afghanistan. So, framing gun violence as a public health issue—a health concern that affects and thus must take

into account the well-being of a whole population—is not difficult. But do we have any compelling empirical evidence to suggest that addressing it through public policy which includes tighter gun controls could make a difference significant enough to justify individual trade-offs that might be involved?

On April 28, 1996, in Port Arthur, Australia,[8] 35 people were killed by a lone gunman with an "assault weapon." John Howard, Australia's Prime Minister at the time, vowed to change gun laws in an effort to prevent similar future tragedies. He was successful. Within a legal framework, Howard and his fellow Australians passed a ban on civilian ownership of semiautomatic long guns (e.g., rifles) and pump action shotguns. They also instituted a market price gun buy-back program, financed by a small, one-off income tax levy on all workers. As a result, Australians have smelted more than 1 million firearms, or one-third of the national civilian arsenal. A similar program in the U.S. would involve an estimated 40 million guns. Purchase of firearms requires demonstrating a genuine reason for firearm possession, which can include motivations like hunting for sport or (in the case of farmers) animal control, but excludes motivations like general "self-defense." Prohibition of mail or internet gun sales was enacted, as was a requirement that all firearms be registered. Background checks and significant waiting periods were made standard and mandatory for all gun purchases.

The subsequent developments in Australia have been striking. The rate of homicides decreased 7.5% per year after the new policies took effect, totaling as much as a 59% reduction by some accounts. Suicide by firearms decreased from 3.4 to 1.3/100,000 persons per year, a reduction of almost 65%. There were 13 gun massacres in Australia in 1996; there have been none since the new laws took effect. The U.S. population is 13.7 times larger than Australia's, but currently suffers 134 times the number of total firearm deaths.

So, there is reason to think, on the basis of empirical evidence regarding Australia's experience, that gun control can help ameliorate—though not completely solve—the public health crisis represented by rampant gun violence. But even in the context of healthcare specifically, there exist commitments which may seem to pull away from stricter gun control. As a result, some healthcare professionals have indeed argued against proposed gun law changes in America.[9] For instance, some individuals and groups view reporting of mental health records to the national gun background check database as a potential breach of medical confidentiality.

> ***It is time for evangelical Christians to break their "deafening silence" about gun violence in America.***

Commitment to the value of patient confidentiality in healthcare runs deep, and for good reason. But confidentiality in the physician-patient relationship is a relative, not an absolute, good. Though the Hippocratic Oath prescribes protection of "secrets" that "should not be published abroad," both the healthcare professions and applicable U.S. law have acknowledged that not all privileged information belongs to that category in all circumstances. That was the basis of the precedent-setting Tarasoff decision of 1976, in which the Supreme Court ruled that mental health professionals have a "duty to protect" individuals they believe on the basis of otherwise confidential information to be threatened by their patients. In the hierarchy of "goods," saving a life outranks confidentiality, and I have argued elsewhere that the relative good of confidentiality should be overridden (even at the risk of imprisonment) to protect life.[10] Informed by such considerations, a number of physician-led appeals (not emanating from any religious perspective) for gun control reform resembling Australia's initiatives and President Obama's proposals have appeared in recent medical literature.[11] Here, again, commitment to the value of human life emerges as a consideration highly—indeed, decisively—relevant to evaluation of gun control options.

It is time for evangelical Christians to break their "deafening silence" about gun violence in America. There certainly exist commitments, such as those to Second Amendment freedom to bear arms or (for healthcare professionals specifically) to patient confidentiality, which can be interpreted in such a way as to foster opposition to stricter gun controls. But a powerful and deep-running commitment to the value of human life filtered through the concerns of public health might cause us to think about the issue differently. A holistic regard for human life just might find its applicability to the issue at hand by recognition of gun violence as a public health issue.

1 David P. Gushee, *The Sacredness of Human Life: Why an Ancient Biblical Vision Is Key to the World's Future* (Grand Rapids: Eerdmans, 2013): 87.

2 Nigel Tomes, "U.S. Gun Control: Evangelical's Deafening Silence," *Church in Toronto* (blog), December 20, 2012, http://churchintoronto.blogspot.com/2012/12/us-gun-control-evangelicals-deafening.html (accessed June 21, 2013).

3 Public Religion Research Institute, "Significant Increase in Support for Stricter Gun Control Laws, "Pro-Life" Identity Linked to Opposition to Gun Control Among Evangelicals, Not Catholics," January 23, 2013, http://publicreligion.org/research/2013/01/january-2013-tracking-poll/ (accessed June 21, 2013).

4 Laurie Goodstein, "In Fight over Life, a New Call by Catholics," *New York Times,* January 25, 2013, http://www.nytimes.com/2013/01/26/us/politics/catholics-raise-issue-of-guns-amid-call-to-end-abortion.html?smid=pl-share (accessed June 21, 2013).

5 Gushee, *The Sacredness of Human Life*, 122-129.

6 Gary Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore: Johns Hopkins University Press, 2009), 100-101. 107.

7 Matthew Paul Turner, "4 Questions Every Evangelical Christian Should Consider (in Light of the Newtown Shooting)," Matthew Paul Turner (blog), January 8, 2013, http://matthewpaulturner.com/2013/01/08/2013184-questions-every-evangelical-christian-should-consider-in-light-of-the-newtown-shooting/

(accessed March 17, 2014).

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9 Joe Palazzolo, "Medical Groups Push Back at Gun-Law Change," *The Wall Street Journal* June 12, 2013, http://online.wsj.com/article/SB10001424127887324049504578541662498741022.html (accessed June 21, 2013). See also, Joe Palazzolo, "On Guns and Mental Health: Feds Issue New Regulations," *The Wall Street Journal* January 3, 2014, http://blogs.wsj.com/law/2014/01/03/on-guns-and-mental-health-feds-issue-new-regulations/ (accessed March 17, 2014).

10 G. W. Rutecki, "Please Don't Say Anything: Partner Notification and the Physician-Patient Relationship," *American Medical Association Journal of Ethics: Virtual Mentor* 5, no. 11, (November, 2003): http://virtualmentor.ama-assn.org/2003/11/ccas2-0311.html.

11 Dariush Mozaffarian, David Hemenway, and David S. Ludwig, "Curbing Gun Violence: Lessons from Public Health Successes," *Journal of the American Medical Association* 309, no. 6 (February 13, 2013): 551-552; Katherine L. Record and Lawrence O. Gostin, "A Systematic Plan for Firearms Law Reform," *Journal of the American Medical Association* 309, no. 12 (March 27, 2013): 1231-1232; Megan L. Ranney, et al., "A Call to Action: Firearms, Public Health, and Emergency Medicine," *Annals of Emergency Medicine* 61, no. 6 (June 2013): 700-702.

Bioethics in Transition - cont. from page 5

semblance of paternalism in medicine has seen the re-emergence of a form of soft paternalism through health policy. Other transitions in the clinical experience have seen the introduction of electronic medical records and the increasing reliance upon therapeutics and technique in contrast to historic emphases on providing care and comfort. The rise of autonomy as king among the casuistic principles, and the rising focus upon "informed" consent. We have seen rising commitment to multiculturalism, increasing attention to issues of health disparities, growing concern for preventive health protocols, and with them increased interest to move beyond personal health and wellness to include the discourse of public health.

Bioethics has undergone interdisciplinary transformation with the meteoric rise of empirical research as a key aspect of contemporary bioethics, and the perennial challenges to the value of those of us who enter the discourse from the philosophical and theological domains rather than the more "applied" humanities, and the social and hard sciences.

Bioethics also is in the midst of a demographic transition, as the founding figures of this field are quickly aging and in some cases unfortunately are no longer with us. We could go on. What should be clear is that bioethics is a field constantly evolving. Indeed, bioethics is constantly in transition.

GLOBAL BIOETHICS EDUCATION INITIATIVE: A FIVE YEAR REVIEW

JOEL CHOPP, MA
RESEARCH ASSISTANT

In 2009, The Center for Bioethics & Human Dignity launched the Global Bioethics Education Initiative (GBEI) through a generous gift from an anonymous donor. It was envisioned as a means through which to broaden CBHD's global impact by investing in international leaders and scholars in the field of bioethics in order to contribute to the advancement of Christian bioethical reflection and engagement. Since its inception, GBEI has sponsored seven international scholars to come to the Center for one month of concentrated research and application to their context.

Several years ago a key growth area identified by the Center's staff was developing a sustained means for CBHD to facilitate international engagement with the bioethical issues that were developing beyond a narrowly Western context. Looking back over the Center's history, a concerted effort to interact with issues globally has been identifiable since the beginning, but the majority of the questions that were being addressed arose out of either domestic concerns or topics being raised predominantly in the UK and the Netherlands. GBEI was conceived as a way of filling this need by addressing the pressing issues that face non-Western countries through sponsoring bioethicists to pursue the questions that they discern as most urgent within their own contexts.

The initiative has three goals: the first is **to provide the opportunity for a month of concentrated research on the scholar's proposed topic.** The initiative provides the recipients with the chance to give attention to some of the deeper issues that their normal schedule may not allow them to pursue, through the use of the Center's library and resources, and through dialoging and collaborating with the staff. The initiative covers transportation, housing, and meal costs while the recipients are at the Center.

The second goal is to **encourage the recipient in their pursuits from the perspective of engaging as Christian bioethicists**, as many of the recipients are a minority because of their faith commitments, and work in isolated environments. In this way GBEI seeks to encourage the recipients by connecting them with other scholars in their field who are committed to Judeo-Christian Hippocratism at the annual summer conference, by building a network of international scholars through the GBEI program, and by providing complimentary CBHD member benefits for up to five years to support their continued access to Christian bioethics resources (including both *Dignitas* and the journal *Ethics & Medicine*).

We at CBHD believe that scholarship happens in community—in question, dialogue, and response, and GBEI is structured to promote this kind of scholarship. GBEI seeks to make available to the recipient a community of Christian scholars both for their encouragement and for constructive, critical engagement with their work.

Finally, the third goal is to **facilitate the integration of the scholar's biblical and theological commitments with their research**; this is accomplished by providing tools to assist the researcher in discerning how a distinctly Christian view of life and the world informs their vocation and the ethical decision-making process.

Ultimately, the purpose of the initiative is not to replicate CBHD or to export it to other international contexts. In some cases the questions that are being raised internationally differ in content and in scope from the issues prevalent in Western discussions, and thus require engagement that is culturally sensitive, academically rigorous, and faithfully Christian. Cloning CBHD—even if it were ethically permissible—would not adequately address the complex questions that are being raised in global bioethics. This is why the focus of GBEI from the beginning has been on cultivating an environment that promotes the incoming scholar's own work, and that facilitates their research through the Center's resources and professional network.

Five years in, a survey of the results of the initiative show it to have been successful in meeting these goals, and it has even provided some unexpected benefits along the way. For example, the Center sponsored two follow-up initiatives with our first two scholars. The first was a grant to Dr. Jameela George to fund a bioethics consultation in Chennai, India entitled "Christian Responses to Ethical Issues in Healthcare Practice." The second was a grant to Dr. Megan Best to pursue research in reproductive ethics, resulting in a multi-national study examining attitudes and use of assisted reproductive technologies among church attendees, and also in her recent book *Fearfully and Wonderfully Made*.

One unexpected benefit has been the impact of the GBEI's scholars' presence on the students in the MA in Bioethics program at Trinity—it has given them greater exposure to the bioethical dilemmas being raised globally and an increased motivation to consider

more than just domestic concerns when engaging the questions of our day. GBEI was also the inspiration behind an initiative to provide library resource kits to international universities, to encourage and promote Christian bioethical engagement. The library resource sets contain copies of *Dignitas*, books produced by the Center, along with other volumes written by individuals affiliated with the work of CBHD. These resources have been sent to college, university, and seminary libraries in Canada, Slovakia, Lithuania, Ukraine, Thailand, Nigeria, India, and the Philippines.

However, these successes are not without a cost. It is clear that CBHD has hit upon a real need that can be met by the Center's resources, a need that was originally funded by the gift of an anonymous donor. The Center would like to continue investing in global leaders in bioethics, and can only do so through the generosity of our supporters and partners. *Would you consider making this possible?*

Going forward, we have high hopes for the initiative: we would like to see all geographical regions represented—to that end, we are actively searching for candidates from Latin America, the Middle East, and the Far East. Ideally we would like to sponsor two scholars at a time; scholarship does not happen in isolation, and having the recipients' time overlap allows them to interact and dialog with each other as well as to utilize the resources of the Center.

This summer we were able to reconnect with a number of our previous GBEI candidates in order to hear how their work was developing and to hear their reflections on how the initiative impacted them. Their stories reflect a wide range of research interests and projects, but a common theme can be found in each: GBEI is achieving its intended goals.

Megan Best, BMed (Hons), MAAE, ThA, PhD (Candidate) – Australia (2009 Recipient)

At present my main focus is completing my PhD on the spiritual needs of patients. I have had two papers published, and am about to submit a review of suffering in the medical literature. Meanwhile, I always enjoy opportunities to teach, and I am helping to develop the course in spirituality at the University of Sydney, where I have a position as a Clinical senior lecturer. I take opportunities to educate the public on bioethical issues and give talks, (end-of-life issues are currently big over here) and have just submitted a chapter on the ethics of antenatal screening for an upcoming book on the fallacies of feminism. Antenatal screening is also the topic of the latest paper for the Christian Medical and Dentist Fellowship of Australia Ethics Committee, of which I am chair.

I have just started supervising a student for a bioethics subject at seminary, and I hope this will be an ongoing activity as I continue to encourage the next generation of bioethicists. I will soon be travelling to Orlando, Florida to run some workshops at The Gospel Coalition 2014 Women's Conference on contraception and screening in pregnancy. Then I am off to Canada to speak at the 2014 annual meeting of the Canadian Scientific & Christian Affiliation, the American Scientific Affiliation (U.S.A.), and Christians in Science (U.K.). But the big event of the year will be the marriage of our eldest daughter in October! Needless to say, I am taking a bit of time off from my usual work as a palliative care physician.

As part of my PhD, I recently graduated with a Graduate Diploma in Qualitative Health Research, which has given me the expertise to conduct ongoing research myself. I am looking forward to analysing the results from an international survey I conducted with the help of The Center for Bioethics & Human Dignity, and continuing to contribute research from a Christian perspective to mainstream journals. It has been interesting to be involved in the contraception debate currently running in the U.S., and my expertise in this area came as a result of research for my first book, *Fearfully and Wonderfully Made*, which was written with help from my Global Bioethics Education Initiative grant. I am very grateful for the opportunities that have come from my association with CBHD and the GBEI which have enriched my own understanding of bioethics and enabled me to engage with my international colleagues.

Andoh Cletus Tandoh (PhD Candidate) – Cameroon (2011 Recipient)

The annual summer conference and GBEI training program offer a vibrant opportunity for students, professionals, religious leaders and other groups to interact and figure out what bioethics is and how bioethicists think. The possibility is a real chance for encounters, engagement, scientific exchange, cooperation and partnership building. It is a veritable global village where communities of influence meet to generate momentum in bioethics.

For me, coming from Cameroon, a part of Africa where bioethics is still emerging, where its discourse is still narrowly focused and its views marginalized and

alienated from the mainstream, it was a real opportunity to meet in person such great minds and leading scholars in bioethics like the late Edmund D. Pellegrino, to discuss on several occasions over dinner with Tristram Engelhardt, Robert D. Orr, Kevin T. FitzGerald, Dennis P. Hollinger, Daniel Sulmasy, Clarretta Yvonne Dupree, C. Christopher Hook, Dónal O'Mathúna from Ireland, Joseph Tham of Regina Apostolorum University, Rome, and some of the most influential bioethicists in the world. As a Global Bioethics Education Initiative Scholar, I was offered office space at the Center, access to libraries and internet resources and this facilitated the writing and publication of my work "Bioethics and the Challenges to its Growth in Africa." As a researcher and lecturer, it has enhanced my research career and teaching capacity in bioethics enormously.

CBHD is one of the most influential and leading think tanks that uses its infrastructure and facility to drive awareness and energize bioethics discussion and education around the globe. It is gradually building capacities and empowering a growing amount of bioethics scholars and professionals with the knowledge and skills to engage in critical bioethical inquiry on the emerging challenging issues of life that offend human dignity, in order to drive forward the bioethics discourse. It is a leading center for excellence, professionalization, and career development. It is one of the most ideal places for training and career enhancement in bioethics properly equipped with the best resources including books, journals, and professional staff prepared to train and empower the next generation of bioethicists.

Gemma Balein, DMD, MA, MS - Philippines (2012 Recipient)

Early last year, I was invited by the Department of Science and Technology to be part of the Philippine Health Research Ethics Board (PHREB), a national policy making body in health research ethics. Currently, I am undergoing a training program under PHREB and FERCAP (Forum for Ethical Review Committees in Asia and the Western Pacific), which will equip me to accredit, survey, and evaluate other ethics review boards in the near future. In between sitting as a member of the Ethics Review Committee of our institution and teaching at the Graduate School, I give lectures at some hospitals that provide continuing education in bioethics to their physicians.

Dignity, professionalism, respect—an atmosphere of shared aims but with sincere respect for individual beliefs. This ethos I experienced at CBHD serves as one of my guiding principles in the field of bioethics.

Packiaraj Asirvatham, BA, BD, MA, PhD (Candidate) – India (2012 Recipient)

I have been serving as the director of the department of Christian education of the Church of South India, Tirunelveli Diocese, which is the research and education wing of the diocese. I am also currently pursuing my PhD in the history of medicine at the Autonomous University of Barcelona, Barcelona, Spain. I was very happy to be part of the CBHD as GBEI scholar and it helped me a lot to learn and grow in an international and Christian domain in bioethics. I have also benefited from the *Ethics and Medicine* journal.

Jameela George, MBBS, MIRB – India (2009 Recipient)

When I came to CBHD in 2009, I had done an MIRB from Australia. My time and interactions with Paige, Michael, and others helped me to integrate Christian values and perspectives to the secular Bioethics teaching I had already received. To begin with I conducted a National workshop in India, on "Christian Responses to Ethical Issues in Health Care" in January of 2010. In 2011 we had a week-long workshop in Delhi in which Paige was one of the main presenters. Following these I have been able to speak at a number of workshops and conferences.

Furthermore, supported by a generous grant from an anonymous donor, five Indian doctors are enrolled in the MA Bioethics at Trinity, for which I am the national coordinator. Last year we registered "The Centre for Bioethics," founded by 15 Christian organizations here in India. This was a Herculean task completed by God's grace and guidance.

Currently I am working towards developing a post graduate diploma in bioethics in partnership with Christian Medical College (CMC), Vellore. We have just finalized the content and have a long way to go. I am waiting to hear from CMC whether this partnership has been accepted. Once this is accepted, I will need to focus a lot of my time to write the content of the program as a distance education program.

*If you would like to support the Global Bioethics Education Initiative visit cbhd.org/give-online and designate your gift to the **Dignity Fund** (noting **GBEI**). By mail, send your donation to CBHD, 2065 Half Day Rd, Deerfield, IL 60015. (In the memo portion note **Dignity Fund, GBEI**.)*

The promise and perils of advances in technology, science, and medicine have long been fodder for creative works in literature and cinema. Consequently, a variety of resources exist exploring the realm of medical humanities as well as those providing in-depth analysis of a given cultural medium or particular artifact. This column seeks to offer a more expansive listing of contemporary expressions of bioethical issues in the popular media (fiction, film, and television)—with minimal commentary—to encompass a wider spectrum of popular culture. It will be of value to educators and others for conversations in the classroom, over a cup of coffee, at a book club, or around the dinner table. Readers are cautioned that these resources represent a wide spectrum of genres and content, and thus may not be appropriate for all audiences. For more comprehensive databases of the various cultural media, please visit our website at cbhd.org/resources/reviews. If you have a suggestion for us to include in the future, send us a note at msleasman@cbhd.org.

BIO-FICTION

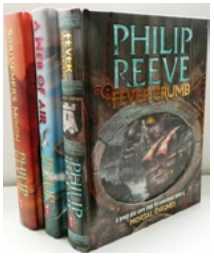
Margaret Atwood, *MaddAddam Trilogy*

Oryx and Crake (Anchor, 2004).
The Year of the Flood (Anchor, 2010).
MaddAddam (Nan A. Talese, 2013).

Animal-Human Hybrids, Bioterrorism, Biotechnology, Egg Donation, Euthanasia, Genetic Engineering, Human Enhancement, Personhood, Posthuman, Research Ethics.

The trilogy explores the aftermath of a cataclysmic bioterror pandemic that eradicates most of the human species. In the first volume, the main character Jimmy is the unwitting accomplice to the bioterror event for which his friend Crake/Glen is responsible. As Jimmy realizes the scope of what has happened he seeks to protect a humanoid species (the Crakers) that Crake has genetically-engineered, with a group referred to as the MaddAddamites. The second volume follows an environmental cult, God's Gardeners, and two of their members—Toby and Ren—as they seek to survive in the aftermath of a landscape infested with genetically-engineered intelligent creatures. The final volume brings the survivors together as they seek to rebuild some semblance of civilization in the midst of threats from other humans who have seemingly lost their humanity.

Philip Reeve, *Fever Crumb Series*



Fever Crumb (Scholastic, 2009).
Web of Air (Scholastic, 2011).
Scrivener's Moon (Scholastic, 2012).
Genetic Engineering, Human Enhancement, Nanotechnology, Neuroethics, Personhood.

An expected tetralogy, the first three volumes follow Fever Crumb, a once-thought orphan who is trained as the first female engineer in a far distant post-apocalyptic, steampunk future. The novels are set some thousand years after nuclear war has reshaped the physical world and destroyed human civilization, a world in which 21st century technology has become "old tech" that exists only through the maintenance of the pseudo-scientist guild of engineers and the less scientifically inclined technomancers. The protagonist, Fever Crumb, finds herself on a journey of self-discovery as she learns of her half-Scriven ancestry, and realizes that she is the sole remaining descendant of an enhanced humanoid race. Her journey woven through the sociopolitical conflicts that result from an immense technological undertaking, leads her beyond the biotechnological inventions of her grandfather Auric Godshawk to the origins of the Scriven as a race.

BIOETHICS AT THE BOX OFFICE

Her
(2013, R for language, sexual content, and brief graphic nudity).

Artificial Intelligence, Personhood.

Oblivion
(2013, PG-13 for sci-fi action violence, brief strong language, and some sensuality/nudity).

Cloning, Personhood.

Side Effects
(2013, R for sexuality, nudity, violence and language).

Clinician-Patient Relations, Neuroethics, Pharmaceutical Ethics.

TOP BIOETHICS STORIES: MARCH – MAY 2014

BY HEATHER ZEIGER, MS, MA
RESEARCH ANALYST

"Japanese Researcher Backtracks on 'Breakthrough' STAP Cell Research" by Kiyoshi Takenaka and Kate Kelland, *Reuters,* March 10, 2014

> A Japanese scientist called on Monday for withdrawing stem-cell research he had been involved in that had appeared to promise a new era of medical biology as doubts have arisen over the results. The research, described as game-changing by experts at the time, was covered breathlessly in Japan after it was published in the journal *Nature*, with co-researcher Haruko Obokata becoming an instant celebrity. (http://tinyurl.com/pdaezjf)

The saga of the STAP cells (pluripotent stem cells derived from stimulating them with acid) began in March when one of the authors retracted his authorship of a paper that proposes a new and purportedly simpler technique for inducing pluripotency in stem cells. Since March, several labs attempted to reproduce the results, but could not. Some researchers noticed discrepancies in the figures in the paper. Haruko Obokata, the lead researcher in the paper was found guilty of research misconduct by an investigational committee. Even though Obokata apologized for the misconduct, she maintained that her technique worked. Finally, this June, she agreed to retract the papers. (http://tinyurl.com/n9ttpg7)

"European Parliament Approves Bill to Increase Clinical Trial Transparency" by Tania Rabesandratana, *Science*, April 3, 2014

> Researchers who do clinical trials in the European Union will have to make the results public under a bill approved by the European Parliament yesterday. In a sweeping vote held here yesterday, 594 members of the Parliament voted in favor of the plan, while only 17 voted against and 13 abstained. The vote, which confirms an informal deal reached in December between Parliament and the European Union's 28 member states, is a victory for activist groups who want trials data out in the open. (http://tinyurl.com/pflqr6q)

The new bill on clinical trial transparency, set to go into effect in 2016, will require researchers to report both successful and failed clinical trials within one year after the trial takes place. Researchers will also be required to provide a full clinical study report, including whether the medication is submitted for marketing authorization. While some believe this is a step in encouraging greater research transparency that will attract more markets to Europe, others think this will cause set-backs due to bureaucratic red tape and conflicts of interest.

"PET Scans Offer Clues on Vegetative States" by Denise Grady, *New York Times*, April 15, 2014

> A new study has found that PET scans may help answer these wrenching questions. It found that a significant number of people labeled vegetative had received an incorrect diagnosis and actually had some degree of consciousness and the potential to improve. Previous studies using electroencephalogram machines and M.R.I. scanners have also found signs of consciousness in supposedly vegetative patients. (http://tinyurl.com/ozmkohl)

New studies on brain activity using PET scans indicate that some patients who are diagnosed as being in a persistent vegetative state may actually be in a minimally conscious state, meaning these patients may have some awareness. Some people believe it is appropriate to withhold basic needs such as food and hydration from people in a vegetative state because they have no chance of meaningful recovery, while others maintain that these people deserve to have their basic needs met. However most agree that minimally conscious people are considered worthy of receiving basic needs because they exhibit some form of awareness and there is a chance of some recovery. This data calls into question some of our previous understandings of vegetative and minimally conscious states.

"Broad Institute Gets Patent on Revolutionary Gene-Editing Method" by Susan Young Rojahn, *MIT Technology Review*, April 16, 2014

> One of the most important genetic technologies developed in recent years is now patented, and researchers are wondering what they will and won't be allowed to do with the powerful method for editing the genome. On Tuesday, the Broad Institute of MIT and Harvard announced that it had been granted a patent covering the components and methodology for CRISPR—a new way of making precise, targeted changes to the genome of a cell or an organism. CRISPR could revolutionize biomedical research by giving scientists a more efficient way of re-creating disease-related mutations in lab animals and cultured cells; it may also yield an unprecedented way of treating disease. (http://tinyurl.com/qa29yb7)

A new gene editing technology, CRISPR, may be able to directly correct genetic disorders, by removing unwanted DNA in a cell and replacing it with DNA that has been synthesized in the lab. CRISPR is able to make multiple deletions and insertions at one time, making it the most robust gene editing system available. MIT was recently granted the patent on this new technology. Now scientists who have been using the CRISPR technique are waiting to see how MIT will handle their patent rights on the technology.

"A Fatal Wait: Veterans Languish and Die on a VA Hospital's Secret List" by Scott Bronstein and Drew Griffin, *CNN*, April 24, 2014 (article was updated on April 30, 2014)

> At least 40 U.S. veterans died waiting for appointments at the Phoenix Veterans Affairs Health Care system, many of whom were placed on a secret waiting list. The secret list was part of an elaborate scheme designed by Veterans Affairs managers in Phoenix who were trying to hide that 1,400 to 1,600 sick veterans were forced to wait months to see a doctor, according to a recently retired top VA doctor and several high-level sources. (http://tinyurl.com/qeojct6)

Reports surfaced that the Veterans' Affairs Hospital in Phoenix was placing patients on a "secret list" in which they would wait months or even years before they saw a doctor. Reports surfaced that some patients have died while waiting to see a doctor. This brought to light that the VA has some systemic problems with a shortage of personnel and finances to care for veterans. Eric Shinseki, the Secretary of Veteran Affairs, stepped down and, as of this writing, the Senate just drafted a bi-partisan bill to try to mitigate this problem going forward.

"Stem Cells Made by Cloning Adult Humans" by Monya Baker, *Nature*, April 28, 2014

> Two research groups have independently produced human embryonic stem-cell lines from embryos cloned from adult cells. Their success could reinvigorate efforts to use such cells to make patient-specific replacement tissues for degenerative diseases, for example to replace pancreatic cells in patients with type 1 diabetes. But further studies will be needed before such cells can be tested as therapies. (http://tinyurl.com/ocn283a)

Two different research groups announced that they had successfully made human embryos from cells obtained from adults through the use of cloning, or somatic cell nuclear transfer (SCNT). The embryos were made by taking the nucleus of the adults' cells and placing it inside of a donated egg. This procedure is fraught with ethical concerns, from egg donation, to making embryos for the sole purpose of destroying them. Researchers hope that these cloned embryos can be used for therapeutic purposes.

"Antibiotic Resistance Now 'Global Threat', WHO Warns" by Pippa Stevens, *BBC*, April 30, 2014

> Resistance to antibiotics poses a "major global threat" to public health, says a new report by the World Health Organization (WHO). It analysed data from 114 countries and said resistance was happening now "in every region of the world". It described a "post-antibiotic era", where people die from simple infections that have been treatable for decades. There were likely to be "devastating" implications unless "significant" action was taken urgently, it added. (http://tinyurl.com/ozq797n)

The World Health Organization called for the development of better antibiotics as well as better hygiene education and more judicious prescription practices by doctors to combat the threat of bacterial resistance to antibiotics. Some criticize the WHO's report as overstating the threat of a "post-antibiotic world." The WHO maintains that many diseases that were once treatable are not in about half of the patients who are given antibiotics.

"New Execution Protocol Similar to Doctor-Assisted Suicide Recommended" by Lindsey Bever, *Washington Post*, May 7, 2014

> Days after the botched execution of Oklahoma inmate Clayton Lockett, a bipartisan committee studying the death penalty has recommended a new one-drug lethal injection method to kill quickly and "minimize the risk of pain or suffering." The committee, formed by the Constitution Project long before the Lockett execution, urged states to administer an overdose of one anesthetic or barbiturate to cause death — the same method used in doctor-assisted suicides. (http://tinyurl.com/ncwy3hq)

The botched execution of Clayton Lockett in Oklahoma is one of many executions that have recently gone wrong. Some of the chemicals in the lethal three-chemical cocktail used in Oklahoma and in other states are in limited supply, causing states to seek out chemicals from less reputable sources or alternative drugs to execute prisoners. Furthermore, doctors have refused to be present at executions on ethical grounds, posing a problem if complications occur. Some believe one solution is to change the drugs that are used. This brings up questions of human dignity, obtaining drugs by ethical means, and the involvement of medical health professionals in the case of state executions.

"Ground Breaking Hip and Stem Cell Surgery in Southampton" *Medical Xpress*, May 16, 2014

> Doctors and scientists in Southampton have completed their first hip surgery with a 3D printed implant and bone stem cell graft. The 3D printed hip, made from titanium, was designed using the patient's CT scan and CAD CAM (computer aided design and computer aided manufacturing) technology, meaning it was designed to the patient's exact specifications and measurements. (http://tinyurl.com/qhu45ww)

New and interesting uses of 3D printing technology continue to appear in news outlets. In this unprecedented surgery, the patient was fitted with a hip made from titanium and infused with the patient's bone marrow cells so that it would graft on to the existing bone and grow new bone over the implant. Hip and knee replacement surgery is very common, and with this technology, not only can the parts can be tailor-made to fit the individual, but it may also reduce the need for subsequent surgeries.

RESEARCH

Empirical Study on Clergy and Bioethics

Beginning in late June, CBHD is sponsoring a study led by Primary Investigator Paige Cunningham examining the preparation and comfort level of clergy in responding to bioethics issues in their congregations, as well as exploring the frequency with which clergy are presented with a wide range of bioethical issues that might arise in their pastoral ministry. Paige developed the study as part of her ongoing doctoral studies in collaboration with Michael Sleasman and Marie Butson (CBHD Spring Intern).

STAFF TRANSITIONS

With Gratitude

Without the assistance of our part-time office and research staff, many of the things that CBHD does would not be possible. All of us at the Center express immense gratitude to the following staff for their contributions to the Center and our work over the past two years, each instrumental to the continued improvement in quality and productivity in their areas of respective responsibility. We wish them well in their future endeavors.

Marta Vergara, MA – Office Assistant.
Joel Chopp, MA – Research Assistant.

MEDIA RESOURCES

CBHD.org on Twitter: @bioethicscenter

Bioethics.com on Twitter: @bioethicsdotcom

The Bioethics Podcast at thebioethicspodcast.com

Facebook Page at facebook.com/bioethicscenter

Linked-In Group at linkd.in/thecbhd

YouTube at youtube.com/bioethicscenter

The Christian BioWiki christianbiowiki.org

STAFF

PAIGE CUNNINGHAM, JD

- Contributed two Biohazards columns for *Salvo* magazine, on "Uncharted: Medical Care Dilemmas We Face," and "Learning from Failure: Credible Scientific Research."
- Taught a 6-week series on "Thinking through Life's Bioethics Question as a Christian," at an adult education class at College Church of Wheaton.

MICHAEL SLEASMAN, PHD

- Spoke on "Medicine, Technology, and Living the Faithful Christian Life" to an adult education class at College Church of Wheaton in May.

HEATHER ZEIGER, MS, MA

- Published articles on "Synthetic Biology and Venter's Life at the Speed of Light" (March) and "Gene Editing Technology" (April) on Bioethics.com
- Since May, has been contributing monthly essays to the blog for *Salvo* magazine.

JOEL CHOPP, MA

- Presented the paper, "*Ex Bonitate Dei*: Participatory Metaphysics and Divine Goodness in Arminius's Argument from Creation" at the Evangelical Theological Society's Midwest regional conference.
- Organized and facilitated the spring theological bioethics roundtable discussions with graduate students and CBHD staff on *Christology and Ethics*, ed. F. LeRon Shults and Brent Waters (Eerdmans, 2010).
- Accepted admission to the PhD program in Systematic Theology at the University of Toronto, Wycliffe College.

ON THE CBHD BOOKSHELF

For those interested in knowing what books and articles the Center staff have been reading and thought worth highlighting. **Note that the resource includes material by members of the Center's Academy of Fellows.

ON THE BOOKSHELF:

Frame, John. T*he Doctrine of the Christian Life.* (P&R, 2008).

Hayles, N. Katherine. *How We Think: Digital Media and Contemporary Technogenesis.* (University of Chicago, 2012).

Henriksen, Jan-Olav. *Finitude and Theological Anthropology: An Interdisciplinary Exploration into Theological Dimensions of Finitude.* (Peeters, 2011).

**Howard, Thomas, ed. *Imago Dei: Human Dignity in Ecumenical Perspective.* (Catholic University of America Press, 2013). Includes contributions by C. Ben Mitchell and Gilbert Meilaender.

Illes, Judy, and Barbara Sahakian, eds. *The Oxford Handbook of Neuroethics.* (Oxford University Press, 2011).

Jones, Mark, Paul Lewis, and Kelly Reffitt, eds. *Toward Human Flourishing: Character, Practical Wisdom, and Professional Formation.* (Mercer University Press, 2013).

ARTICLES OF NOTE:

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