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WHEN I WAS HUNGRY, YOU GAVE ME TO EAT: THE DIGNITY OF HAND FEEDING IN PERSONS WITH DEMENTIA

BY GREGORY W. RUTECKI, MD

Preserving the dignity of those who inhabit Nursing Homes at the end of life—individuals frequently bearing the concurrent burden of dementia—is a critical feature of cultures that embrace compassion. In the United States, such persons comprise a demographic estimated at five million. One demanding aspect of care in this population is feeding. The ethical dilemma resides in the choice between hand feeding by staff or family versus feeding tubes. Hand feeding is adopted when it is comfortable and safe, that is, unaccompanied by aspiration; and although human intimacy integral to hand feeding would be preferable, feeding tubes have become *de rigueur* in contemporary medical practice. As Kenneth Ludmerer poignantly asked, might the efficiency in time and effort derived from feeding tubes, as well as their reimbursement as medical procedures, be the dynamic driving choice in this context?[1] Recent publications are noteworthy in this regard.

Two Nursing Home cultures were compared for feeding technique.[2] One was characterized by a relatively high rate of feeding tube nutrition while the other had a low rate, favoring hand feeding. The investigators expended 80 hours of direct observation addressing feeding practices at both locations. Specific observations were rendered regarding the facilities' characteristics including physical environment, mealtime activities, decision-making processes, as well as explicit and implicit values. The result was a disturbing clash of cultures.

Although facilities were for the most part comparable—both were for profit, but they varied in ethnic mix and Medicaid volume—in staffing ratios, beds, and geographic locale, there were profound cultural and value differences. The physical surroundings and social ethos at the center known for hand feeding was more humane and caring than that of the feeding tube institution (e.g., through decoration, social intercourse, and "odor").[3] Enthusiastic staffing at mealtimes, designed to donate "extra time and eye contact," were also marks of success at the hand-feeding center. In terms of explicit values, the low use feeding tube nursing home espoused "community, compassion, dignity, purpose," with residents who were "family members" and who were "entrusted" to their care for "healing."[4] The predominant feeding tube institution's mission was listed as "progression through health care services." We receive a window into the implicit values of the hand-feeding center in a 93-year-old cognitively impaired resident:

> "the family knows that she isn't safe [from aspiration]…but [family] wish for us to continue to attempt to feed her as safely as possible just because if you don't, you're actively starving that patient. The only alternative is a tube and at 93, her family doesn't want her to have a tube."[5]

At the contrasting site, an assumption was made that "families preferred not to be involved" and when the researchers asked to interview family members, the social worker responded, "Good luck finding them."[6] There seemed to be less time available there for authentic "healing" and shared community efforts.

There were other disturbing differences uncovered by the study. The feeding tube predominant site had a greater number of Medicaid and African American residents. Nationally, African American men and women are at an overall higher risk of being tube fed. The authors also referenced another study suggesting that there are financial incentives to tube feed rather than hand feed.[7] Medical procedures are reimbursed, time spent caring is not.

The second study reinforced the notion that feeding tubes were emblematic of medicine's corporate transformation.[8] In 280,869 admissions in 2797 acute care hospitals for 163,022 persons with advanced cognitive impairment, higher feeding tube insertion rates were associated with for profit hospital status! It is hard to escape the conclusion that reimbursement makes feeding tubes more attractive than hand feeding.

Where have we wandered as professionals while transforming medicine into a business? Another unfortunate trend in Nursing Homes is a marked variation in anti-psychotic use in demented elderly persons.[9] Even though those sedated run a greater risk of morbidity (such as pneumonia), they are less "bother" to busy staff when they are asleep. Are the elderly with dementia merely a biologically tenacious group who should be ignored and preferably given the basic human necessity of food by autopilot, and that through a tube reimbursed by third party payers? It was no accident that Jesus focused on personal, intimate contact in the 25th chapter of Matthew's Gospel. The fact that we do it to Him when we feed, offer drink, and visit during times of need is also essential to grasp. Reforming healthcare is not only about money; it's about time and touch as well. Human intimacy is not reimbursable, it transcends dollars and cents, and we cannot be said to care at all without it.

1 Kenneth Ludmerer, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (Oxford University Press, 2005).
2 Ruth Palan Lopez et al., "The Influence of Nursing Home Culture on the Use of Feeding Tubes," *Archives of Internal Medicine* 170 Cf. chapters 17 & 18. (2010):83-88.
3 Ibid., 85-87.
4 Ibid., 86.
5 Ibid., 87.
6 Ibid.
7 Susan Mitchell, "Financial Incentives for Placing Feeding Tubes in Nursing Home Residents with Advanced Dementia," *Journal of the American Geriatrics Society* 51 (2003):129-131.
8 Joan Teno et al., "Hospital Characteristics Associated with Feeding Tube Placement in Nursing Home Residents with Advanced Cognitive Impairment," *Journal of the American Medical Association* 303 (2010):544-550.
9 Yong Chen et al., "Unexplained Variation across the U.S. in Nursing Home Antipsychotic Prescribing Rates," *Archives of Internal Medicine* 170 (2010):89-95.

from the director's desk

BY PAIGE C. CUNNINGHAM, JD
Executive Director

Everyday Bioethics. It sounds deceptively simple, or fatuous. How can bioethics be "everyday"? Is bioethics the exclusive affair of earnest scientists? Perhaps we should relegate it to the lofty realms of academia. We say "no." Bioethics concerns us all. *How can we unpack apparently complex developments in biomedicine and biotechnology for the informed layperson, without compromising clear-eyed reasoning? How can we help people think and make decisions about life-and-death situations, enhancement, stewardship, justice, and a plethora of other bioethical issues?*

This was the genesis of a weekly radio commentary. *Everyday Bioethics* is a three-minute examination of one real-life case, related to at least one bioethical principle. CBHD piloted this audio project with Moody Radio in October 2009.

Recent scenarios include serial surrogacy, sperm donors, cord blood donation, surgical enhancement, prosthetic arms, and genetic discrimination. None of these are hypothetical cases, and some are examples from my own experience. One of the reasons people shy away from bioethical engagement is the sheer number and technical complexity of biomedical discoveries and technological inventions. I rely on other experts to make sure I grasp the basic science, and you can, too. Behind many innovations is the desire to make life more pleasant, whether it is by healing disease, restoring function after injury, postponing the ravages of aging, enhancing our cognitive capacities, overcoming bodily limitations (such as the need for sleep), or compensating for a perceived genetic slight.

Tucked inside each commentary is a sophisticated ethical idea, expressed in commonly shared language. Listeners are exposed to virtue ethics, natural law reasoning, Kantian philosophy, instrumentalism, utilitarianism, pragmatism, the precautionary principle, divine command, and so forth. Even if the principles are clear, the application may be more nuanced. At times, the answer to a bioethical dilemma may be elucidated by posing the correct question. At other times, it may involve a conclusion that does not satisfy, either because it requires additional inquiry, or demands a change in behavior that is inconvenient or that quite possibly involves suffering.

Sometimes I pose a question for the listener to think about. When I discussed a father's unusual graduation gift for his daughter, I asked all of us to think about hidden messages: "What does this gift of plastic surgery mean for Megan with her new implants?"[1] Or, in introducing toys that interface computer and brain, I suggested that "A good question to start with is: *Will I control the technology, or will it control me?*"[2]

I also include a perspective targeted directly at Christians: "As Christians, we know that…." In the commentary on infants born with fatal defects, I challenged us to think differently about prenatal diagnosis and the pressure to terminate the pregnancy by abortion:

> As Christians, we must resist the pressure to decide which fetuses will live or die. As sad as it is say "goodbye" to a newborn, it is even more sad to be the reason the infant never had a chance to hear "hello." We are called to welcome all little humans, no matter what the world tells us.[3]

Although many arguments can be framed in terms understood by those outside our faith tradition, we know that ultimately all truth is God's truth. We can claim that explicitly and without apology. But this raises the bar. Christians are not called to the minimum ethical standard, but to a higher level of ethical word and deed. At CBHD, we believe a key part of our purpose is to challenge God's people to live consistently with what we understand and say we believe. This is easier said than done. For example, if we believe that the embryo, who is biologically a complete human being at fertilization, is also a complete human person, will we avoid those technologies that treat the embryo as a product, and not a person?

Everyday Bioethics is an experiment in translation and communication. The commentary illustrates CBHD's dual commitment to excellence in scholarship and broad accessibility. We anticipate, research, and analyze the pressing bioethical issues of our day. At the same time, we must translate this work for a variety of professional and lay audiences. Using the tools of rigorous research, conceptual analysis, charitable critique, leading-edge publication, and effective teaching, we equip thought influencers and church leaders. They (and you) need resources that are theologically and ethically sound, and that can be applied in everyday situations.

Those of you within the Chicago Moody Radio broadcast area (90.1 FM) can listen on Tuesday mornings around 6:10 a.m. Moody also makes the commentary available via streaming and posting the transcripts on their website (www.wmbi.mbn.org). I welcome your questions and comments about our experiment engaging bioethics in everyday life. We are pursuing the opportunity to expand its reach through one of our websites and in other venues, and you can help us make improvements to this new resource (info@cbhd.org).

1 *Everyday Bioethics*, Episode 9 "Enhancement: Gift or Burden?" Airdate December 22, 2009.
2 *Everyday Bioethics*, Episode 10 "Consumers of Technology," Airdate January 12, 2010.
3 *Everyday Bioethics*, Episode 8 "Empty Mangers," Airdate December 8, 2009.

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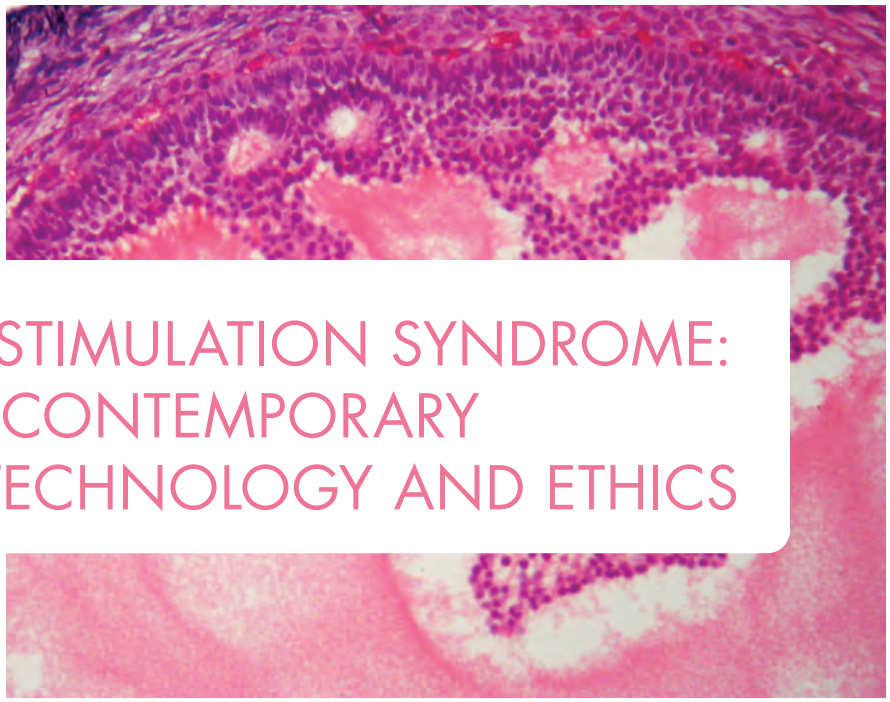

OVARIAN HYPERSTIMULATION SYNDROME: AN UPDATE ON CONTEMPORARY REPRODUCTIVE TECHNOLOGY AND ETHICS

BY KIRSTEN RIGGAN
Research Assistant

Ovarian Hyperstimulation Syndrome (OHSS) is a complication that occurs in approximately 10% of women receiving treatments to stimulate the release of eggs as part of infertility treatment. This procedure is known as controlled ovarian hyperstimulation. Most cases of OHSS (approximately 20-33% of reproductive cycles) are mild and thus are not considered to be clinically significant; however, severe cases (approximately 0.1-2%) can become life threatening.[1] Certain groups of patients receiving infertility treatments are at a higher risk of OHSS including those under the age of 35, with polycystic ovarian syndrome, or with high estrogen levels. In mild cases symptoms include mild to moderate abdominal pain and discomfort, nausea, and vomiting as a result of the enlargement of the ovaries. Symptoms in severe cases of OHSS can include severe abdominal pain, excess fluid collection in the peritoneal cavity (ascites), respiratory difficulties, and changes in blood volume, which can lead to life-threatening complications such as acute renal failure and acute respiratory distress syndrome.

While all medications used to induce ovulation carry a small risk of OHSS, OHSS is most commonly associated with the hormone human chorionic gonadotropin (hCG) administered after the follicles are developed and the eggs are mature. Pregnancy following controlled ovarian hyperstimulation increases the likelihood, duration, and severity of OHSS.[2] OHSS may also be more likely if a multiple pregnancy occurs following ovarian stimulation. While egg donors are at some risk for developing OHSS, their risk is lower than classic in vitro fertilization (IVF) patients (i.e., women who become pregnant with their own fertilized eggs), due to the absence of pregnancy following controlled ovarian hyperstimulation.[3]

This condition has been brought to recent attention given its connection with assisted reproductive technologies, specifically IVF. A study in Israel for example, reported that while the overall number of severe OHSS cases following ovulation induction treatments remained the same, the incidence of severe OHSS following IVF has increased from 0.06% to 0.24% of all IVF cycles. The authors attribute this increase to the over-utilization of high-dose gonadotropin protocols.[4] For some patients, however, a high-dose is necessary to achieve pregnancy. Prevention options for OHSS include delaying the administration of hCG until estrogen levels drop (coasting), lowering doses of hCG, delaying pregnancy by cryopreserving embryos, and the transfer of a single embryo (instead of multiple embryos).[5]

Due to the recent increase in severe OHSS in the U.S., many medical professionals and bioethicists have argued for increased study and regulation of the methods currently utilized in assisted reproduction in order to ensure that women are protected from unsafe procedures and harmful lasting effects of treatment. Jennifer Lahl, national director of the Center for Bioethics and Culture Network, states for example,

> Ovarian hyperstimulation syndrome (OHSS) is a very real concern, well documented in the medical literature as a serious health risk to women. With the mounting evidence of the medical risks, professional groups outside of the United States are pushing for mild approaches in assisted reproduction, in order to mimic the more natural reproductive cycle of a woman's body. Here in the United States, we would do well to learn from those who acknowledge the realities of OHSS, the short and long-term health risks associated with fertility drugs, and have made changes to their medical practice in order to protect women.[6]

Given this complication's association with assisted reproductive technologies, it is imperative that women considering IVF or egg donation be thoroughly informed as to their individual risk of OHSS as well as prevention and treatment strategies in order to protect their health and safety.

1 Annick Delvigne and Serge Rozenberg, "Epidemiology and Prevention of Ovarian Hyperstimulation Syndrome (OHSS): A Review," *Human Reproduction Update* 8 (2002): 560.

2 The Practice Committee of the American Society for Reproductive Medicine, "Ovarian Hyperstimulation Syndrome," *Fertility and Sterility* 90 (2008): S188.

3 Raoul Orvieto, "Can We Eliminate Severe Ovarian Hyperstimulation Syndrome?" *Human Reproduction* 20 (2004): 321.

4 Y. Abramov, U. Elchalal, and J. G. Schenker, "An 'Epidemic' of Severe OHSS: A Price We Have to Pay?" *Human Reproduction* 14 (1999): 2181-2183.

5 Delvigne and Rozenberg, 565-573.

6 Jennifer Lahl, email message to author, January 7, 2010.

beyond therapy

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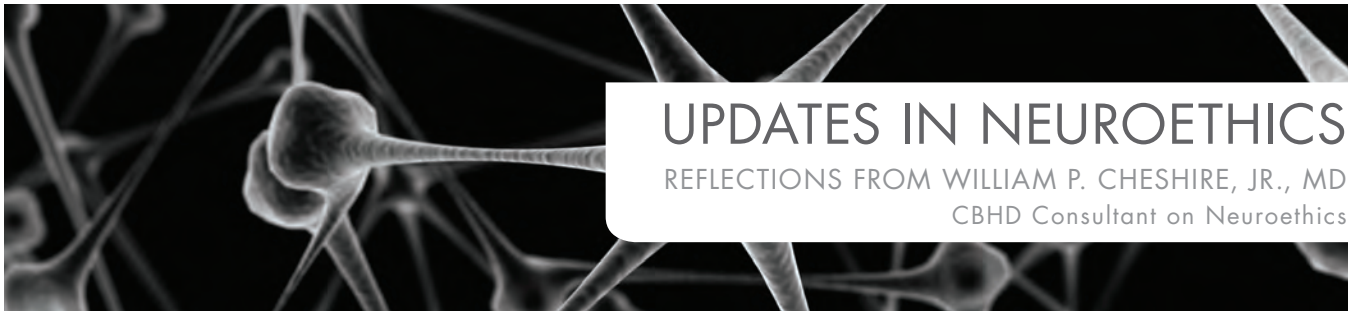

UPDATES IN NEUROETHICS

REFLECTIONS FROM WILLIAM P. CHESHIRE, JR., MD

CBHD Consultant on Neuroethics

Advances in the neurosciences continue to open windows into the brain, inform our understanding of human nature and lead to new treatments for neurological diseases. These exciting new capabilities for probing and modifying the brain and emerging technologies for interfacing neurons with computers challenge our self-understanding and raise fascinating ethical questions concerning how to apply them wisely.

In 2009:

- The debate has continued over the use of stimulants and other cognitive-enhancing drugs by healthy individuals. Drugs targeted to the molecular basis of memory are in clinical trials and, once available, will likely invite off-label use.
- Among the ultra-healthy, Olympic athletes have teamed up with neuroscientists to study the psychological aspects of sports performance using functional MRI (fMRI), which detects localized changes in brain blood flow related to neural activity.
- Functional neuroimaging has also attracted the attention of lawyers. In California, a defense attorney sought to introduce fMRI-based "lie detection" evidence in a child protection case, but later withdrew his request following an evidentiary hearing, as fMRI is not yet accepted by the scientific community as reliable in assessing brain patterns corresponding to truthfulness or deception. Future courtrooms may look increasingly to neuroscience to define the plausibility of evidence of mitigating factors for criminal culpability in defendants with neurologically impaired moral judgment.
- A study published in *Nature Neuroscience* showed that administration of a beta-blocker before reactivation of fearful memories disrupted their reconsolidation in a way that prevented the return of fear.[1] These results offer hope for patients suffering from posttraumatic stress disorder and also raise interesting ethical questions whether further advances in memory modification might alter how we regard biographical testimony and the integrity of personal identity.
- Movies that explored neuroethics questions such as mind transference, moral responsibility in virtual reality, and nonhuman intelligences were *Surrogates*, *Avatar*, and *Star Trek*.

1 Merel Kindt, Marieke Soeter, and Bram Vervliet, "Beyond Extinction: Erasing Human Fear Responses and Preventing the Return of Fear" *Nature Neuroscience* 12 (2009): 256-258.

meet the staff

Greetings! My name is Michael Shafer. I am a research analyst with The Center for Bioethics & Human Dignity (CBHD). Please allow me a few moments to introduce myself, my interests in bioethics and my role at the Center. My academic journey began with a bachelor's degree in biblical studies from Boyce College, the undergraduate school of the Southern Baptist Theological Seminary. Near the end of that degree I developed a strong interest in Christian ethics, particularly bioethics. In following this interest I discovered CBHD. After meeting the staff and spending some time learning what the Center was about I became a student at Trinity International University where I completed the MA in Bioethics in 2006.

I then continued my studies by pursuing a PhD in Theological Ethics at the University of Durham in the United Kingdom. I continue to work toward this degree part-time and expect to finish within the next twelve months. The topic of my doctoral work is the ethics of human genetic enhancement in sport. I am arguing that genetic enhancement poses a serious threat to more than some of the traditional concerns like fairness and the physical health of the athlete. It explores questions such as whether or not performance-enhancing drugs should be legal if they have no harmful side effects. Is there a moral distinction between the drugs we take and the equipment we use? Why do we allow biotechnology to be used in other areas of life but not sport? My thesis suggests that to begin answering these questions we need a more robust conception of sport that includes certain key philosophical and theological components.

My dissertation topic is the result of my broader interest in biotechnology (not to mention I'm a sports fanatic!). I am interested in ways in which society applies medical and technological progress to the human body. Outside of the dissertation I have largely focused my research on the transhumanism movement that seeks to use technology to improve the human body both in the form of enhancements as well as the removal of disease, suffering, and ultimately death itself.

In my most recent position I served as the Chicago Area Director for the Christian Medical and Dental Associations. While there I was able to work closely with a number of physicians and see firsthand the ethical dilemmas facing those working in medicine. Therefore, in addition to viewing the issues academically, I have a good understanding of the practical questions and concerns that arise when thinking about bioethics. That experience will be beneficial in my role at CBHD as one of my primary functions is to help develop and maintain the Center's informational resources. We have more than a dozen different topics listed on the website (www.cbhd.org/resources). Each topic contains a great deal of information ranging from a bibliography to case studies to position statements. All of these materials are intended to be a key source of education for those, such as yourself, who are interested in learning more about the important bioethical challenges we face today.

Our goal is to make the resources informative and challenging. We are currently in the process of writing the Center's official position statements, which not only will articulate the Center's stance on the issues but also the rationale behind taking that position. These statements will be of high intellectual quality yet concise and accessible. We also plan to include a general overview of each topic explaining what is at stake as well as the Center's response to some of the arguments presented by those holding different points of view.

It is a real honor to be a part of the staff at CBHD, something I have wanted to do since becoming a student here several years ago. If I can be of assistance to you in any way or if you would like us to consider adding a resource that is not already included in the bibliography please feel free to contact me at mshafer@cbhd.org. God bless!

COLLABORATION AND ENCOUNTER

BY COLLEEN MCCORMICK, BSN, CRNA, MA BIOETHICS

With certainty, every two years marks the onset of a new legislative session in the small New England states of Vermont and New Hampshire. With equal regularity, legislation will be introduced proposing to adopt the practice of physician-assisted suicide, under the guise of some benevolent title such as "The Death with Dignity Act." Each session the proponents of physician-assisted suicide (PAS) return, their arguments perhaps a little more honed than before. The 2009-2010 legislative sessions followed the established pattern.

In response, something new transpired this year in New Hampshire. It began with a collaborative effort, spearheaded by the Cabrini Institute, with support and guidance from The Center for Bioethics & Human Dignity (CBHD) and the Tennessee Center for Bioethics and Culture. This collaboration, with the purpose of engaging the culture at large on bioethical issues, may prove a useful prototype for others in their locale.

Cabrini Institute, Inc. was founded in 2009 to promote ethical healthcare policy and practices. Co-founders and co-directors, Colleen McCormick, MA (Trinity Graduate School '05) and James Hageman, MA (Eastern Illinois University '76) envisioned that one of the means of meeting that objective is educational outreach within the professions and also community-wide. The mission is to broaden the base of citizens who become informed and involved in the debate.

The first annual Fall Foliage Dinner Discussion was established as one means to that end. Held at the Radisson Hotel Ballroom on October 9, 2009 in downtown Manchester, New Hampshire, the evening featured D. Joy Riley, MD, MA (Trinity Graduate School '04), executive director of the Tennessee Center for Bioethics and Culture as keynote speaker. Dr. Riley presented an insightful discussion surrounding those fears many people hold in common regarding death. She expounded the ways that proponents of physician-assisted suicide propose to address those commonly held fears by means of that practice, and then unveiled the flawed thinking and results that follow from the "termination" approach. Her timely presentation was warmly received.

Following the presentation, a panel composed of Dr. Riley, former New Hampshire state senator Tom Colantuono, Esq., and Ms. McCormick undertook the topic: "Regulation of Medical Practice: the role of the legislature vs. the role of the professional medical society." Attendees were present from Vermont and New Hampshire, the medical and legal/legislative professions, and a number of interested lay citizens. The presenters were particularly encouraged to see attendees from the New Hampshire House Judiciary Committee, since the New Hampshire PAS Bill had been remanded to the House Judiciary Committee for evaluation and disposition.

That New Hampshire House Bill was defeated one month later. On November 10, 2009 a vote in the Judiciary Committee brought the debate to a close for the current legislative session in New Hampshire.

That New Hampshire House Bill was defeated one month later. On November 10, 2009 a vote in the Judiciary Committee brought the debate to a close for the current legislative session in New Hampshire. The defeat was achieved with a vote of 14 to 3. The leadership at Cabrini Institute believes the Fall Foliage Dinner Discussion was helpful if not instrumental in this outcome. Given that similar legislation is pending in Vermont, Cabrini Institute, Inc. is considering a similar presentation to increase awareness and galvanize the citizens of Vermont.

What was accomplished in New Hampshire this October could not have been done apart from the collaborative efforts of Cabrini Institute, Inc., the Tennessee Center for Bioethics and Culture, and The Center for Bioethics & Human Dignity. Jennifer McVey, the event and education manager at CBHD, offered critical guidance regarding both logistics and scope of the event, while the broader CBHD leadership offered strategic advice regarding the focus and content of the evening. Through CBHD's direct financial co-sponsorship, Cabrini Institute was able to provide scholarships for select individuals to attend the event free of charge. Moving forward, in future efforts to engage the culture, the author contends it will be critical to form and sustain such collaborative alliances for the best possible outcomes across the broadest base of the cultural spectrum.

Editor's Note: As CBHD continues in our work to explore, equip, and engage, we are pleased to offer guidance to members of the Center regarding the logistics of event planning, as well as strategic counsel on content from our executive staff. In select cases such as this one, the Center may even extend financial assistance to expand the potential impact of a given event. For more information regarding these services to members, please contact Jennifer McVey (CBHD Event and Education Manager) at jmcvey@cbhd.org. Funding to support such opportunities is limited, and each case is weighed accordingly. If you are interested in making a designated gift to expand the Center's ability to fund strategic event opportunities like this one, please contact Paige Cunningham at pcunningham@cbhd.org.

2009'S TOP BIOETHICS STORIES: JULY – DECEMBER EDITION

BY KIRSTEN RIGGAN, RESEARCH ASSISTANT

1. "**New York State Allows Payment for Egg Donations for Research**" by Libby Nelson, *New York Times*, June 26, 2009.

> Stem cell researchers in New York can now use public money to pay women who give their eggs for research, a decision that has opened new possibilities for science but raised concern among some bioethicists and opponents of such research. (http://goo.gl/0HEN)

The Empire State Stem Cell Board allowed for egg donors to be paid up to $10,000. There is serious concern that this provision will lead to the exploitation of women and the commodification of human tissue.

2. "**Mice Made from Induced Stem Cells**" by David Cyranoski, *Nature News*, July 23, 2009.

> Two teams of Chinese researchers have created live mice from induced pluripotent stem (iPS) cells, answering a lingering question about the developmental potential of the cells. (http://goo.gl/WcRC)

This experiment demonstrated that iPS cells are the functional equivalent to embryonic stem cells. This raises a potential ethical concern in that this method theoretically could be used to clone humans.

3. "**Medical Ethics Experts Identify, Address Key Issues in H1N1 Pandemic**," *ScienceDaily*, October 4, 2009.

> The anticipated onset of a second wave of the H1N1 influenza pandemic could present a host of thorny medical ethics issues best considered well in advance, according to the University of Toronto Joint Centre for Bioethics, which today released nine papers for public discussion. (http://goo.gl/Ia5K)

The outbreak of the H1N1 virus raised several ethical questions surrounding pandemic preparedness, resource allocation, and vaccine safety. The Centers for Disease Control and Prevention estimates that about 50 million Americans were infected with the H1N1 virus and about 11, 000 deaths were H1N1-related from April to December of 2009.

4. "**Nanotech Gene Therapy Kills Ovarian Cancer in Mice**" by Julie Steenhuysen, *Reuters*, July 30, 2009.

> Tiny synthetic particles carrying a payload of toxin worked as well as chemotherapy at killing ovarian cancer cells in mice, without the bad side effects, U.S. researchers said on Thursday. (http://goo.gl/k6iM)

It is expected that this technology will be ready for human clinical trials in approximately a year. If successful, this technique could be a promising new treatment for ovarian cancer.

5. "**Study Using Embryonic Stem Cells Is Delayed**" by *Bloomberg News*, August 18, 2009.

> The Geron Corporation said on Tuesday that regulators had held up its study of a therapy for injured spinal cords before even one patient could be enrolled, delaying the first human trial using embryonic stem cells. (http://goo.gl/JGw7)

This is the first clinical trial of embryonic stem cell therapy. Geron later explained that the halt was due to the development of non-proliferative cysts at the injection site in animal models.

6. "**AAP Approves Withdrawal of Artificial Nutrition from Children in Certain Cases**" by Kevin B. O'Reilly, *American Medical News*, August 20, 2009.

> Doctors are right to advise an end to feeding for pediatric patients in a persistent vegetative state and some other circumstances, the association says. (http://goo.gl/BVwO)

The report from the American Academy of Pediatrics stated that it may be ethically permissible for physicians to withdraw artificial nutrition and hydration from pediatric patients with parental consent in limited circumstances, including children in a persistent vegetative state or with anencephaly.

7. "**Woman Gives Birth to World's First Baby from IVF Egg-Screening Technique**" by Ian Sample, *Guardian*, September 2, 2009.

> A British woman who became the first in the world to conceive using a pioneering IVF technique has given birth to a healthy baby boy. The 41-year-old woman was treated by doctors in Nottingham after suffering two miscarriages and having 13 courses of IVF, none of which led to a baby. (http://goo.gl/SYR5)

This procedure is known as array comparative genomic hybridization and allows for eggs to be screened for chromosomal abnormalities prior to fertilization.

8. "**Senate Passes Health Care Overhaul on Party-Line Vote**" by Robert Pear, *New York Times*, December 24, 2009.

> The Senate voted Thursday to reinvent the nation's health care system, passing a bill to guarantee access to health insurance for tens of millions of Americans and to rein in health costs. (http://goo.gl/9dJf)

The push for healthcare reform dominated the U.S. legislature for much of 2009. At the end of 2009, two bills proposing the creation of a national system of health insurance were passed separately by the House and the Senate and were headed to committee to be combined and to reconcile the differences between the two bills on the public option, abortion insurance, and taxes.

9. "'**Three Parent Babies' Take a Step Closer to Reality**" by Richard Alleyne, *Telegraph*, November 12, 2009.

> Scientists are a step closer to producing a controversial "three parent baby" after they successfully fertilised an egg with two biological mothers. (http://goo.gl/E1TE)

In this experiment, the nucleus from one egg was extracted and implanted into the cytoplasm of a different egg and was subsequently fertilized. The technique is believed to help improve the egg quality of older IVF patients by implanting a healthy nucleus into the cytoplasm of an egg from a younger donor.

10. "**Obama Names Chairs of New Bioethics Panel**," by Sam Kean, *Science Insider*, November 24, 2009.

> President Barack Obama today established a new presidential council to advise him on bioethical matters. It replaces the sometimes controversial council that advised President George W. Bush. The chair of the Presidential Commission for the Study of Bioethical Issues will be Amy Gutmann, a political scientist and the president of the University of Pennsylvania. The vice chair will be James Wagner, a materials scientist and the president of Emory University in Atlanta. The 13-member commission will have five fewer members than the previous commission. The White House has not indicated when it will name the other 11 members. (http://goo.gl/7lyw)

This new council comes five months after President Obama dismissed the President's Council on Bioethics appointed by former President Bush, months before their term ended. Given the recent appointees and comments made in the dismissal of the previous council, the new counsel is expected to be more policy oriented.

11. "**Montana Ruling Bolsters Doctor-Assisted Suicide**" by Kirk Johnson, *New York Times*, December 31, 2009.

> The Montana Supreme Court ruled on Thursday that state law protects doctors in Montana from prosecution for helping terminally ill patients die. But the court, ruling with a narrow majority, sidestepped the larger landmark question of whether physician-assisted suicide is a right guaranteed under the state's Constitution. (http://goo.gl/BnEo)

Montana is now the third state to allow physician-assisted suicide. Unlike Oregon and Washington, the legality of physician-assisted suicide was decided through the courts instead of through voter referendum.

*Each of these articles was accessed on February 4, 2010.

updates & activities

PARTNERSHIPS

The Center for Bioethics & Human Dignity is pleased to participate in an ongoing strategic partnership with the Christian Medical and Dental Associations and their bioethics initiatives. CBHD has been an annual host for CMDA's fall Ethics Commission meeting each November for several years. This past year, CBHD research analyst Hans Madueme was able to participate in the proceedings. It is also worth noting that Nick Yates, CBHD's consultant on pediatric ethics and interim consultant on clinical ethics, recently began his tenure as chair of the commission.

Additionally, CBHD is once again offering a conference wrap-around course at CMDA's national convention in Ridgecrest, NC from April 29th to May 2nd, 2010. CBHD executive director Paige Cunningham is one of the primary speakers in the bioethics track at the convention and will be supervising students participating in the wrap-around course. The course is offered as an elective for the MA Bioethics degree through Trinity Graduate School. For more information please contact Jen McVey at jmcvey@cbhd.org.

MEMBERSHIP

Annual membership with the Center includes a subscription to *Dignitas* (the Center's quarterly newsletter) and *Ethics & Medicine: An International Journal of Bioethics*, as well as discounted registration for all Center conferences. If your membership has recently lapsed or you would like to become a member, please visit our website at: http://cbhd.org/content/supportjoin.

STAFF

PAIGE CUNNINGHAM, JD:

- Interviewed by SRN News, on End-of-Life and Healthcare issues, August 3, 2009.
- Interviewed by Moody Radio, on "Pregnant with Cancer: An Agonizing Decision," August 20, 2009.
- Interviewed by *Christianity Today*, on "Should Christian Doctors Leave the AMA?" December 22, 2009.

HANS MADUEME, MD, PHD CANDIDATE:

- Invited speaker, on "Sin and Addiction" at The Orchard Evangelical Free Church, Arlington Heights, IL, Nov 8, 2009.
- Regular speaker (monthly) at Sunrise Senior Living center (Gurnee, IL), 2005-present.
- Continues to serve as a member of the Editorial Board of *Trinity Journal*.

MICHAEL SLEASMAN, PHD:

- Guest lecturer in a bioethics course at Lincoln Christian Seminary and participated in a panel discussion, entitled "The National Healthcare Debate: Theological, Technological, and Legal Dimensions," November 2009.
- Submitted an essay entitled "Bioethics Past, Present, and Future: Important Sign Posts in Human Dignity" to Joni & Friends, International for publication in their forthcoming curriculum, *Foundations: Christian Perspectives on Disability Ministry*.

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BOOKS

For those interested in knowing what books the Center staff have been reading.

- Bennett, Gaymon, Martinez Hewlett and Robert Russell, eds. *The Evolution of Evil* (Vandenhoeck & Ruprecht, 2008).
- Bonzo, J. Matthew, and Michael R. Stevens. *Wendell Berry and the Cultivation of Life: A Reader's Guide*. (Brazos, 2008).
- Clayton, Philip, and Jeffrey Schloss, eds. *Evolution and Ethics: Human Morality in Biological and Religious Perspective* (Eerdmans, 2004).
- Cohen, Eric. *In the Shadow of Progress: Being Human in the Age of Technology*. (Encounter, 2008).
- Cook, Christopher C. H. *Alcohol, Addiction and Christian Ethics* (Cambridge University Press, 2006).
- Davis, Gregory. *Means without End: A Critical Survey of the Ideological Genealogy of Technology without Limits, from Apollonian Techne to Postmodern Technoculture*. (University Press of America, 2006).
- Dembski, William. *The End of Christianity: Finding a Good God in an Evil World* (Broadman & Holman, 2009).
- Martin, Mike W. *From Morality to Mental Health: Virtue and Vice in a Therapeutic Culture* (Oxford University Press, 2006).
- Messer, Neil. *Selfish Genes and Christian Ethics: Theological and Ethical Reflections on Evolutionary Biology* (SCM Press, 2007).
- Moreland, J. P. *Consciousness and the Existence of God* (Routledge, 2008).
- Parens, Erik, Audrey Chapman, and Nancy Press, eds. *Wrestling With Behavioral Genetics: Science, Ethics, and Public Conversation* (Johns Hopkins University Press, 2006).
- Peters, Ted. *Anticipating Omega: Science, Faith, and Our Ultimate Future* (Vandenhoeck & Ruprecht, 2006).
- Poythress, Vern. *Redeeming Science: A God-Centered Approach* (Crossway, 2006).
- Reynolds, Thomas. *Vulnerable Communion: A Theology of Disability and Hospitality*. (Brazos, 2008).
- Southgate, Christopher. *The Groaning of Creation: God, Evolution, and the Problem of Evil* (Westminster John Knox, 2008).
- Stein, Dan J. *Philosophy of Psychopharmacology: Smart Pills, Happy Pills, and PeppPills* (Cambridge University Press, 2008).
- Taylor, Jill Bolte. *My Stroke of Insight: A Brain Scientist's Personal Journey*. (Penguin Group, 2006).
- Yong, Amos. *Theology and Down Syndrome: Reimagining Disability in Late Modernity*. (Baylor University Press, 2007).