

## EGG CRYOPRESERVATION: AN UPDATE ON AN EMERGING REPRODUCTIVE TECHNOLOGY

BY KIRSTEN RIGGAN, RESEARCH ASSISTANT

Egg cryopreservation or freezing is a technique that was first demonstrated to be a success in the mid-1980s with the first report of a live birth from frozen and thawed human eggs. This technique, however, was abandoned as a routine clinical option after initial concerns that egg cryopreservation led to an increase in chromosomal abnormalities<sup>1</sup> and as the transfer of cryopreserved embryos became more commonplace. Interest in this technique has been recently renewed as a means of preserving the eggs of women about to undergo chemotherapy and for patients who object to embryo cryopreservation on religious or moral grounds. In particular, this procedure is being investigated as an alternative to embryo cryopreservation by countries that do not permit the freezing of embryos, such as Italy and Germany, in addition to fertility centers in the U.S., which recognize both a need and the financial incentive for offering this technique. It has been calculated that 936 children worldwide have been born from cryopreserved eggs as of April 2009.<sup>2</sup>

### TECHNICAL HURDLES AND SCIENTIFIC PROGRESS

The egg (oocyte) is the largest cell in the human body and has a high water composition. This water must be replaced by a cryoprotectant to prevent the formation of ice, which is damaging to the cell. This can be difficult as the egg membrane in a mature, fully formed egg cell is generally impermeable to cryoprotectants. One potential solution to this obstacle is to preserve less mature egg cells (germinal vesicle stage), which have increased membrane permeability and lower rates of abnormalities resulting from the freezing process, although these must undergo the additional step of *in vitro* maturation prior to fertilization.<sup>3</sup> Two cryopreservation methods are currently being used, a slow freeze/rapid thaw method and vitrification, a newer “flash freeze” method. While clinical studies are needed to determine which method is more successful, the number of live births from vitrified eggs is fast approaching the number of births from slow frozen eggs, even though the first vitrification birth occurred 13 years later than the first slow-freeze birth.<sup>4</sup> Cryopreserved eggs are difficult to fertilize due to a hardening of the zona pellucida (membrane around the egg). Because of this, cryopreserved eggs must be fertilized by intracytoplasmic sperm injection.

The rates of post-thaw egg survival, fertilization, and live births have varied from study to study, although additional refining of the methods used for cryopreservation have greatly improved success rates. This has led Dr. Michael

Tucker, Scientific Director of Georgia Reproductive Specialists, to state

After fifteen years of investigating the potential for routine clinical application of human oocyte cryopreservation, I can safely say that this process has now come of age. In spite of the vagaries of reproductive biology and the inherent variability in gamete quality between individuals and the embryos arising from different couples, a problem that we constantly wrestle with in assisted reproduction, we are now in a position to achieve a leveling of the reproductive playing field such that oocytes as well as sperm and embryos can now be cryopreserved at a comparable rate of survival. This has been largely due to the consistency brought to gamete and embryo cryostorage utilizing vitrification technology.<sup>5</sup>

### HEALTH CONCERNs

Oocyte cryopreservation is considered to be an experimental procedure by the American Society for Reproductive Medicine given the lack of studies determining the safety of this procedure to the resulting children.<sup>6</sup> A recent literature review of egg cryopreservation studies concluded from their analysis that children born from egg cryopreservation are not placed at an increased risk for congenital abnormalities in comparison to naturally conceived children, although additional study is needed.<sup>7</sup> An additional health concern is the increased risk of Ovarian Hyperstimulation Syndrome to women given the large amounts of fertility medications needed to collect a sufficient amount of eggs for cryopreservation and subsequent *in vitro* fertilization cycles.<sup>8</sup>

### ETHICAL CONCERNs

Aside from traditional concerns of the exploitation of women through egg harvesting, a primary ethical concern associated with the cryopreservation of eggs is its marketing and use to electively delay childbearing, potentially past reproductive age. It has also been proposed that cryopreserved eggs be banked for donation as success rates improve. This is morally problematic for many from a Christian worldview as such eggs are intended for use outside of the marital relationship or as a means of treating infertility within a marriage which would effectively introduce a “third party” into the relationship. Positively, the cryopreservation of eggs is predicted to lead to a decrease in the number of surplus embryos in cryostorage by shifting current practice away from the cryopreservation of surplus embryos towards the cryopreservation of eggs. This will eliminate what has become for many the difficult dilemma of deciding the fate of surplus embryos after their family is complete.

<sup>1</sup> Jeffrey Boldt, Donald Cline, and David McLaughlin, “Human Oocyte Cryopreservation as an Adjunct to IVF-Embryo Transfer Cycles,” *Human Reproduction* 18 (2003): 1250.

<sup>2</sup> N. Noyes, E. Porcu, and A. Borini, “Over 900 Oocyte Cryopreservation Babies Born with No Apparent Increase in Congenital Anomalies,” *Reproductive BioMedicine* 18 (2009): 769-776.

<sup>3</sup> Tao Tao and Alfonso Del Valle, “Human Oocyte and Ovarian Tissue Cryopreservation and Its Application,” *Journal of Assisted Reproduction and Genetics* 25 (2008): 289.

<sup>4</sup> Noyes et al., 770.

<sup>5</sup> Michael Tucker, PhD, email message to author, October 8, 2009.

<sup>6</sup> Practice Committee of the American Society of Reproductive Medicine, “Ovarian Tissue and Oocyte Cryopreservation,” *Fertility and Sterility* 90 (2008): S241-S246.

<sup>7</sup> Noyes et al., 773-774.

<sup>8</sup> Because of this, most female cancer patients are not considered to be candidates for oocyte cryopreservation due to the potential negative effects of estrogen on the primary tumor (Practice Committee of the American Society of Reproductive Medicine, S241).



## from the director's desk

BY PAIGE CUNNINGHAM, JD  
Executive Director

Hello! In my debut column as Executive Director of CBHD, I first want to say “thank you.” Thank you for taking the time to read Dignitas, to visit cbhd.org, to attend conferences and seminars, to care enough about bioethics to engage more deeply and thoughtfully.

I’m going to let you in on what I shared with the staff at our first staff meeting: my vision for CBHD. The vision is not a radical shift, but an extension of what is already working. Nearly twenty years ago, a small cadre of people alert to what was happening in the academy and its corrosive effect on culture decided to do something about it. As John Kilner, the first director, described it, they knew we needed a vehicle for Christian bioethics, a “Kingdom project.” CBHD was born.

Since that fateful decision, CBHD has tackled serious bioethical issues through conferences, education, printed materials, and networking with Christian bioethics centers and individuals (including doctors, scholars, and key influencers). We initiated several book series, launched several websites, and supported the MA Bioethics offered by Trinity Graduate School. More recently, CBHD has expanded our network to include Christian bioethicists from around the world, including two scholars from India and Australia who studied in residence in July 2009.

Now, for the vision for the future. CBHD will focus intentionally on giving meaning to every part of our name. What could that look like?

The: CBHD must continue to have credibility with our audience, with the media, with inquirers about Judeo-Christian perspectives in bioethics. We want to be “experts of first resort.” As one of the very first evangelical organizations committed to Judeo-Christian Hippocratic values, we hold an historic role in the field of bioethics.

Center: We are a center of gravity for evangelical thought work. Through expansion of current programs, as well as new initiatives, CBHD will be the locus of critical, innovative research seeking to engage the broad culture and the academy through our “scholarship with a purpose.”

for: Our mission is not about digging foxholes, but moving forward. Our concerns about the negative trends and anticipation of life-affirming developments in bioethics and culture are founded on a positive, confident understanding of the disguised magnificence of every human being.

Bioethics: Although the meaning of “human dignity” is discussed in many arenas, CBHD will focus on research in emerging bioethical issues. Our task begins at the level of scholarly analysis, followed by the work of “translation” of academic work into a common vocabulary, clarifying its implications and practical applications, and multiplying its impact via communication media to larger audiences. We will continue our work with clinical ethics, and expand our resources that are particularly appropriate for pastors and church educators.

&: CBHD could never be “B” or “HD.” Bioethics, apart from grounding in a proper understanding of human dignity, drifts toward culturally determined pragmatism.

Human: Our responsibility to the bioethics community is a watchman’s role. Like the fearless youth in the crow’s nest, CBHD scans the distant horizon, scouting danger not perceived by the crew on the deck below. The threat we most fear: assaults on our common humanity. The welcome signs we peer to see: new technologies that affirm the life and health of all human beings.

Dignity: We can no longer hide from the requirements of treating each person with respect and dignity. The cost must be counted, for it is the cost of living counterculturally. Lip service is a dry well. We have the living water—inexhaustible, refreshing, seed-watering, life-giving water.

I think of our spheres of activity as “communities of influence.” These connect like-minded people, whether their interest is scholarly research, clinical ethics, public policy, or church leadership. These are places for charitable critique of scholarship, reliable discussions of bioethical dilemmas, spiritual camaraderie, and face-to-face conversations. As “iron sharpens iron,” we stretch for excellence as we engage and encourage each other.

How will this happen? Only through you. You, and the other stakeholders who are committed to CBHD’s vision, have confidence in our people, and are committed to resourcing the mission. I hope that I can count on you, your prayer, and as you are able, your financial support. We’re all in this together!

*Paige Cunningham*

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## MEET JENNIFER MCVEY

A warm greeting from The Center for Bioethics & Human Dignity. I would like to introduce myself as the new Event and Education Manager for CBHD. It is with great anticipation that I hope to build upon the rich foundation of conferencing and training already established by the Center.

I have been involved in the area of education and conferencing for several years with various churches and organizations. While studying for a Masters of Divinity at Alliance Theological Seminary in New York, I worked with a non-profit organization that is committed to intentionally developing and empowering the next generation of effective Christian leaders around the world. As the assistant director, I had the privilege of coordinating and participating in twenty plus conferences worldwide. In this role I saw firsthand the importance of continued education in furthering God's Kingdom. I would like to see the influence of the Center continue to grow through expansion of the types of training and events we offer to a wider audience.

One possibility I am currently exploring with the goal of expanding the Center's influence is reinstituting regional events in strategic locations throughout the country. These events may include conferences, consultations or dinners with a keynote speaker addressing the pertinent issues in bioethics. In several years I hope to have one strategic yearly event in each of four different regions of the country. As a staff we are also exploring the expansion of online conferencing activities, providing webinars, as well as expanding our campus activities through consultations and lectureships. Stay tuned to the events tab on [www.cbhd.org](http://www.cbhd.org) for further development of regional events and other initiatives.

CBHD's 16<sup>th</sup> Annual Summer Conference, *Global Bioethics: Emerging Challenges Facing Human Dignity* was the first event I managed for the Center. One thing that I heard again and again from our international attendees was the great need for bioethics education and awareness in countries around the world. Moving forward I hope to explore ways in which the Center can address this need and be a support to those attempting to address bioethical

issues in their respective contexts. One way in which we are already moving in this direction is through launching the Global Bioethics Education Initiative (GBEI). This summer was our inaugural year. You can read further about GBEI in this issue of *Dignitas*.

Another initiative we began this fall, to further our work to explore, equip and engage, is a consulting service for those who are current members of CBHD. As availability allows, we will provide guidance on the scope and logistics of event planning and strategic counsel from senior staff regarding the program for members who desire to run a bioethics related event. The first event that CBHD consulted on was a keynote dinner in response to legislation regarding physician-

assisted suicide that emerged in New Hampshire. The event was conducted by CBHD member, Colleen McCormick, and The Cabrini Institute. Look in the next issue of *Dignitas* for a full report of the event. In this case, CBHD also co-sponsored the event and provided financial assistance. If you are a current member and interested in having CBHD consult on your event, please email me with a description of the proposed event.

Along with senior staff, I will review the

proposals and extend our consulting service to those events that are strategic to our mission.

I am passionate about seeing the people of God live out His Kingdom. I see the work of the Center as being an integral component in this as we promote human dignity in our continued exploration of the nexus of biomedicine, biotechnology, and our common humanity. I am pleased to work with a visionary organization like The Center for Bioethics & Human Dignity.

I enjoyed meeting many of you at our summer conference and look forward to working with you in the future. If you have any questions or suggestions related to training and events at CBHD, please feel free to contact me at [jmcvey@cbhd.org](mailto:jmcvey@cbhd.org). Hope to see you at our 17<sup>th</sup> Annual Summer Conference, *Beyond Therapy: Exploring Enhancement and Human Futures*, July 15-17, 2010. It is going to be one of our best conferences to date!

# ENGAGING BIOETHICS: “BIOTECH MEETS PRIMETIME TV”

BY MICHAEL J. SLEASMAN, PHD

It is no secret that bioethical content has been the fodder for both film and television for quite some time. The mainstay of science fiction films for years has ranged from cyborgs (*Bicentennial Man*) and artificial intelligence (*AI, I Robot*) to bizarre human experimentation and research (*The X-Files: I Want to Believe*), such as genetic enhancement (*GATTACA*), organ farming (*The Island*), and cloning (*The 6th Day*) just to name a few more. Even the occasional drama has featured key bioethical dilemmas such as euthanasia (*Million Dollar Baby*) and just access to healthcare services (*John Q*) to the recent film depiction of savior siblings (*My Sister's Keeper*).<sup>1</sup> The silver screen has accessed these issues for years. Similar ventures in primetime television have met varied success. Medical dramas have highlighted key issues raised in clinical medicine. Pick your show of choice: *ER*, *Grey's Anatomy*, *House*, *Private Practice*,<sup>2</sup> or any of the numerous other medical dramas that have reigned in primetime television for years. The success of the medical drama is demonstrated through the proliferation of spinoffs and the creation of the genre of medical comedies as epitomized in *Scrubs*. Amidst the daytime plotlines of hypersexuality and human frailty, primetime viewers are exposed to such issues as informed consent, medical error, and the nature of the Hippocratic Oath. Not surprisingly these connections have been noted by savvy educators who use culture as one of the means by which they teach bioethics.

But primetime shows that focus on biotech issues have often met with less than stellar results. For an industry that values viewership, this lack of audience size has been the perennial fatal flaw for what has been perceived as overly sci-fi. Promising premises, such as the futuristic legal drama *Century City*, have fallen flat on the same audiences that drove the success of other legal dramas. Such single season shows were extremely forward looking in their ability to highlight rising concerns presented by biotechnology and other emerging technologies, but apparently failed to capture the imagination of the masses, or at the very least their Nielsen ratings. Alas, as with Nietzsche's Madman, they came before their time. Other shows with seemingly cult-like followings skirted these issues in a way that titillated the mind with scientific and technological possibilities alongside the paranormal and otherworldly visitations (*The X-Files* and *The 4400*).

An intriguing development of this past season's primetime lineup was the explicit focus of not just one but at least four shows on several different networks built around biotech and emerging technology issues. The lineup of drama, sci-fi thrillers included *Dollhouse*, *The Eleventh Hour*, and *Fringe*. An intriguing addition to the lineup was the research comedy *Better off Ted*. Each of these shows in their varying ways explored troubling and often horrific consequences of research unfettered by the concerns of ethical reflection.

For years many have noted the power of story and the importance of narrative to moral formation. For audiences lost on the seemingly antiseptic analysis of professional bioethicists, stories (and particularly fiction) have captured the imagination of the listener by inviting him or her to experience the perspective of the characters in their agony, virtue, and vice. To a generation that has to some degree lost the gift of the imagination, film and television offer an audio-visual interpretation of the power of story. As I have written elsewhere, “film has become the new text by which many around the globe now pose the crucial questions about life.”<sup>3</sup> While film may offer more programmatic visions or substantive development of the deeply rooted structures of our common humanity, television enculturates us on a weekly basis into the life and world of the characters that move in and out of the weekly episode. We are confronted in the span of an episode with the fast hitting realities (or projected realities) of life, caricatured and laid bare. What is left to the viewer is the shock and awe of what they have just witnessed and the hope, at least of some show creators, for the generation of conversation. In the words of the series creator for the show *Private Practice*, “We’re telling stories . . . that will provide a lot of moral debate among our doctors and maybe debate at home when you watch.”<sup>4</sup> Water cooler buzz, dinner conversation piece, internet discussion forums; if a show makes you think beyond the initial viewing, chances are that you will come back and hopefully bring others with you.

So why raise this as a point of reflection? Has biotech finally arrived in the mainstream consciousness? One of the most vexing issues in our work on bioethics is communicating the issues to the average individual in a way that conveys the import of the questions at stake but also is understandable. Too many see these issues as someone else’s problem, or perhaps more accurately problems for another day. Even





if the average person sees the perils of traditional bioethical issues, he or she often dismisses biotechnology and other emerging technologies as science fiction or rather the dilemma of the day for researchers and scientists in a lab. Rarely when we speak do we encounter throngs of audience members current on the latest biotech developments. But my concern is not just merely one for the general public.

If we are being honest could we name a news headline, let alone a journal article, for the latest on cybrid research, direct cell reprogramming, neural imaging, neuroenhancement, therapeutic cloning, human-computer interfaces, nanotechnology, cybernetics, synthetic biology, artificial life, and artificial intelligence (and these just scratch the surface)? Are we aware that there are several gaming devices in various stages of product development and release that offer neural imaging so as to eliminate the need for a joystick or any other type of external input device?<sup>5</sup> Would we be alarmed to find out that these are priced at \$200-\$300? What if I told you that you can get a variation of this playing on the theme of Star Wars Jedi Force training at ToysRUs for less than \$100? How closely do we follow research in DARPA's Defense Sciences Office for indications of the latest biotechnology or emerging technology research and applications? Surely, people with good intentions never would pursue the kind of research that yields issues raised by *Eleventh Hour*... would they? Really, how far down the road are the biotech issues raised in such overtly sci-fi action dramas as *Fringe*?

Intriguingly a significant portion of a 2008 issue of the *American Journal of Bioethics* examined the implications of television viewing habits for medical and nursing students.<sup>6</sup> The target article and open peer commentary discussed the role that television medical dramas may play to "influence the attitudes and behaviors of young professionals" as well as examined the "impressions of bioethical issues" among the students that had been raised by the television shows.<sup>7</sup> One peer commentator noted the pedagogical value of such shows as *Scrubs* for medical education, such as correcting the habit of physicians who frequently interrupt to keep their patients on track.<sup>8</sup>

What we can take from this conversation is that the media cuts both ways here. These shows can be a useful pedagogical device in exploring various applications and the subsequent implications of technologies that many have difficulty understanding when communicated in the abstract. When reading about cybrid protocols in the news one may not gather the same sense of urgency as when watching primetime television. There is a second issue though; the television-programming itself is not a neutral presenter. While their existence may not be predicated on the positive presentation of biotech (unless of course primary funding comes from such industry sponsors), the manner in which the materials are conveyed themselves shape our common perception of these issues. So far the presentation has generally been one of caution and concern. At some point we may no longer have that luxury.

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<sup>1</sup> A recent book explores the relationship of bioethics and film. Sandra Shapshay, ed. *Bioethics at the Movies* (Baltimore: Johns Hopkins University Press, 2009).

There have been a number of other resources examining the relation of film and cultural studies/cultural engagement. Examples include: Craig Detweiler, *Into the Dark: Seeing the Sacred in the Top Films of the 21st Century* (Grand Rapids: Baker, 2008); Robert K. Johnston, *Reel Spirituality: Theology and Film in Dialogue* 2nd Ed. (Grand Rapids: Baker, 2006); Robert K. Johnston, *Reframing Theology and Film: New Focus for an Emerging Discipline* (Grand Rapids: Baker, 2007); Gordon Lynch, *Understanding Theology and Popular Culture* (Malden, MA: Blackwell, 2005); Gabriel McKee, *The Gospel according to Science Fiction: From the Twilight Zone to the Final Frontier* (Louisville: Westminster John Knox, 2007).

<sup>2</sup> Sandy Cohen, "Abortion, AIDS, Stem Cells: 'Private Practice' Brings Bioethical Issues to Primetime TV," Associated Press September 30, 2008. Accessed May 18, 2009 at <http://www.aegis.org/NEWS/AP/2008/AP080964.html>

<sup>3</sup> Michael Sleasman, "Swords, Sandals, and Saviors: Visions of Hope in Ridley Scott's *Gladiator*" in *Everyday Theology: How to Read Cultural Texts and Interpret Trends*, edited by Kevin J. Vanhoozer, Charles A. Anderson, and Michael J. Sleasman (Grand Rapids: Baker, 2007), 133.

<sup>4</sup> Cohen.

<sup>5</sup> Cf. [www.emotiv.com](http://www.emotiv.com) and [www.neurosky.com](http://www.neurosky.com).

<sup>6</sup> Matthew Czarny, Ruth Faden, Marie Nolan, Edwin Bodensiek, and Jeremy Sugarman, "Medical and Nursing Student's Television Viewing Habits: Potential Implications for Bioethics" *American Journal of Bioethics* 8(12) 2008: 1-8.

<sup>7</sup> Czarny et al., 1.

<sup>8</sup> Jeffrey Spike, "Television Viewing and Ethical Reasoning: Why Watching Scrubs Does a Better Job Than Most Bioethics Classes" *American Journal of Bioethics* 8(12) 2008: 11-13.

# event & education news

## "GLOBAL BIOETHICS: A CONFERENCE RECAP"

by Courtney Beasley, Communication Intern

The Center for Bioethics & Human Dignity (CBHD) held its 16<sup>th</sup> annual summer bioethics conference July 16-18, 2009, on the campus of Trinity International University (TIU) and attracted over 200 attendees including professionals from a variety of fields and a number of graduate and undergraduate students. The summer 2009 conference, titled *Global Bioethics: Emerging Challenges Facing Human Dignity*, boasted eight plenary sessions with special attention given to the increasingly sophisticated issues presented by the emerging scientific and technological innovations forcing the expansion beyond traditional bioethical categories, as well as a global context in which these issues bypass borders and national governance. CBHD's new Executive Director, Paige C. Cunningham, JD served as emcee for the conference.

"The conference struck a good balance," said second year Trinity Evangelical Divinity School student Blake Oakley. This was Oakley's first bioethics conference and he was impressed that the conference was academically appealing for those trained in bioethics, but also very accessible to someone, like himself, who may be unfamiliar with the subject of human dignity.

Each session communicated a bioethical issue that needed attention from bioethicists, policy-makers, and the general public. "The speakers' expertise and international diversity impressed us with the seriousness and global reach of bioethical challenges," said Cunningham. Several conference attendees expressed surprise towards the content of the plenary session discussing organ transplantation and medical tourism in India. The speaker "highlighted an important global bioethical issue that is often overlooked in the West," said Kirstin Riggan who is in her final year of the MA Bioethics at Trinity Graduate School.

In addition to the plenary sessions, parallel paper presentations were also offered on Friday and Saturday of the conference. Attendees took advantage of these presentations and filled the classrooms to the point that additional chairs were necessary and in some cases a larger meeting room. Each presentation sparked ample conversation and questions which were welcomed by the presenter.

Though the conference itself was July 16-18, pre-conference institutes and post-conference seminars were offered to anyone who desired a firmer grasp of the bioethics field than can be provided in a conference alone. While many course attendees are students in the degree program, a larger than average group of auditors participated in the classes as well. The courses range from an introductory survey of bioethics to focused examination of advanced topics in emerging areas of bioethics (such as the Global Biotechnology Institute) or to practical courses focused on developing skills necessary to work in bioethics (such as the Teaching Bioethics and Bioengagement courses).

Cunningham taught the Intensive Institute during the pre-conference and had a range of students from college students to medical doctors who have years of firsthand experience with bioethical dilemmas. She was struck by their level of engagement. "The integration of undergrad students and grad or higher level students is probably one of the best aspects of this program," said one of Cunningham's students.

The attendance and participation at this year's event was encouraging to CBHD's Event and Education Manager Jen McVey who began coordinating the conference after being hired in February 2009.

## GLOBAL BIOETHICS EDUCATION INITIATIVE

"When we are planning for posterity,  
we ought to remember that  
virtue is not hereditary."  
~ Thomas Paine

In 2009, the Center launched the Global Bioethics Education Initiative (GBEI). The purpose of GBEI is to invest in rising international leaders and scholars in the field of bioethics in hopes to further advance Christian bioethical engagement globally.



Our first two participants, Dr. Jameela George and Dr. Megan Best, came to us this summer from India and Australia respectively. They are both physicians who are actively involved in bioethical engagement. It was a privilege to have Dr. George and Dr. Best at the Center. They were a welcomed presence and made a unique contribution during the week of the summer conference.

Each accepted candidate spends one month at the Center's facilities in Deerfield, IL. During this time they have the opportunity to network with the Center's research scholars and other GBEI recipients, conduct research related to bioethics for the purpose of contributing to the field in their perspective context, and participate in the Center's annual summer conference. Participants are then invited to submit proposals for starter grants to develop education or event programs in bioethics upon their return. These projects could range in scope from initiating a course or conference in their home country to founding their own bioethics center.

Both women expressed that their time at CBHD was profitable and how grateful they were to meet like-minded bioethicists. Dr. George's time at the Center "deepened my understanding of bioethics and has sharpened my ability to critically analyze ethical issues with a Christian perspective." Dr. Best had this to say about her time at CBHD, "I have been encouraged that it is important as a Christian to be involved in bioethics, and to continue what I am doing despite the odds in Australia. The academic standard of the Center has encouraged me to pursue academic excellence in my work and this has helped me set my priorities as I return to Sydney."



Through this initiative, the Center continues to cultivate an international network of bioethicists who promote excellent scholarship committed to a Judeo-Christian worldview and the wealth of the Hippocratic tradition in medicine. After the success of its inaugural year, CBHD hopes to continue the Global Bioethics Education Initiative which was made possible by a generous gift. If you would like to invest in scholars that will have a global impact please contact Paige Cunningham at [pcunningham@cbhd.org](mailto:pcunningham@cbhd.org).

If you know of an international bioethics scholar who you believe would be a worthy candidate for this initiative, please contact Jennifer McVey at [jmcvey@cbhd.org](mailto:jmcvey@cbhd.org).

# 2009'S TOP BIOETHICS STORIES: JANUARY – JUNE EDITION

BY KIRSTEN RIGGAN, RESEARCH ASSISTANT

## 1. "F.D.A. Approves a Stem Cell Trial" by Andrew Pollack, *New York Times*, January 23, 2009.

In a research milestone, the federal government will allow the world's first test in people of a therapy derived from human embryonic stem cells. Federal drug regulators said that political considerations had no role in the decision. Nevertheless, the move coincided with the inauguration of President Obama, who has pledged to remove some of the financing restrictions placed on the field by President George W. Bush. (<http://tinyurl.com/y8qnbbe>)

This is the first human embryonic stem cell therapy trial to be attempted in human subjects. The study is being conducted by the biotechnology company Geron.

## 2. "World's First Mandatory National Nanotech Rule Pending" *Reuters*, January 28, 2009.

The Canadian government reportedly is planning to release in February the world's first national regulation requiring companies to detail their use of engineered nanomaterials, according to environmental officials. The information gathered under the requirement will be used to evaluate the risks of engineered nanomaterials and will help to develop appropriate safety measures to protect human health and the environment. (<http://tinyurl.com/yeo4sm>)

This is the world's first national regulation concerning the manufacture and use of nanomaterials. The EPA currently tracks the risks associated with the manufacture of nanomaterials through the Nanoscale Materials Stewardship Program, a voluntary information submission program.

## 3. "Octuplets Draw Critical Eyes to Fertility Industry" by *Los Angeles Times*, February 14<sup>th</sup>, 2009.

When the identity of Nadya Suleman's fertility doctor was made public this week, the Internet lit up with angry commentary. Many called for Dr. Michael Kamrava to be stripped of his medical license -- or worse -- for providing the fertility treatments that led to Suleman's 14 children, including last month's octuplets. (<http://tinyurl.com/mjmzqu>)

This controversial case highlighted the lack of regulation of the assisted reproductive technology (ART) industry in the U.S. According to CDC data, only 20% of ART clinics follow voluntary guidelines established by the American Society of Reproductive Medicine (ASRM).

## 4. "Study Questions Usefulness of Animal-Human Embryos" by Malcolm Ritter, *Associated Press*, February 3, 2009.

*Associated Press*, February 3, 2009.

It may be futile to try producing stem cells by putting human DNA into cow or rabbit eggs and making hybrid cloned embryos, a strategy that triggered controversy recently in Britain, a new study says. The animal eggs don't reprogram human DNA in the right way to generate stem cells, researchers report. (<http://tinyurl.com/yauglt>)

This study suggests the creation of animal-human hybrid embryos is futile for the study of embryonic stem cells. The creation of hybrid embryos with the approval of the Human Fertilisation and Embryo Authority generated controversy in Britain in 2008.

## 5. "Obama Signs Children's Health Bill" by Henry J. Pulizzi and Fawn Johnson, *Wall Street Journal*, February 5, 2009.

President Barack Obama signed an expansion of the government's children's health insurance program into law Wednesday, calling the measure a "down payment" on his plans to provide coverage for all Americans. (<http://tinyurl.com/yadjzje>)

This bill expands SCHIP to include an additional 4 million children. The bill has been touted as a first step in remaking the U.S. health care system.

## 6. "Obama Moves to Undo 'Conscience' Rule for Health Workers" by David Stout, *New York Times*, February 27, 2009.

The Obama administration moved on Friday to undo a last-minute Bush administration rule granting broad protections to health workers who refuse to take part in abortions or provide other health care that goes against their consciences. The Department of Health and Human Services served notice on Friday, through a message to the White House Office of Management and Budget, that it intends to rescind the regulation, which was originally announced on Dec. 19, 2008, and took effect on the day President Obama took office. (<http://tinyurl.com/y98e3qy>)

The proposal to remove the right of conscience rule has been opposed by numerous pro-life organizations as well as the Catholic Health Association, the representative of Catholic hospitals within the U.S. At this point, the Obama administration has not officially overturned the rule.

## 7. "US Lifts Some Restrictions on Embryo Stem Cells" by Lauran Neergaard, *Associated Press*, April 17<sup>th</sup> 2009.

When President Barack Obama eased limits on taxpayer-funded embryonic stem cell research, the big question became how far

scientists could go. Friday, the government answered: They must use cells culled from fertility clinic embryos that otherwise would be thrown away. (<http://tinyurl.com/cgrcpv>)

The executive order allows federal funds to be utilized for embryonic stem cell research. The NIH has proposed that grants be limited to embryonic research using excess embryos from fertility clinics. NIH guidelines for embryonic stem cell research were finalized in early July.

## 8. "Red Cross: Health Personnel Violated Ethics" by Associated Press, April 7, 2009.

Medical personnel who monitored the harsh CIA interrogations of "high value" prisoners at secret overseas sites violated medical ethics, the International Committee of the Red Cross says in a report. (<http://tinyurl.com/y8sp83l>)

This report is critical of the role of medical professionals in interrogations of detainees. The International Committee of the Red Cross believes the physicians involved violated medical ethics by prioritizing the interrogation process over the health of the patients.

## 9. "17-Year-Olds to Gain Access to Plan B Pill" by Rob Stein, *Washington Post*, April 23, 2009.

The federal government said yesterday that it will allow the sale of the morning-after pill Plan B without a prescription to women as young as 17, a move that would make the contraceptive available to minors for the first time without a doctor's order. (<http://tinyurl.com/dcvvtf>)

The FDA was required by court order to make Plan B available to 17-year-olds after a U.S. District Judge ruled the original FDA decision limiting Plan B to those over 18 was "political and ideological." The FDA argued that there was too little safety data to approve the use of Plan B by minors.

## 10. "First Death under Washington Death with Dignity Law" by Don Colburn, *The Oregonian*, May 22, 2009.

A 66-year-old woman with pancreatic cancer became the first person in Washington to die by a drug overdose prescribed under the state's new Death With Dignity law, an advocacy group said Friday. (<http://tinyurl.com/ybl38zw>)

This is the first physician-assisted suicide (PAS) in Washington State after the passing of an initiative legalizing PAS in the November 2008 elections. Washington became the second state to legalize PAS after Oregon.

\* Each of these articles was accessed June 24-29, 2009.

# updates & activities

## RESOURCES

CBHD collaboration with novelist Austin Boyd led to submission of the Chimera Chronicles series proposal to Zondervan and acceptance of the first volume on the exploitation of women through egg harvesting. CBHD will serve in a bioethics consultant role for the novels in this series.

Dr. Robert D. Orr's long awaited contribution to the Center's monograph series Critical Issues in Bioethics, *Medical Ethics and the Faith Factor: A Handbook for Clergy and Health Care Professionals*, was published in October by Eerdmans. This 500-page book is intended for healthcare professionals, ethics consultants and clergy. It offers chapters on the fundamentals of clinical ethics and on precepts from various faith traditions that may be considered by those encountering bedside ethics dilemmas, followed by chapters on various categories of dilemmas with case discussions and comments by the author.

**CBHD & Social Networking** – Did you know that CBHD has a presence on Facebook, Linked-In, and Twitter (through our bioethics.com feed)? Our Facebook cause is: [www.causes.com/cbhd](http://www.causes.com/cbhd). The Bioethics.com Twitter feed is: [www.twitter.com/bioethicsdotcom](http://www.twitter.com/bioethicsdotcom).

Beginning this Fall, the Center will partner with Moody Radio to develop a new audio commentary entitled, "Everyday Bioethics." Each Tuesday morning, listeners will be able to hear CBHD Executive Director, Paige Cunningham, discuss complex issues in a way that is easily understood and yet challenges the listener to think differently about everyday choices that reside in the realm of bioethics.

We are continuing to develop our new website, [www.cbhd.org](http://www.cbhd.org), with new and updated bibliographies, engaging podcasts, and thoughtful articles. Since the website redesign, we have been very encouraged by the responses from visitors to the site. Our desire is to expand the influence of cbhd.org, so that newer audience members will be encouraged to thoughtfully reflect on bioethical issues from a Christian worldview.

## STAFF

### PAIGE CUNNINGHAM, JD

- Spoke at "Bioethics in the Balance: Hype, Harm, and Humanity," in Phoenix, Arizona on June 15, 2009.
- Taught the Intensive Institute during the Global Bioethics pre-conference courses.

### MICHAEL SLEASMAN, PHD

- Co-taught with Christina Bieber Lake, Bioengagement: Current Issues in Bioethics & Cultural Engagement, during the Global Bioethics post-conference seminars.
- Presented a paper entitled, "Brokenness and the Technological Drive for Perfection" at the Joni & Friends, Christian Institute on Disability inaugural Board of Reference meeting in September.

### HANS MADUEME, MD, MDIV, PHD CANDIDATE

- Co-taught the Conference Wrap-around Course for Global Bioethics with Dennis Hollinger, PhD.
- Spoke on bioethics at Harvest Bible Chapel, Gurnee, IL, on July 25, 2009.

### SUSAN HAACK, MD, MA

- Presented on the ethics and politics of HPV vaccine with Nick Yates, MD, during the Global Bioethics parallel paper sessions.
- Recently testified, both orally and in writing, at the Wisconsin Medical Society Committee on Health Care Ethics regarding Resolution 14, a resolution promoting physician-assisted suicide.

## FELLOWS

### MARY B. ADAM, MD, PhD, FAAP

- Recently finished a PhD in Program Evaluation and Research Methods (2009) and was a Fulbright Fellow in Kenya during the 2008-2009 Academic year. She is working on a Bioethics curriculum for Pediatric Residency Programs with people on the Bioethics Section, and has a regular column in the AAP Bioethics Section Newsletter where she most recently addressed ethical issues in genetic testing of newborns.

### SAMUEL HENSLEY, MD, AND ELIZABETH HENSLEY, MD

- Led seminars in July at the National Youth Science Camp, a three week science symposium for two top science students from each state that are beginning college in the Fall. There were also students from Europe and South America in attendance. Samuel gave a lecture to the whole group prior to the seminars.

### DÓNAL O'MATHÚNA, PHD

- Completed the recently published *Nanoethics: Big Ethical Issues with Small Technology* (Continuum, 2009). Donal co-taught a new course with Dennis Sullivan, MD, Teaching Bioethics during the Global Bioethics-post-conference seminar courses.

### BARBARA WHITE RN, CNS

- Was selected as one of twenty national Faculty Champions to participate in an NIH program over the next year to incorporate genetics and genomics into nursing education curriculum. Since she is in the process of starting a nursing program at Colorado Christian University, this role will be very beneficial. She plans to use what she gains in Nurses Christian Fellowship International (NCFI) Leadership Development as well.

## ARTICLES

Articles and essays that the Center staff have found to be provocative or particularly informative relevant to bioethics.

- Eberstadt, Mary. "Pro-Life, Pro-Animal." *First Things* June/July 2008
- Haug, Charlotte. "The Risks and Benefits of HPV Vaccination." *Journal of the American Medical Association* August 19, 2009, 795-796.
- Kenneally, Ivan. "Technocracy and Populism." *The New Atlantis: A Journal of Technology & Society* Spring 2009, 46-60.
- Merrill, Jacqueline Pfeffer. "Embryos in Limbo." *The New Atlantis: A Journal of Technology & Society* Spring 2009, 18-28.
- Rothman, Sheila M. and David J. Rothman. "Marketing HPV Vaccine: Implications for Adolescent Health and Medical Professionalism" *Journal of the American Medical Association* August 19, 2009, 781-786.