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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*

CONTINUED ON PAGE 4

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 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

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"

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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

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

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

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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 mean 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.

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

(accessed March 17, 2014).

- 8 The following information regarding gun policies in Australia is taken from: Simon Chapman and Philip Alpers, "Gun-Related Deaths: How Australia Stepped off 'The American Path,'" *Annals of Internal Medicine* 158, no. 10 (May 21, 2013): 770-771.
- 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. ●●●

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