When President Bush was faced with the daunting task of deciding whether federal funds would be appropriated for research on human embryonic stem cells, he diligently sought out and considered the views of both proponents and opponents of the controversial research. For assistance in reaching a final decision on the matter, he turned to Dr. Leon Kass, M.D., Ph.D., an esteemed University of Chicago professor who has established himself in the fields of bioethics, medicine, and education.

While Kass has declined to reveal the exact nature of his advice to the President – or the extent to which that advice was followed – one aspect of the Kass/Bush relationship is clear: it will be ongoing. During the nationally-televised August 9, 2001 address announcing his long-awaited decision on the stem cell issue, Bush declared his plans to appoint an advisory council to monitor stem cell research, as well as to address the complex medical and ethical questions prompted by other biomedical advances. Bush also revealed that he had selected Leon Kass as his choice to chair this council comprised of prominent scientists, physicians, ethicists, lawyers, theologians, and other professionals.

In addition to bringing a passionate expertise in bioethics to the stem cell debate, Kass has also been quite engaged in the deliberations over human cloning. In publications on this issue dating back to 1972, Kass worries that human cloning will inevitably usher in what he calls a “post-human future,” with negative and irreversible implications for all.

Articulated in his June 20, 2001 testimony before Congress, Kass holds the conviction that human cloning must be prohibited in both what is commonly referred to as the “reproductive” and “therapeutic” sense. That is, in order to prevent the kind of future that Kass dreads, legislators must move quickly to proscribe not only the implantation and birth of human clones, but also the laboratory creation of cloned embryos intended only for use in research – regardless of the alleged benefits of such research. Kass stated in his Congressional testimony that, “Anyone truly serious about preventing human reproductive cloning must seek to stop the process from the beginning, at the stage where the human somatic cell nucleus is introduced into the egg.” (For the Center’s statement supporting a ban on both “reproductive” and “therapeutic” cloning, please access http://www.cbhd.org/cloning/cloning.pdf.)
human body parts and other venues through which organs are obtained apart from their being freely donated. The proposed shift from a system in which transplantable organs are freely donated to a system in which they are not reflects our culture and medical philosophy. We are witnesses to a lack of moral consensus as a result of the breakdown in the traditional Judeo-Christian value system. In the past 50 years we have seen serious challenges to Hippocratic/elemental medicine, in which physicians are committed to caring for and, when possible, curing their patients. We are also cur- rently witnessing exploration in scientific and technological advancements. Such advances can be very problem- atic within a culture steeped in philosophies and ethical systems that deny them (as, for example, the relevance of God) and instead esteem the reason and wisdom of human beings.

Since 1968, when the Uniform Anatomical Gift Act was originally sent to all 50 state legislatures, organ donation has been governed by altruistic public policies and principles. It has been established by a giving of a gift, given to save another person’s life. Giving gifts with the pure motive of love is very much in line with the biblical narrative. Although donating one’s organs is not morally obligatory (that which God requires us to do), it is a morally praiseworthy act when it is characterized as an unselfish altruistic deed protected by public policy.

Since 1967 when Christian Barnard performed his famous heart transplant, transplantation medicine has become less and less science fiction and more and more the treatment of choice for many end-stage organ diseases. With the advances in surgical techniques and the development of anti-rejection drugs and organ preservation solutions, organ donation is often no longer seen as an experimental intervention, but standard treatment. Thousands of people who would have otherwise died just fifty years ago are now living healthy, normal, and productive lives thanks to someone having given them the “gift of life” (cadaveric donor) or having shared their life (living donor).

Though we welcome advances in transplantation medicine, the news is not always good. With the success of organ transplantation came the problem of supply and demand. Unfortunately, although the demand for transplantable organs is continually increasing, the supply has remained constant. Given the increase in public educational and awareness efforts, why is this the case? It is my contention that the general public views organ donation in a negative manner because they do not believe that organ donation policies are firmly rooted in altruism. A February 1993 Gallup poll taken to assess the American public’s attitudes toward organ donation and transplantation showed that organ donation is often no longer seen as an experimental intervention, but standard treatment. Thousands of people who would have otherwise died just fifty years ago are now living healthy, normal, and productive lives thanks to someone having given them the “gift of life” (cadaveric donor) or having shared their life (living donor).

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In conclusion, although we should indeed be concerned about the critical shortage of human organs for transplantation, we must not rush to endorse all proposed solutions. We must actively seek only ethically sound solutions that do not distort the traditional concept of “donation,” exploit the donor, or discriminate among those in need of transplants. Though such solutions may not present themselves as readily as those discussed in this article, society will nevertheless be best served if organ donation remains firmly rooted in altruism.

Save These Dates!

Bioethics at the Bedside: Present and Future Challenges for Whole-Person Healthcare
July 18-20, 2002
DEERFIELD, ILLINOIS

A major national/international conference tackling tough bedside cases and issues (informed consent, professional conscience, futility, quality of life judgments, ethical pluralism, etc.) plus the organizational, social, and ethical challenges that complicate them.

Bioethics Institutes
July 15-18, 2002
DEERFIELD, ILLINOIS

Taught by over a dozen leading Christian figures in bioethics. Includes the Bioethics at the Bedside conference. Academic and Continuing Education credit available.

Intensive Bioethics Institute

A thorough orientation to the field of bioethics, comparing Christian and non-Christian perspectives. Topics include: cultural contexts, competing approaches, genetic intervention, managed care, abortion, suffering and pain management, reproductive technologies, and “bioethics today.”

Advanced Bioethics Institute

Considers in greater depth various approaches to bioethics, with special reference to end-of-life issues. Approaches include: biblical revelation, theological paradigms, natural law, casuistry, ethical principles, communitarian/liberation ethics, and narrative/virtue ethics.

Ethics Committees and Consultants Institute

An investigation of challenging cases and issues facing people on institutional ethics committees and those asked to provide ethical consultation in health care situations.

Pre-Med Bioethics Institute
July 17-18, 2002
DEERFIELD, ILLINOIS

An orientation to bioethics for those considering careers in medicine or health care. Topics include health care practice and clinical ethics, as well as specific issues such as end-of-life care, assisted reproduction, and genetic intervention.

“Making a Difference through Bioethics” Seminar
July 22-24, 2002
DEERFIELD, ILLINOIS

An in-depth examination of strategies for affecting the ways that people think and act regarding bioethical issues, including legal and public policy strategies.

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If you are interested in presenting a paper or workshop at the conference, please submit a one-page proposal by March 15, 2002 to Jim Moscato at CBHD, 2065 Half Day Road, Bannockburn, IL 60015 USA
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