
E D I T O R I A L



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This combined issue of *Dignitas* features an expanded collection featuring three articles spanning a wide range of bioethical considerations. In the first article, Mario Tafferner looks to the book of Genesis for a “protological vision” of the “good life,” through which he engages selective reproduction and disability. Tafferner believes that by carefully examining the theological message from the Genesis account, we can see the clear practical relevance to address these bioethical issues. Tafferner’s essay thus argues that the Genesis account of the good life could maintain a balance between approaches which attempt “to diminish the grave nature of illness” as well as those which “devalue life with a disability.”

At the heart of Tafferner’s argument is that a biblical vision of the good life views disability (especially those disabilities which cause suffering or other forms of illness) as hindrances to the good life in a protological sense—happiness which comes out of fulfilling our God given mandate. As such, Tafferner seeks to embrace the reality of suffering and dis-ablement. However, such a vision also undermines the realities of suffering and pain which result from the sinful effects of the Fall in Genesis 3, because God can redeem a “not-good” to recreate the “good life” even in the midst of the

suffering and pain. In so doing, Tafferner rejects Julian Savulescu’s view which not only treats any disability as a kind of “taboo” that must be eliminated at all costs, but also ultimately fails to suggest any hopeful way out beyond this material realm. On the other hand, the eschatological vision which takes root in the Genesis account of creation teaches us that disability and death do not have the final word. Rather than avoiding disability at all costs, through selective reproduction or other means, for instance, we are called to remain hopeful that God, who has begun the work of redemption through Jesus Christ, will be faithful to his words in bringing the final restoration or recreation of his good creation in the eschaton.

As a biblical scholar, Tafferner’s exposition helpfully moves beyond what others in biblical studies have done that focus only on the exegetical matters in Genesis. While acknowledging the limitations of his analysis due to the brevity of his account, as well as the need to extend such analysis throughout the rest of Scripture, nonetheless, his theological interpretation of Genesis shows us that a biblical vision of the good life remains relevant to address bioethical issues of our day, especially those that pertain to disability studies.

The second article, by James Heid, provides an update and ethical analysis of the use of hormonal and/or surgical treatment of transgender (trans-) youth. Heid initially surveys common terminology and concepts, highlighting the lack of a clear medical consensus on how to identify the condition as “gender dysphoria,” “gender incongruence,” or “gender identity disorder” (GID) and with them the goals and timing of treatment.

Heid then turns to show that those unresolved disagreements often lead to further confusions about questions like gender identity formation, incidence of GID, and persistence or desistence of GID, among other considerations. Moreover, these supposedly foundational questions tend to be overlooked by medical providers both in determining the diagnostic criteria as well as assigning the goals of treatment of the youth who experiences GID. Heid further examines ethical considerations involving pediatric consent and comorbidities. Longtime readers of *Dignitas* will recall the Spring 2017 article by Elizabeth Hensley that explored “Paradigms of Decision-Making with the Maturing Child or Adolescent,” and here Heid makes similar conclusions identifying the difficulty with adolescent and teen consent.

Lastly, Heid deploys a Principlist approach that utilizes beneficence, non-maleficence, autonomy, and justice as preliminary guidelines for making decisions regarding hormonal and/or

surgical interventions. Heid concludes from a Christian Hippocratic approach to medicine that “there is no adequate justification for [cross sex hormone treatment or sex reassignment surgery], especially in the child and adolescent age group.”

The third article, co-authored by Joshua Niforatos and Gregory Rutecki, engages the issue of intolerant, even racist attitudes toward immigrants that unfortunately still persists in the contemporary American healthcare system. The authors begin with a brief history of physician misbehavior towards immigrants, which includes, for example, the exclusion of Chinese immigrants in the mid-nineteenth century by blaming them for bringing to the United States diseases like smallpox, syphilis, leprosy, and opium addiction. They identify the 1882 Chinese Exclusion Act as a prime example of such misbehavior, wherein many physicians helped to justify the law using a pressure of illness metaphor, naïve science, and early eugenic theories. Similar attitudes were also seen toward European Jewish immigrants who were stigmatized as spreaders of trachoma (an eye disease) in the late nineteenth to early twentieth century.

Shifting the focus of their inquiry to the

present, they find that contemporary physicians’ attitudes toward immigrants continue to be found lacking in the narratives connecting immigrants with leprosy and Ebola. The former, for instance, was reported in 2003 by one journalist as those who have leprosy “are immigrants from global leprosy hot spots,” referring to Brazil, India, and the Caribbean. The latter similarly was made into an illness metaphor for immigrants of African descent with dark skin color.

Such occurrences, the authors argue, are clarion calls for physicians today to contemplate whether contemporary medical attitudes and practices reflect similar implicit biases, which ultimately run counter to a Christian Hippocratic approach to medicine that upholds the dignity of all humans regardless of their skin color, race, or ethnicity. As any physician is said to be “*de facto* a moral accomplice in whatever is done for good or ill to patients,” Niforatos and Rutecki challenge all Christian physicians to stand against such attitudes as faithful witnesses to the dignity of all patients.

Together these three articles, each in their own way, advance aspects of Christian bioethical analysis consistent with the values and truths of a biblically and theologically informed worldview and guided

by the professional virtues and ethical values contained in the Hippocratic Oath and the subsequent Hippocratic tradition in medicine.

Finally, a personal note from Michael as this marks the final issue for which he will serve as editor of *Dignitas*.

It has been an honor and great privilege to provide vision and editorial guidance for CBHD’s quarterly publication over the past 12 years. In that time, this publication has evolved from a newsletter-style communication to a peer-reviewed publication distributed in both print and digital formats, and that has become the leading edge of the Center’s academic engagement in Christian bioethics by offering original scholarship, updates on key developments in our MedTech age, and distinctly Christian commentary on the wide range of bioethical issues. Even as this transition marks the end of an era of my own personal involvement, I am excited for the future of this publication and eagerly anticipate Dr. Matthew Eppinette’s leadership as he and the entire CBHD research team take *Dignitas* into its next chapter, evolving the publication to meet the changing needs of engagement for tomorrow, while continuing to produce the high quality Christian bioethical reflection you have come to expect.

