

## ANOTHER BREACH IN HIPPOCRATIC ETHICS: SHOULDN'T MEDICINE BE MORE THAN A BUSINESS?

BY GREGORY W. RUTECKI, MD, Fellow

Teaching about the “New Healthcare Paradigm” at the 2010 Summer Conference forced me to confront the “corporate transformation of medicine” in more detail than usual. In contrast to the “Hippocratic triangle,” connecting God at the apex to doctor and patient at the lower angles, this specific transformation has become both insidious and under-appreciated. It has taken any semblance of a covenant model away from doctor-patient interactions and negatively transformed them into contracts—wherein supply forces demand, but only for those who can pay. Let us look at some recent trends suggesting medicine has devolved professionally into a business.

Did you know that feeding tube placement in elderly demented persons does not prolong life, decrease infections or aspiration, and probably offers no advantages over hand feeding? Then why are more feeding tubes placed in this population at for-profit rather than not for-profit hospitals? *Consumer Reports* rated spinal surgery as number one on the list of overused treatments.<sup>2</sup> Did you know that the fastest growing demographic receiving lumbar spinal surgery is elderly persons with lumbar stenosis? There are three types of surgery for this population. The most complex surgery has increased 15-fold from 2000-2007, correlating with a higher rate of complications, deaths, and rehospitalizations.<sup>3</sup> The complex surgery costs \$89,888, the simplest \$23,724.<sup>4</sup> Yes, physician reimbursement increases similarly as well.<sup>5</sup> The editorialist was taken aback. Here are excerpts of what he said in response to the trends for spinal surgery, “Newer and more complex technologies are being used for patients with little specific indication ... as currently configured, financial incentives... (are) a formidable economic and social problem.”<sup>6</sup> Did you know that some physicians prescribe medicines based on marketing stimuli rather than scientific proof of efficacy and safety? Ezetimibe, a cholesterol-lowering drug, may be a case in point.<sup>7</sup> Costs for prescriptions increase, and if anything else, evidence-based treatment is compromised and pharmaceutical suppliers make profits. These are just a few examples, a veritable “tip of the iceberg” (percutaneous coronary dilatation for stable coronary disease is another). What about a more pervasive context for these behaviors?

For-profit hospitals are 3 to 11% more costly than not for-profits.<sup>8</sup> Not for-profits that convert to for-profit curtail the volume of uncompensated or charity care after conversion. During the 2001 recession, pharmaceutical companies increased profits (33%) while Fortune 500 companies experienced a decline (53%).<sup>9</sup> More than 80% of managed mental health firms are for-profit. As a group they

limit care based on payment. Eighty-five percent of dialysis centers in the U.S. are for-profit. Their death rates are 30% higher with 26% less referrals for transplant.<sup>10</sup> Why are less people referred for transplant? If they undergo a successful transplant, they no longer require dialysis and that dialysis center loses reimbursement for their treatment. Again there are many more examples attesting to a pervasive corporate transformation (nursing homes fit the paradigm as well).

Is this merely a business discussion or does it have serious ethical ramifications as well? Appropriately, the evangelical healthcare community has stood their ground in the pro-life arenas of abortion, euthanasia, and stem cells. Where is their voice regarding the corporate transformation of their profession? No wonder unbelievers’ criticism of conscience clauses includes “conscience without consequence.”<sup>11</sup> Any mitigation in the corporate transformation will have a consequence for evangelical healthcare providers—it will be financial. But can our witness in the pro-life realm be authentic, if unlike the gospel, we do not penetrate every unjust practice associated with our profession? The individuals who alleged that Christian physicians exercising their pro-life conscience avoid consequences of their choices, also identified less enthusiasm from this group in providing charity care. Is this a just criticism?

Recently, I attended a welcome for incoming Christian medical students. A urologist was recounting his many overseas mission trips. At our charity hospital, there is not one community urologist who will see our uninsured patients. Although both a pro-life conscience and missionary zeal are laudable, there is more to being a healer than those two activities. In a historical survey of early Christian medical practice, Gary Ferngren observes, “With the exception of issues like abortion, exposure and assisted suicide, the medical ethics of Christian physicians are not likely to have been defined very differently than were those of their pagan colleagues, *except perhaps for a greater willingness to help the poor.*”<sup>12</sup> The progression of discipleship in Scripture went from Judaea (home base) to Samaria (close by) to the “ends of the earth.” Charity for physicians should begin at home (depending upon which source there are approximately 50 million uninsured) and progress outward to the mission field. Local charity for physicians has been a historical constant, just as the missions’ field has. There will be less time to see insured patients and a financial consequence as well.

The corporate transformation of our sacred profession is a serious threat to human dignity. The evangelical healthcare community has

## meet the staff

### APRIL PONTO, Research Assistant



After graduating from The Ohio State University in Columbus, Ohio I was employed for five and a half years with an organization called Option-Line. OptionLine is a pro-life, in-bound pregnancy helpline for the United States and Canada. I worked as the Training and Human Resources Coordinator and hired employees, preparing them to answer phone calls, e-mails, and instant messages from men and women in pregnancy crisis.

While working there I became deeply interested in bioethical issues, practically beginning-of-life issues, and wanted to expand my knowledge. It was through my volunteer work with Oregon Right to Life that I became familiar with CBHD. I made the decision to leave my job and enroll full-time as a graduate student at Trinity Evangelical Divinity School because I knew the school could equip me with the tools I need to move forward in a career within the pro-life movement. My degree program is Master of Arts in Christian Thought with an emphasis in bioethics. I am excited to be a part of the Trinity community and to be employed at CBHD because they both approach bioethics with a Christ-centered perspective.

Upon graduation, my desire is to return to the pro-life movement with more knowledge, a broader background, and a more diverse work-experience. Though this is only my second semester as a full-time student at Trinity and at the Center, I am already being equipped for greater service and I look forward to learning more.

### MAKILAH WITT, Event & Education Assistant



Originally from Northwest Ohio, I graduated from Wheaton College in 2010 where I majored in Philosophy and International Relations, and minored in Theology. The master's degree programs in Philosophy of Religion and Bioethics have been a wonderful catalyst for me to develop rigorous thinking grounded in faith and in critical engagement with the broken realities of this world.

I am grateful to be a part of the Event and Education team at CBHD. I am very passionate about fostering opportunities for dialogue and engagement in the philosophical and theological issues in bioethics. Knowledge is the first step to action, and it excites me to be a part of a center that is impacting the field of bioethics and public policy through offering a careful and faithful response to the profoundly complex issues of today.

During my time working at the Center, I have become increasingly interested in the role of the Church in developing the character of the Christian community to become agents of change in the world. This in my view is a call to discipleship and an opportunity to examine and challenge worldviews in order to expose and transform ways of thinking in both the Church and in the world. As a Christian and a scholar, I desire to stand in the gap between Athens and Jerusalem; the secular and the sacred, by engaging in a dialogue that brings clarity and cultivates faithfulness in response to the needs within our Church and world today.

#### ANOTHER BREECH, CONTINUED FROM PAGE ONE

to expand the horizons of its witness and respond explicitly. Dietrich Bonhoeffer observed that we are called “to stand with those who suffer” and “speak out for those who cannot speak.”<sup>13</sup> A paradigm shift in medicine as merely business is a golden opportunity to tell unbelievers that Christian conscience welcomes consequences, even the negative ones. ●●●

- 1 Joan M. Teno, et al., “Hospital Characteristics Associated With Feeding Tube Placement in Nursing Home Residents With Advanced Cognitive Impairment,” *The Journal of the American Medical Association* 303, no. 6 (February 10, 2010): 544-550.
- 2 “Ten Overused Tests and Treatments” *Consumer Reports* November 2007 [http://www.consumerreports.org/health/doctors-hospitals/medical-ripoffs/10-overused-tests-and-treatments/medical-ripoffs-ten-over\\_1.htm](http://www.consumerreports.org/health/doctors-hospitals/medical-ripoffs/10-overused-tests-and-treatments/medical-ripoffs-ten-over_1.htm) (accessed February 21, 2011).
- 3 Richard A. Deyo, et al., “Trends, Major Medical Complications, and Charges Associated With Surgery for Lumbar Spinal Stenosis in Older Adults,” *The Journal of the American Medical Association* 303, no. 13 (April 7, 2010): 1259; Eugene J. Carragee, “The Increasing Morbidity of Elective Spinal Stenosis Surgery,” *The Journal of the American Medical Association* 303, no. 13 (April 7, 2010): 1309.
- 4 Deyo, et al., 1263.
- 5 Carragee, 1310.
- 6 *Ibid.*
- 7 Cynthia A. Jackevicius, Jack V. Tu, Joseph S. Ross, Dennis T. Ko, and Harlan M. Krumholz, “Use of Ezetimibe in the United States and Canada,” *The New England Journal of Medicine* 358, no. 17 (April 24, 2008): 1820.
- 8 John P. Geyman, “The Corporate Transformation of Medicine and Its

- Impact on Costs and Access to Care,” *Journal of the American Board of Family Medicine* 16, no. 5 (September 1, 2003): 444.
- 9 *Ibid.*, 446.
  - 10 *Ibid.*, 449.
  - 11 R. Alta Charo, “The Celestial Fire of Conscience – Refusing to Deliver Medical Care,” *The New England Journal of Medicine* 352, no. 24 (June 16, 2005): 2471.
  - 12 Gary B. Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore: The Johns Hopkins University Press, 2009), 107.
  - 13 Eric Metaxas, *Bonhoeffer: Pastor, Martyr, Prophet, Spy* (Nashville: Thomas Nelson, 2010), 128, 247.

## VISITING SCHOLAR OPPORTUNITIES:

Visiting Scholar Opportunities: The Center is pleased to host scholars and professionals in any of the disciplines encompassed by bioethics who are on sabbatical or research leave from their respective employer. Visiting Scholars are provided research space and access to CBHD’s study center resources. Availability for these opportunities is limited and are offered on a first-come basis. To inquire about these opportunities, please contact us at [info@cbhd.org](mailto:info@cbhd.org).

## IN MEMORIAM: STANLEY BRISTOL

BY APRIL PONTO, Research Assistant

The Center for Bioethics & Human Dignity fondly pays tribute to Stanley Bristol, former board chairman, who passed away November 4, 2010 from complications of Parkinson's disease.

Stanley Bristol was a graduate of Wheaton College and Northern Illinois University. He received his doctorate in education administration and political science from Northwestern University. He began teaching in Wheaton at Washington School and became its principal; later he became superintendent of Schools in Kenilworth and Northern Suburban Special Education District. During this time, Stanley became active in special education and helped to lay the foundation work for the Northern Suburban Special Education District. He served a total of 23 school districts for 19 years.

In 1988 Stanley contacted Trinity International University about becoming an adjunct professor. Within one year he had been appointed as the head of the Education Department on Trinity's campus and also taught and supervised students in education. He retired from TIU in 2000.

While working at TIU, Stanley became involved in CBHD. He recognized the importance and significance of the young organization and began supporting the Center financially. Shortly after, Stanley transitioned into a member of the board and eventually his strong gifts in administration from his previous work as a superintendent elevated him to Chairman of the Center's Governing Board.

His remarkable enthusiasm coupled with his passion for education propelled the Center into new areas. Stanley was pivotal in developing regional conferences that became a key aspect of the Center's event activities for nearly a decade as well as giving attendees the opportunity to receive academic credit for their work and participation. Stanley's initiative and ingenuity has expanded awareness about bioethical issues and has opened doors to education and academic research.

It was his love of education that drove Stanley to devote his time to promote and develop the Center. He felt strongly that the expanding field of bioethics called for resources and information to be accessible to all people. Stanley clung to the importance of the special value and dignity of every human life and the dignity with which each person is endowed. This commitment flowed into all aspects of his life, from the way he interacted with his personal friends, to the way he helped those at the margins of society.

Stanley Bristol had an intuitive understanding of the importance of bioethics in our society. He viewed education as the medium for teaching medical professionals, legal professionals, clergy, laity, and



all people about bioethics. While on the board he focused his attention on engaging all vocations, both Christian and secular, and shaped their thinking on current bioethical issues.

Stanley's wife, Vernelle, describes him as never shying away from any volunteer opportunity "He would never say no to taking the lead on something." He was a highly motivated individual whose contributions include: serving on the board of New Trier High School, former president and member of the board of the Irene Josselyn Clinic, member of the Family Services of Winnetka-Northfield, chair of the citizen's advisory board of Wilmette Rotary, chair of Pace regional bus system, and a mem-

ber of the Stephen Ministry group at his church, Winnetka Covenant.

He is survived by his wife, Vernelle, sons - Mark (Dianne) Bristol, Kent Bristol, and daughter—Kelley (Timothy) Carlson. He is also survived by his brother, John (Beverly) Bristol, and five grandchildren: Tyler, Natalie, Peter, Andrew and Katie.

Dr. John Kilner who worked closely with Stanley at CBHD remembers Stan as "a visionary with a twinkle in his eye. He saw that education is the key to people recognizing the importance of understanding and engaging bioethical challenges. And he had a delightfully humorous way of encouraging people to participate in the educational process. He was a tremendous inspiration to me personally, and to so many others who worked with him. He is sorely missed."

Mrs. Bristol has asked that memorial gifts be given to their church, Winnetka Covenant, and/or to The Center for Bioethics & Human Dignity. ●●●

## TOP BIOETHICS STORIES: JULY–DECEMBER 2010 EDITION

BY APRIL PONTO, Research Assistant

1. **“Defining the Boundaries of Genetic Testing: New Direct-to-Consumer Genetic Tests Raise Privacy Concerns”** by Michael Rugnetta, *Science Progress*, July 1, 2010.

A recently released study by direct-to-consumer genetic testing company 23andMe reveals the privacy challenges ahead for public health policymakers as so-called genome-wide association studies, which look for specific genetic traits in huge genetic databases, enter the mainstream of scientific inquiry. (<http://tinyurl.com/2exzq9n>)

Concerns surfaced about the data generated from direct-to-consumer tests. Should private companies be able to garner income from these tests? Should the government seek to acquire this data for the sake of public health? Those most closely involved seek to define patient confidentiality in the face of this emerging technology.

2. **“Standards Issued for Electronic Health Records”** by Robert Pear, *The New York Times*, July 13, 2010.

The federal government issued new rules Tuesday that will reward doctors and hospitals for the “meaningful use” of electronic health records, a top goal of President Obama. The rules significantly scale back proposed requirements that the health care industry had denounced as unrealistic. The Department of Health and Human Services said doctors and hospitals could receive as much as \$27 billion over the next 10 years to buy equipment to computerize patients’ medical records. (<http://tinyurl.com/3yjigjt>)

Many believe that electronic health records reduce cost and improve quality of care, while others feel that such records create privacy concerns for patients. The government is now giving monetary incentives to doctors and hospitals that choose to use this method for handling patients records.

3. **“The Promise and Dangers of Synthetic Biology: New Presidential Commission Prepares for Future Developments”** by Michael Rugnetta, *Science Progress*, July 20, 2010.

The Presidential Commission for the Study of Bioethical Issues convened last week for its first meeting. The commission—created by executive order with the “goal of identifying and promoting policies and practices that

ensure scientific research, healthcare delivery, and technological innovation are conducted in an ethically responsible manner”—was tasked by President Barack Obama to study first the implications of synthetic biology. (<http://tinyurl.com/29h68fp>)

The first Presidential Commission for the Study of Bioethical Issues convened as a result of the announcement of the successful creation of the first “synthetic” cell. The meeting and subsequent report focused on making scientific innovation “safe, responsible, and democratically accountable.”

4. **“DNA Tests Give Bogus Results, U.S. Probe Finds”** by Associated Press, *Associated Press*, July 22, 2010.

A U.S. government investigator told members of Congress on Thursday that personalized DNA tests claiming to predict certain inheritable diseases are misleading and offer little or no useful information. An undercover investigation by the Government Accountability Office found that four genetic testing companies delivered contradictory predictions based on the same person’s DNA. Investigators also found that test results often contradicted patients’ actual medical histories. (<http://tinyurl.com/4goco5>)

Personalized DNA tests may need additional scrutiny before consumers can depend upon their results. In the wake of these news stories the FDA began to probe the accuracy of these tests and is considering regulations.

5. **“Judge Stops Federal Funding of Embryonic Stem Cell Research”** by the CNN Wire Staff, *CNN News*, August 23, 2010.

A U.S. district judge granted a preliminary injunction Monday to stop federal funding of embryonic stem cell research that he said destroys embryos, ruling it went against the will of Congress. (<http://tinyurl.com/2ddfxyq>)

In April of 2009 some restrictions for funding on embryonic stem cell research were relaxed. Now the debate continues as a U.S. district judge granted a preliminary injunction to withhold federal funding of embryonic stem cell research.

6. **“India, the Rent-a-Womb Capital of the World: The Country’s Booming Market for Surrogacy”** by Amana Fontanella-Khan, *Slate*, August 23, 2010.

Reproductive tourism in India is now a half-billion-dollar-a-year industry, with surrogacy services offered in 350 clinics across the country since it was legalized in 2002. The primary appeal of India is that it is cheap, hardly regulated, and relatively safe. Surrogacy can cost up to \$100,000 in the United States, while many Indian clinics charge \$22,000 or less. (<http://tinyurl.com/48dzwbz>)

Couples are turning with increasing frequency to outsourcing their pregnancies to India. While such actions give women of financial means the ability to avoid pregnancy complications, missed days of work, labor and delivery and more, others ponder the ethics of such reproductive choices.

7. **“5-day Pill Moves Emergency Contraception Back to Doctor’s Office”** by Christine S. Moyer, *American Medical News*, August 30, 2010.

On Aug. 13, the FDA approved ella for use in the U.S. The drug probably will be available by the end of the year. The progesterone agonist/antagonist prevents pregnancy when taken orally within 120 hours after a contraceptive failure or unprotected sex. Emergency contraceptives now on the market, including Plan B, are indicated for use up to 72 hours after sex. (<http://tinyurl.com/3x7s3gt>)

The FDA’s approval of ella®, a 5-day emergency contraceptive that can have an abortifacient effect, adds to the abortion and right of conscience debate. Its predecessors, Plan B and Plan B One-Step, triggered the same controversy, but it was largely silenced when the medication was taken out the hands of the doctors and moved to over-the-counter status. Questions still remain regarding a physician’s right to refuse the drug.

8. **“First Clinical Trial Involving Human Embryonic Stem Cells Gets Underway in Chicago”** by Karen Kaplan, *Los Angeles Times*, September 22, 2010.

Enrollment has begun for the first clinical trial to test a therapy developed from human embryonic stem cells. The trial’s primary aim is to assess the safety of Geron Corp.’s experimental oligodendrocyte progenitor cells, which have been in development for about a decade. They were derived from some of the earliest human embryonic stem cells ever created. (<http://tinyurl.com/2dbjmbg>)



A new study is commencing to determine the safety of Geron Corp's experimental oligodendrocyte progenitor cells in spinal cord injury patients. Proponents are welcoming this news citing the medical benefits of this research; others hesitate at the ethical issues involved with using human embryos for scientific experimentation.

9. "US Apologizes for Infecting Guatemalans with STDs in the 1940s" by the CNN Wire Staff, *CNN*, October 1, 2010.

The United States apologized Friday for a 1946-1948 research study in which people in Guatemala were intentionally infected with sexually transmitted diseases. A statement by Secretary of State Hillary Clinton and Secretary of Health and Human Services Secretary Kathleen Sebelius called the action "reprehensible." (<http://tinyurl.com/4tcogxj>)

In the shadow of the Tuskegee syphilis experiment, new, unpublished records have been uncovered revealing that 64 years ago U.S. public health researchers deliberately

infected over 1,600 Guatemalans with syphilis and other sexually transmitted diseases. The U.S. government has reached out to Guatemala offering deep apologies for the human rights violation.

10. "Father of Test Tube Baby' Wins Nobel Prize for Medicine" by the CNN Wire Staff, *CNN*, October 4, 2010.

The "father of the test tube baby," Robert G. Edwards, won the Nobel Prize for medicine on Monday, the awards committee announced. His contributions to developing in vitro fertilization (IVF) "represent a milestone in the development of modern medicine," the committee said. (<http://tinyurl.com/63blrco>)

Thirty-two years after the first child was created through in vitro fertilization, Robert G. Edwards receives the Nobel Prize for medicine. Though decades have passed since the first successful "test tube baby" the procedure still remains controversial with some deploring its use and others desiring to expand its use.

11. "Arizona Budget Cuts Put Organ Transplants at Risk" by Ted Robbins, *National Public Radio*, November 17, 2010.

In Arizona, 98 low-income patients approved for organ transplants have been told they are no longer getting them because of state budget cuts. The patients receive medical coverage through the Arizona Health Care Cost Containment System (AHCCCS), the state's version of Medicaid. While it may be common for private insurance companies or government agencies to change eligibility requirements for medical procedures ahead of time, medical ethicists say authorizing a procedure and then reversing that decision is unheard of. (<http://tinyurl.com/277fq6u>)

In a rare move, the state of Arizona reneged on promises made to patients awaiting organ transplants. Individuals receiving medical coverage through the state who were previously approved for the procedure will no longer be eligible due to state budget cutbacks. ●●●

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THE CENTER FOR **BIOETHICS** & HUMAN DIGNITY

# updates & activities

## EDUCATION

CBHD hosted a special lecture by Janne Nikkinen, DTh, on September 7th, entitled "Rationing without Reason? Evaluating the Need for Healthcare Rationing." The lecture was held on the Deerfield campus of Trinity International University.

## PARTNERSHIP

In November CBHD sponsored two lectures for the bioethics consultation group at the annual Evangelical Theological Society meetings in Atlanta. The lectures were: "Biotechnologies and Human Nature: What We Should Not Change in Who We are" by Dennis Hollinger, PhD, and "Recent Challenges to Fetal Personhood: A Critical Analysis" by Francis Beckwith, PhD. CBHD has agreed to sponsor two additional lectures for the 2011 ETS meeting in San Francisco.

## MEDIA RESOURCES



CBHD.org on  
Twitter: @bioethicscenter



Bioethics.com on  
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The Bioethics Podcast at  
thebioethicspodcast.com



Everyday Bioethics Audio Series at  
everydaybioethics.org



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**COMING SOON:  
WATCH FOR CBHD'S  
2010 ANNUAL  
REPORT IN THE  
SPRING 2011 ISSUE  
OF DIGNITAS.**

## STAFF

### PAIGE CUNNINGHAM, JD

- Represented CBHD at a variety of meetings in the Fall and early Winter including: a panel on synthetic biology by C-PET in August and the professional society meetings of ASBH in October and ETS in November.
- Delivered a lecture in November for the Science Seminar Lecture Series at Taylor University on "Human Animal Hybrids: What Are They and Should We Care?"
- Interviewed by Moody Radio in October on her audio series Everyday Bioethics.

### KIRSTEN RIGGAN, MA

- Interviewed by Isthmus Journal in October on stem cell research.

### MICHAEL SLEASMAN, PHD

- Delivered a lecture in September for the Science Seminar Lecture Series at Taylor University on "Thinking through Technology."
- Delivered two lectures in September at Lincoln Christian University. The first was a guest lecture on "Virtual Paradise?" to bioethics students. The second was a public lecture, entitled "Bioengagement: Stem Cells beyond the Hype."
- Interviewed by Focus on the Family in August on California Institute for Regenerative Medicine's stem cell curriculum.
- Interviewed by Northwestern Media Radio in July on human enhancement and the Center's conference Beyond Therapy.

## ON THE CBHD BOOKSHELF

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

### ARTICLES OF NOTE:

Gregory Kaebnick, "Synthetic Biology, Analytic Ethics" *The Hastings Center Report* 40(4), July-August 2010, 49.

Ari Schulman, "Why Minds are Not Like Computers" *The New Atlantis* Winter 2009, 46-68.

Wesley Smith, "Defending the Hippocratic Oath: The Importance of Conscience in Health Care" *The Human Life Review* Winter/Spring 2009.

### ON THE BOOK SHELF

Bavinck, Herman. *Reformed Dogmatics, Vol. 1: Prolegomena*. Edited by John Bolt. Translated by John Vriend. Baker Academic, 2003.

Bush, George W. *Decision Points*. New York: Crown Publishing, 2010.

Chapter 4 reveals insights into former President Bush's deliberations on developing a policy for his administration on embryonic stem cell research. Chapter 11 reflects on several of the global health initiatives of his administration, particularly those devoted to Africa.

Dixon, Thomas, Geoffrey Cantor, and Stephen Pumfrey, eds. *Science and Religion: New Historical Perspectives*. New York: Cambridge University Press, 2010.

Frame, John M. *The Doctrine of the Word of God*. Phillipsburg, New Jersey: P & R Publishing, 2010.

Gijsbert van den Brink. *Philosophy of Science for Theologians: An Introduction*. Frankfurt am Main: Peter Lang, 2009.

Harrison, Peter, ed. *The Cambridge Companion to Science and Religion*. New York: Cambridge University Press, 2010.

M, Scott, and Elbrote. *Nature and Scripture in the Abrahamic Religions*. Edited by Jitse M. van der Meer and Scott Mandelbrote. Leiden: Brill, 2009.

Rausser, Randal. *Theology in Search of Foundations*. University Press, 2009.

Savulescu, Julian and Nick Bostrom, ed. *Human Enhancement*. New York: Oxford University Press, 2008.

Schloss, Jeffrey, and Michael Murray, eds. *The Believing Primate: Scientific, Philosophical, and Theological Reflections on the Origin of Religion*. Oxford: Oxford University Press, 2009.

Smedes, T.A. *Chaos, Complexity, and God: Divine Action and Scientism* (Studies in Philosophical Theology). Leuven, Belgium: Peeters Publishers, 2004.

Thobaben, James. *Health-Care Ethics: A Comprehensive Christian Resource*. Downers Grove, IL: InterVarsity Press, 2009.