



from the director's desk

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The ethics of HPV. Critique of IVF. Human-animal hybrids. *Beyond Therapy*. All of these are bioethical concerns, and CBHD is attuned to the cacophony of bioethical noises, sorting through the issues we refer to as Bioethics 1.0 (*When does human life begin or end, and who decides?*) and Bioethics 2.0 (*What does it mean to flourish as a human being in the biotech century?*). Novelty is not the criterion for relevance. One of the most relevant issues to our everyday lives is an ancient one: how do I end my life well? I am asked variations of this question more than any other. *How do I talk to my parents about end of life care? Can we say 'no' to a respirator?*

These questions push us out of our comfort zone. Most Christians can identify the ethical issues and conclusions at the other end of the spectrum. The pro-life movement has confidently addressed the key question of abortion: is it right to kill human beings in the womb? Our concern for the unborn child extends to include little ones whose lives might be terminated, not because they are inconvenient, but because there is something 'wrong' with them. The fatal criteria might be gender, genetic disability such as Down syndrome, or correctable defect such as cleft palate. The lives of unborn children must never intentionally be destroyed.

This absolute refusal to discriminate has prompted many pro-lifers to conclude that life must be preserved at all costs not only at its dawn, but also in its twilight. Christians are particularly likely to feel this obligation. A 2009 *Journal of the American Medical Association* study concluded that Christians were nearly three times more likely to seek aggressive medical care, even though they knew they were dying, and that the treatment might not benefit them. In his recently released *The Art of Dying: Living Fully into the Life to Come*, Rob Moll points out that our pro-life commitments might make it more difficult for us to receive counsel on how to die. Moll quotes one Christian gerontologist who observed that "We're so pro-life, we're anti-death." This denial, a kind of vitalism, comes at a great cost: the loss of dying well in Christian hope.

Yet we often "fight the good fight," not in spiritual terms, but on technological grounds. Medical technologies that are risky, painful, burdensome, experimental, or excessively costly, and that do not offer hope of medical benefit, are not mandatory. Refusing another round of chemotherapy, or a resuscitation order, or a fourth surgery, is not necessarily a lack of faith in God's healing. It can be a recognition that living is over, and dying has begun. Whether dying at home, in the hospital, in a nursing home or a hospice, Christians have the opportunity for a final, mute witness. The reality is that most of us will not die suddenly. We will have an opportunity to consider how we will die.

In the Middle Ages, dying was a public event, with grieving on both sides, the dying person for the loss of the world, friends and family for the loss of their loved one. Words of reconciliation, confession, petition, and assurance filled the sick room. Even in modern times the circumstances at the end of life cannot be predicted with certainty. But, we can decide what we want our dying to look like.

CBHD has a wealth of resources that inform both ethical reflection and practical decision-making. Here's a sampling from my CBHD bookshelf. Prior to his association with the Center, John Kilner explores a God-centered ethic for caring for the elderly and dying in *Life on the Line* (1992) and *Who Lives? Who Dies? Ethical Criteria in Patient Selection* (1994). Building on our 1995 summer conference, *Dignity and Dying: A Christian Appraisal* (1996) was crafted by seventeen writers who walk through the challenges of suffering, medical futility, and forgoing life support. Arthur Dyck's *Life's Worth: The Case against Assisted Suicide* (2002) gazes at human suffering and the deeper truths of life's inherent worth. *Aging, Death, and the Quest for Immortality* (2004) building on our 2001 summer conference again enlists multiple perspectives on aging, rationing, dementia, and medical decision-making. More recently, Robert Orr's *Medical Ethics and the Faith Factor* (2009) uses case studies from his vast clinical experience to give practical counsel at all life stages, particularly the end of life.

Yes, death comes to us all. Novel? No, but every death is unique. Since life and death issues are not going away, CBHD remains committed to engaging the wide spectrum of issues at the nexus of bioethics and human dignity.

Paige Comstock Cunningham

The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center of Trinity International University.

"Exploring the nexus of biomedicine, biotechnology, and our common humanity."

Dignitas is the quarterly publication of the Center and is a vehicle for the scholarly discussion of bioethical issues from a Judeo-Christian Hippocratic worldview, updates in the fields of bioethics, medicine, and technology, and information regarding the Center's ongoing activities.

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