

## *Extending Life – Setting the Agenda for the Ethics of Aging, Death, and Immortality*

Under the sun of the Sonoran desert, conference and course attendees gathered in the first week of March for CBHD's first full-blown offsite conference. Conference course offerings challenged students to develop basic and advanced training on key bioethical issues as well as the biblical, theological, and philosophical underpinnings necessary to engage these issues. The exceptional line-up of speakers surveyed the gamut of end-of-life issues from the traditional questions surrounding death and dying, euthanasia and physician assisted suicide, and palliative care, to the emerging questions of radical life extension, longevity and immortality research, on to the rise of human replacement agendas such as transhumanism.

One highlight was the *Titans of Immortality Research* debate at the Arizona Science Center IMAX Theatre over the question "Do You Want to Live Forever." This lively dialogue featured Cambridge biomedical gerontologist Aubrey de Grey, PhD (Methuselah Foundation) and S. Jay Olshansky, PhD (University of Illinois). Another highlight was the keynote dinner address by Stephen Kiernan, journalist and author of *Last Rights*, on the importance of the palliative care movement as a means to relieve end of life suffering and as a necessary alternative to euthanasia and physician assisted suicide.

## *Healthcare and the Common Good*

Emerging from an October 2007 consultation of the same title, *Healthcare and the Common Good* sought to reframe the domestic healthcare debates over access, finances, and coverage through a retrieval of the classic notion of the common good. This conference marked a significant milestone in bioethical engagement with our 15<sup>th</sup> annual summer conference. Led by the inaugural plenary by Edmund Pellegrino, MD, conference attendees were challenged to reexamine a Judeo-Christian notion of the common good and its relation to healthcare before delving into the various pressure points in the healthcare debate, including: economic concerns, ancillary care, professionalism in peril, medical education and the dilemma of the patient. The conference concluded with a Symposium of Solutions in which two current members of the President's Council on Bioethics (Edmund Pellegrino, MD and Peter Lawler, PhD), as well as a former member (Dean Clancy) offered various interpretations regarding constructive means of reframing the often-debated options in the context of the common good.

An excerpt from the closing remarks of the conference follows:

*A few days ago, we joined in a much more intentional way in a conversation that has been percolating in the Center for over a year. Not many of us would question that there is a dilemma facing us in the domestic healthcare agenda. Distance and increasingly untrustworthy relationships between the patient, physician, and as Dr. Gene Rudd pointed out the professional third party mistresses, have complicated the practice and care of medicine. Rising prices and the population of the uninsured are the source of an ever-tightening belt of difficult financial decisions.*

*The perfect storm of medical education and a professionalism in peril mark a significant departure from the tradition of care and character that has served as a moral compass and guide of practice through the Hippocratic tradition and oath.*

*We have seen a cultural drift where the practice of medical care, like our culture at large, has substituted the financial transaction and the promise of a technological society, replacing our traditional notions of the value and dignity of human life, such that our common humanity has become reduced to merely "my personal benefit" and any obligations to serve and care are replaced by whatever is most convenient to "my schedule."*

*The loss of touch with the rise of assembly line medicine, the creation of a healthcare aristocracy through boutique medicine. With all of these pressures and problems, the prospect of Healthcare and the Common Good in our country looks dim. As we are well aware, there is not a short supply of prophets crying out the near collapse of a failing system. Surely with all these pressures and problems we need practical solutions and ideas that take care of the most egregious injustices. Our intention from the outset was not to disregard these types of second-order questions.*

*Policy and economic reform are important contributions to a comprehensive reform program. It is also true that in the tyranny of the expedient we*

*often have no recourse but to turn to that which is pragmatic while trying to remain principled for the crisis at hand. Yet these problems are more deeply rooted and must be addressed at the level of first order questions. Dr. Peter Lawler rightly pointed out that productivity inevitably replaces caregiving in a technopragmatic society. This*

*is the nature of first order reflection. As was just pointed out by Dr. Edmund Pellegrino, a discussion of healthcare is more than just about how do you pay for it.*

*Surely we have a greater responsibility than this. Failure to pause to address the*

*first order questions lay at the heart of the issues, manifesting themselves in these pressures and problems that we have examined these past few days. The issues are more systemic and entrenched. This is what drew the Center to reflect on the notion of the Common Good as a framework for discussing healthcare in the first place. . . .*

*We must discern some narrative of the common good to guide our obligation to our fellow humanity by understanding healthcare in a way fitting for our views of the value and dignity of human life. We must reject any suggestion that human persons can be reduced to fiscal statistics, case numbers, or commodities for enhancing efficiency and productivity. . . .*

*Despite the problems, I am not without hope. We begin to make a difference first by practicing what we believe about the value and dignity of human beings. We represent spheres of impact that reverberate in so many unanticipated ways. . . . Let us always remember and demonstrate that healthcare is an encounter with our fellow humanity. . . . Whatever ways in which we determine to engage these challenges, let it be guarded by a first order understanding that it cannot be said of us that we contributed to the collapse of healthcare, but rather that we contributed to a vision of healthcare and the common good.*

