

News from the Field

continued from page 4

may soon be able to reveal moral values, intentions, and inclinations toward certain types of behavior. Kennedy was quoted in the British newspaper *The Guardian* as saying, “I don’t want anyone to know [information about my brain scan], for any purpose whatever, including those offered in my own interest. It’s way too close to who I am and it is my right to keep that most intimate identity to myself.” Kennedy believes that people’s brain scans should be awarded protection equal to that of their DNA.

British Decide to Ban Sex Selection for Social Reasons

The Human Fertilisation and Embryology Authority (HFEA), Britain’s fertility watchdog group, has decided not to allow sex selection except in cases where parents are attempting to avoid serious gender-related medical disorders. They also recommended that sperm sorting, the process of separating X chromosome-bearing sperm from Y chromosome-bearing sperm based on their slightly different weights, should be regulated. Suzi Leather, chairwoman of HFEA, stated that the Authority is “not persuaded that the likely benefits are strong enough to outweigh the possible harm done.”

The decision was praised by most groups in the UK, including the British Medical Association, the British Fertility Society, and many pro-life and pro-choice groups. Dr. David King, Director of the pro-choice Human Genetics Alert, said, “It is wrong to choose the sex of a child simply because we happen to want a boy or a girl. The creation of a new life is the most morally serious thing you can do. We must not let it become just another consumer choice.” However, some fertility doctors denounced the ruling, saying that parents seeking to select the gender of their child would simply do so in another country.

HFEA said its research showed that 80% of the public was opposed to sex selection for social or “family balancing” reasons. HFEA examined the issue at the request of the British Government. ■



A Review of the Book *Medical Ethics: A Primer for Students*

(by Robert D. Orr, and Fred Chay; Bristol TN; Paul Tournier Institute, 2000)

Louise Kaegi, M.A., Chicago, writes on health care, ethics, education, and cultural politics and was formerly Executive Editor of the Joint Commission on Accreditation of Healthcare Organizations’ *Joint Commission Benchmark* newsletter.

Moral reasoning in health care has become marginalized. “Having lost its place at the head of the table in our culture, biblical thinking is often not even invited to sit down in ethical debates,” attest Robert Orr, M.D., practicing physician and clinical ethicist, and Fred Chay, Th.M., D.Min., theologian and medical ethics professor.

To prepare future Christian doctors and dentists, Orr and Chay have designed a down-to-earth, good-humored, and accessible primer, laced with vivid quotations and extended hypothetical clinical cases. The primer is designed to allow students in small groups to practice identifying the major worldviews and ethical systems that they will likely encounter. Questions and scriptural citations help students clarify differences between the ways Christians and non-Christians generally make decisions. Reference tools include the Christian Medical & Dental Associations’ oaths, the Hippocratic Oath, and the AMA’s “Principles of Medical Ethics.”

Seasoned professionals can also use this primer as a tool for self-assessment, as they too are challenged by burgeoning beginning- and end-of-life issues and threats to human dignity and personhood. They may be surprised at how entrenched the “atheist-naturalist” worldview has become, compared with the worldviews of “pantheistic monism” (“new age”) and “transcendent monotheism.” Doctors should ask themselves: How would they answer the questions posed in this book? Are they spiritually disciplined and professionally equipped to mentor their students? Are they doing all they can to safeguard and improve the health care profession?

Administrators can also assess whether policies and daily practices are consistent with institutional ethics supported by religious and secular prohibitions of lying, often at issue in financial conflicts of interest; “upcoding” to justify reimbursement; and shaky “informed consent.” Educators might adapt the cases for role-playing exercises or journal clubs.

“The need of the hour,” assert Orr and Chay, “is for men and women with a biblical mind and a public philosophy.” A thorough knowledge of the Bible is not enough; we must also understand our society’s thoughts and interface with its technology so that we may “present to the watching world a winsome witness in the medical workplace.” To foster this mission, they offer a “Principled Matrix for Decision-Making,” based on the commonly used “four-box” pictorial model (Jonsen, Siegler, and Winslade) of medical indications, patient preferences, quality of life, and contextual features and the related secular principles of non-maleficence, autonomy, beneficence, and justice. Surrounding those quadrants in an outer frame are Christian/scriptural principles—(1) truth-telling and non-exploitation; (2) free will, God’s purpose, obedience, dominion, stewardship, faith, and sovereignty; (3) *Imago Dei*, sanctity of life, contentment, compassion, service, and meritorious suffering; and (4) mercy, grace, hope, eternity, and scripture. A fifth principle of fidelity (to the patient), taken from nursing ethics, pervades all four quadrants.

To help professionals use rather than misuse the Bible in ethical decision-making, Orr and Chay draw on Terrance Tiessen’s principles for identifying “trans-cultural absolutes” that can be applied in any age. As a final take-home task, students are asked to write a Christian credo of their medical/dental ministry, using this pattern:

“Because I believe _____, I will (will not) _____.” ■