These books investigate key issues that make a practical difference in how Christians think and act. The goal is to provide a substantial, accessible discussion of issues about which Christians need to know more. This series is intended as a service to the church and to individuals with the aim of better preparing a "Christian mind," resulting in more faithful living.

Daniel Taylor, General Editor
This book is a project of The Center for Bioethics and Human Dignity, an international center located just north of Chicago, Illinois, in the United States of America. The Center brings Christian perspectives to bear on today’s many pressing bioethical challenges such as those addressed in this book. It pursues this task by developing three book series, nine audio series, nine video series, numerous conferences in different parts of the world, and a variety of other printed and computer-based resources.

Each July the Center offers a cutting-edge national/international conference and week-long bioethics training institutes for which continuing education and graduate or undergraduate academic credit are available. In fact, it is possible today for people to earn a master’s degree in bioethics, in one or more years, without relocating from their current home or job.

Through its membership/support program, the Center networks and provides resources for people interested in bioethical matters all over the world. Members/supporters receive the Center’s international journal, Ethics and Medicine, the Center’s newsletter, Dignity, special Center communications, an Internet news service, and discounts on all Center resources and events.

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Introduction
Why All the Fuss?

The world we pass on to our children and their children may be dazzlingly wonderful or staggeringly horrible.

Michelle, for one, will be healed. She is a teenager who endures a life of stomach pain, vomiting, aching joints, skin sores, and the progressive breakdown of her blood. She has sickle-cell anemia, a disabling and potentially fatal disease. Its cause is a small mistake in her genetic code, which will eventually be correctable. In fact, because of genetic and other technologies, many of the worst diseases you have heard about and may be experiencing in your own family will be cured!

At the same time, David and Maria may wake up one morning horrified at what they have done. It started out fairly innocently, or so they thought. They had aborted their second child because they didn’t want another boy. Then they had tried a new genetic intervention technique to ensure that the next child would be a girl, and at the same time they took advantage of the chance
to boost the girl’s mental and physical abilities. But a genetic error had caused the baby’s right arm not to develop properly, and they decided to abort her as well. Two additional pregnancies resulted in similar deformities and more abortions. Since then Maria hasn’t been able to get pregnant again. Now the morning newspaper is saying that the use of genetic “improvement” techniques were approved too quickly—resulting in deformities in children and infertility in women.

In other words, with the wonder comes a warning. It is expressed well by Bill Joy, the chief scientist of one of Silicon Valley’s top technology companies and cochairman of a U.S. presidential commission on the future of information technology: “We are being propelled into this new century with no plan, no control, no brakes.” Even worse, he adds, “The last chance to assert control—the failsafe point—is rapidly approaching.” If this warning were from some paranoid fanatic with no real knowledge of the issues, it would be one thing. But Bill Joy is a respected leader in cutting-edge technology.

What will make the difference in which way the future goes? Bioethics will. Bioethics? What’s that? Simply put, bioethics involves distinguish-
ing between what we should pursue and shouldn’t pursue in matters of life and health. For example, we know having babies is a good thing, but would it be a good option to produce them through cloning? Would it be okay not just to make them a copy of another person, but to engineer them to be exactly the way we want them to be? The human race—that’s you, plus everyone you know, plus others—must decide very soon what to pursue and what not to pursue. We need to decide long before the economic interests get too heavily involved and changing direction is virtually impossible.

If we truly can make such a difference in the future, then why in the world have we not all become bioethicists? Or why are we not all at least engaging these issues in our private and public lives in whatever ways we can?

Two reasons stand out. First, we are simply not aware of how huge and radically important the issues racing toward us are. This book is designed to help remedy that information gap. In part 3 of this volume, you will find chapters not only on reproductive, cloning, and genetic technologies, which are interventions you probably have heard something about but may not really under-
stand; you will also find information on such developments as *cybernetics* and *nanotechnology*, which you may have thought were pure science fiction—if you’ve heard about them at all.

What do you think about a computer chip implanted in your brain to give you a vast storehouse of information and even a live connection to the Internet (viruses included)? How about self-reproducing machines too small to see that can attack germs (or healthy tissue) in our bodies? Both are doable—but does “can do” mean “should do”?

There is a second important reason that we fail to make bioethics a priority. We simply don’t realize that the decisions we already make concerning our health and lives are basically *bioethical* ones. If our dying mother or father needs one last medical treatment, we consider the decision to be purely medical and so ask our doctor to tell us what should be done. Or if we want to pursue one of thirty-eight options for having children when we are infertile, we consider choosing the right option to be a decision for a fertility specialist to make.

Wrong. We do need the best medical counsel we can get in such situations. But identifying the
best decision will also require recognizing what is at stake ethically in each option before us. You may be told, for instance, that the use of dialysis to filter the impurities from your dying spouse’s blood would not be worthwhile. Rather, it would simply be best to provide good pain relief and emotional support. But what does “worthwhile” mean? Your spouse may have a quality of life on dialysis that a physician or administrator does not consider to be worth the cost of treatment. You or your spouse may think otherwise were you to have all of the information.

How much should you be told? What role should you play in the treatment decision? How different might you and a particular physician be in the value you each place on human life? People should be getting the best medical information available concerning all possible options and then tracking down the best possible ethical information for the situation. Both are necessary to be fully equipped to make good decisions. But people rarely leave the confines of the hospital. (Of course, those blessed with a Christian physician may not have to, if the physician can provide patients with the bioethical as well as medical information they need.)
On the other hand, a close friend or family member may be diagnosed with infertility. Perhaps she receives medical counsel to pursue in vitro fertilization (fertilizing her eggs in the lab and then implanting the resulting embryos in her womb). The process may be described to her for her to approve, and she may be pleased that she has been informed and even consulted for her approval. No ethical dilemmas here, right?

Look again. Did you know that it is not medically necessary to have many eggs fertilized in order to end up with an embryo to implant? Did you know that the number is so high in order to improve the odds of a successful pregnancy that some embryonic human beings—your loved one’s newly conceived children—will almost certainly die as a result? What significance does an early embryo have, and how does a risk to an embryo compare with a risk of not giving birth at all? People should be getting the best medical information they can and then hunting down their clergy or other well-informed Christian leaders to get the ethical information they need just as much. But they rarely do, either because they see the issue as purely medical rather than ethical, or...
because they see Christian leaders as unlikely to have useful bioethical resources available.

This must change. If we do not recognize today’s bioethical issues of life and death clamoring for attention all around us, we will likely remain unaware of tomorrow’s as well. Today many individuals, including our loved ones, will suffer as a result. Tomorrow the entire human race will be in jeopardy.

But what a different picture is possible if we recognize the issues and know how to engage them! People can live and die well, with the confidence that God is pleased with the choices they are making. Health care professionals can be a welcome source of information and counsel in the decision-making process. Elderly, embryonic, and other persons, instead of being “used” for the benefit of others, can be respected as the human beings they are—created in the image of God.

Part 2 of this book is designed to help foster such a world. Chapter 4 focuses on matters with special significance for human embryos, such as stem cell research and abortion. The next chapter addresses end-of-life challenges, such as withholding and withdrawing treatment, and how such decisions differ from resource allocation de-
cisions with which they are often confused. Part 2 closes with a discussion of the temptations of assisted suicide and euthanasia.

Part 3 then goes beyond more familiar health care issues to grapple with some major, emerging biotech issues: reproductive, cloning, and genetic technologies. It ends with a chapter discussing the growing battle over whether or not we should be employing biotechnology to remake the human race into a “new improved version”—or even to replace humans entirely.

Before diving into the specific issues of health care and biotechnology, however, this book takes seriously the need for bioethical tools. We cannot possibly address here every situation that you will encounter. But we can provide you with some tools that will serve you well in any situation.

Three tools are especially useful, and each receives a chapter in Part 1: history, ethics, and the Bible. History tells us where we come from and who, as a result, we are. Health care today is desperately in need of clarity on these points. Ethics alerts us to how much more is involved than medical information in deciding how we ought to live. The Bible gives us a compass to provide di-
rection in the face of many options. To supplement these tools, the book concludes with a discussion of other important bioethical resources available today.

We cannot wait much longer to become informed and engaged. People all around us are experiencing great bioethical challenges from the beginning to the end of their lives. Meanwhile, the lure of commercial profits is attracting vast resources to underwrite biotech research. We must not underestimate the danger if we do not formulate ethical guidelines for the development and use of emerging biotechnologies.

Imagine the grief of the parents of the patient at a major U.S. university medical center who was not expected to die soon, but who abruptly died in a genetic therapy experiment. Their lawsuit suggests they are convinced that they were given inadequate warnings because of the pressures to push ahead with the research as quickly as possible. If we wait too long to develop better safeguards, it will be like waiting until after a flood has occurred to try to dig a channel to direct the floodwaters in a productive direction. The time to design and dig the channel is before the flood hits!
Think of those who were living in the years leading up to the *Roe v. Wade* U.S. Supreme Court decision that opened the door to legal abortion. Very few took notice of what surely was coming until after it came. May that not be said of our generation in the face of a much larger array of vital bioethical challenges.
It Started with Hippocrates

With purity and with holiness I will pass my life and practice my Art.

Hippocrates

Almost everyone has heard of the Hippocratic Oath, the ancient pledge sworn by newly minted physicians. Few people know just what the Oath says and even fewer know that many medical schools no longer require their graduates to take the Oath. Since the ethics expounded in the Oath have shaped the course of Western medicine for over 2,500 years, it is important for us to understand something of the history and contents of the Oath. We must also understand the challenges physicians face—especially Christian physicians—as they try to maintain fidelity to the principles and virtues outlined in what may be called the “Hippocratic consensus” in medicine. Biomedical ethics did not rise phoenixlike from the ashes of the twentieth century. In fact, like medicine, biomedical ethics has ancient beginnings.
Some form of medicine has existed since at least 9000 B.C. The historical evidence suggests that the first physicians were really priestly magicians whose treatments and cures arose from their cultic practices rather than scientific research. The practice of medicine consisted largely of spells, incantations, charms, and a few natural drugs given to patients as part of a spell to rid them of an ailment. Many of these treatments may have been helpful, though one must wonder whether some of the patients might have been better off without treatment.

In Mesopotamia three classes of physicians existed: the diviners (who interpreted omens and foretold the course of diseases), the exorcists (who cast out the evil spirits believed to have caused the disease), and the physicians (who performed surgery and administered drugs). The Code of Hammurabi (ca. 2000 B.C.), an ancient law code, spelled out some of the protocols to be followed in Babylonian medicine. For example, if a physician treated a nobleman for a severe wound or for an abscessed eye and the nobleman either died or lost his eye, the physician’s hands should be cut off! These laws, no doubt, made the idea of becoming a doctor less attractive to prospective
physicians. The Code included little, if anything, that could be described as ethics.

**Early Western Medicine**

Western scientific medicine really began with the Greeks. Though some Egyptian medical practices were transferred to Greece, Hellenistic culture can be credited with much of our early knowledge of anatomy, physiology, and the genesis of our medical terminology. Even the symbol of medicine, the caduceus—the familiar serpent entwined on a rod—probably owes its origin to the Greek deities Aesculapius and Hermes, as well as the cult of the serpent in Minoan religion. Other Greek giants such as Aristotle, Galen, and Hippocrates shaped medicine in innumerable ways.

Hippocrates of Cos (ca. 460–ca. 370 B.C.) was the son of a physician and practiced as an itinerant doctor in Thrace, Thessaly, and Macedonia. Plato mentions Hippocrates in the *Phaedrus*, where Socrates appeals to the empirical observations of Hippocrates and the Asclepiad, the cult of Aesculapius. Plato also calls Hippocrates “a professional trainer of medical students.”

The written works attributed to Hippocrates
DOES GOD NEED OUR HELP!

are of various origins. Some are doubtless the works of Hippocrates himself. *Prognostics* and *Joints* are usually thought to be original. Other works were written under his name either by individuals or by the so-called Hippocratic school. The Hippocratic corpus of some sixty written works is rich and varied. His *Aphorisms*, for instance, begins: “Life is short, and the Art long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals co-operate.”

The Hippocratic Oath

Hippocrates is perhaps best known to most of us through the Oath that bears his name. What has become known as the Hippocratic Oath was probably written after his death by the Hippocratic school. Nevertheless, the Oath is universally held to reflect accurately the ethics of Hippocrates himself.

Originally the Oath was not recited in medical schools. Rather, it was administered in family guilds of physicians or used to form a pact between a teacher and his pupil.
Jews, Christians, and Muslims adopted the Oath as their own, changing the names of the Greek deities to the names of Yahweh and Allah, respectively, thus making the Oath monotheistic rather than polytheistic.

The purpose of the Oath

When thinking about the purpose of the Oath, it is important to remember that in Hippocrates’ day there were no medical schools, examination boards, or professional organizations that offered credentials to physicians. No training was required, no licensure was necessary, and no one could, therefore, remove a physician from practice. Medicine was considered a craft and the physician was a craftsman.

Anyone could (and did) hang out a shingle, as it were, and call himself a physician. (In the ancient world physicians were, almost without exception, males.) As we have noted, not only were some of the physicians the equivalent of sorcerers, but there were plenty of charlatans who took advantage of the sick for their own profit. The patient had to be able to distinguish the charlatan from the true physician.

The Hippocratic school was probably like a
crafts guild. A Hippocratic physician demonstrated mastery over a particular set of skills. Many of the works that bear the name of Hippocrates outlined those skills. The Hippocratic physician was also held to high ethical standards. These standards are expounded clearly in the Oath itself.

I swear by Apollo the physician and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment,

I will keep this Oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction,

I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others.
I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous.

I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art.

I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional service, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad,

I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected
by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot.

The Oath divides neatly into two parts: the first specifies the duties of the pupil toward his teacher, and the second provides a brief summary of the ethics of medicine. In the first part it is evident that being a physician was much like being any other kind of craftsman.

Certain duties were required of the learner of a craft toward his teacher. First, upon entering training for medicine, the student was to treat the master as he would his own father, even supporting the teacher should that become necessary. This was a form of indenture, but a more intimate form than others in the ancient world. For in this indenture, the offspring of the teacher were to be regarded as siblings of the student. Moreover, the student pledged to teach the master’s children the art of medicine should they wish to learn it.

Surprisingly, the student also covenanted to teach other pupils who signed the indenture and swore the Physicians’ Law (another term for the Oath), “but to none other.” As Nigel Cameron has pointed out in his very helpful volume, *The New Medicine: Life and Death After Hippocrates*, “The
Oath explicitly forbids the physician to pass on his clinical knowledge to anyone who has not already committed himself to the Hippocratic values.” The skills of clinical medicine were only to be taught to those who would embrace the ethics of medicine.

The Ethics of the Oath

What are Hippocratic ethics? In another place in the Hippocratic literature Hippocrates says, “The medical art has to consider three factors, the disease, the patient, and the physician. The physician is the servant of his art, and the patient must cooperate with the doctor in combating the disease.” These three factors—the disease, the patient, and the physician—clearly inform the moral requirements of being a physician.

First, the Oath is written against the backdrop of the patient’s disease. The patient is sick. The patient has a disease that requires the physician’s skills to treat. Following the outline of the Oath, the disease may require a change of diet, the administration of drugs, or surgery. In the application of all these treatments, the primary concern is for the good of the patient. He or she is the fo-
cus of the Hippocratic physician’s art. The physician serves his art to the end that the patient’s sickness is relieved.

Also, note carefully that the Oath enjoins the physician to employ his skills “for the benefit” of the patient and in such a way as not to be “deleterious and mischievous.” It is a well-known axiom that the first principle of medical ethics is *primum non nocere* (first, do no harm). After that, the physician is also to seek to do good for his patient by skillfully and competently treating the patient’s illness.

Doing no harm means, among other things, that the physician will not give a poison to anyone or even make a suggestion to that effect. Physician-assisted suicide is beyond the pale of “purity and holiness” for the Hippocratic physician.

Similarly, doing no harm means that the physician will not give an abortion-causing drug to one of his female patients. Abortion was not uncommon in the Graeco-Roman world. Nevertheless, the Hippocratic physician was to set himself apart from this practice, no matter how common
it might be. Interestingly, in one Christianized version of the Oath the language is even more explicit, stating that the physician will refuse to perform an abortion “from above or below.” This would prohibit both the use of drugs or surgery for the purposes of abortion—once again underscoring the fact that early Christians knew abortion to be a common cultural practice.

Further, the Hippocratic physician pledges not to practice beyond his competence. Thus, he swore that he would refer patients with a “stone” to a surgeon. Here we have an ancient testimony to the emergence of specialties in medicine. Apparently there were already what we call internists and surgeons.

Next, we should observe that the Hippocratic physician was a “professional.” That is to say, there was no dichotomy between his “life” and his “art.” A professional is ideally a thoroughly integrated individual who is on the inside just what one sees on the outside.

Professionalism means that he will keep himself from wrongdoing, including sexual immorality.
of either a heterosexual or homosexual nature. Sexual sin is especially heinous where a person of considerable power (in this case the physician with his special set of skills and expertise) is in a position to exploit a person who is weaker (in this case due both to the presence of an illness and by the social structures of the day).

Moreover, the professionalism of the physician means that he will keep confidential any information about the patient and/or information learned during the treatment of the patient. Patient confidentiality is no less important today for some of the same reasons it was important in Hippocrates’ era. Patients can easily be discriminated against based on their diagnoses and prognoses. If someone does learn of a patient’s condition, it should not be, says the Oath, from the physician.

Finally, the Oath ends with a sanction showing its utter seriousness. The consequences of keeping the Oath were to be a life of flourishing and respect. If the physician violated his covenant, he called down misery and disapproval on himself.

Evidence of the sober nature of the Oath was that it was pledged in the name of the gods. While Christians obviously will not name the pagan deities when they pledge the Oath, they nonetheless
recognize, as Hippocrates recognized, that the practice of medicine is transcendent in nature.

Human beings are not merely creatures of flesh and blood; they are spiritual and “soulish” creatures. Moreover, the universe is more than a merely physical universe. So the task of caring for patients compromised by illness must be performed in light of realities that go beyond the physical.

The Costs of Ignoring the Oath
The Hippocratic Oath enshrined the ideals of medical practice in the Western world. Much of what we think of as medicine and medical ethics is derived from the Hippocratic tradition. Christians modified the Oath in important ways. They did not, however, dilute the Oath. They only strengthened it. Today, medicine is changing. We are jettisoning many of the Hippocratic, not to mention Christian, ideals. We do so at our own peril and, more importantly, at the peril of those who are sick.

In a very important survey of medical schools in North America in the mid-1990s, Robert Orr,
M.D., and his colleagues found that only one medical school of the 157 surveyed used the original Hippocratic Oath. Sixty-eight schools used some version of the Oath, but only 8 percent of those oaths prohibited abortion and only 14 percent prohibited assisted suicide and euthanasia.  

Orr and his colleagues also found that while 100 percent of the oaths taken in North American medical schools included an affirmation of the physician’s commitment to the patient’s well-being, only 43 percent included the notion of accountability for the physician’s own actions and only 3 percent prohibited sexual contact with patients. These distortions of the Oath reflect gargantuan changes in the ethics of medicine. 

There is a stark contrast between Hippocratic medicine and contemporary, relativistic medicine. In a very real sense, the remainder of this book is a plea for a revival of the principles and values resident in the Judeo-Christian Hippocratic tradition in medicine. Human life and dignity are on the line.
Recommended Resources

Do you want to know more about bioethics from a Christian perspective? Whether you want to be connected with a network of Christians who are interested in medicine, biotechnology, and ethics, or you just want additional materials for your own study, resources are available to assist you. Contact The Center for Bioethics and Human Dignity, as explained on the page opposite the title page at the front of this book.

Here are some books to get you started (items marked with an asterisk [*] may be ordered at www.cbhd.org):

**Hippocratic Health Care**

DOES GOD NEED OUR HELP?

Beginning of Life Issues


Health Care Resources


End of Life Treatment

* Kilner, John F., Arlene B. Miller, and Edmund D.
Recommended Resources


Assisted Suicide and Euthanasia


Reproductive Technologies


DOES GOD NEED OUR HELP?


Genetic Engineering


Cloning, Biotechnology, and a Truly Human Future


* Kilner, John F., Nigel M. de S. Cameron, and David

**Journal Resource**

*Ethics and Medicine: An International Journal of Bioethics*. Published three times per year. (www.ethicsandmedicine.com) The journal is available directly or as part of membership in The Center for Bioethics & Human Dignity. The mission of *Ethics and Medicine* is to reassert the Hippocratic consensus in medicine as seen through the lens of the Judeo-Christian tradition, on the conviction that only a robust medical professionalism is able to withstand the challenges of emerging biotechnologies and their clinical applications.
Chapter 1

1. Briefly describe medical practices in ancient Egypt. How did Egyptian medical practices compare to those in Mesopotamia?

2. How did the Greeks influence scientific medicine?

3. If you had lived in ancient times, do you think you would have sought medical care as readily as you do today? Why or why not?

4. What is your first impression of the Hippocratic Oath? To what extent does it still apply to today’s medical practice?

5. Explain “do no harm” in modern day terms. Has this changed since Hippocrates’ time? How?

6. Does your family doctor follow the points of the Hippocratic Oath? Why is that important to you?

7. Have you or anyone in your family experienced questionable medical care? How did it affect the outcome of your treatment? What did you do about it?

8. How can ignoring the principles in the Hippocratic Oath jeopardize the well-being and care of patients?
9. What are some of the changes in the Oath that greatly affect medical ethics?
10. From a Christian viewpoint what do you think about the changes to the Oath mentioned in this chapter?

Chapter 2

1. How has the Hippocratic orientation of medicine changed in the past forty years?
2. “Bioethics from a Christian perspective not only can critically evaluate the ways that people justify their actions, but also can explain how people should live.” Do you agree? Why or why not?
3. What are the four reasons that people arrive at different ethical conclusions? Which of the four most influences you and your ethical decisions?
4. Have you ever persuaded someone to change his or her opinion about an ethical issue? Have you been persuaded to change your opinion on an issue? In either instance, what influenced the change?
5. What are three approaches to reasoning? Which, if any, do you use most frequently?
6. What makes reasoning that appeals to consequences unworkable? Have you tried using that type of reasoning? What happened?
7. When are “right and wrong” not right and wrong?
Notes

Introduction

Chapter 1: It Started with Hippocrates
1. Plato, Phaedrus 270 C–D.
6. Ibid.

Chapter 4: Embryonic Ethics
1. These studies are reported in New Scientist (26 January 2002) and The New England Journal of Medicine (7 March 2002).
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