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Senior Editor's Preview

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Senior Editor's Preview

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Abstract

Welcome to *Bioethics in Faith and Practice*! As we close out 2016, the New Year brings many challenging issues. This issue of the journal features ethical dilemmas at the beginning of life, the end of life, and in the laboratory.

Keywords

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Senior Editor's Preview

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Welcome to *Bioethics in Faith and Practice*! As we close out 2016, the New Year brings many challenging issues. This issue of the journal features ethical dilemmas at the beginning of life, the end of life, and in the laboratory.

We begin with my editorial on the current trend for assisted suicide. The American Medical Association is re-thinking its traditional opposition to medically-assisted death. As a part of this trend, five states have passed laws allowing doctors to help terminally-ill patients end their lives at a time of their choosing. This is a dangerous trend, in that it violates the trust relationship between doctors and their patients. More importantly, it denies the sovereignty of our Creator God, Who alone has the power over life and death.

Dr. Kuruvilla, our Managing Editor, discusses the new CRISPR technology, a novel new insight that takes advantage of a bacterial defense mechanism to recognize foreign DNA. A new procedure modifies this into a molecular “machine” that can actually edit any genome. This allows for some truly breathtaking possibilities, especially in the fight against cancer. But there are many hidden ethical dangers. Dr. Kuruvilla points out that this technology “is moving faster than the ethical discussions surrounding its proper and wise stewardship.”

The first of our full-length articles in this issue is by attorney Gregory Smith, and deals with the thorny issue of the persistent vegetative state (PVS). In end-of-life ethics, PVS is a most vexing dilemma: brain trauma with deep and irreversible loss of consciousness, but with preservation of the brain stem. The result is a profoundly disabled patient who can breathe without assistance and has sleep and wake cycles, but will never be conscious. PVS patients are not terminally ill, inasmuch as they can be kept alive with a feeding tube and good nursing care. But here is the key question: is artificial nutrition and hydration (ANH) always obligatory under these circumstances?

Mr. Smith presents his argument from the Roman Catholic moral tradition. He attempts to address some confusion engendered by Pope John Paul II, a theological conservative who endorsed the sanctity of human life, but may have influenced end-of-life ethics in a more rigid, legalistic way. The article uses Catholic Magisterial sources to examine whether ANH is morally required in all PVS patients, or if hospitals and nursing homes might forego this in some cases. Gregory Smith engagingly poses this question: “If God is calling you home, how much do you argue?” His deep discussion may be particularly helpful to ethics committees of Catholic institutions.

The second in-depth article is by pastor and hospital chaplain Mark Lones, who discusses the issue of reproductive surrogacy. Many of us are uneasy about using another woman's womb to help childless couples have a baby. Mr. Lones points out that surrogacy arrangements raise multiple ethical concerns, such as exploitation of women and the commodification of children. In his words, it "disrupts the natural links between marriage, conception, gestation, birth and the rearing of the child." His analysis gives us multiple reasons to consider surrogacy highly problematic from an ethical perspective.