

**SEPTEMBER 14**

**BIOETHICS: MORE QUESTIONS THAN ANSWERS**

**DR. CHARLES KAMMER**

*The James F. Lincoln Professor of Religious Studies  
The College of Wooster*

**SEPTEMBER 21**

**HUMMING WITH MYSTERY: SYNTHETIC BIOLOGY AND PLAYING GOD**

**DR. PAUL LAURITZEN**

*Department of Theology and Religious Studies  
John Carroll University*

**SEPTEMBER 28**

**BIOMEDICINE AND THE CHOSEN DEATH MOVEMENT**

**DR. THOMAS TIERNEY**

*Department of Sociology  
The College of Wooster*

**OCTOBER 5**

**MORALITY IN AN AGE OF EXPANDING POSSIBILITIES**

**DR. DEAN FRAGA**

*Departments of Biology and Biochemistry and Molecular Biology  
The College of Wooster*

**OCTOBER 12**

**HEALTH CARE AND SOCIAL JUSTICE IN THE UNITED STATES**

**DR. MONI MCINTYRE**

*Center for Social and Public Policy  
Duquesne University*

**OCTOBER 19**

**BRAVE NEW WORLD?: HUMANITY' S SEARCH FOR ITSELF**

**DR. CHARLES KAMMER**

*The James F. Lincoln Professor of Religious Studies  
The College of Wooster*

**Location**

All sessions of the Academy are held in the Lean Lecture Room on the lower level of Wishart Hall, at Bever and University Streets on The College of Wooster campus.



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*The 43rd Annual  
Fall Academy  
of Religion 2011*

**BIOETHICS:  
UNDER THE  
MICROSCOPE-  
THE SEARCH  
FOR OUR  
SELVES**

7:30 – 9:30 p.m. Wednesdays

**September 14 – October 19**



*Free lecture series for persons  
of any background*

**THE COLLEGE OF WOOSTER**

# BIOETHICS: UNDER THE MICROSCOPE – THE SEARCH FOR OUR SELVES

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If the nineteenth century marks the beginning of the industrial revolution, the twentieth century marks the beginning of the biological revolution. A rapid growth of knowledge, much of it made possible by new technologies, led to an enlarged understanding of biological processes and the development of new tools and procedures for intervening into and controlling many of those processes. With greater knowledge and power, however, came new questions about both appropriate and ethical ways to conduct research and about appropriate and ethical ways to apply this new knowledge. These questions rose to the forefront most dramatically in the realm of health care and the proper role of medicine.

There is a long history of reflection on the role of “the healer” and the responsible use of their power and knowledge. These early reflections are codified in the Hippocratic Oath, ascribed to Hippocrates in the fourth century, BCE. This pledge, recited by physicians for centuries, commits physicians to use medical knowledge to heal the sick and alleviate suffering while avoiding doing intentional harm. Embedded in the oath is a pledge to not exploit patients either financially or sexually. Physicians are prohibited from ever taking a life.

For centuries, such an oath seemed adequate. Medical knowledge and power were both limited, fraught with practices based upon misinformation and flawed procedures. One study suggests that it was as late as the 1920’s before the medical arts were more likely to help you than harm you. New practices of hygiene, bacterial and viral understandings of disease, antibiotics, anesthetics, and new surgical techniques rapidly altered medicine into a truly healing art.

By the 1960’s, however, medical knowledge had expanded so rapidly, new techniques had become so powerful and medical research so expanded that a host of new issues arose. Physicians, their patients and society at large were bombarded with questions, ranging from very practical ones to deep philosophical and theological ones. New contraceptives and safe, easily applied abortion techniques raised issues about “when life begins” as well as the purpose of medical

practice. Was abortion killing? Could there be therapeutic abortions? Could physicians practice abortion without violating their medical oath “not to harm or kill”?

New techniques for saving lives, such as new resuscitation techniques, respirators and artificial feeding, raised questions about the end of life. Should we attempt at all costs to save all lives? If we placed a person upon a life sustaining technology, could we morally discontinue its use even if it meant the death of the patient? This, coupled with advancements in organ transplant technologies, led to a functional question of “when does death occur”. Historically death was defined as that moment when heartbeat and respiration stopped, but, if persons were on machines sustaining both, were they alive or dead? The sooner organs were harvested for transplant, the better the likelihood for success. When was too soon? When was keeping a person on life sustaining machines simply “keeping the dead alive”?

New fertility techniques including donor sperm, donor eggs and embryo implants raised questions about the meaning of parenthood. These new technologies raised questions about “designer babies” who have carefully selected genetic donors. They also raised questions about fertility treatments that lead to multiple births. And here, as in all of the medical advancements, was the issue of how more advanced and more expensive medical care would be funded. As medical care becomes more expensive, its use of resources detracts from spending on other social goods. How do we decide between more spending on schools, programs to alleviate poverty or to protect the environment and the expansion of medical technologies? And who will receive the benefits, all or only the wealthy?

Likewise, since increasing medical knowledge requires experimentation, much of it done on human beings, how do we determine the ethics of research? Who should our subjects be: the poor, the incarcerated, those society considers disposable? Are there limits that should be set on experimental procedures done on human beings? And, in all of these areas, who decides: the general public, the government, scientists themselves?

But the biological revolution has moved far beyond traditional medical treatment. It now offers the possibility of “biological enhancement”. Advancements in our understanding of human genetics and the gene code, coupled with new techniques, allow us to potentially do drastic interventions into human biology. Theoretically, entire classes of genetically based diseases could be eliminated from the human gene pool. If we can locate genes that control various kinds of intelligence, we can theoretically manufacture future generations with higher IQ’s and who better meet society’s needs. Beyond this, we can even begin to build in new genetic capacities, creating, perhaps, “superhumans”. And now we stand on the edge, we are told, of curing aging. Human life expectancy may easily become a thousand years or more. We are even working on creating entirely new organisms. “Synthetic biology” means that human beings will become the creators of “life itself”.

Bioethics, then, is the reflection upon the issues raised by the biological revolution. It is reflection and discussion that is necessarily interdisciplinary for it requires an understanding of the science that is involved and an accurate assessment of actual benefits and potential risks. It requires the input of social scientists for all these new technologies have social implications. How will we decide what to fund and not fund? How will we decide who gets medical care? What are the implications of human life expectancy expanding to a thousand years or more? And, finally, there is need for the wisdom of philosophical and religious traditions, which have, for countless generations, reflected on the fundamental questions of what it means to be human and how we should live our lives.

In this Academy, we have speakers from a wide variety of backgrounds and disciplines to engage these questions and discussions. We expect there to be a variety of perspectives. We hope that all participants, including audience participants, will bring their experiences, traditions and wisdom to these issues and willingly exchange knowledge and opinions.