



from the director's desk

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At The Center for Bioethics & Human Dignity (CBHD), part of our core mission is to stay on the cutting edge of bioethical issues, watching for emerging trends, both those that are encouraging and those that trouble us. But, that does not mean that CBHD is neglecting the more familiar issues such as beginning- and end-of-life concerns. We are noticing an uptick in questions about physician-assisted suicide, euthanasia, healthcare decisions for elderly parents, and advance planning directives. From time to time, it is good to get back to the basics.

Although many of the ethical issues at the beginning and end of life are fairly well settled, their application is highly personal, and their relevance may not be obvious until a life situation arises. And when that time does come, abstract principles or values can acquire an emotionally tinged urgency. I would suggest that there are two aspects to responding to these bioethical concerns: thinking them through carefully and reflectively in advance, and acting in accordance with your acknowledged values and principles in the midst of the crisis. Both aspects are best worked out in conversation and consultation, not isolation. Two personal examples may illustrate my point.

My husband Jay and I recently updated our estate plan, including a durable power of attorney for healthcare. In discussing questions posed by our attorney, Jay and I reviewed our principles and values and how that affected our decisions. All of our children—now adults—were home for Thanksgiving. During a low-key moment, my husband Jay and I told them about our plans, and answered their questions.

Last year, my mother-in-law's health declined due to congestive heart failure and kidney failure. At one point, I had to sit down with her and go through end-of-life planning documents before she could leave nursing care and return to assisted living. My goal was to make sure she understood each provision, and to ascertain her wishes regarding nutrition and hydration, organ donation, CPR, and so forth. Jay and I wanted to be sure we could act in accordance with her wishes.

As her condition worsened, we had to make decisions about re-hospitalization, in-home hospice care, and withdrawal of breathing support via nasal cannula. We were no longer contemplating abstract principles and values, but were in the midst of making decisions that could affect a family member's life. We consulted with her personal physician, specialists, home healthcare agencies, an expert on POLST, the hospice nurse, and the chaplain. At one point, I called two doctors with bioethics expertise—friends of CBHD—to ask if we were missing anything in deciding to remove the cannula. Conversations and consultations were integral to our decision making.

As I have said many times, everyone will one make at least one bioethical decision in their lifetime. There is no way to know when that will be, and a crisis is not an optimal time for beginning to think ethically. Ethical principles cannot be grasped in sound bite portions. Moral conscience—virtuous character—needs to be formed gradually, and strengthened regularly, so that we will have a reliable foundation for, as Dennis Hollinger puts it, “choosing the good.” Then, if and when a bioethical dilemma arises, we can have greater confidence that we are making a wise, morally good choice.

As part of our ongoing contribution to the conversation about basic issues at the end of life, the Center thinks it is worthwhile to focus on the familiar, for new knowledge, and from a new perspective. In this issue, Edward Grant does just that. In his first contribution to *Dignitas*, Grant updates Advance Medical Directives (AMD) in light of the developments in the past decade in advance care planning, through the perspective of law. Often central to end-of-life decision-making, the attorney's role can be neglected or overlooked. Yet advance planning often begins and ends in the attorney's office. This is not ideal. The conversation should be interprofessional, as Grant points out: “Wise attorneys will advise clients to consult a physician with any questions regarding the medical impact of decisions and treatment preferences stated in an AMD.”

The various disciplines—theology, philosophy, law, and medicine—all have something to contribute to helping us choose the good. At CBHD we are committed to fostering an approach that welcomes all of them in our bioethical conversations, even for the most basic of bioethical concerns.

The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center at Trinity International University.

“Exploring the nexus of biomedicine, biotechnology, and our common humanity.”

Dignitas is the quarterly publication of the Center and is a vehicle for the scholarly discussion of bioethical issues from a Judeo-Christian Hippocratic worldview, updates in the fields of bioethics, medicine, and technology, and information regarding the Center's ongoing activities.

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