



## Matrix of the Mind Reflections on *Matrix: Revolutions*

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It has always been my contention that an important part of being a good bioethicist is understanding the pulse and trends of pop culture. We should see clearly what our culture has to say about what it means to be human through its art, and films have a unique platform to communicate ideas to our society because of the sheer number of people who watch them.

The *Matrix* trilogy, which concluded this past November, portrayed a blend of Eastern and Western spiritual metaphors through complex dialogue and eye-popping action. I think part of the reason so many people went to see these movies was because they tapped into the questions many are asking about the meaning and purpose of life. EJ Park, professor at Wheaton College, suggested in an interview that the *Matrix* is a response to the crisis of post-modernity. Post-modernity's message is that all of reality is merely a construct. Truth is relative—in fact, everything is relative: language, culture, love, death, etc. Park concludes that post-modernity says “everything is nothing.”

In essence this is what Mr. Smith, the *Matrix* antagonist, has to say in the final battle he has with the hero, Neo (Mr. Anderson): “Why, Mr. Anderson, why? Why, why do you do it? Why, why get up? Why keep fighting?... Is it [for] freedom or truth, perhaps peace—could it be for love? Illusions, Mr. Anderson, vagaries of perception. Temporary constructs of a feeble human intellect trying desperately to justify an existence that is without meaning or purpose. And all of them as artificial as the Matrix itself.” The *Matrix*'s message and response to this form of nihilism is that we ought to *believe* in something (the connotation being that the something is spiritual or metaphysical), and by believing we bring purpose and meaning to our lives. This may be a positive trend in our culture and good news for the complex and sometimes morally gray field of bioethics. There is, however, an implicit philosophical discussion in the film describing the relationship between human and machine that I find disturbing and, as it relates to bioethics, critically important to understand.

The directors, the Wachowski brothers, required their lead actors to read three books, one in conjunction with each film. The second book, titled *Out of Control, The New Biology of Machines, Social Systems and the Economic World*, was authored by Kevin Kelly, editor at large of *Wired* magazine. Kelly writes, “The apparent veil between the organic and the manufactured has crumpled to reveal that the two really are, and have always been, of one being.” The third book, *Introducing Evolutionary Psychology*, was written by Dylan Evans, Research Officer in Evolutionary Robotics at the Centre for Biomimetics and Natural Technology at the University of Bath. In this view of psychology, “the mind is a set of information-processing machines that were designed by natural selection to solve adaptive problems faced by our hunter-gatherer ancestors.”<sup>1</sup> These ideas work themselves out dramatically in the trilogy's final film *Matrix: Revolutions* in which the protagonist Neo—who by this film has become part machine himself—does not destroy the Machine that has enslaved humans for centuries but instead makes peace with it, thereby saving all of humanity from sure destruction.

The issue here is not so much a concern about the melding of human and machine, nor is it about human versus machine—it is, rather, a discussion about the human *as* machine. The late Neil Postman, cultural critic at New York University, wrote about the relationship that many of us have with a very familiar machine, the computer. Postman says in his book *Technopoly* that, “the computer redefines humans as ‘information processors’.... The fundamental metaphorical message of the computer, in short, is that we are machines—thinking machines, to be sure,

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## News from the Field

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### Brain-Damaged Woman Continues to Be Subject of Intense Court Battle

Terri Schiavo, the severely brain-damaged Florida woman whose husband won a court order last year to remove her feeding tube against the wishes of her parents, is still alive thanks to a last-minute intervention by Governor Jeb Bush and the Florida state legislature. Terri's husband Michael has argued that Terri, who has been in a comatose-like condition since 1990, had earlier stated that she would not like to be kept alive in such circumstances. Her parents dispute that assertion and argue that Terri could be partially rehabilitated with special care. A court battle between the two parties has been raging for more than six years.

Six days after Michael won the right to remove her feeding tube in mid-October, the Florida legislature rushed a bill through that temporarily gave Governor Bush the authority to override the judge's order. The constitutionality of the bill is now the subject of a new court battle.

The Schiavo case has fostered a great deal of new interest in living wills and advance directives. The protracted legal battle between Michael Schiavo and Terri Schiavo's parents resulted because Terri had not left any written directions regarding her health care wishes. To help people and their families avoid being faced with such a situation, the Center has created an advance directives kit complete with a form and helpful resources to guide decision-making. Please see p. 7 of this newsletter for more details and ordering information.

### Scientist Says Mental Secrets Must Remain Private Property

Donald Kennedy, Stanford University scientist and editor of the journal *Science*, is publicly speaking out against providing businesses with access to the brain scans of individuals. He argues that the information available in such scans is too personal for businesses (including insurance companies) to know.

Some scientists already believe they can use brain scans to identify who will likely develop diseases such as multiple sclerosis and Alzheimer's. In November, scientists announced they had used an MRI to determine if a person was harboring a racial prejudice. Kennedy believes that brain scans

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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)

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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) \_\_\_\_\_.” ■