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Update - Fall 1984

Loma Linda University Center for Christian Bioethics

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Update

BIOETHICS CONFERENCE SLATED FOR APRIL

"Biomedical Ethics Today: Old Models and New," a conference for physicians, nurses, ministers and other interested persons, will be held at Loma Linda University April 21-22, 1985. The LLU Center for Christian Bioethics and the Institute for Society, Ethics and the Life Sciences of Hastings-on-the-Hudson, New York, will collaborate in the presentations.

A discussion of ethical issues in organ transplantation, presented by Arthur Caplan, Ph.D., Associate for the Humanities at the Hastings Center, will be one of the conference's special features. This lecture,

(continued on page 2)

CHARLES TEEL JR. WILL LEAD CENTRAL AMERICA PROBE

Students in "Biblical Ethics in the Modern World," a new undergraduate course, along with students in the Honors Program of Loma Linda University's College of Arts and Sciences, will have an opportunity to explore the relationships between Biblical ethics, Christian ethics, and social change during a tour of Mexico and Central America led by Charles Teel, Jr., Chairman of the Department of Christian Ethics.

During both the upcoming Christmas vacation and the 1985 Spring vacation, students in these classes will interview leaders in Mexico from groups as diverse as the

ROBERT VEATCH TO LECTURE IN JANUARY AT LOMA LINDA

Robert M. Veatch, Professor of Medical Ethics, Kennedy Institute of Ethics, Georgetown University, and a noted author will deliver the inaugural address of the Medicine and Society Conferences, a series of monthly meetings sponsored by the Center for Christian Bioethics and Loma Linda University School of Medicine. Veatch's topic is "Human Experimentation: The Process of Ethical Decision-making." The Veatch lecture will be held January 16, 1985, from 12 noon to 1:00 p.m. in the Lobby Level Amphitheater of LLUMC. Subsequent conferences will be held on the second Wednesday of the month.

Jack Provonsha, Director of the Ethics Center, will formally respond to Veatch's lecture.

Although the first conference will be a lecture, normally the format will include brief statements by an interdisciplinary panel of profes-

sionals followed by an open discussion. Members of the panel will typically include a physician, an ethicist or theologian and a member of such professions as law, social work, public health or hospital administration, depending on the discussion topic.

The conference, open to all interested persons, will be a resource for health care professionals from LLUMC and the Inland Empire. Prior to each meeting, information fliers will be sent to hospitals, agencies and interested persons in the area.

Funding for the first year of conferences has been provided by the Wuchenich Foundation. The budget for the first year, in excess of \$7,500, covers honoraria and travel for speakers and panelists, publicity, and bibliographic material for each session. The budget also provides for videotaping the conferences for instructional use by the University. The tapes will also be made available to individuals and institutions at a nominal charge.

The monthly conferences are administered by a subcommittee of the Ethics Center Board of Councilors. Members of that committee are LLU Faculty: David Larson, Associate Professor of Christian Ethics; Gordon Thompson, Associate Professor of Medicine; and R. Bruce Wilcox, Professor of Biochemistry. The committee is chaired by James Walters, Assistant Professor of Christian Ethics.

The January 16 session is the first in a cluster of three conferences dealing with the appropriate use of new medical technologies. The topic of the second conference is cross-species transplantation. The third conference will deal with the allocation of scarce medical resources.

Maryknoll Order and the Campus Crusade for Christ. Those who will be interviewed include a mother rearing four children in a "squatters settlement" in Cuernavaca, a co-founder of Christians for Socialism, an evangelist with Campus Crusade for Christ, a professor at a Baptist theological seminary, the Roman Catholic Bishop of Cuernavaca, and a leader of a "base Christian community."

On November 18, Professor Teel, a sociologist and ethicist who has led study tours for several years, presented the 1984 Lewis Lecture

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CONFERENCE *(continued)*

scheduled for Sunday, April 21, at 7:30 p.m. will be open to the public.

Other speakers are Daniel Callahan and Ronald Bayer of the Hastings Center, and Jack Provonsa, David Larson, James Walters and Charles Teel, Jr., of the LLU Ethics Center. They will explore ethical issues surrounding birth and death, allocation of health care, ethics of experimenting upon living beings, and other topics.

The conference will consist of seven 90-minute sessions. Each session will begin with a 30-minute lecture by one of the ethicists, and two 12-minute responses by commentators will follow. A moderator will then lead a discussion with opportunity for audience participation. The first session will begin Sunday morning, April 21, and the conference will conclude with three meetings on Monday, April 22.

Commentators and moderators are being chosen for their expertise in the topics covered. Each of the three speakers of the Hastings Center will comment on another speaker's presentation. The other commentators and moderators will be chosen from academic and medical institutions in Southern California.

Although the conference will deal with biomedical issues, many non-medical persons will be interested in these socially important topics. All are welcome. The conference will have national advertising, although medical professionals in the West will be the target audience. For more information about the conference and for registration materials, please fill out the response form in this newsletter and mail it to the Ethics Center.

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REFLECTIONS REGARDING BABY FAE

ETHICAL ISSUES EVOKED BY BABY FAE

James W. Walters

Baby Fae survived four times longer than any newborn with any type of heart transplant. The historic nature of this feat is settled, but its value variously is deemed success or failure. Such controversy is more good than bad. We'd be in trouble if a baboon heart transplant caused nary a social ripple. Debate, discussion and eventual consensus is indispensable if society is to remain intact as it encounters the totally new.

This transplant was clearly a scientific marvel, but some societal issues raised remain opaque. Time and effort are required for millions of citizens to process the unusual — even the beneficially unusual. Not out of callousness to the value of Baby Fae's extended life, but because of our profound regard for all human life, must we grapple with basic ethical questions which emerge from, but are not limited to, the recent baboon heart transplant. Hard questions must be asked of all bold new procedures in human treatment. I will develop one question evoked by Baby Fae's experience and mention three others.

1. Does the experimental nature of a procedure override its therapeutic intent? Most of us don't flinch at using white mice as "experimental animals", but human beings never! Of course, humans share the mortal nature of all animals, but of tremendous importance is the **way** we die. A quick natural death is morally preferable to an artificially prolonged suffering death — even if many others stand to benefit. To exploit innocent individuals for the good of others is morally suspect. Therefore, participation of human subjects in original procedures presupposes a justifiable likelihood

"The Medical Center commendably exceeded the federal government's minimal requirements by having the IRB examine this privately-funded research."

of personal therapeutic "benefit" — albeit a word of new meaning in the context of fatal disease. For good reason medical researchers often utilize thousands of sub-human subjects to perfect a therapy before applying it to human beings.

In the case of Baby Fae, the Loma Linda University Medical Center's Institutional Review Board reasoned that the benefit to the infant was worth the risk. The Medical Center commendably exceeded the federal government's minimal requirements by having the IRB examine this privately-funded research. However, the thoroughness of that decision-making process is yet to be fully elaborated. More light will dispell the darkness in the public media on which some experts — medical and ethical — have based negative conclusions. The

criticism of unjustified experimentalism may simply evaporate when the scientific facts and ethical procedures are better known.

Other major advances in heart transplantation have been preceded by considerable published scientific literature and public discussion. The discussion leading to human heart transplants lasted over a decade. The determination and approval of the ethical protocol leading to Barney Clark's artificial heart transplant took 18 months. Although there is no formula for adequate prior or subsequent discussion, a presumption toward open communication and broad consensus is ethically desirable.

"Heart transplants for some babies pose profound questions when many other babies in our nation receive inadequate prenatal care and when still others starve to death in drought-stricken areas of the world."

2. Is the consent of the parents truly informed? The rule of informed consent is difficult to apply in any case, but when "information" is non-existent due to the procedure's experimental nature the rule requires that utmost sensitivity be exercised. Parents with a terminally-ill newborn are extremely vulnerable and a third mile must be walked to protect their autonomy. Are the options for therapy, or lack thereof, presented in clear and unbiased language? Are the best possible predictions of quality-of-life told? Is every reasonable safeguard taken to guarantee an informed, objective environment of decision-making? To insure that Barney Clark's decision was uncoerced, a knowledgeable "outside" physician was provided to the patient as his consultant and advocate.

3. Is cross-species heart transplantation a wise use of limited medical resources? Because the cross-species heart transplantation is a costly "rescue" measure rather than a preventive technique, some instinctively question its appropriateness. Although morbidity and mortality rates were drastically reduced by public health measures, we should not conclude that society should invest all its medical dollars in prevention. A just allocation of the medical dollar will proportionally address the needs of all, both prevention and therapy.

A basic fact illumines the Baby Fae case: the actual cost of the baboon heart transplant was relatively low. Although some new drugs cost hundreds of millions of dollars for research and development, and although the National Institutes for Health expended \$180 million dollars developing its artificial

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THE BEST AVAILABLE THERAPY

Jack W. Provonsha

One of the goals of medical research is to discover tolerable, practical alternatives to untimely death — tolerable, because there are worse conditions than death (medicine is concerned not only with the quantity, but with the quality of life) — practical, because while theoretically possible some alternatives may not in fact be available. The investigation that preceded it and the actual transplantation of a seven-month old baboon heart into Baby Fae's chest on October 26 were carried out with this larger purpose in mind and it is important to remember this when reviewing the controversial Baby Fae case.

Organ replacement, either by the transplant of organs from donor sources or by mechanical devices is an example of attempts to achieve this therapeutic goal. Unfortunately, for the transplant of organs there are not, and probably will never be, enough human donors available to supply the need. This is especially true for the neonate because of special difficulties peculiar to that period of life. For one thing, neonates are rarely involved in the death by accident or violence that constitutes the primary source of donor organs for older members of the population. Finding a newborn who has suffered brain-death but possesses a healthy heart undamaged by the circumstances often associated with neonatal brain-death, and is of the right size and tissue type, and in the right geographic location so that transport time does not compromise the organ, and for whom proxy donor consent has properly been given, present a complex of difficulties (further compounded if the recipient is already moribund) that render availability unlikely. Add to this the difficulty experienced in diagnosing isolated brain-death in the newborn, and one comes to see the practical limits of the allograft alternative for newborns. If an allograft were found it would seem an extraordinary coincidence almost guaranteeing that tissue-type selection would be limited. Cardiac allografts do not at present appear to provide the practical alternative to the untimely death we seek. Practical mechanical hearts still remain a distant vision and no one that I know of is preparing one for neonates.

Two other alternatives must therefore be considered. One of these is the Norwood procedure — a several stage surgical effort to rearrange the structures of the hypoplastic left heart so as to permit the right ventricle

“There are worse conditions than death.”

to carry the load of the missing left. The procedure is still highly experimental with a prohibitive mortality rate and of dubious long range outcome — including a questionable quality of life. A successful surgical result provides somewhat greater longevity, but with a critically limited heart for the remainder of the child's life.

The only other present alternative is the xenograft route taken by Dr. Leonard Bailey at Loma Linda. The practicality of this approach derives from the fact that donor organs are readily available, that is if one uses baboons (most of the other larger primates are protected species). There are other advantages. One

does not have to wait for brain-death to occur before harvesting baboon hearts. This virtually guarantees healthy, functional donor organs. The proper size can easily be selected and one has some control over time factors both for donor transport and adequate tissue testing.

The main practical drawback is, of course, xenograft rejection and here the precedents are not encouraging, to say the least. A fair number of xenograft transplants have been attempted in the past with dismal results in every instance.

There are some interesting innovations in the case of Baby Fae, however, raising the possibility of a different outcome. First, the immunological investigation of potential animal donors has proceeded far beyond anything done previously. Dr. Bailey and his associates have been studying xenograft techniques on animal models, chiefly sheep and goats — with varying degrees of success and with the accumulation of a large body of experimental data. The team's work

“As much experimental preparation had been made as possible using animal models.”

included extensive tissue typing studies in baboons and included the perfusion of a baboon heart with human blood — incidentally without apparent evidence of rejection.

•What remained was the xenograft to a human host. In looking for a human model, the hypoplastic left heart syndrome was chosen because it was within Dr. Bailey's competence as a pediatric thoracic surgeon and because the condition untreated was uniformly lethal. Success would, of course, have much broader implications. Satisfaction of the criteria noted at the beginning seemed assured. The animal studies indicated that the procedure was well-tolerated. As confirmation, Baby Fae's condition post-op was obviously not an intolerable one. We have noted its practicality above.

One of the startling results of this research was the finding of a much greater histo-comparability (the key figures seem to prefer this term to histo-compatibility) between humans and at least some baboons than had previously been expected. Moreover, never had an attempt been made on so young a patient with the possible benefit of an immature immunological system and its diminished tendency to reject.

Another difference was cyclosporine-A, a newer immunosuppressive drug that has made a great deal of difference to transplant technology. These three factors constituted a basis for hope that this alternative might offer a reasonable possibility of success — even a greater possibility than any of the other options including the human allograft — in the rare instance that one were really available. (A human source is obviously no guarantee against rejection. Allografts are also rejected.) The other alternative was certain death and Baby Fae came close to selecting it more than once prior to surgery.

What we have had then, in the Baby Fae case, was a slightly premature child facing certain death unless

something drastic were done to correct her congenital heart defect. There were four options, all but the first highly experimental and none of them good. (1) Death, (2) the Norwood procedure, (3) a human allograft, and (4) a baboon xenograft. The ethical requirement that the incompetent patient's well-being take priority over

“She apparently died the death of an allograft rejection rather than that of a xenograft.”

purely experimental purposes demanded that the best available option be selected even if this interfered temporarily with experimental goals.

Option (1) death, was unacceptable by all of the tenets of medicine, providing a reasonable quality of life was a possibility. (2) The Norwood procedure had serious problems including an unacceptably high mortality rate and a reduced quality of life. (3) A human allograft was impractical as a solution to the larger organ transplant problem and presented specific insurmountable difficulties for the newborn which leaves us with (4), the baboon xenograft. In this case, because of newer information and better immunosuppressant drugs, while there remain large questions, there was provided a real measure of hope. If it were successful, it would not only offer a practical solution

to the Baby Faes among us but a host of other possibilities down the line. On balance, (4), as questionable as it was, offered at least as great, and possibly greater therapeutic hope than either (2) or (3). We would not know if the xenograft were not attempted.

As much experimental preparation had been made as possible using animal models. Proper consent was apparently provided including the protection of the incompetent. Therapeutic goals were sought rather than purely experimental ones; that is, that the baby was considered to be more important than the experiment.

Baby Fae lived almost 3 weeks after surgery, apparently at least two good weeks. This was much longer than any other xenograft had ever survived. And when she died she apparently died the death of an allograft rejection rather than that of a xenograft. An enormous amount of information has been accumulated that may augur well for the future. Was it worth it? Only the future will tell us for sure. But at least it seems that those involved have acted with ethical responsibility in the past and the present.

Jack W. Provonsha, a minister, physician, and teacher with degrees from Pacific Union College, Loma Linda University, Harvard University, and Claremont Graduate School, is the first Director of the Center for Christian Bioethics. He serves as Professor of Philosophy of Religion and Christian Ethics at Loma Linda as well. Professor Provonsha and his wife Margaret, also a physician, divide their time between their home in Yucaipa, California and their “hideaway” near the Puget Sound.

THE MORALITY OF EXPERIMENTING UPON CHILDREN

David R. Larson

At least three views prevail today regarding the morality of performing medical experiments upon children. Each view possesses a distinctive intellectual history. Each view includes its own assumptions and implications. And each view provides a vantage point from which to survey the decision to transplant a

“Research can be morally right, utilitarians argue, if the good it produces for the community outweighs the evil it entails.”

baboon's heart into Baby Fae.

The utilitarian view is probably the most permissive. It holds that a medical experiment can be justified ethically if it promises to benefit society in the long run. Utilitarians, the modern followers of Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873), are directly concerned about the “common good.” They are indirectly concerned about protecting individuals to the degree that such efforts benefit society. Even if the one upon whom an experiment is performed is a child, and even if the study is not designed to benefit that particular youngster, the research can be morally right, utilitarians argue, if the good it produces for the community outweighs the evil it entails.

Utilitarians will disagree with each other regarding the social value of Baby Fae's surgery. Some will applaud it as an attempt to develop a steady source of

inexpensive and healthy organs. Others will criticize it for spending so much to solve a rare malady when there are cheaper ways to improve the public's health. And utilitarians will advance other arguments both pro and con. But all utilitarians will be primarily concerned about the impact of such experiments upon the total well-being of society.

The Kantian view is probably the most restrictive. Princeton University's Paul Ramsey, a contemporary thinker who is informed by Immanuel Kant's (1724-1804) insistence that a person should never be treated as a mere means to something else, holds that it is morally right to perform a medical experiment upon a child if and only if the researchers intend to help that particular boy or girl. Ramsey believes that a child cannot give competent, free, and informed consent for an experiment that is designed to benefit others, and that no one else, not even the child's parent or legal

“Kantian moralists will be primarily concerned about protecting children against experimentation from which they cannot benefit.”

guardian, is morally authorized to approve such “treatment.” He refers to the practice of performing nontherapeutic experiments upon children, with or without parental consent, as a “sanitized form of barbarism.”

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Kantian thinkers will debate the therapeutic nature of Baby Fae's surgery. No responsible person will doubt that Doctor Bailey and his team intended to help their dying patient by replacing her heart with that of a baboon. But some will wonder if in November of 1984 there was enough favorable evidence to make this attempt at cross-species transplantation a prudent gamble. Others will wonder how promising the odds must be before an experiment can be called "therapeutic" when it is certain that the patient will die and when the only other medical options are virtually palliative. Still others will doubt that ethicists have the right to tell others what odds they may accept for their children, or that they have the professional competence to pass judgment upon the scientific feasibility of a therapeutic venture. In any case, Kantian moralists will be primarily concerned about protecting children against experimentation from which they cannot benefit.

It is not as though only utilitarians are interested in social benefits and only Kantians are concerned about protecting individuals. But the relative importance

"McCormick balances the protection of individuals and the betterment of society upon the validity of parental consent."

placed upon either consideration does vary from group to group, as do the intellectual justifications for the conclusions that each group defends.

The view of some thinkers who represent the natural law tradition initiated by Thomas Aquinas (1225-1274) and others is less permissive than the utilitarian view but also less restrictive than the Kantian view. Richard McCormick, for instance, believes that the consent of a parent or legal guardian may properly authorize a non-therapeutic experiment upon a child providing certain provisions are met. These requirements stipulate that the parents choose with competence, knowledge, and freedom; that the experiment is designed so as to yield significant results; that the project cannot succeed without the use of children; and that the venture imposes no undue risk or discomfort upon the

"I am more impressed by the arguments in favor of the surgery than I am by those against it, whether permissive, restrictive, or moderate."

youngster. McCormick balances the protection of individuals and the betterment of society upon the validity of parental consent in carefully delineated circumstances.

Those who take a moderate position something like McCormick's will be particularly interested in the process by which Baby Fae's parents gave their consent. Some will wish that the form they signed was longer and more technical. Others will argue for a brief and to-the-point document. Some will contend for a "patient's advocate." Others will insist that Baby Fae's parents were the best advocates she could have had. Some will contend that the details of the process and the consent form itself should be made public. Others will respect the desire to keep such things confidential.

But the validity of parental consent will dominate the thinking of those who cannot condemn or condone the transplantation for either its social benefits or its therapeutic intentions alone.

I am more impressed by the arguments in favor of the transplantation than I am by those against it, whether permissive, restrictive, or moderate. I think the surgery's social benefits outweighed its costs. I am persuaded that there was a clear intention to benefit Baby Fae and that her parents had a right to give her a chance despite the odds. And I am of the view that the consent process was adequate even though it can be refined. But more than anything else, I respect the courage, creativity, and compassion with which Doctor Bailey and his team struggled to save the life of one little girl.

David R. Larson is Associate Professor of Christian Ethics and Religion and Associate Director of the Center for Christian Bioethics at Loma Linda University. A graduate of Pacific Union College, the School of Theology at Claremont, and Claremont Graduate School, he lives near Lake Elsinore with his wife Judy, a commercial artist, their two sons and daughter.

ISSUES EVOKED (continued from page 3)

heart, LLU Medical Center expended less than two million dollars developing its cross-species heart transplant procedure.

If Baby Fae-type operations become successful, their allocation and cost will be another question. Heart transplants for some babies pose profound questions when many babies in our nation receive inadequate prenatal care and still others starve to death in drought-stricken areas of the world.

4. Do baboons have a right to life? Yes. A moral argument can be made that all sentient animals, on an ascending scale, have a *prima facie* right to life. But is that the essential issue here? If the cross-species heart transplant has a reasonable chance for success, we cease to deal in animal/human abstractions and we begin weighing the life of a human newborn vs. the life of a young baboon. Most persons rightly favor the human infant. For those who do object to the sacrifice of baboons, there is a much more pressing issue: our society's mass, and often cruel, slaughter of millions of animals for our dinner tables.

No facile answer will suffice. Do we really want large farms of high-level primates which we harvest for hearts and livers? If it were found that an endangered species of primates had the greatest immunological compatibility with humans, what should we decide?

The more general question for all medical research is not *whether* there should be medical progress — even at the risk of possible human suffering. The issue is *how* that progress is made. Great ethical sensitivity is our only safeguard in preventing some future well-meaning researcher from performing the ill-considered.

Finally, I see two overriding issues in innovative human treatment: motivation and procedure. In this case, the dedicated perseverance of Doctor Bailey's team to the saving of Baby Fae's beautiful little life is a model of self-giving for medical science and an exemplar of humanness for us all.

James W. Walters is Assistant Professor of Christian Ethics and Religion at Loma Linda University. He is also the chairman of the Ethics Center's Finance Committee. Professor Walters, who graduated from Southern College, Andrews University, and Claremont Graduate School served as a pastor in the southeastern and southwestern portions of this country before moving to Claremont where he now resides with his wife Priscilla, a physical therapist, and their two daughters.

WHO SHOULD LIVE WHEN NOT ALL CAN?

Triage and Justice by Gerald R. Winslow. Berkeley: University of California Press, 221 pp., bibliography, index. Reviewed by Brent T. Stanyer, graduate student, Loma Linda University.

The question "Who should live when not all can?" has been asked throughout medical history. The answers to that question have been as varied as the individuals involved. The process of allocating resources in times of scarcity, called triage, is the subject of *Triage and Justice* by Gerald R. Winslow.

Winslow begins by tracing the history of triage from its first use in the late eighteenth century to the present. Triage was first used in military medicine during the Napoleonic wars by Baron Dominique Larrey. During World War I it became an integral part of military medicine as the number of casualties exceeded the availability of treatment. The development of new medicines during World War II and new medical technologies in the postwar era led to the use of triage in civilian medicine, especially with hemodialysis for the treatment of end-stage renal disease.

After examining these historical developments, Winslow develops two "prismatic cases" through which the principles of triage may be seen. First, planning for a San Francisco earthquake, and second, allocation of the totally implantable artificial heart (TIAH). By examining medical decision-making during a hypothetical earthquake, the principles of triage may be applied to emergency medicine in a natural disaster. In the case of the artificial heart, the focus is on the allocation of a scarce new technology.

Before presenting his own principle for triage, Winslow examines the utilitarian and egalitarian approaches to decision-making. Utilitarian approaches are concerned with the total amount of some good such as happiness or social worth. Egalitarian approaches, on the other hand, are concerned with equal access regardless of other factors. These two approaches have provided the basis for most of the

triage decisions in the past.

At this point Winslow outlines these approaches in light of the theory of justice of John Rawls. Rawls' basic position is that justice as fairness entitles all to an equal distribution of basic liberties. Inequities are also distributed equally, though Rawls does allow that inequities may be adjusted to reach the "greatest benefit for the least advantaged." (p. 116) Rawls' approach is basically an egalitarian one in which all would compete on an equal basis for any scarcities unless the scarcities were so dire as to rule out any possibility of a just distribution.

Winslow adopts Rawls' theory of justice and applies it to the decision-making involved in triage. The "bottom-line" is fairness and impartiality for all. Resources are allocated on a fair and equal basis through some method of random distribution to ensure that impartiality. However, the basic nature of providing medical care and the need for medical personnel and resources during emergency situations may warrant consideration of some utilitarian principles. For instance, the principle of medical neediness is basic to the allocation of care. Therefore candidates for treatment would have to pass the test of medical need. Also, the principle of immediate usefulness in a medical emergency might warrant the giving of priority to medical personnel so that they might provide care to others. But before these utilitarian principles may be considered it must be proven that they bear the burden of proof.

Winslow clearly defines the issues involved with triage and applies the principles in a clear and consistent manner. He examines the assets and liabilities of both utilitarian and egalitarian principles, and although Winslow sides with the egalitarian principle of justice as fairness, he is no **pure** egalitarian. Various utilitarian principles supplement his approach.

I would have liked, however, to have seen more attention given to approaches other than utilitarianism and egalitarianism. The libertarian argument, for example, is very much a part of our free market economy and is held by a number of people. Though I do not agree with that argument, Winslow's treatise would have been more complete if approaches such as this one had also been considered.

Update

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RUFFCORN PLEDGES YEARLY \$10,000

John D. Ruffcorn, President of the Loma Linda University Medical Center, announced last summer that his institution will contribute \$10,000.00 per year toward the operating expenses of the Center for Christian Bioethics "for the indefinite future." This commitment, which approximates the annual yield from a \$100,000.00 endowment, was Mr. Ruffcorn's response to requests made in behalf of the Ethics Center by Bruce Branson, Chairman of Loma Linda University's Department of Surgery,

and V. Norskov Olsen, the University's former president.

"This contribution is a gift that is making many other gifts possible," explained David Larson, the Ethics Center's Associate Director. "We are using the money from the Medical Center to contact individuals and groups who can contribute to the endowment. Without President Ruffcorn's support, our attempts to develop the endowment would have been stopped before they even started for lack of the money it takes to raise money."

CAFFERKYS PROVIDE \$100,000

The Ethics Center will shortly receive \$50,000 from Dr. and Mrs. Ronald Cafferky toward a \$100,000 special endowment. "This demonstration of confidence is most heartening," said Jack Provonsha, Center director. "It is this type of gift which assures the future of our fledgling ethics institute."

The Ladd Endowment Fund, as the gift will be called, is made to Loma Linda University in honor of the parents of Anjita Ladd Cafferky. Ervin E. Ladd graduated from LLU School of Medicine in 1948 and passed away in 1977. Margaret J. Ladd is now living in Lincoln City, Oregon. The gift is made in the name of the four Ladd children: E. David Ladd, R. Hudson Ladd, Anita Ladd Cafferky, and Nyra Thompson, married to Albert Thompson, M.D.

"Our family deeply appreciated Dr. Provonsha's insight at a crucial time when my father was dealing with his terminal illness," Anita Cafferky explained. "Ideally, these life-and-death issues should be thought out in advance of the emergency. However, so often that is not the case. It is important that someone of the caliber of Dr. Provonsha be available to give guidance. Our gift is intended to encourage ethical research and provide a helpful resource for others when it is needed."

The Cafferky family, which includes four young children, resides in Claremont, California, where Ron Cafferky, also an alumnus of the LLU School of Medicine, practices psychiatry.

The Ladd Endowment Fund will supplement the Center's basic endowment. "A robust endowment fund is vital so that the Center can rise above a precarious hand-to-mouth existence and devote its energies to ethics," says James Walters, development committee chairperson. "We're all deeply grateful to the Cafferkys for their generosity."

CENTRAL AMERICA PROBE

(continued from page 1)

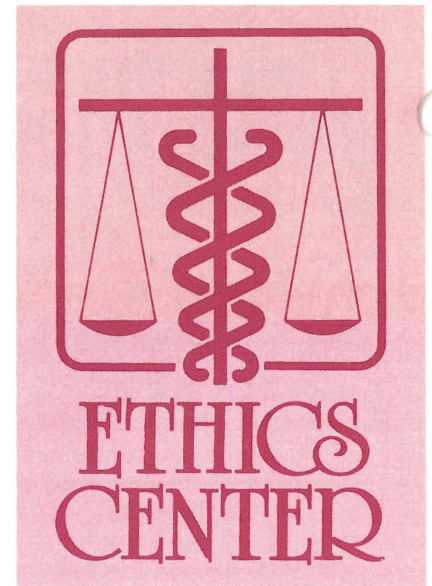
for the College of Arts and Sciences entitled "Liberationists and Evangelists: Logging a Passage through Mexico and Central America." Teel's other research interests include the life and thought of Martin Luther King, Jr., the social views of the Millerites in 19th century America, and the history of Seventh-day Adventist ethical thought. Doctor Teel, a graduate of Pacific Union College, Andrews University, Harvard Divinity School, and Boston University is an ordained Seventh-day Adventist minister actively engaged in preparing materials for congregational worship. He teaches courses for pastors who lead worship as well.

ETHICS CENTER SEEKS \$500,000

A \$500,000 endowment is the goal of the Ethics Center's campaign to secure its existence and provide financial stability. Gifts and commitments total over \$160,000 to date. "This is a significant beginning," commented James Walters, chairperson of the development committee, "but we hope many will catch the vision of our potential and help assure the Ethics Center's future." One administrator of a large medical center suggested that the financial goal's decimal point was in the wrong place, that \$5 million would be a more adequate goal, said Walters.

A threefold effort in fund raising is underway, beginning with a letter campaign. Dr. Jack Provonsha, Director of the Center and distinguished professor at Loma Linda University, has personally sent letters to many of his former students. He also has sent letters to subscribers of his Sabbath School tapes, with recordings of a meeting in which the Ethics Center was discussed.

Secondly, meetings for persons interested in the Center have been held across the country. These persons were invited to a dinner which featured a lecture by Provon-



sha. Following the lecture, the financial needs of the Center were presented by one of Provonsha's colleagues: Charles Teel, Jr., David Larson, or James Walters. After the "nuts and bolts" of the Center were presented, individuals were invited to support the project. To date, meetings have been held in Glendale, Loma Linda, Palo Alto, San Diego, St. Helena, and Tustin, California; Orlando, Florida; Hinsdale, Illinois; Kettering, Ohio; and Portland, Oregon.

The third thrust of the campaign is to seek support from corporate entities and foundations. To date, corporate support has come from the Loma Linda University Medical Center in the form of a \$10,000 per year commitment. Corporate support is also forthcoming from the Wuchenich Foundation. The California Council for the Humanities is considering a proposal for a \$10,000 grant to aid in the expenses of the upcoming "Biomedical Ethics Today" conference.

The Center welcomes inquiries regarding future plans and long-term needs. Write to Dr. Jack Provonsha, Director, The Ethics Center, LLU, Loma Linda, CA 92350.

CENTER FOR CHRISTIAN BIOETHICS
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