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Update

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## Update - December 1997

Loma Linda University Center for Christian Bioethics

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# Update

Volume 13, Number 4 (December 1997)

March 1 & 2, 1998

## “Spirituality and Ethics in Patient Care”

What should spirituality mean in the clinical setting? How should it be nurtured among those who provide patient care? What difference should it make for ethical decisions that must be made at the bedside? These three questions will be the focus of attention on March 1 and 2 at the Second Annual Loma Linda Bioethics Conference.

The Conference will be held in the new Wong Kerlee International Conference Center on the campus of Loma Linda University, about 75 miles east of Los Angeles, on Interstate Highway 10.

The conference will offer eleven units of continuing medical education. Professionals from all specialties involved in the care of patients, whether in medical centers or in out-patient facilities, are invited to participate. Lawyers, ministers and counselors who serve the ill are invited as well. The conference will be of special interest to all those who wish to explore the interaction between two topics that are of much current interest: spirituality and biomedical ethics.

The fee for the conference is \$150 per person. Institutions and organizations sending at least 10 individuals will receive a discount of \$50 per person if they jointly register all their delegates. A registration form is available on page 7 of this issue. This fee includes continental breakfasts on March 1 and 2, lunches on both days, and a banquet on the evening of March 1.

Reservations for accommodations can be made at the San Bernardino Hilton (800-446-1065) for \$65 per night up to February 15, and at the San Bernardino Radisson (800-33-3333) for \$59 per night up to February 6. The Hilton is about three miles from campus; the Radisson is about 10. Similar reservations can be made at the Mission Inn (800-

843-7755) in Riverside, about 20 miles away, until January 25.

Prices for these accommodations will increase after the specified dates. Additional accommodations may be found at La Quinta Inn, Comfort Inn, and Motel 6 in the Hospitality Lane development of San Bernardino, also about three miles from the University. Participants are invited to arrange for their own accommodations by contacting the hotels of their choice directly.

Although there are convenient airports in Los Angeles, Burbank, Orange County, and Palm Springs, the one closest to the campus is in Ontario, about 25 miles west of Loma Linda.

The conference is presented by two Loma Linda University organizations—the Center for Christian Bioethics, and the Center for Spiritual Life and Wholeness. It is sponsored by the Office of Continuing Medical Education of the Loma Linda University School of Medicine. The Conference is supported by Loma Linda University Medical Center, Azusa Pacific University, and the Christian Medical and Dental Association, as well as other individuals and groups.♦

### *Inside This Issue:*

*Jack W. Provonsha*

*David R. Larson*

*on*

*Hypnosis*



# Mind Manipulation: A Christian Ethical Analysis

by  
Jack W. Provonsha

An ethicist is one who is concerned with those patterns of behavior and social interaction that serve to keep human life human.<sup>1</sup> A Christian ethicist is one who does so from a Christian perspective.<sup>2</sup>

A biblically based Christian ethic is likely to derive its definition of what it is to be human from the Genesis account of creation. There, at the end of a series of creations involving an ascending scale of biologic complexity, the ultimate is achieved in humanity. God places the divine image in human life and it is this feature that separates human beings from all of the lesser creation.

The "image of God" is not easy to define, even as that which it reflects ultimately transcends human understanding, but it is not, therefore, an empty expression. It means above all that humans are given attributes, in limited measure to be sure, that are also characteristic of God. Among these is that in which they most resemble God—creative freedom. Ellen White's well-known statement points to this quality:

*"Every human being, created in the image of God, is endowed with a power akin to that of the Creator—individuality, power to think and to do. The men in whom this power is developed are the men who bear responsibilities, who are leaders in enterprise, and who influence character. It is the work of true education to develop this power, to train the youth to be thinkers, and not mere reflec-*

*tors of other men's thought.... Instead of educated weaklings, institutions of learning may send forth men strong to think and to act, men who are masters and not slaves of circumstances, men who possess breadth of mind, clearness of thought, and the courage of their convictions."*<sup>3</sup>

This power in humans sets them apart from all the other objects and biologic forms in creation even though they also share a great deal in other respects. Objects, mere inanimate things, can be *acted upon*. Living, organic creatures share that quality with objects. They can also be *acted upon*. But living creatures can also *react* in various ways. Humans share with inanimate objects the ability to be *acted upon*, and with other living creatures the ability to *react*, but they transcend both in their ability to *act*, that is, to do something that is not merely the effect of some prior cause. They can do something they do not have to do. Ellen White refers to this potential in connection with the origin of sin when she states that sin is "uncaused."<sup>4</sup> But it is also the basis for *agape* or responsible love—the moral love of the commandment whose essence is volition rather than sentiment.

It is difficult even to conceive of so mysterious and unaccountable a quality in a universe where everything else, at least at the macroscopic level (versus Heisenberg's principle of submicroscopic indeterminacy), is locked into the principle of causal determination. Current reductions of thought and memory to psychochemical processes, themselves causal in nature, make it tempting to revive platonic dualism—a doctrine in which the soul uses the body, as in Descartes' ghost within the machine. But this will not do, for we are aware that such "soul" activities are very much at the mercy of body structures and processes. This is the meaning of "psychosomatic." The creative act may be the only essential mystery in the universe and perhaps can never be defined by or reduced to anything else. It is essentially unique—*suis generis*.

Because an orderly universe is one in which causes produce their effects, to introduce a quality so different as creative freedom has seemed irrational and "unscientific" to every determinist from Sigmund Freud to B. F. Skinner. "Anyone thus breaking away from the determination of natural phenomena, at any single point, has thrown over the whole scientific outlook on the world,"<sup>5</sup> Freud declared. "I necessarily have the passion for writing this," said Voltaire a century or so earlier, "and you have the passion for condemning me; both of us are equally fools, equally the toys of destiny."<sup>6</sup> Schopenhauer expressed the same sentiment in less picturesque language: "The whole cause of a man's life, in all its incidents great and small, is as necessarily predetermined as the course of a clock."<sup>7</sup>

A major reason for rejecting so inclusive a notion of determinism is, of course, that, if what Schopenhauer says is correct, the First Cause, God, is ultimately responsible for everything that has happened in the universe. If there is no such ability as self-determination—that is, a self that can determine its own destiny by an exercise of its own volition—a flawed universe is the creation of a flawed God.

Another consideration is that in a moral universe in which volitional, responsible love, *agape*, is the ultimate principle of right, freedom of the will is a *sine qua non*.

**Update**  
Volume 13 Number 4 (December 1997)

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There can be no such love unless humanity is granted something of the image of God: creative freedom. Such love is an act of freedom.

It is possible on these terms to set forth the essential truth of Christian morality: because God made humans for responsible, volitional love, *agape*, anything that lessens their capacity for being responsible and for choosing is a violation of God's moral law, as written by God into the creation. In the language of the earlier quotation from Ellen White, whatever lessens humanity's ability "to think and to do," whatever reduces human beings to being mere reflectors of the thoughts of others, is a violation of the Creator's intention, as expressed in God having created humans in the divine image. In simple summary: on Christian biblical grounds, whatever enhances the image of God (freedom, self-determination) in humanity is *right*. Whatever diminishes that image is *wrong*.

Humanness, defined by creative freedom, can be diminished or destroyed by subtle things such as the natural aging processes, illness, and various kinds of organic brain syndromes. It can also be diminished by certain treatment modalities. The "image of God" is very much at the mercy of some of the newer psychosurgical and psychochemical techniques. The after-results of a prefrontal lobotomy, for example, are well known.

Such an ethic provides the most sensitive critique of psychotropic drug use. Some of these agents, such as the familiar alcohol, marijuana, and lysergic acid, are ethically threatening for this very reason. Timothy Leary and his associates noted this fact and valued it as a means of modifying behavior and value systems. "The attitude and behavior of the guide are critical factors," they wrote. "He possesses enormous power to shape the experience. With the cognitive mind suspended, the subject is in a heightened state of suggestibility. The guide can move consciousness with the slightest gesture or reaction."<sup>8</sup> Many other specialists report similar findings.<sup>9</sup>

Ellen White, while unfamiliar with most of the psychotropic substances now available to us, expressed an attitude toward alcohol, perhaps the oldest psychotropic drug known, consistent with her definition of humanness. She did so as well in her many references to the demonic implications of mind control. In one of these, she declared:

*"God has not given one ray of light or encouragement for our physicians to take up the work of having one mind completely control the mind of another, so that one acts out the will of another. Let us learn the ways and purposes of God. Let not the enemy gain the least advantage over you. Let him not lead you to dare to endeavor to control another mind until it becomes a machine in your hands. This is the science of Satan's working."*<sup>10</sup>

Support for Ellen White's apprehension in the ordinary literature on hypnosis is hard to come by. This is so partly because few of the authorities appear to share her definition of humanness. Nevertheless, the following description of hypnosis should concern anyone who values truth and a capacity for reality testing:

*"There is nothing mysterious about hypnosis; it is simply a highly suggestible state into which the willing subject is induced by a skilled operator.... In a greater state of suggestibility, the subject may be led to believe the obviously untrue, and to perform acts*

*which he would not ordinarily think of doing and which he might even consider impossible."*<sup>11</sup>

Like this one, most descriptions of the hypnotic state include words like "suggestion" and "suggestibility." Lecron and Bordeaux broadly define hypnosis as "the control of thought and action through suggestions."<sup>12</sup> Weitzenhoffer considers hypnosis to be "a condition or state of hypersuggestibility brought about in an individual through the use of certain specific psychological or psychical manipulations of this individual by another person."<sup>13</sup> Remarkably on Freud's comment that hypnosis endows the therapist with an authority which was probably never possessed by even priest or miracle man, Weitzenhoffer also observes that "the subject who submits to hypnosis is seemingly being asked to relinquish his capacities for reality testing, his ability to control the real and mental world and, in essence, much of his adult individuality.... The hypnotist must go a long way, indeed, to justify such implied faith."<sup>14</sup>

All of which serves to make the point of these remarks. Whether one objects on ethical grounds to the use of hypnosis or any other modality in which increased suggestibility renders persons vulnerable to manipulation depends upon one's presuppositions. On the one hand, from the standpoint of any of the determinisms, manipulative techniques are simply amoral methods for modifying behavior and attitude. On the other hand, if one believes that the essence of morality lies in the human capacity for exercising conscious discrimination and choice—self determination—these all present profound ethical threats to personal integrity. No human being has the right to exercise such authority over the mind and will of another. To do so is to "sin" against the very image of God in human life.

## REFERENCES

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9. See, for example, A.M. Ludwig, et.al., "A Controlled Comparison of Five Brief Treatment Techniques Employing LSD, Hypnosis, and Psychotherapy," *American Journal of Psychotherapy* 19 July 1965:432.
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12. Leslie M. Lecron, Bordeaux, Dean, *Hypnotism Today* (New York: Grune and Stratton, 1949), 139.
13. André M. Weitzenhoffer, *General Techniques of Hypnotism* (New York: Bruner and Stratton, 1957), 32.
14. *Ibid.*, 5. ♦

**Jack W. Provonsha, MD, PhD**  
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# Hobergs, Silk Hose, and Hypnosis

by  
David R. Larson

*Every human being, created in the image of God, is endowed with a power akin to that of the Creator-- individuality, power to think and to do.<sup>1</sup>*

Ellen G. White

Whenever I think about hypnosis, I recall Hobergs, a rustic resort in Northern California's "lake district." It was to Hobergs that I traveled as an earliten with my parents and siblings for annual meetings of Seventh-day Adventist physicians and ministers and their families in the early 1960s. It was at Hobergs that all five or six hundred of us enjoyed stimulating company, tasty vegetarian food, fresh snow, and bunking in cozy cabins nestled under dark but dignified trees. It was at Hobergs that we were awakened each morning by the singing and trumpet playing of "good old Ozzie," the resort's cheerfully intoxicated handyman, comedian, and crooner. It was at Hobergs that I first drove my parents' 1950 Cadillac Coupe DeVille on my own, even though I was still too young for a driver's license.

It was also at Hobergs that I attended my first religion and medicine conferences. I wasn't invited, of course, because such meetings were for the adults. But sometimes I slipped into the large meeting hall, chose a seat toward the back, and took it all in, or at least as much as I could fathom.

One of those convocations was devoted to a consideration of hypnosis, a practice that had been condemned by Ellen White and other nineteenth century Adventists as a "satanic science." In the mid 1950s, however, both the American Medical Association and the American Psychiatric Association had endorsed hypnosis as an approved form of therapy, making the difference between the position of those professional bodies and that of the Adventist community of faith obvious to all.

Two of the speakers at that meeting particularly impressed me. One of these, a Seventh-day Adventist pastor from the San Francisco Bay Area, was dismissive of the entire conversation, and sharply so. There was a time, he declared, that some Christians condemned silk hose as of the devil, just like some now say the same thing of hypnosis. But, of course, they were wrong about silk hose then and, of course, they are wrong about hypnosis now, he insisted. Why, therefore, should we discuss this matter further?

Despite this pastor's attempt to nudge the conversation on to what he considered more fruitful topics, those assembled at Hobergs that snowy day continued to discuss the pros and cons of hypnosis. Adventists, like others, have continued to debate it right down to the present time. Perhaps because it is often linked in popular imagination with the "strange" or "weird," this subject still sparks interest and controversy.

The other speaker that winter day at Hobergs who greatly impressed me was a young professor at what we now

call Loma Linda University. He was, and still is, both an ordained minister in the Seventh-day Adventist Church and a fully qualified physician, a combination of credentials that caused me to equate him with Albert Schweitzer. His name was Jack W. Provonsha.

As I now recall in my own words the line of reasoning Dr. Provonsha employed at Hobergs, it unfolded something like this:

**Major premise:** It is ethically wrong to use any therapeutic technique that diminishes the dignity or the free moral agency of patients.

**Minor premise:** Hypnosis diminishes the dignity and free moral agency of patients.

**Conclusion:** It is ethically wrong to practice hypnosis.

Much more so than the earlier reference to silk hose, this argument carried the day.

The most important question, however, is not whether this way of approaching the matter was convincing to the majority of those who had gathered at Hobergs. It was. The question that really matters is whether today we should also find it persuasive.

I believe we should, albeit in a nuanced way.

This argument's major premise strikes me as supported by all four of Christianity's primary sources of moral wisdom: Scripture, tradition, reason, and experience. The first book of the Bible declares that humans deserve special protection against harm and danger because they are created in the image of God (Genesis 1:1-2:3 and 9:1-27), a theme that threads its way through both Testaments. This theme makes its way through Christian tradition as well. Although they have often failed to live up to the ideal, for almost 2,000 years Christians of every sort have claimed that each human person is to be regarded as intrinsically valuable and treated as such without respect to race, religion, gender, nationality, ethnic origin, economic class, or political persuasion. In its own way, secular moral reason demonstrates that ethical principles much like the "golden rule" (do unto others as you would have them do unto you), can be rationally justified so that we do not have to accept them merely on the basis of external authority, religious or otherwise.<sup>2</sup> Any attempt, "to will" to be "unwilling" but still "willing," encounters serious logical difficulties. With respect to experience, anyone who is either a victim of or a witness to the degradation of human life can testify on the basis of that personal knowledge that such exploitation is best avoided. Therefore, when we consider Scripture, tradition, reason, and experience together, we find four different but related lines of evidence converging at the same moral point: it is ethically wrong to diminish the dignity or the free moral agency of human beings.

Ellen White objected to hypnosis as she knew it because she believed it required the patient wholly to surrender his or her dignity and free moral agency to that of the therapist. She was unalterably opposed to "the theory of mind controlling mind," to the "work of having one mind completely control the mind of the other so that one acts out the will of another." She insisted that "it is dangerous for anyone,



no matter how good a man he is, to influence another human mind to come under the control of his mind.” She wrote that “no man or woman should exercise his or her will to control the senses or reason of another so that the mind of the person is rendered passively subject to the will of the one who is exercising control.”<sup>3</sup>

To put her point in our parlance, Ellen White and other Adventists of her time held that the relationship between patients and health-care professionals should not be unilateral in either direction, but reciprocal and mutual to the highest possible degree. She repeatedly wrote the same thing about the relationships between parents and children, teachers and students, ministers and parishioners, and, most importantly, husbands and wives. Against all forms of “chain of command” thinking in her time and ours, she held that in none of these relationships should one party wholly yield his or her dignity or free moral agency to that of another. Speaking about the role of the wife, she declared that “entire submission is to be made only to the Lord Jesus Christ, who has purchased her as His own child by the infinite price of His life. God has given her a conscience which she cannot violate with impunity. Her individuality cannot be merged into that of her husband, for she is the purchase of Christ. It is a mistake to imagine that with blind devotion she is to do exactly as her husband says in all things.”<sup>4</sup>

As a devoted spiritual granddaughter of the eighteenth century reformer John Wesley, Ellen White even denied that the relationship between God and humanity should be characterized chiefly by the *sovereignty* of the Creator and the *submission* of the creature. Discerning that depicting this primary relationship in unilateral rather than reciprocal terms tempts us to construe all our secondary relationships as alternating patterns of sovereignty and submission, she much preferred to speak of “*co-operation*” between the human and the divine. “The Lord does nothing without our co-operation,” she declared. “The work of gaining salvation is one of co-partnership, a joint operation,” she wrote. “There is to be co-operation between God and the repentant sinner. This is necessary for the formation of right principles in the character.” Sounding almost like a contemporary biomedical ethicist, she also stated that “*God wishes us to have the mastery over ourselves. But He cannot help us without our consent and co-operation.*”<sup>5</sup>

If even the relationship between God and humanity is not to be unilateral but reciprocal, should we not look with ethical suspicion upon any therapeutic relationship between finite and fallible human beings that reduces either individual’s dignity and free moral agency? I think our answer to this question should be “yes.”

But now for a word of caution. Since that winter day so many years ago at Hobergs when I first heard Dr. Provonsha, and even more so since Ellen White’s death in 1915, the term “hypnosis” has undergone some changes in meaning. Often it is still used in reference to an induced trance the chief characteristic of which is greatly increased—almost complete—suggestibility. The ethical conclusion to which we have come applies with full force to such interventions, all the more so when they are employed for entertainment rather than therapy.

But this conclusion must be qualified when the term “hypnosis” is used in other ways, particularly when the

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distinguishing feature of the patient’s experience is not primarily suggestibility but focused attention with decreased peripheral awareness. Suggestibility and dissociation are still experienced to some degree, but they are secondary to focused concentration.<sup>6</sup>

This difference, though subtle, is clinically and ethically decisive because it can mark the division between interventions that demonstrably weaken the patient’s dignity and free moral agency and those that actually strengthen them. At the precise point where the two approaches first separate, the difference may be apparent only to the most discerning. But as they progress, they increasingly diverge, so much so that eventually all can see the difference between working with the patient’s dignity and free moral agency, and working against them.

In view of these considerations, I am persuaded that the therapeutic professions would do well to relinquish the term “hypnosis” altogether in favor of one that: (a) does not wrongly denote “sleep;” (b) does not connote the occult; (c) does not confuse therapeutic interventions with those done for entertainment purposes; (d) does not obscure the wide range of mental states now covered by the one term; and (e) does not imply that such states are always induced by individuals other than those who experience them.

Perhaps following Dr. David Spiegel’s analysis, we could speak of the “ASD State,” with the respective letters standing for “Absorption,” “Suggestibility,” and “Dissociation.” Perhaps, further, we could identify various “degrees” or “depths” of the “ASD State” with identifiable markers for each that are conceptually defensible and clinically ascertainable. We then would be in a position to state that a strong ethical presumption prevails against intentionally inducing the “ASD State;” that the reasons that would justifiably rebut this ethical presumption in any patient’s case must increase in persuasiveness the greater the “degree” or “depth” of the anticipated “ASD State;” and that in every case in which the rebuttal is ethically justified, the therapeutic purpose and practice ought to be that of increasing the patient’s dignity and free moral agency.

As Dr. Provonsha made so clear at Hobergs, this is what matters most of all.

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1. Ellen G. White, *Education* (Mountain View, California: Pacific Press Publishing Association, 1903), 17.
2. See, for example, the logical analyses of Alan Gewirth, on the one hand, and Alan Donagan, on the other.
3. For collections of her statements, please see, *Mind, Character and Personality: Guidelines to Mental and Spiritual Health* (Nashville, Tennessee: Southern Publishing Association, 1977) and *Selected Messages*, vol. II (Washington, D.C.; Review and Herald Publishing Association, 1958).
4. Ellen G. White, *The Adventist Home* (Nashville, Tennessee: Southern Publishing Association, 1952), 116.
5. Ellen G. White, *The Acts of the Apostles* (Mountain View, California: Pacific Press Publishing Association, 1911), 482.
6. On this distinction, please see the writings of psychiatrist David Spiegel. ♦

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# THE YEAR AT A GLANCE

July 1, 1996—June 30, 1997

## Bioethics Grand Rounds\*

October 9, 1996

*Partial Birth Abortion: Methods and Morality*

Speakers: Earl Aagaard, PhD  
Elmar Sakala, MD

November 13, 1996

*Critical Care Nurses and Assisted Suicide*

Speakers: Linda Bell, RN, MSN, CCRN  
Janell Isaef, RN  
Ann Morvai, RN

December 4, 1996

*Genetic Testing for Breast Cancer: Is Now The Time?*

Speakers: Tina Bartell, MS, CGC  
Frank D. Howard, IV, MD, PhD  
Arnold L. Medearis, MD

January 8, 1997

*American Medical Association and Anencephalic Babies: Current Controversies*

Speakers: Stephen Ashwal, MD  
Theodore Masek, MD  
James W. Walters, PhD

February 12, 1997

*I Wasn't Lost But Now I'm Found: Ethical Implications of Adoption Searches and Reunions*

Speakers: Debra Craig, MD, MA  
William Hooker, PhD

March 12, 1997

*Patient Autonomy and Professional Responsibility: Perspectives From Dentistry and Allied Health Professionals*

Speakers: Milenne Aldana, MPH, MS  
Robert D. Kiger, DDS, MA

April 9, 1997

*Alternative Medicine: Business vs. Health-Care Ethics*

Speaker: William Jarvis, PhD

May 14, 1997

*Organ Retransplantation For Children: How Much Is Too Much?*

Speakers: Michael del Rio, MD  
Joyce Johnston, RN  
Kathleen Cramer, Esq.

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Audio Tapes—\$7.50 + \$1.00 S/H

## Contributors Convocation\*

November 9, 1996 Rancho Mirage Country Club

*Religious Issues in Biomedical and Clinical Ethics*

Speakers: Milenne Aldana, MPH, MS  
Ivan Blazen, PhD  
Debra Craig, MD, MA  
Dennis deLeon, MD  
Sharon Fraser, BS  
Steven Hardin, MD  
Joyce Hopp, PhD  
Robert Orr, MD  
Ronald Perkin, MD, MA  
Polly Sprague, DDS  
Gerald Winslow, PhD

## Bioethics Conference\*

February 2 & 3, 1997

Arrowhead Springs Christian Conference Center  
*Bioethics and Human Destiny: Jewish and Christian Perspectives*

Speakers: Karen Baker-Fletcher, PhD  
Roy Branson, PhD  
Sidney Callahan, PhD  
John B. Cobb, Jr., PhD  
Elliott Dorff, PhD  
David Feldman, PhD  
Marsha Fowler, PhD  
John Lantos, MD  
Margaret Mohrmann, MD  
John Paris, SJ  
Allen Verhey, PhD  
Miroslav Volf, PhD

## Jack W. Provonsha Lectureship\*

March 3, 1997

Randall Visitors Center, Loma Linda University

*Cocaine Addiction: The Nemesis of Modern Culture*

Speaker: David F. Allen, MD

## Financial Overview\*\*

	July 1, 1996	June 30, 1997
Operating Funds	\$12,883.49	\$18,801.51
Temporary Reserves	\$14,202.21	\$41,326.38
Permanent Endowments	\$688,417.32	\$697,680.63

\*\*A complete financial report is available upon request.



# CONTRIBUTORS

## July 1, 1996 to June 30, 1997

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- |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| Aagaard, Carl & Earla       | General Conference of SDAs, | Peterson, John E.           |
| Avondale College            | South Pacific               | Pinterich, Carl & Shirley   |
| Baker, Judi                 | George, Lewis & Kathrine    | Pollack, Mary & Pauline     |
| Baker, Ken & Kathy          | Geraty, Lawrence & Gilliam  | Powell, Richard & Nancy     |
| Baldwin, Dalton & Barbara   | Gilbert, Gary & Sandra      | Ramkissoon, Reuben          |
| Barker, Robert              | Gingrich, R.A. & Gwen       | Rausch, Judith              |
| Behrens, Lyn                | Gruber, Arlene              | Rausch, Robert O.           |
| Bendelius, Geneva Beatty    | Hafner, William & Margaret  | Riederer, Joseph D. & Jean  |
| Benfield, Kevin             | Hanscom, Alfred             | Rippon, W. Barton & Patti   |
| Bensonhaver, Charles        | Hardin, Steven              | Robertson, E. Arthur & Debi |
| Berglund, Hazel             | Hart, Richard & Judith      | Rumble, Dorothy             |
| Billock, Joseph             | Haston, Sandra              | Running, Leona              |
| Boyko, Michael & Diane      | Hauck, Loran D. & Loretta   | Rydzewski, Walter & Ella    |
| Brandstater, Bernard        | Heath, Lynn & Margaret      | Sakala, Elmer & Darilee     |
| Brauer, Lloyd               | Hedrick, Elvin & Willa H.   | Sandefur, Jere & Patti      |
| Brauer, Stanley & Carol     | Heidar, Helgi & Drusilla    | Scharffenberg, W.A. & Marie |
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# Spirituality and Ethics in Patient Care

Wong Kerlee International Conference Center  
LOMA LINDA UNIVERSITY  
Loma Linda, California

March 1 & 2, 1998  
Schedule

Sunday, March 1, 1998

9:00 am Registration

10:00 am-12:00 Noon

*What Does Spirituality Mean in the Clinical Setting?*  
David Schiedermayer, MD  
Daniel Sulmasy, MD

12:00-1:30 pm Lunch

2:00-3:30 pm,

*How is Spirituality Nurtured in Patient Care?*  
Richard Gorsuch, PhD, MDiv  
Wil Alexander, PhD/Patient Interview

4:00-5:00 pm Breakout Sessions

Spiritual History and Documentation—Wil Alexander, PhD  
Prayer, Meditation, and Medicine—Kelly Morton, PhD  
Ethics of Christian Witness—Evert Bruckner, MD  
Spirituality of Providers—Carla Gober, RN  
Refusal of Treatment on Religious Grounds—  
Debra Craig, MD; Ronald Perkin, MD  
Spirituality in the Clinical Setting—John Testerman, MD  
Proselytizing or Ethical Care—Beth Johnston-Taylor, RN

7:00-9:00 pm Banquet and Evening Plenary  
B. Lyn Behrens, MBBS  
Marsha Fowler, PhD

Monday, March 2, 1998

10:00 am-12:00 Noon

*What Difference Should Spirituality  
Make in Bedside Ethical Decisions?*  
Leigh Bishop, MD  
Annette Dula, EdD

12:30-2 pm Lunch

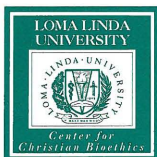
2:00-3:00 pm Breakout Sessions

Spiritual History and Documentation—Wil Alexander, PhD  
Prayer, Meditation, and Medicine—Kelly Morton, PhD  
Ethics of Christian Witness—Evert Bruckner, MD  
Spirituality of Providers—Carla Gober, RN  
Refusal of Treatment on Religious Grounds—  
Debra Craig, MD; Ronald Perkin, MD  
Spirituality in the Clinical Setting—John Testerman, MD  
Proselytizing or Ethical Care—Beth Johnston-Taylor, RN

3:30-5:00 pm

*Synopsis and the Future*  
David R. Larson, DMin, PhD  
Robert Orr, MD

Registration Form on page 7



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in Patient Care*



# *Spirituality and Ethics*

## *in Patient Care*

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### Registration Form

March 1 & 2, 1998

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