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Loma Linda University Center for Christian Bioethics

LOMA LINDA UNIVERSITY

Center for Christian Bioethics

UPDATE

FEBRUARY 2012

Dual-Degree Master of Arts in Bioethics

Loma Linda University has now approved six dual-degree programs that include an MA in bioethics: MD/MA, DDS/MA, PhD Social Policy/MA, PhD Nursing/MA, PharmD/MA, and PhD Psychology/MA. Several schools at Loma Linda University are sponsoring at least six students per year who are enrolled in dual-degree programs that will result in students receiving degrees in their own school and the MA in bioethics.

While seven students are currently pursuing the single-degree MA in bioethics offered by the School of Religion—the latest coming from Yale University with an undergraduate degree in bioethics—others are now enrolled in dual-degree programs. "The advantage of a dual-degree program is integrated knowledge, distinguishing it from the two degrees taken serially," says James Walters, PhD, director of the program and professor of religion/ethics.

Four PharmD/MA students began their dual degree in the spring of 2011. This December, Eric Mack, PhD, academic dean for the School of Pharmacy, and Dr. Walters met with interested freshmen.

The MD/MA dual degree program now accepts up to four new students per year. In November of the present 2011-2012 school year, six freshmen met with Henry Lamberton, MD, School of Medicine associate dean, and Dr. Walters to gain more information about the MD/MA.

The DDS/MA dual degree program accepts one to two new students per year. In

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Cancer Stories: An Argument for Narrative Ethics

Steven B. Hardin, MD
Associate Director, Center for Christian Bioethics
Hematology/Oncology, VA Loma Linda Healthcare System

Narrative ethics is an approach which emphasizes the significance of the "story." The patient is the central narrator, but the narrative is augmented by others and their actions and a range of contextual features. I believe narrative ethics has particular value for the care of patients with cancer.

Case 1

Mr. L is a 77-year-old man admitted to the medical service with a recent onset of abdominal swelling and partial bowel obstruction. As the evaluation proceeds, it is quickly determined that the abdominal swelling is due to malignant ascites. This cancerous fluid is most consistent with a pancreatic cancer origin. Over the course of the hospitalization, he progressively worsens. He becomes bed-bound with decreasing appetite and increasing abdominal pain. Despite this dismal diagnosis, he informs the palliative care team that he's not certain about hospice care as he's interested in "curative" treatment. We (the oncologists) are asked to see him. The nature of his cancer is explained at length to him and his family. This is an aggressive cancer, it is not curable, and chemotherapy has a very low likelihood of benefit to him given his debilitated state. But, we offer a consideration of chemotherapy. His extended family and close friends are with him and all are clearly very supportive of him. Our initial impression is that they grasp the seriousness of his condition better than Mr. L himself does. His primary team is pushing us a bit: "Couldn't we at least try a little chemo?" On Friday, we again review his clinical situation and discuss a potential chemotherapy option. We rather reluctantly agree to start treatment on Monday. Pancreatic cancer is a disease against which we've frankly not made much progress. It can be challenging to diagnose, is often not surgically resectable (and even when surgically removed, it frequently relapses), and it tends to be poorly responsive to chemotherapy.

Over the weekend, Mr. L declines further; a therapeutic tap (removal of the malignant fluid) on his abdomen provides only modest and transient relief. On Monday, we again review and discuss our assessment with Mr. L and his family. I directly tell them that I don't think chemotherapy is a reasonable option: it is more likely to harm him than to help him. The patient's disappointment is palpable, though he acknowledges the rationale for our decision. Later that same day, Mr. L and his family agree to home hospice care.

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Did I do the "right thing?" By not administering chemotherapy (however unlikely it would have been to provide benefit), did I destroy hope? Should I, rather, have gone ahead and administered a "homeopathic" dose of chemotherapy that would have no biologic effect, yet might have some sort of symbolic or emotional benefit? I don't know.

Adapted from a presentation given at the 2010 LLU Contributor's Conference of the Center for Christian Bioethics.

Case 2

KM is a 57-year-old man who lives with and cares for his 90-year-old mother. He's admitted with worsening hip pain. Initial imaging suggests a metastatic malignancy—and biopsy does indeed confirm a cancer diagnosis of unknown origin. At the initial discussion (prior to biopsy results being available), we emphasize this was likely a metastatic cancer and thus incurable. However, even prior to the results being available, he opts for hospice care. In our follow-up discussion with him, he expresses a very traditional mode of respect for the doctor's (as "expert") recommendations. With malignancies of this nature, therapies are very limited in their effectiveness; still, there are standard chemotherapy regimens that could offer some modest benefit. However, I do not push chemotherapy.

Should I have been more directive as the "cancer expert?" Was I thus colluding with despair? KM is quite eloquent in expressing his desires for comfort care to enjoy whatever remaining time he has. He also expresses some reluctance to telling his mother of his situation or having her come visit him. Being a firm believer in open communication, I encourage him to have her visit. Was that appropriate for me to do?

Certainly principles, rules, and other theories are essential in the ethical challenges that arise in the care of patients—both generally and specifically. However, I think the experiences of these two patients illustrate the value of a more recent method in clinical ethics—specifically, the employment of "narrative ethics." A.H. Jones cites several ways in which stories have significance for medical ethics including case examples for teaching principles, moral guides, and concluding that "narratives of witness that, with their experiential truth and passion, compel re-examination of accepted medical practices and ethical precepts."

I think considering this approach may be particularly germane to cancer for a number of reasons. First, a diagnosis of cancer conveys a frightening weight both actually and symbolically. Second, this leads to a pro-

From the Director

Steven Hardin, MD, reminds us in his essay that "the 'right' care of the patient may, at times, have less to do with the 'medical' outcome and more to do with properly assisting patients in the 'narrative' of their life." Narratives are essential both to diagnosis in the present and prognosis for the future. The story, or "history," of a patient intersects with the stories of others—family, friends, and communities. Not surprisingly, Dr. Hardin stresses the relevance of the narrative understandings of our culture by Japanese film director Akira Kurosawa and the noble prize-winning author Aleksandr Solzhenitsyn.

As Freeman Dyson, professor of physics emeritus at the Institute for Advanced Study in Princeton, has said recently, "Literature digs deeper than science into human nature and human destiny." (*New York Review of Books*, Dec. 22, 2011, p.A2). Dr. Hardin insists that knowing and understanding all these stories is important for deciding what ought to be done, therapeutically and ethically, in a particular patient's case.

Patients, health care providers, and ethicists who are part of religious communities are shaped by stories embedded in the scriptures and traditions of the group. Mark Carr, PhD, former director of the Center for Christian Bioethics and a professor of religion at LLU, writes in this issue about the narrative that he believes has been normative for a specific religious community. Within Christianity, Dr. Carr regards as normative for Seventh-day Adventists the story that begins in the radical reformation of the 16th century, with groups like the Anabaptists, and forms a continuous thread to contemporary pacifists. Dr. Carr believes that understanding themselves to be a part of that narrative helps Adventists to know which dramas and issues ought to be the focus of moral attention—for example war and peace—as well as shaping their judgments concerning more specific questions of right and wrong.

Dr. Hardin opens this issue of UPDATE as he assumes his role as associate director of the Center for Christian Bioethics. An assistant professor of medicine at LLU School of Medicine, he is also a staff oncologist at the Jerry L. Pettis Memorial VA Medical Center, where he chaired the ethics advisory committee for 11 years. A graduate of LLU School of Medicine, he studied bioethics at Dartmouth, and has written and lectured on bioethics for more than 20 years.

It is a delight to work with Dr. Hardin in planning the center's activities, particularly the revival of Bioethics Grand Rounds at the LLU and VA medical centers. We are also arranging for the Provonsha Lecture and a bioethics seminar to be held in conjunction with the School of Medicine's Alumni Postgraduate Convention this coming March, 2012.

Roy Branson, PhD
Director

found impact on not just the patient, but by extension to families, friends, and the health care team. Third, too often the diagnosis of cancer results in a compressed arc of life for the patient, with dramatic shifts in physical and emotional well-being.

The mere disclosure of the cancer diagnosis invariably tosses all else out the window. The diagnosis imposes a dramatic re-evaluation by the patient in terms of his/her life, expectations, and desires. The grand moral guides of autonomy, justice, and beneficence are important—but only as seen through the particularities of the patient's story. The patient is narrator—but family, and yes, health care providers also contribute to the "story"—the nuances, the characters, and choices. All become morally relevant. Indeed, the verbiage commonly used in cancer literature is often that of a dramatic narrative, a morality tale: "my journey with cancer", "he valiantly battled colon cancer for three years", and "she finally lost her battle with breast cancer."

Literature and film provide insightful examples. The well-known novella of Leo Tolstoy, "The Death of Ivan Ilych," tells the story of a final illness (that sounds like advanced pancreatic cancer) and death of a St. Petersburg judge. The story vividly recounts his physical and emotional suffering, his isolation, and his self-reflections:

"To Ivan Ilych only one question was important: was his case serious or not? But the doctor ignored that inappropriate question. From his point of view it was not the one under consideration, the real question was to decide between a floating kidney, chronic catarrh, or appendicitis."

An early film of the great Japanese director Akira Kurosawa, "Ikiru" (to live), poignantly illustrates the patient's narrative. The film tells the story of a rather bland, government bureaucrat who has just been diagnosed with a "mild ulcer." However, he inadvertently discovers that the real diagnosis is a terminal stomach cancer. The bulk of the film describes his deepening reflections on his own life, meaning, and in the final analysis, what it is that really "counts." The film concludes with his successful building of a small children's park on a bit of wasted land. The final images of the film are of him gently rocking on a swing in the park as snow begins to fall. The story of his experience, his own "narration" if you will, reflects these deeper moral elements.

> **"Narrative ethics can provide a compelling method to cope with some of the moral challenges of cancer."**

Aleksandr Solzhenitsyn's novel "Cancer Ward" is ostensibly a fictional critique of Stalinism. It grew, in part, out of Solzhenitsyn's personal experience with cancer. The book displays the narrative drama and ethical complexity of cancer and cancer care. A brief interchange in the very beginning of the book illustrates this:

"'It isn't, it isn't cancer, is it, doctor?' Pavel Nikolayevich asked hopefully, lightly touching the malevolent tumor on the right side of his neck. 'Good heavens, no. Of course not.' Dr Dontsova soothed him, for the 10th time, as she filled in the pages of his case history in her bold handwriting."

Narrative ethics can provide a compelling method to cope with some of the moral challenges of cancer and cancer care. While the patient is the primary narrator, others have important roles to play as well. The peculiarities and individuality of the particular patient drive what is morally significant. Meaning (existentially) is obtained for the patient through the narrative of his/her experience. This meaning directly relates to the patient's sense of self, connections to others, enjoyment of life. Sources of meaning can vary from person to person. Is it part of the oncologist's duty to enable these accomplishments in whatever time and space the patient has? If so, how should the physician orchestrate these goals in conjunction with the patient?

In the cancer narrative, then, among the moral challenges for the physician are the following:

Framing

That is, how do I present information (verbally and non-verbally) to the patient and his/her family? No matter the content, how we phrase ("frame") information will influence how it is received and interpreted. For example, "Your cancer isn't curable but it is treatable." What does that mean? Palliation or improvement in symptoms? Survival prolongation? How does the patient hear this ("Maybe I won't reach 90, but at least I'll make 87")? Frames are inevitable; thus, it is critically important that we take particular care in how we conduct the conversations with patients and families.

Prognostication

How much to tell? When to tell? Are we to "force" patients through denial? As I alluded to earlier, I recognize my words can have a significant influence on the patient and his/her family. However, I do think it is important to disclose the significance of a patient's illness in the context of "unfinished business."

A 63-year-old man with metastatic neck cancer takes a cruise to the Caribbean during a break in chemotherapy. Clinically, he tolerates treatment well, feels well, and has increased energy (he's back to bowling every week). He and his wife speak about their "bucket list" including an extended trip next year. Prognostically, I don't know what will happen—as he's already had several lines of chemotherapy. There is a good chance he won't be able to make the trip next year. Do I then tell him to take that trip now? Or, not say much, since I really don't know what will happen?

In practice, what can be most difficult is when the cancer is progressing and thus resistant to therapy—yet the patient continues to

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feel well. I know, almost certainly, things will get bad soon. Facilitating the "shift" in direction is profoundly difficult, emotionally.

Informed consent

This is, of course, fundamental to the relationship between patient and physician. It does take on particular importance for cancer patients, given the gravity of disease and the complexity of treatments. However, consent is not as straightforward a process as it might seem.

I treat a 37-year-old man with chemotherapy following the surgical removal of a cancerous tumor of his left thigh. The chemotherapy drugs used have the potential for a variety of quite significant toxicity. My practice is to discuss side effects and risks in a detailed and direct manner. However, he is (by his own admission) a markedly anxious individual and tells me directly not to give him specific details. What should I tell him?

Profound moral challenges can arise in the care of patients with cancer. While traditional approaches in clinical ethics are essential, narrative ethics provides an effective method for confronting the challenges. While the patient is the principle "voice" in his/her story, the physician too, has a significant role to play in that story. The oncologist has a profound moral responsibility to weigh his/her words, actions, and decisions carefully. This is not just to ensure a best "physiologic" outcome. The "right" care of the patient may, at times, have less to do with the "medical" outcome and more to do with properly assisting patients in the narrative of their life. This will vary depending on the patient and his/her circumstances. For some patients, it may be in a more directive manner—that is, laying out recommended treatments, a circumspect discussion of prognosis, even "pushing" them through treatment. For others, it is more of a give and take, collaborative, meandering route through a detailed description of treatment options, potential risks, and likely prognostic arcs and decisions for less aggressive treatments. Perhaps, it's morally appropriate for physicians to gently nudge patients in emotional terms. It may mean gently confronting the now terminal state of a patient whose cancer has progressed and is no longer responsive to further treatments. Ultimately, the ethically right decision may have less to do with the particular question, but more to do with the patient's individual narrative.

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Steven B. Hardin, MD, is the new associate director for LLU's Center for Christian Bioethics.

Ethics Center Kicks Off 2012
80th Annual Postgraduate Convention

Bioethics Symposium

Thursday, March 1, 2012

1:30–4:30 p.m.

Please join Steve Hardin and a panel of LLUMC clinical ethicists as they discuss a variety of ethical topics. CME is available.

Who Cares About Ethics?
Steve Hardin, MD

End-of-Life Decision Making and Use of the POLST Form
Gina Mohr, MD

Medical Ethics: A Brief History of Medicine
Tae Kim, MD

Not Dead Yet? Quandaries in the Declaration of Brain Death
Grace Oei, MD

Older than 18, Not a Child, Not an Adult!
Marquelle Klooster, MD

Critical Care Ethics
Katja Ruh, MD

Jack Provonsha Lecture and Roundtable

Friday, March 2, 2012

International Medicine and Human Rights: The Humanitarian in a Conflicted World

Gilbert M. Burnham, MD, MSc, PhD

8:15–9:15 a.m. presentation

Dr. Burnham is the co-director of the Center for Refugee and Disaster Response at John Hopkins School of Public Health. He has worked with numerous humanitarian and health development programs in sub-Saharan Africa, Asia, and Eastern Europe. A major current activity is the reconstruction of health services in Afghanistan. In 1989, Dr. Burnham received the Loma Linda University Alumnus of the Year Award.

9:20–10:20 a.m. roundtable

Gilbert M. Burnham, MD, MSc, PhD; Richard H. Hart, MD, DrPH; Doug Welebir, JD; and Roy Branson, PhD

For more information or to register for CME: www.llusmaa.org

Finding a Voice for Seventh-day Adventist Ethics in the Radical Reformation?

Mark F. Carr, PhD, MDiv
Professor, School of Religion
Loma Linda University

At its best, Christian ethics is more than merely an echo of good secular ethics," writes James Walters, Seventh-day Adventist ethicist. Fellow Adventist ethicist Roy Branson calls for a particular approach to Christian ethics that is surely authentic to Adventism.

Dr. Branson's approach to ethics depends upon what he calls "apocalyptic vision." He writes, "For moral vision to reach its furtherest horizons, communities nurturing the apocalyptic imagination must flourish." One can easily identify the fact that Adventism as a Christian community of faith has emerged and spread throughout the world based upon the energizing passion of our interpretation of apocalyptic books of scripture. But is it the case that Adventist ethicists routinely use an apocalyptic perspective when we do our work? I think not.

As it turns out, there are a number of approaches to ethics from authentic Adventist perspectives. I am in the midst of a researching and writing venture aimed at producing a textbook on Seventh-day Adventist ethics. As part of that exploration, I'll advance my own view of how best to avoid simply echoing what other secular and Christian ethicists have already said. My early impressions are that our particular and apocalyptic voice is most authentically located within the stream of Christianity referred to as the Radical Reformation.

As I read Adventist authors working in ethics, it is clear there are a number of viable, authentic themes within the tradition. I have identified at least the following: 1. Christ/Peace; 2. Sabbath/Creation; 3. Sanctuary/Atonement; 4. Remnant/Covenant; 5. Law/Obedience; 6. Justice/Social Justice; 7. Prophetic Vision/Second Coming; 8. Great Controversy/Theodicy; and 9. Wholeness/Relationship.

While all of these themes appear in Adventist ethics literature, the pride of place, I believe, must belong to an emphasis on Christ and his peacemaking efforts in the portrayal of God.

Like Christian ethicist Stanley Hauerwas, I "make no pretense of doing ethics for everyone." The value of exploring the particular ethos of Adventism as it relates to ethics and morality seems important if for no other reason than to situate the Adventist tradition within the greater whole. Sometimes a strong sectarian perspective of the sort advocated by Hauerwas serves, as he himself mentioned, to be "exclusionary."

Though I intend to write from the perspective of my particular community of faith I will typically seek to extend the boundaries of the Adventist story to include as many as possible. I intend to note points of commonality with others. In my view of ethics, Christians and Adventist Christians ought to emphasize points of agreement with whomever we can. I will not ignore differences on the one hand and I will not seek to echo the thoughts of other Christians on the other hand. I engage the world of Christian ethics with a friendly tone. Indeed, in our day and age when strife and conflict characterize human relations on almost every level, I believe a Seventh-day Adventist ethic must advance a voice and a vision of peace.

At the core of the Radical Reformation is the "Anabaptist" faith tradition, and though church historians may quibble with me as to whether or not Adventism owes more to Methodism or Anabaptism, when it comes to ethics, Anabaptism is clearly more influential. In addition to "fidelity to Scripture," of central importance to many early Anabaptist leaders was the autonomy of the church from the state in matters of worship and religious practice; the necessity for baptism into the church to be voluntary, based on an adult commitment to follow in the way of Christ; the separation of Christians from the 'worldly' realm of politics; and, for most surviving groups of Anabaptists, rejection of 'the sword.'

"I believe a Seventh-day Adventist ethic must advance a voice and a vision of peace."

With the vision of our apocalyptic founders in the rearview mirror, an approach to ethics that places us firmly in the stream of Christianity that speaks out in the name of Jesus Christ and in favor of peace is truly Adventist. In a recent book titled "The Promise of Peace," Charles Scriven writes about making a difference in our day and in our society. Jesus, the person

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who "defines Christian existence" and "best reveals God's true colors to humanity" advances the Abrahamic "covenant of peace." As God among us, Jesus' love and forgiveness is "so irrepressible that it reaches out even to the enemy." Perhaps more than any other Adventist theological ethicist, Scriven has worked to connect us to our Anabaptist roots. The necessary focus on Christ in this tradition serves as the first and most important category in my schema of approaches to ethics in Adventism today.

Adventist thought on Jesus hasn't always been crystal clear with regard to his divinity and place in the Godhead. Early on in the days of the pioneers of the Adventist Church there was some debate about Christ's nature as "co-eternal" with God the father. Some the founders of Adventism were not convicted that Jesus was, indeed, co-eternal with God. But these debates were primarily focused on theological deliberations. While they are important in the approach to ethics and morality, they may not be determinative.

Adventist connections to the thought of the Radical Reformers are examined in more than a few publications of scholars Douglas Morgan and Charles Scriven. Morgan, a historian of Adventism, recently formed with others the Adventist Peace Fellowship. They covenanted together to, among other things, reclaim "Adventism's historic vision for personal and social peace, including its commitment to: nonviolence, economic justice, care for creation, and freedom of conscience…."

In finding our place in the stream of Protestant Christianity, many Adventists have viewed the influence of Martin Luther and Lutheranism, Jean Calvin and Reformed theology as paradigmatic. Others have settled on the influence of John Wesley and American Methodism as being the most important strain, particularly given the fact that Ellen White and her family emerged from Methodism. But as Scriven and Morgan, among others, would have us recognize, the Radical Reformation as demonstrated by the Anabaptist and Mennonite churches in America is far more influential than Adventists have recognized.

One of the specific ways that they point to the influence of the Radical Reformation is the historic Adventist perspective on our relationship to a peacemaking Jesus. Morgan and colleagues at The Adventist Peace Fellowship have recently published a book highlighting the evidence for this emphasis on Jesus as peacemaker and Adventism's embrace of this view. The description of the book, *The Peacemaking Remnant: Essays and Historical Documents*, is provided on the website of The Adventist Peace Fellowship:

"The Radical Reformation and Jesus as a peacemaking savior is the authentic place from which Adventists should begin their work in ethics."

"The biblical remnant is made up of God's partners in peacemaking," writes Charles Scriven, in the title essay. "Against fashion and tyranny alike, they walk in God's way, beaming light into darkness, winning minds and hearts to the way of peace." *The Peacemaking Remnant* brings together essays by contemporary authors along with documents from the Adventist heritage in support of that thesis…. Among the historical documents: General Conference session resolutions on peace and nonviolence from 1865, 1867, 1868, and 1985; a 'Letter on Disarmament' from church leaders to President Harding (1921); 'A Seventh-day Adventist Call to Peace' (2002); and articles by 19th-century pioneers Ellen G. White, Joseph Bates, Alonzo T. Jones, and George W. Amadon.

Presently, our Church's official website lists three "official statements" that focus on peace and peacemaking. They are dated from 1980, 1985, and 2002. The most recent, "A Seventh-day Adventist Call for Peace," was primarily written by Jan Paulsen, then president of the Adventist Church. In part, it reads:

"As one of the leading founders of the Seventh-day Adventist Church pointed out a century ago, 'The inhumanity of man toward man is our greatest sin.' Indeed, human nature is prone to violence. From a Christian perspective, all this inhumanity is really part of a cosmic war, the great controversy between good and evil…. Churches should not only be known for spiritual contributions—though these are foundational—but also for their support of quality of life, and in this connection peacemaking is essential. We need to repent from expressions or deeds of violence that Christians and churches, throughout history and even more recently, have either been involved in as actors, have tolerated, or have tried to justify. We appeal to Christians and people of good will all around the world to take an active role in making and sustaining peace, thus being part of the solution rather than part of the problem."

In addition, in a recent edition of *Adventist World*, a publication of the *Adventist Review* that goes to each member of the world Church, Jan Paulsen wrote an important article advancing the historic Adventist position of non-combatancy. In this article, "Clear Thinking about Military Service," Paulsen writes:

"The historic position of our Church regarding service in the armed forces was clearly expressed some 150 years ago—very early on in our history, against the background of the American Civil War. The consensus, expressed in articles and documents of the time, as well as an 1867 General Conference resolution, was

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unequivocal. '…[T]he bearing of arms, or engaging in war, is a direct violation of the teachings of our Savior and the spirit and letter of the law of God.'"

There is much within our Adventist history that remains either unexamined or in need of further examination, particularly as it relates to an Adventist identity as a "peace" church. I agree that an Adventist connection to the Radical Reformation and Jesus as a peacemaking savior is the authentic place from which Adventists should begin their work in ethics.

In a recent address by the President of the Adventist Society for Religious Studies, Adventist biblical scholar Donn Leatherman urges us to consider that Jesus' appeal to the kingdom of God was "essentially political." Leatherman interprets "political" here in ways that go beyond simple notions of "state" or "nation" to mean "the entire web of social relationships within a community." Avoiding what he calls the "spiritualizing tendency" of many New Testament scholars, which we can assume he thinks includes Adventist interpreters, Leatherman argues for a "political realism." "Jesus was not apolitical," and his teachings "are, as they were intended to be, profoundly practical in the life of the present world, and profoundly relevant in their challenge to this world and its institutions." Yet those followers of Jesus today would not engage in politics in order to exert some sort of control in the social realm. Rather, this new kingdom, this "community of Jesus' followers, this nation which is not a state, leaves behind not only the violence inherent in Rome and every worldly state, but also the hierarchical structure and top-down authoritarianism of the kingdoms of the world."

Turning explicitly to the ethics of a community of faith that would follow this radical reformation path, Leatherman argues:

"The ethics of the kingdom are not an arbitrary code, a mere list of requirements which one must obey. They share a commonality. This may be characterized in more than one way: we have already indicated that these principles constitute a reversal of statist politics. Viewed from another perspective, they are a prioritization of relationships over accumulation, of people over things, of service over domination and of love over power. More simply these ethics valorize community above control. They imply that what matters in God's kingdom are not the ways in which members of society are compelled to operate, but the ways in which they voluntarily choose to relate to each other."

Referring back to the section above, where I briefly identified the characteristics of Anabaptism and the Radical Reformation, Leatherman's description of "The People of God" as a political community, a "nation without a state," places Adventism squarely in the Radical stream of the Reformation. The question that remains for those engaged in the study of ethics from an Adventist perspective is whether or not they will remain consistent and authentic to the Adventist tradition.

Over the past several decades or more, theological ethics have become more important for the general Christian and religious academic press. Scholars are turning more explicitly to ethics written within a theological tradition. Adventist scholars owe it to themselves, to the community of faith, and to the Academy to be clear about theological ethics. Any book-length effort to examine Seventh-day Adventist ethics seems to me a worthy project.

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13. Ibid., p. 6.

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LOMA LINDA UNIVERSITY

Center for Christian Bioethics

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Dual-Degree programs

(Continued from page 1)…

November 2011, nine freshmen in the School of Dentistry met with Graham Stacey, PhD, associate dean, and Dr. Walters to explore the dual degree program.

These degrees are tuition-free. The School of Religion, which organized the MA in bioethics, gives a 50 percent tuition discount to approved students in dual-degree programs across LLU, and several schools within the university have matched that offer.

Two years ago, Dr. Walters was appointed director of the MA in bioethics. After studying leading bioethics MA programs across the country, Dr. Walters, with the four full-time ethicists in the School of Religion, and bioethicists in the Center for Christian Bioethics, made four changes in the LLU MA in bioethics program:

- Devise new courses with greater appeal.
- Include the comprehensive exam and publishable paper requirements within the 48-unit program.
- Focus on comprehensive knowledge of bioethics and on integration of bioethics and content in several LLU schools' curricula.
- Emphasize the recruitment of students at LLU.

For additional information go to <www.llu.edu/religion/academicprograms.page?> or contact Jim Walters, PhD, bioethics program director, at <jwalters@llu.edu> or (909) 558-7011.

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